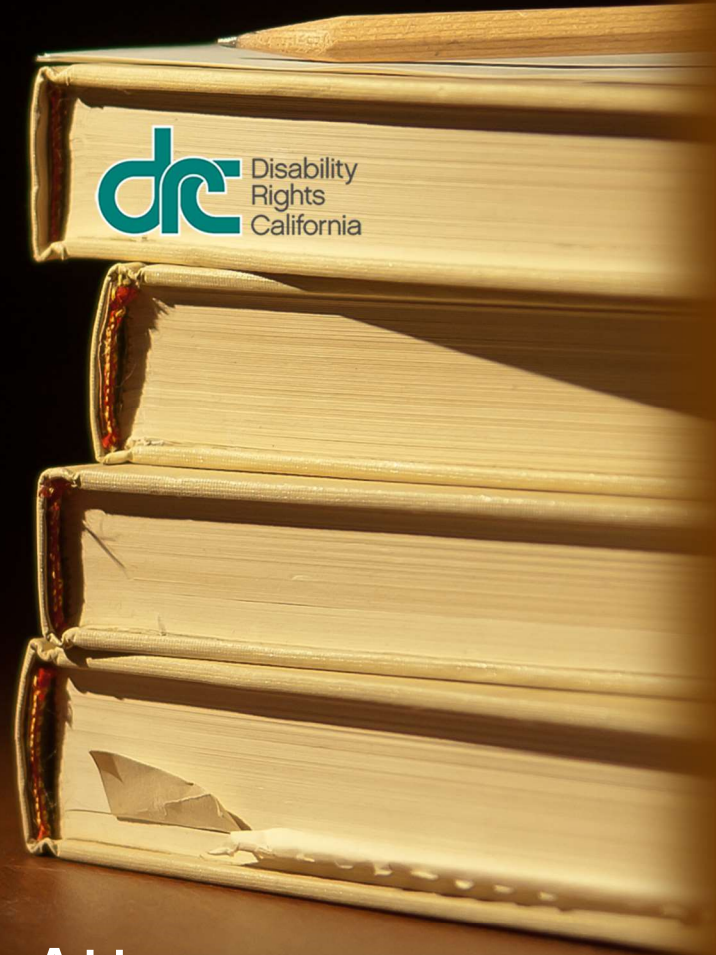


IHSS Basic Information



Maria Iriarte, Senior Attorney

1. Applying for IHSS
2. Self-Assessment
3. Protective Supervision
 - a. SOC 821
 - b. SOC 825
4. Paramedical
 - a. SOC 321
5. Transportation
6. How are Hours Calculated?
7. What are Functional Index Rankings and Hourly Task Guidelines?
 - a. Adult
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8. Request for Information
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9. Parent Providers
10. Notice of Action and Appeals
11. Representing Yourself at a State Hearing

Applying for IHSS

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

A. APPLICANT/RECIPIENT INFORMATION (To be completed by the county)

Applicant/Recipient Name:	Date of Birth:
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Address: _____

County of Residence:	IHSS Case #:
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IHSS Worker Name: _____

IHSS Worker Phone #:	IHSS Worker Fax #:
----------------------	--------------------

B. AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION (To be completed by the applicant/recipient)

I, _____, authorize the release of health care information related to my physical and/or mental condition to the In-Home Supportive Services program as it pertains to my need for domestic/related and personal care services.

(PRINT NAME)

Signature: _____ Date: ____/____/____
(APPLICANT/RECIPIENT OR LEGAL GUARDIAN/CONSERVATOR)

Witness (if the individual signs with an "X"): _____ Date: ____/____/____

TO: LICENSED HEALTH CARE PROFESSIONAL* –

The above-named individual has applied for or is currently receiving services from the In-Home Supportive Services (IHSS) program. State law requires that in order for IHSS services to be authorized or continued a licensed health care professional must provide a health care certification declaring the individual above is unable to perform some activity of daily living independently and without IHSS the individual would be at risk of placement in out-of-home care. This health care certification form must be completed and returned to the IHSS worker listed above. The IHSS worker will use the information provided to evaluate the individual's present condition and his/her need for out-of-home care if IHSS services were not provided. The IHSS worker has the responsibility for authorizing services and service hours. The information provided in this form will be considered as one factor of the need for services, and all relevant documentation will be considered in making the IHSS determination.

IHSS is a program intended to enable aged, blind, and disabled individuals who are most at risk of being placed in out-of-home care to remain safely in their own home by providing domestic/related and personal care services. IHSS services include: housekeeping, meal preparation, meal clean-up, routine laundry, shopping for food or other necessities, assistance with respiration, bowel and bladder care, feeding, bed baths, dressing, menstrual care, assistance with ambulation, transfers, bathing and grooming, rubbing skin and repositioning, care/assistance with prosthesis, accompaniment to medical appointments/alternative resources, yard hazard abatement, heavy cleaning, protective supervision (observing the behavior of a non-self-directing, confused, mentally impaired or mentally ill individual and intervening as appropriate to safeguard recipient against injury, hazard or accident), and paramedical services (activities requiring a judgment based on training given by a licensed health care professional, such as administering medication, puncturing the skin, etc., which an individual would normally perform for him/herself if he/she did not have functional limitations, and which, due to his/her physical or mental condition, are necessary to maintain his/her health). The IHSS program provides hands-on and/or verbal assistance (reminding or prompting) for the services listed above.

