

“Senior Homelessness”
**Multidisciplinary Approaches to End
Homelessness**

A Continuum of Care Division Webinar Series

Please sign in by typing your full name, title, and organization into the webinar chat box.

About the Webinar Series

Purpose

These webinars provide an opportunity to engage with local and regional experts on best practices, advocacy tools and resources available to prevent and end homelessness in Riverside County.

Recorded Webinars

After the live webinar has taken place, the recording will be added to our website.

Upcoming Webinars

We are working on securing speakers for future webinars and would love to feature you or your agency.

Email CoC@rivco.org if interested.

Agenda for Today

10:00 - 10:05 AM	Welcome	HHPWS - Continuum of Care Staff: Tanya Torno, CoC Director
10:05 - 10:30 AM	Office on Aging	Juana Gonzalez, Social Services Supervisor II Maile Haynes, Regional Manager
10:30 - 10:55 AM	In Home Supportive Services (IHSS)	Rosalie Ramirez, Program Specialist
10:55 - 11:00 AM	Q&A: Please type your questions in the chat box. We will answer as many questions as possible at the end of the webinar.	

Please sign in by typing your full name, title, and organization into the webinar chat box.



Office on Aging Senior Homeless Case Management Program

Regional Manager, Maile Haynes
Social Services Supervisor II, Juana Gonzalez

Goal

*Support newly housed, home insecure clients who are age **60+** by providing case management, advocacy, and linkage to services*

Case Management

- ▶ *Office on Aging (OoA) will assign case to a Social Services Practitioner (SSP) that will conduct a thorough biopsychosocial assessment of client and needs.*
- ▶ *SSP will work closely with client in creating a service plan with goals and objectives that will ensure client's safety, stability and well-being.*
- ▶ *Case management can range from 3 to 6 months, depending on needs of client.*



Advocacy



1. *To maintain current housing*

- ▶ *Being in compliance with lease agreement*
- ▶ *Preventing eviction*
- ▶ *Working closely with landlord and Housing Authority*
- ▶ *Rent and payment reminders*

2. *Medical support*

- ▶ *Contact with primary care providers, health plans, specialists, DME's*
- ▶ *Medi-care, Medi-Cal applications, etc.*

Linkage to Services

Service Category	Example Services
Educational	<i>Grocery shopping Money management Bill payment Home cleanliness and organization</i>
Behavioral Services	<i>Referrals to mental health services and substance abuse as needed</i> <ol style="list-style-type: none"><i>1. Referral follow up</i><i>2. Case management compliance with BH or SA</i><i>3. Medical compliance and therapeutic appointments</i>
Community Resources	<i>Food pantries Transportation Other Office on Aging services</i>
Material Aid	<i>Refrigerators, mattress, linen, clothing, etc.</i>
Caregiving & In Home Support Services	



Referring Agencies



Adult Services Division (APS)

Housing Authority

Office on Aging



In Home Supportive Services:

March 18th, 2021

Multidisciplinary Approaches to Ending Homelessness Webinar Series

Presented by

Rosalie Ramirez, Program Specialist II



Today's focus



- 1) What is IHSS ?
- 2) How to make an IHSS referral
- 3) Benefits of having an IHSS provider
- 4) How to become a paid IHSS caregiver
- 5) Strategies for reducing Medi-Cal Share of Cost
- 6) Questions

Objectives

- Recognize the purpose of the In Home Supportive Services (IHSS) Program
- Gain awareness of the IHSS Application, Assessment, Determination, Notification and Public Authority processes
- Learn strategies to become eligible, supplement income, gain social security work credits, obtain benefits, and make IHSS work for you!

Purpose of DPSS and IHSS

- The Department of Public Social Services (DPSS) provides services and assistance to protect and empower vulnerable people in our community. One of those services is IHSS.
- The goal of IHSS is to provide services to eligible recipients so they can remain safely in their own home and avoid out-of-home care.
- In Riverside County the IHSS Program is administered by the Adult Services Division (ASD) of DPSS.

What is IHSS?

The IHSS program is subject to Federal Medicaid rules. Determinations are made by DPSS social service practitioners. The IHSS program is funded by Federal, State and County dollars.

