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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. XX-XX

The purpose of this All County Letter is to further clarify the authorization of medical accompaniment for recipients with a documented mental health disability that prevents them from entering public spaces.



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



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ALL COUNTY LETTER NO. XX-XX

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

SUBJECT: **ADDITIONAL CLARIFICATION REGARDING THE
AUTHORIZATION OF MEDICAL ACCOMPANIMENT AND WAIT
TIME IN THE IN-HOME SUPPORTIVE SERVICES PROGRAM**

REFERENCES: [ALL COUNTY LETTER \(ACL\) NO. 16-01 \(JANUARY 7, 2016\)](#); [ACL NO. 14-82 \(NOVEMBER 25, 2014\)](#); [ACL NO. 17-42 \(JUNE 23, 2017\)](#); [WELFARE AND INSTITUTIONS CODE SECTION 12300\(b\)](#); [TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION 51323](#); [DEPARTMENT OF HEALTH CARE SERVICES MEDI-CAL PROVIDER MANUAL](#); [MANUAL OF POLICIES AND PROCEDURES SECTION 30 757.15](#)

The purpose of this All County Letter (ACL) is to further clarify policies and procedures related to the authorization of Medical Accompaniment in the In-Home Supportive Services (IHSS) program for recipients with a documented mental health disability that prevents them from being out in public or entering public spaces alone.

[Welfare and Institutions Code Section 12300\(b\)](#) specifies that, “Supportive services shall include...accompaniment by a provider when needed during necessary travel to health-related appointments or to alternative resource sites”. The [MPP Section 30-757.15](#) further defines this service and states:

“Assistance by the provider is available for transportation when the recipient's presence is required at the destination and such assistance is necessary to accomplish the travel, limited to:

- .151 Transportation to and from appointments with physicians, dentists and other health practitioners.

- .152 Transportation necessary for fitting health related appliances/devices and special clothing.
- .153 Transportation under .151 and .152 above shall be authorized only after social service staff have determined that Medi-Cal will not provide transportation in the specific case.
- .154 Transportation to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS.”

Although the regulations use the term “transportation,” medical accompaniment should not be authorized simply to fill the recipient’s need for transportation. According to [ACL 17-42](#), medical accompaniment shall only be authorized when the recipient needs assistance with another specific authorized IHSS task(s) during transportation to/from and/or at the destination.

However, in addition to the guidance provided in [ACL 17-42](#), there is one unique circumstance in which medical accompaniment may be authorized for a recipient when no other IHSS task(s) are needed during transportation to/from the destination. When a recipient has a documented mental health disability that prevents them from being out in public or entering public spaces alone, and as a result, he/she cannot accomplish travel to a health care appointment or alternative resource site alone, medical accompaniment may be appropriate. In this situation, the county may authorize medical accompaniment even if a specific IHSS service is not being performed if the mere presence of an IHSS provider would allow the recipient to accomplish the travel, and no task(s) are required of the provider which fall outside the IHSS program.

The county should continue to have the [In-Home Supportive Services \(IHSS\) Program Accompaniment to Medical Appointment form \(SOC 2274\)](#) completed by a physician, physician assistant, oncologist, occupational therapist, physical therapist, psychiatrist, dentist, phlebotomist or other medical professional responsible to provide treatment/care as needed. Any wait time associated with the medical accompaniment should be authorized in accordance with [ACL 16-01](#) and [ACL 17-42](#).

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

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Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

c: CWDA

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