**Licensed Health Care Professional means an individual licensed in California by the appropriate California regulatory agency, acting within the scope of his or her license or certificate as defined in the Business and Professions Code. These include, but are not limited to: physicians, physician assistants, regional center clinicians or clinician supervisors, occupational therapists, physical therapists, psychiatrists, psychologists, optometrists, ophthalmologists and public health nurses.*

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 <u>unable</u> 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.)?	<input type="checkbox"/> YES <input type="checkbox"/> 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)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>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.</i> <i>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.</i>	
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?	
	<input type="checkbox"/> YES <input type="checkbox"/> 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.

Self-Assessment

Part 2: Self-Assessment Worksheet

(NOTE: The following section is not fully accessible. Please contact us if you need a different format for those worksheets at 1-800-776-5746.)

In-Home Supportive Services Self-Assessment Worksheet

Domestic Services: For adults only. Children are not eligible to receive domestic service hours.

Domestic services are usually limited to 6 hours per month per household and divided by the number of people in the household. If you need more than 6 hours of domestic services per month because of the recipient's disability (e.g., more frequent bathroom cleaning due to incontinence, frequent dusting due to asthma, etc.), then mark the time needed in the columns below.

IHSS DOMESTIC SERVICES TABLE TO BE PRINTED AND FILL IN THE BLANKS

DOMESTIC SERVICES	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
a. Sweeping and vacuuming								
b. Washing kitchen counters								
c. Cleaning oven and stove								
d. Cleaning and defrosting refrigerator								

DOMESTIC SERVICES	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
e. Storing food and supplies								
f. Taking out garbage								
g. Dusting and picking up								
h. Bringing in fuel for heating or cooking purposes from a fuel bin in yard, miscellaneous								
i. Changing bed linens								
j. Miscellaneous								
TOTAL DOMESTIC SERVICES								

Related services: meal preparation, meal clean up, routine laundry, shopping, and other errands. (Monday through Sunday.)

IHSS RELATED SERVICES TABLE TO BE PRINTED AND FILL IN THE BLANKS

RELATED SERVICES	Mon.			Tue.			Wed.			Thurs.			Fri.			Sat.			Sun.			TOTAL			
Breakfast=B, Lunch=L, Dinner=D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	
a. Preparing meals, serving meals, cutting up food*																									
b. Meal clean up and menu planning**																									
c. Laundry, mending, ironing, sorting, folding and putting away clothes (Usually, 60 minutes per week in-home, 90 minutes per week out-of-home)***																									
d. Other Shopping / Errands (Usually, 30 minutes per week maximum)***																									
TOTAL RELATED SERVICES																									

IHSS NON-MEDICAL PERSONAL SERVICES TABLE TO BE PRINTED AND FILL IN THE BLANKS

NON-MEDICAL PERSONAL SERVICES	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
HEAVY CLEANING								
NONMEDICAL PERSONAL SERVICES								
a. Respiration*								
b. Bowel/bladder care (including help on/off commode)*								
c. Feeding and drinking*								
d. Bed baths*								
e. Dressing*								
f. Menstrual care*								
g. Ambulation*								
h. Moving into and out of bed*								
d. Grooming, bathing, hair care, teeth and fingernails								
j. Rubbing skin to aid circulation, turning in bed, repositioning in wheelchair, help in and out of vehicles*								

NON-MEDICAL PERSONAL SERVICES	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
k. Care and help with prosthesis*								
TOTAL PERSONAL CARE SERVICES								

IHSS TRANSPORTATION SERVICES TABLE TO BE PRINTED AND FILL IN THE BLANKS

TRANSPORTATION SERVICES		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
Medical Transportation									
a. To medical appointments***									
b. To alternative resources									
YARD HAZARD ABATEMENT									
PROTECTIVE SUPERVISION									
<u>PARAMEDICAL SERVICES</u> (i.e., catheterization, injections, range of motion exercises, etc., specify)									
TOTAL WEEKLY SERVICES (Everything except Domestic Services)									
Multiply by 4.33 to get monthly total									

Plus Domestic Services (6 hours per month maximum unless more needed hours can be shown on page 1 above)									
TOTAL MONTHLY SERVICES									

* If asterisked hours equal 20 or more hours a week, recipient qualifies as “severely impaired.”

** Meal clean-up hours are included in determining whether severely impaired if IHSS assistance with meal preparation and consumption are necessary.

*** IHSS will pay for transportation time to get you to and from medical appointments, as well as wait time. To be paid for waiting at a medical appointment, the provider has to show that while they are at a recipient’s medical appointment, they cannot leave because they cannot predict how long the recipient’s appointment will take. For more information about transportation to and from medical appointments, and provider wait times at those appointments, see our IHSS Provider Wait and Travel Times publication, available online. [DRC Pub # 5607.01](#).