There are 4 different funding sources (programs) with slightly different rules:

Program	Funds from:	Percentage of clients
IHSS-R ("2N")	65% state 35% county	1.5%
PCSP	Combination	53%
IPO (parent/spouse)	Combination	2.5%
CFCO (nursing LOC)	Combination	43%

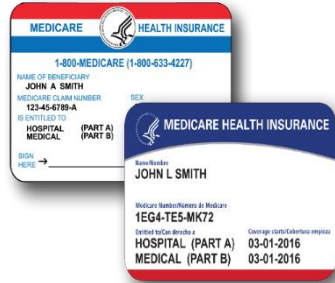
IHSS Eligibility Criteria

- Over 65, disabled, or blind (disabled children are potentially eligible as well)
- Financial (low income and resources)
 - * Receives SSI/SSP and Medi-Cal Eligible (Status Eligible)
 - * Medi-Cal Eligible (Income Eligible)
- Physically reside in the U.S. and a California resident
- Live at home or in a home of choice (acute care hospital, long-term care facilities, and licensed community care facilities are not considered "own home")
- Medical Certification from a licensed health care professional
- Have functional impairment that lasts beyond 12 months

Other Programs Similar ≠ IHSS

- Waiver Personal Care Service (WPCS/HCBA)
- In Home Operations
- Aid and Attendance Program (Veteran's Administration)
- 1:1 aides (Inland Regional Center or school district provided)
- SCAN "Independent Living Power" ("204" & "205")
- Program of All-Inclusive Care for the Elderly (PACE)
"InnovagePACE"

Differences between Medicare and Medi-Cal



Medicare

For people 65+ years & people with disabilities

Medicare covers:

- Doctors
- Hospitals
- Prescription drugs
- Durable Medical Equipment



Medi-Cal

For low-income Californians

Medi-Cal covers:

- Long-term services and supports
 - IHSS, CBAS, MSSP, nursing facilities, non-emergency medical transit
- Medical Supplies
- Medicare cost sharing

ASD/IHSS Office Locations

- 9 regional offices
- By appointment only
- Due to COVID-19 restrictions, walk-ins are discouraged
- Hotline 1888-960-4477

	Indio	48113 Jackson Street Indio, CA 92201	Helping Others Manage Efficiently (HOME) hotline 1888-960-4477
	Blythe	1267 Hobson Way Blythe, CA 92225	
2	Hemet	561 N. San Jacinto Street Hemet, CA 92543	
3	Lake Elsinore	1400 W. Minthorn Street 2nd floor Lake Elsinore, CA 92530	
	Perris	201 Redlands Avenue Perris, CA 92571	
4	La Sierra	11070 Magnolia Avenue Suite A Riverside, CA 92505	
5	Spruce	1111 Spruce Street Riverside, CA 92507	
6	Banning	901 E. Ramsey Street Banning, CA 92220	
	Moreno Valley	12125 Day Street Suite S-101 Moreno Valley, CA 92505	

Become an in-home caregiver and make a difference

- <https://www.youtube.com/watch?v=hguCEjh0Xv0> (duration 1:45 mins)

Too long to watch here, consider watching at home:

CaSocialService “Introduction and Services Video” (duration: 11 mins)

- https://www.youtube.com/watch?v=YrlZbvg_nZE

Riverside County IHSS Application Process

Four ways to apply:

- **ONLINE:** <https://riversideihss.org/>
- **PHONE:** Central Intake/HOME hotline (888) 960-4477 (Monday through Friday, 8am to 5pm)
- **PAPER APPLICATION:** (SOC 295): Drop off at any Adult Services office location
- **FAX:** Send SOC 295 to fax 951-358-3969

You will be assigned a 7-digit case number & will be mailed a SOC 873 *IHSS Program Health Certification Form*

Minimum Applicant information needed:

- Name
- Address
- Date of Birth
- Social Security Number or ITIN or pseudo



Additional Information, if available:

- Tasks Needing Assistance
- Household Composition
- Support Systems
- Preferred Language
- Primary Phone Number
- Gender
- Ethnicity
- Income/Savings
- Health Insurance



IHSS Application Process cont.

