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ORANGE COUNTY SOCIAL SERVICES AGENCY
ADULT SERVICES
POLICY AND PROCEDURE MANUAL

Program:	**In-Home Supportive Services**	**Number:**	**SH 40.3.9**
Subject:	**Protective Supervision**	**Date:**	**12/31/06**
Approved:	Signature On File	**Replaces:**	**New Procedure**
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I. PURPOSE

To provide policy and instruction for assessing In-Home Supportive Services (IHSS) applicants and recipients for protective supervision.

II. POLICY

Orange County IHSS Staff shall evaluate the need for protective supervision for all IHSS applicants and recipients at each assessment, or in the event protective supervision has been requested, in accordance with the procedures outlined below. Under no circumstances may the hours authorized exceed the statutory maximums (see**Attachment A**).

III. DEFINITIONS

A. Judgment: The ability to make decisions so as to not put oneself or property in danger and the capacity to respond to changes in the environment.

B. Memory: The ability to recall learned behaviors and information from distant and recent past.

C. Orientation: The individual's awareness of time, place and other individuals in one's environment.

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IV. PROCEDURE

Protective supervision is authorized by Welfare and Institutions Code section 12300. It consists of observing and monitoring the behavior of nonself-directing, confused, mentally impaired or mentally ill IHSS recipients, in order to safeguard them against injury, hazard or accident.

A. Confirm that Protective Supervision Conditions Exist

1. Protective supervision is not available in the following instances:

a. For friendly visitation or other social activities.

b. When the need for supervision is caused by a medical condition and the form of supervision required is medical.

c. In anticipation of a medical emergency, or,

d. To prevent or control antisocial or aggressive recipient behavior.

2. Protective supervision must be provided 24 hours a day with a combination of the following:

a. In-Home Supportive Services.

b. Alternative resources, such as adult day health or child care centers, school or work programs, respite centers, or,

c. Voluntary resources.

3. Protective supervision cannot be denied solely because the care provider leaves the recipient alone for a fixed period of time, such as 5 minutes.

B. Assess the individual's mental functioning

Mental functioning shall be evaluated on a three-point scale in the functions of memory, orientation and judgment. See **Attachment B - Mental Functioning**.

1. Functional Index Ranks for Memory

a. Rank 1: No problem (e.g., able to give correct recent medical history and to refer appropriately to comments given earlier in the conversation)

b. Rank 2: Moderate or intermittent problem (e.g., experiences memory loss, but not to a degree which causes risk, or needs occasional reminding)

c. Rank 5: Severe memory deficit (e.g., forgets to start or finish activities, putting themselves at risk)

2. Functional Index Ranks for Orientation

a. Rank 1: No problem (e.g., individual is aware of where he/she is and can give information related to the living arrangement and family, and is aware of the passage of time during the course of the day)

b. Rank 2: Occasional disorientation and confusion, but not to a point at which the individual is at risk (e.g., individual has general awareness of time of day and is able to provide limited information about family, age, etc.)

c. Rank 5: Severe disorientation which puts them at risk (e.g., individual wanders off, lacks awareness or concern for safety or well-being, is unable to identify significant others or relate safely to the environment or situation, or has no sense of time of day)

3. Functional Index Ranks for Judgment

a. Rank 1: Judgment unimpaired (e.g., individual is able to evaluate environmental cues and respond appropriately, makes sound judgments)

b. Rank 2: Judgment mildly impaired (e.g., individual shows a lack of ability to plan for self, has difficulty deciding between alternatives but is amenable to advice, or has poor social judgment)

c. Rank 5: Judgment severely impaired (e.g., individual fails to make decisions or makes decisions without regard to safety or well-being)

C. Evaluate the individual's home and environment

The social worker shall document preventative measures that have been taken (e.g., door locks, stove knob covers, wheelchair straps, cabinet/drawer locks, smoke detectors, etc.) to further justify the need for protective supervision.

D. Document the need for protective supervision

The following forms of documentation may be used to approve or deny protective supervision:

1. **Assessment of Need for Protective Supervision (SOC 821) (Attachment C)**, or physician's statement

NOTE: The Social Worker is required to send the SOC 821 to a licensed medical professional in each case which protective supervision is being considered. It is not, however, required to approve services if there is other sufficient documentation (2-4 below).

2. Police/APS reports

3. Regional Center of Orange County or school IPP/IEPs

4. Social Worker observations.

E. Determine whether a 24-hour need exists and whether the individual can remain safely at home if protective supervision is provided

1. The social worker must make a determination whether the client needs protective supervision based on all available information, including their assessment of the individual's mental functioning, the individual's home and environment, and other documentation.

2. The Social Worker is required to complete the Voluntary Services Certification **(SOC 450) (Attachment D)** for all cases in which protective supervision is approved.

3. In the event protective supervision is needed, but 24-hour coverage is not feasible, the social worker shall discuss the appropriateness of out-of-home care as an alternative with the client and/or authorized representative.

F. Complete the assessment worksheet

1. Approved cases

a. "Assmt Back" worksheet - Protective Supervision = Y.

b. "Protective Supervision" worksheet - Complete the following field

- Weekly hours authorized for companion case(s) not receiving protective supervision (line 35)
- Number of companion cases also receiving protective supervision (line 37), and
- Hours per week of alternative resources for protective supervision (line 39).

2. Denied cases

a. "Assmt Back" worksheet - Protective Supervision = N.

G. Submit the case for supervisory approval

H. Enter the changes into CMIPS and Mail the Notice of Action, (NOA 690) Enter the changes into CMIPS and Mail the Notice of Action, (NOA 690)

A Notice of Action must be mailed for all cases in which protective supervision has been requested and the service has been approved or denied.

1. When protective supervision is approved, the NOA message is automatically generated. The social worker should have the NOA returned to them to ensure the message reads properly.

2. When protective supervision is denied, the social worker must have the NOA returned to them, so that they may manually type in the denial message.

I. Specialized cases

1. Minor Children

a. Protective supervision does not include routine childcare or supervision.

b. A minor cannot be denied protective supervision based solely on their age or the fact that they have had no injuries at home. The minor must simply have the potential for injury.

c. The social worker must document the minor needs more supervision than a non-disabled minor of the same age because of his or her mental limitations.

2. Companion Cases

a. When 2 recipients in the same household require protective supervision, the need shall be treated as a common need and prorated accordingly.

b. If the recipients are unrelated, the social worker should make a referral to Community Care Licensing to determine whether or not the home is considered a "facility" by calling (714) 703-2840.

J. Removing services

Protective supervision should be reevaluated when

1. The client's condition deteriorates to the point he is no longer capable of putting himself at risk.

2. The care provider is no longer able to provide monitoring 24 hours a day and alternative resources are not available. The social worker must discuss the appropriateness of out-of-home care as an alternative with the client and/or authorized representative.

See **Attachment E,** Protective Supervision Flowchart for the process of determining Protective Supervision.

V. REFERENCES

California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP)

- 30-756.372
- 30-757.17
- 30-763.33
- 30-763.454(e)

VI. ATTACHMENTS

ATTACHMENT A: Statutory Maximums

ATTACHMENT B: Ranking For Mental Functioning

ATTACHMENT C: Assessment of Need for Protective Supervision (SOC 821)

ATTACHMENT D : Voluntary Services Certification (SOC 450)

ATTACHMENT E: Protective Supervision Flowchart

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