County of Orange Social Services Agency
Family Self-Sufficiency & Adult Services Division

Program/Area: Adult Services/In-Home Supportive Services
Title: Voluntary Provider
Number: 1019 **Status:** Approved
Effective Date: **12/1/2006** **Revision Date:** 5/27/2022
Approved: **Signature on file**

PURPOSE

To provide instructions for assessing needs when the In-Home Supportive Services (IHSS) recipient has a Voluntary Provider willing to provide voluntary services.

POLICY

Social workers will explore with the applicant/recipient the willingness of relatives, housemates, friends, or other appropriate individuals to voluntarily (i.e. without pay) provide some or all of the services required by the applicant/recipient. If an individual agrees to provide service voluntarily, special documentation is required. The SOC 450 will serve as acknowledgement that the provider knows of the right to compensated services, but voluntarily chooses not to accept any payment, or reduced payment, for the provision of services.

PROCEDURE

A. Assessing Need

Total need must be assessed for the client regardless of whether or not a Voluntary Provider exists. Social workers will complete a needs assessment for each service task, which shall then be reduced by any service available from an alternative resource (voluntary service).

B. Forms

Following an assessment of need, the social worker will:

1. Obtain the Voluntary Services Certification (SOC 450), which must be completed and signed by the individual agreeing to provide voluntary services. If the individual refuses to sign the SOC 450, note their refusal on the form and document in the case narrative.
2. If the Voluntary Provider is not present during the assessment and the form needs to mailed out, the social worker will obtain an Authorization for Release of Confidential Records/Information (F063-23-99) signed by the applicant/recipient.
3. The Authorization for Release of Confidential Records/Information (F063-23-99) will allow the social worker to either: mail out the Voluntary Services Certification (SOC 450) or to electronically send the form using the SOC 450 template available on DocuSign.

C. Documentation

The social worker will:

1. Narrate information related to Voluntary Services within the IHSS Case Management System (I-CMS) Calculating Tool, under the Assessment Narrative section – Voluntary Services.

2. Transcribe calculated time provided by the Voluntary Provider as reflected on the completed SOC 450.
3. Enter the data onto CMIPS II under the Voluntary Services section for the corresponding Service Task. This will automatically generate the appropriate Notice of Action (NOA).

REFERENCES	MPP 30-763.62 MPP 30-757.176
ATTACHMENTS	Voluntary Services Certification (SOC 450) Authorization for Release of Confidential Records/Information (F063-23-99)