- Application electronically forwarded to Medi-Cal to confirm or establish eligibility
- In-home needs assessment within 30-45 days
- Submit Health Certification within 45 days
- *3 attempts will be made to contact you (via letter, phone/video call, or in person) within < 45 days but no more than 90 days*

Tip: Call the hotline if you do not hear from us within 45 days.

Authorization of Services are based on:

1. Social Worker's observations and assessment
2. The individual's limitations to safely perform activities of daily living
3. Completion of the SOC 873 Health Care Certification by a licensed health care professional

SOC 873 signed by a LHCP

A Licensed Health Care Professional is an individual who is:

- Licensed in California by an appropriate California regulatory agency
- A health care professional licensed in another state
- Acting within the scope of his or her license or certificate, as defined in the California Business and Professions Code


Note: Pharmacists, x-ray technicians, registered nurses or Adult Services Division staff who are LMFTs/LCSWs are not acceptable types of LHCPs.


IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM HEALTH CARE CERTIFICATION FORM

Applicant/Recipient Name: _____ IHSS Case #: _____

C. HEALTH CARE INFORMATION (To be completed by a Licensed Health Care Professional Only)

NOTE: ITEMS #1 & 2 (AND 3 & 4, IF APPLICABLE) MUST BE COMPLETED AS A CONDITION OF IHSS ELIGIBILITY.


1. Is this individual unable to independently perform one or more activities of daily living (e.g., eating, bathing, dressing, using the toilet, walking, etc.) or instrumental activities of daily living (e.g., housekeeping, preparing meals, shopping for food, etc.)? YES NO 

2. In your opinion, is one or more IHSS service recommended in order to prevent the need for out-of-home care (See description of IHSS services on Page 1)? YES NO 

If you answered "NO" to either Question #1 OR #2, skip Questions #3 and #4 below, and complete the rest of the form including the certification in PART D at the bottom of the form.

If you answered "YES" to both Question #1 AND #2, respond to Questions #3 and #4 below, and complete the certification in PART D at the bottom of the form.

3. Provide a description of any physical and/or mental condition or functional limitation that has resulted in or contributed to this individual's need for assistance from the IHSS program:

4. Is the individual's condition(s) or functional limitation(s) expected to last at least 12 consecutive months OR expected to result in death within 12 months? YES NO 

Please complete Items # 5 - 8, to the extent you are able, to further assist the IHSS worker in determining this individual's eligibility.

5. Describe the nature of the services you provide to this individual (e.g., medical treatment, nursing care, discharge planning, etc.):

6. How long have you provided service(s) to this individual?

7. Describe the frequency of contact with this individual (e.g., monthly, yearly, etc.):

8. Indicate the date you last provided services to this individual: ____ / ____ / ____

NOTE: THE IHSS WORKER MAY CONTACT YOU FOR ADDITIONAL INFORMATION OR TO CLARIFY THE RESPONSES YOU PROVIDED ABOVE.

D. LICENSED HEALTH CARE PROFESSIONAL CERTIFICATION

By signing this form, I certify that I am licensed in the State of California and all information provided above is correct.

Name: _____ Title: _____

Address: _____

Phone #: _____ Fax #: _____

Signature: _____ Date: _____

Professional License Number: _____ Licensing Authority: _____

PLEASE RETURN THIS FORM TO THE IHSS WORKER LISTED ON PAGE 1.

SOC 873 (10/16) PAGE 2 OF 2



Notice of Action

- Notice of Action (NOA) sent to individual
 - * IHSS services approval or denial
 - * Denial reason if denied
 - * Authorized hours and services if approved
- Dispute processes are available if an individual disagrees with NOA information
- Once services are authorized, recipients are reassessed annually or as needed

Who are County of Riverside IHSS Recipients?

