

Date

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY INFORMATION NOTICE NO. XX-XX

The purpose of this All-County Information Notice (ACIN) is to inform counties of a new procedure relating to the completion and signing of the Application for In-Home Supportive Services (IHSS) (SOC 295) for those applicants who applied for IHSS via telephone contact with the county IHSS office.



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
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Insert DATE

ALL COUNTY INFORMATION NOTICE (ACIN) NO.

TO: ALL COUNTY WELFARE DIRECTORS
ALL IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
MANAGERS

SUBJECT: IMPLEMENTATION OF NEW PROCEDURE RELATING TO THE
APPLICATION FOR IN-HOME SUPPORTIVE SERVICES, FORM
SOC 295

REFERENCE: MANUAL OF POLICIES AND PROCEDURES SECTIONS 30-
009.22 and 30-759; ALL-COUNTY LETTER 17-18 (FEBRUARY 16,
2017)

The purpose of this All-County Information Notice (ACIN) is to inform the counties of a new procedure relating to the completion and signing of the Application for In-Home Supportive Services (IHSS) (SOC 295) for those applicants who applied for IHSS via telephone contact with the county IHSS office.

BACKGROUND

Manual of Policies and Procedures (MPP) section 30-759.1 requires that applications for IHSS must be made in accordance with the requirements of MPP section 30-009.22. MPP section 30-009.223 states that an application for social services shall be in writing on a form prescribed by the California Department of Social Services (CDSS). Most counties have established an intake process which allows applicants to request IHSS via telephone (as allowed pursuant to MPP section 30-009.224). The county IHSS intake staff on the telephone engages with the client to verbally obtain the necessary information that is required on the application to determine eligibility for IHSS. The county IHSS staff enters the information into the Case Management, Information & Payrolling System (CMIPS), and the system generates a seven-digit application confirmation number as described in All-County Letter 17-18 (February 16, 2017). These counties have also required the applicant to complete the SOC 295 in writing as

they had no way to document that the information was gathered via telephone. However, since the applicant has already provided the required information to the county through the telephone intake process, the written completion of the SOC 295 at the in-home assessment would be a duplication of effort for both the applicant and the county.

SOC 295 PROCEDURE FOR TELEPHONE INTAKE

For counties with these intake procedures, CDSS has added Section 9A to the SOC 295. During the assessment visit at the applicant's home, the county social worker should discuss the information provided during the telephone intake and verify with the applicant that the information is accurate. The applicant can acknowledge that the information provided to the county is true to the best of his/her knowledge and that he/she has read and agreed to the terms listed in Section 9 by marking the check box in Section 9A and completing and signing Section 10 of the SOC 295. This change in the application procedure for counties with a telephone intake process will assist in alleviating the county workload and eliminate any duplicative paperwork during the assessment process.

FORM ACCESS

Upon release of this ACIN, each county will be required to use the revised form SOC 295 for all IHSS applicants as described in this ACIN. The form, which is designated as "Required—No Substitutes Permitted," has also been translated into the three threshold languages: Armenian, Chinese, and Spanish.

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain this form from the CDSS webpage at: [Forms/Brochures](#).

When translations are completed per MPP Section 21-115.2, including Spanish form, they are posted on our website. Copies of the translated forms can be obtained at: [Translated Forms and Publications](#).

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the *GEN 1365-Notice of Language Services* and a local contact.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community

resources. These services shall be provided free of charge to the applicant/recipient.

In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

If you have any questions regarding this notice, please contact the Adult Programs, Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

ATTACHMENT