IHSS Recipient Age	% of Total Caseload
1-18	9
18-44	15
45-64	23
65+	53

- In 2020 we managed 37,905 recipients

Federal Labor Standards Act (FLSA)- Overtime rules

Number of Recipients	Number of Providers	Maximum Workweek Hours
One (1)	One (1)	70:45
One (1)	Multiple	70:45
Multiple	One (1)	66
Multiple	One (1) Live-In Provider	90 (Exemption request required)

IHSS Wage Rate for Riverside County

- In 2021, \$14.50/ hour in Riverside County
- In 2022, it will increase to \$15/hr
- If a recipient has 100 hours X \$14.50 = \$ 1,450 Gross
- Wage rates differ depending on county

Tax Relationship (#9 on SOC 846)

Parent

Child

Spouse/Domestic Partner

Conservator

Guardian

Other

IRS notice 2014-7

- On March 1, 2016, CDSS received a ruling from the IRS that WPCS/IHSS wages received by WPCS/IHSS providers who live in the same home with the recipient of those services are not considered part of gross income for purposes of Federal Income Tax (FIT). This ruling applies to State Income Tax (SIT) as well.
- SOC 2289 Live In Self Certification
- Overtime FLSA

CMIPS Interfaces with:

- United States Postal Services (USPS)
- Department of Health Care Services (DHCS)
- California Department of Public Health (CDPH)
- California Department of Aging (CDA)
- Social Security Administration (SSA)
- Statewide Automated Welfare System (SAWS) MEDS
- State Controller's Office (SCO)
- State Treasurers Office (STO)
- Employment Development Department (EDD)
- Labor Organizations
- Health Benefits Manager
- Public Authorities (PAs)
- Other California Counties (57 counties to be exact)

IHSS Service Types

- Domestic Services
- Personal Care Services
- Protective Supervision Services
- Paramedical Services
- Other Available Services



Services Not Authorized:

- Moving of furniture
- Paying Bills
- Reading Mail to Consumer
- Caring for Pets, including service animals
- Gardening
- Repair services
- Sitting with the consumer to visit or watch TV
- Taking the consumer on social outings



IHSS Needs Assessment

- Social Worker conducts a face-to-face bio-psycho-social evaluation to assess functional abilities and limitations to determine service hours
- The individual is evaluated on their ability to independently and safely perform specific daily living tasks

Service Needs are Based on:

- Physical/mental condition
- Living/social situation
- Recipient's statement of need
- Available medical information
- Other information the Social Worker considers necessary and appropriate to assess

(MPP 30-761.26)

Functional Index Ranking

- Functional Index Rankings are assigned to all service areas
- Rankings are dependent on the individual's need for human assistance to safely perform personal care and domestic services
- Category needs are ranked from 1(independent) to 5 (completely dependent); Paramedical 6

Client's Right to Choose

- IHSS is a voluntary safety program
- Clients have the right to make independent decisions about their lifestyles
- Family members, friends, or other agencies may attempt to impose IHSS services, but client can refuse services
- SW must respect client's right to self-determination unless a court determines client lacks capacity

Status Eligible



- Receives SSI/SSP or was on SSI/SSP and has a pending claim (consumer automatically qualifies for unrestricted Medi-Cal)
- 2020 SSI/SSP Payment Ranges:
 - * \$600 - \$1,206 for individual
 - * \$1,582- \$2,412 for couple

Resource/Income cannot exceed \$2,000/individual or \$3,000/couple.
Typically, you cannot have more than 1 house and 1 car.

Income Eligible



- Receives unrestricted Medi-Cal
- Must get a 'budget' from MEDS to evaluate income, resources and other criteria to determine IHSS eligibility
- May or May Not have a Share of Cost (SOC)
- Tackling the SOC (**250% WDP**, CSRA community spouse may keep up to \$3,261)

Medi-Cal Reference Chart

Riverside County Department of Public Social Services

MEDI-CAL REFERENCE CHART



Fmly Size	January 2020 Monthly MAGI and Non-MAGI Based Federal Poverty Levels															
	MNL	60%	100%	108%	109%	114%	120%	128%	133%	135%	138%	142%	150%	160%	185%	200%
1	600	638	1064	1149	1160	1213	1276	1362	1415	1436	1468	1510	1596	1702	1968	2127
2	750	862	1437	1552	1566	1638	1724	1839	1911	1940	1983	2041	2155	2299	2658	2874
2adlts	934	862	1437	1552	1566	1638	1724	1839	1911	1940	1983	2041	2155	2299	2658	2874
3	934	1086	1810	1955	1973	2064	2172	2317	2408	2444	2498	2571	2715	2896	3349	3620
4	1100	1310	2184	2358	2380	2489	2620	2795	2904	2948	3013	3101	3276	3494	4040	4367
5	1259	1534	2557	2762	2787	2915	3068	3273	3401	3452	3529	3631	3835	4091	4730	5114
6	1417	1758	2930	3165	3194	3341	3516	3751	3897	3956	4044	4161	4395	4688	5421	5860
7	1550	1982	3304	3568	3601	3766	3964	4229	4394	4460	4559	4691	4956	5286	6112	6607
8	1692	2206	3677	3971	4008	4192	4412	4707	4890	4964	5074	5221	5515	5883	6802	7354
9	1825	2430	4050	4374	4415	4617	4860	5184	5387	5468	5589	5751	6075	6480	7493	8100
10	1959	2654	4424	4778	4822	5043	5308	5662	5884	5972	6105	6282	6636	7078	8184	8847
11	1973	2879	4797	5181	5229	5469	5756	6140	6380	6476	6620	6812	7195	7675	8874	9594
12	1987	3102	5170	5584	5636	5894	6204	6618	6877	6980	7135	7342	7755	8272	9565	10340
+ 1	14	224	374	404	407	426	448	478	497	504	516	531	561	598	691	747

Medi-Cal Reference Chart (cont'd)

Family Size	January 2020 Monthly MAGI & Non-MAGI FPL					
	208%	213%	250%	266%	322%	Property
1	2212	2265	2659	2829	3424	2,000
2	2989	3061	3592	3822	4627	3,000
2adults	2989	3061	3592	3822	4627	3,000
3	3765	3856	4525	4815	5829	3,150
4	4542	4651	5459	5808	7031	3,300
5	5318	5446	6392	6801	8233	3,450
6	6095	6241	7325	7794	9435	3,600
7	6871	7037	8259	8787	10637	3,750
8	7648	7832	9192	9780	11839	3,900
9	8424	8627	10125	10773	13041	4,050
10	9201	9422	11059	11767	14244	4,200
11	9978	10217	11992	12760	15446	4,350
12	10754	11013	12925	13753	16648	4,500
+ 1	777	796	934	994	1203	150

SSI/SSP PAYMENT LEVELS Living Arrangements Effective 1-1-2020 – 12-31-2020				
Category	Independent	Household of another	Independent no cooking facilities	Non-Medi-Cal B&C
Individual				
Aged or Disabled	943.72	940.23	1030.04	1,206.37
Blind	1,000.23	940.23	N/A	1,206.37
Disabled minor	848.15	940.23	N/A	1,206.37
Non-medical out of home care	N/A	940.23	N/A	1,206.37
Couples				
Aged or Disabled	1582.14	1,857.86	1754.77	2,412.74
Blind	1,751.00	1,857.86	N/A	2,412.74
One Blind, Other is Aged or Disabled	1,675.65	1,857.86	N/A	2,412.74
Non-medical out of home care	N/A	1,857.86	N/A	N/A

2020 Medicare Premium		Income In-Kind Values Medi-Cal					Long-Term Care (LTC)	
PART A	458.00	Family Size	Housing	Utilities	Food	Clothing	LTC MNL	35
PART B	144.60						UPKEEP OF HOME	
Reduced Part A	252.00	1	153	33	86	0	Single	209
DEEMED AMOUNTS		2	206	38	182	0	Shared	138
Effective 1/2020		2 adults	206	38	182	0	CSRA - effective 1/2020	128,640
Ineligible Spouse	392	3	225	40	232	0	APPR - effective 1/2020	9,337
Ineligible Child	392	4	236	41	286	0	Community Spouse Maintenance Need - effective 1/2020	3,216
Two Parents	1175	5	236	41	346	0	Family Member Max Base Allocation – eff. 7/1/19-6/30/20	2,114
One Parent	783	6	236	41	401	0	2020 Medicare Savings Programs Property Limits	
		7	236	41	447	0	Individual	7,860
		8	236	41	490	0	Couples	11,800
		9	236	41	537	0		
		10	236	41	582	0		



250% Working Disabled Program

Medi-Cal Share of Cost - Questions and Answers



What is the 250% Working Disabled Program (250% WDP)

The Working Disabled Program (250% WDP) allows certain working disabled individuals to become eligible for Medi-Cal by paying low monthly premiums based on net countable income, that is, income from employment. Clients who are disabled, who have a large share of cost, may want to consider working part-time in order to benefit from the low premiums.

The 250% WDP is an "opt-in" choice program where there is the option to a) have a share of cost and pay it when medical expenses occur, or b) pay a monthly premium. There is no minimum amount of earnings.

You are required to show proof of employment or self-employment, with a pay stub, written verification from an employer, or other credible evidence of self-employment. If you do not receive regular paystubs there are other options to verify income.

How much are the monthly premiums for 250% WDP?

The monthly premiums are due by the 5th of the month. The monthly premiums are the following:

- \$20 - \$250 (Single Person)
- \$30 - \$375 (Couples)

How do I pay the monthly 250% WDP premium?

Payments are not made to or handled by County Social Services staff. Payments can be mailed or submitted online to the state. Additional information on how to pay premiums can be located by visiting the California Department of Health Care Services website at:

https://www.dhcs.ca.gov/services/Pages/TPLRD_WD_cont.aspx

Who qualifies for the 250% WDP?

The 250% WDP is for individuals who are disabled and working.

- **Disabled**
 - Meets Social Security Administration definition of disability; often receiving Social Security Disability income.
- **Working**
 - Full-time, part-time, or self-employment.
 - There is no minimum amount of earnings (at least an hour a month with pay).

Independent Provider (IP) Caregiver Responsibilities

- LiveScan (DOJ) fingerprint and criminal background check
typical cost is \$40-\$90
- Complete provide enrollment forms
- Schedule a virtual orientation via Eventbrite

Note: Caregivers cannot claim time while client is in the hospital/facility for more than 2 consecutive days.

IHSS Provider Enrollment Process

- Providers may include:
 - Family members
 - Friends
 - Neighbors
 - Registered providers through Public Authority (~ 10%-20% of the caregivers have no prior relationship to the client)
- Recipient is the employer. The recipient is responsible for hiring, firing, training, scheduling and supervising the care provider/s
- Care providers must pass Department of Justice (DOJ) background check, attend provider orientation and complete required county/state forms.
- Riverside County Public Authority: 1888-470-4477

If I have a record can I work as a caregiver for IHSS?

If you have a conviction for any of the Tier 2 crimes in the past 10 years, you may be eligible to be a provider:

- If your Tier 2 crime has been or can be expunged from your record.
- If a recipient submits an individual waiver to hire you.
- If you are approved for a general exception.



Provider Eligibility: Tier 1 Crimes

- If you have ever been convicted/incarcerated for the following within the past 10 years, you are NOT eligible to be enrolled as an IHSS provider or to receive payment from the IHSS. **Even if Tier 1 crime has been expunged you are not eligible.**
- **Tier 1 crimes:** • Child abuse (PC 273a(a)); Abuse of an elder or dependent adult (PC 368); or Fraud against a government health care or supportive services program.

Provider eligibility: Tier 2 Crimes



These include:

- Tier 2 crimes: A violent or serious felony, as specified in PC 667.5(c), and PC 1192.7(c),
- A felony offense for which a person is required to register as a sex offender pursuant to PC section 290(c); and
- A felony offense for fraud against public social services program, as defined in Welfare & Institutions Code sections 10980(c)(2) and 10980(g)(2).

Fraud

Allegations are investigated by:

- Department of Health Care Services
- The District Attorney's Office
- County Welfare Investigators



Stop Medi-Cal Hotline 1-800-822-6222

Any Questions?

IHSS application HOTLINE :

(888) 960-4477 (Mon-Fri, 8am to 5pm)

Rosalie Ramirez, IHSS Program Specialist II (Pay Day Friday off)
County of Riverside, Department of Public Social Services (DPSS)
Adult Services Division – Administration

Physical address: 1111 Spruce Street, Riverside CA 92507

Mailing address: PO Box 51720, Riverside CA 92517

Desk phone: (951) 358-4826

Fax: (951) 358-5772

rosramir@rivco.org

Questions and Comments



Next Webinar: Non-Congregate Shelters on
April 22, 2021 at 10:00 a.m.