Protective Supervision

a. SOC 821

b. SOC 825

5493.01

In-Home Supportive Services Protective Supervision

December 2017, Pub. #5493.01

Protective supervision is an IHSS service for people who, due to a mental impairment or mental illness, need to be observed 24 hours per day to protect them from injuries, hazards or accidents. An IHSS provider may be paid to observe and monitor a disabled child or adult when the person can remain safely at home if 24 hour supervision is provided. MPP 30-757; MPP 30-757.173(a).

Protective supervision services can be difficult to obtain and will require clear documentation of the need for the service. This publication is meant to help you understand the eligibility criteria for obtaining protective supervision and help you challenge a denial of protective supervision services. This publication contains the attached material, which you will need in order to request protective supervision and prepare for a hearing.

- 1) Assessment of Need for Protective Supervision for In-Home Supportive Services Program (SOC 821 (3/06)). - This form should be completed by the IHSS recipient's doctor.
- 2) Protective Supervision Sample Doctor's Letter. – The IHSS recipient's doctor should provide a more detailed letter explaining the need. The recipient's doctor will also need a copy of the recipient's Hazard or Injury log in order to write this letter.
- 3) Protective Supervision 24-Hours-a-Day Coverage Plan (SOC 825 (6/06)). – You should complete this form.

Why is protective supervision important?

The IHSS program is comprised of four programs which will be discussed later. People who qualify for protective supervision are eligible for the maximum number of monthly hours, either 195 or 283. However, the maximum number of hours needed depends on which of the four programs apply and whether a recipient is considered "severely impaired." The total number of hours authorized (i.e. hours a recipient can get) may also be adjusted due to the receipt of alternative resources. IHSS recipients should refer to their Notice of Action to see which IHSS program they have been placed in and how their hours were determined by the county.

The four IHSS programs and the maximum amount of hours individuals may receive are:

- The IHSS Residual Program (IHSS-R)

Non-severely impaired individuals can receive up to a maximum of 195 hours a month when receiving Protective Supervision. Severely impaired individuals receive 283 hours per month. (Welfare and Institutions Code § 12303.4.)

- The Personal Care Services Program (PCSP)

Consumers enrolled in PCSP are eligible to receive a maximum of 283 hours per month regardless of whether they are designated non-severely or severely impaired. (All County Letter 93-21 (March 16, 1993) at

<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl93/93-21.PDF>.)

- The IHSS Plus Option (IPO)

Non-severely impaired individuals can receive up to a maximum of 195 hours a month when receiving Protective Supervision. Severely impaired individuals receive 283 hours per month. (Welfare and Institutions Code § 14132.952; All County Letter 11-19 (February 23, 2011) at

<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2011/11-19.pdf>.)

and,

- The Community First Choice Option (CFCO)

Non-severely impaired individuals can receive 195 hours of protective supervision services, plus hours for other services, up to a maximum of 283 hours per month. (All County Letter 14-60, see (August 29, 2014) at

<http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2014/14-60.pdf>.)

How to qualify as Severely Impaired?

To qualify as “severely impaired” an individual must need twenty or more hours per week in the area of non-medical personal services, meal preparation, meal clean up when preparation of meals and feeding are required, and paramedical services (MPP 30-701(s)(1)).

When is IHSS protective supervision available?

Individuals eligible for protective supervision must have:

- 1) A “mental impairment” or “mental illness” that causes functional limitations in:
 - Memory (e.g. forgetting things, people, places, to start or finish a task, etc.)
 - Orientation (e.g. inability to recognize and adapt to time, people, places, environment, surroundings etc., needed to live and complete tasks.)
 - Judgment (e.g. making decisions which put the individual’s health and/or safety at risk),

And

- 2) The impairments must cause the recipient to experience confusion and an inability to self-direct his or her behaviors so as to keep himself or herself safe and free from harm or injury. MPP 30-757.171. For example, an IHSS recipient who does not understand what he can or cannot do and, without protective supervision, would be at risk of injury from trying to do things beyond his capabilities. Such severe impairments may occur with mental retardation, autism, Alzheimer’s, dementias, and psychiatric disabilities. **However, having one of these disabilities alone does not automatically qualify an IHSS recipient for protective supervision.**

And

- 3) The county must also determine that the recipient needs to be observed twenty-four-hours-a-day in order for the recipient to safely remain at home. MPP 30-757.173. This does not mean that the provider has to be present and watching the individual at all times. It can include observing an individual in some alternative way while an individual is left alone for a brief, fixed period of time. MPP 30-172.(b)(3) and ACL 98-87.

County staff is also required to explain the availability and need for protective supervision services and whether or not out-of-home care would be an appropriate alternative to protective supervision. MPP 30-757.174.

When is Protective Supervision not available?

Protective supervision will be denied if the need for protective supervision is for:

- Friendly visiting or social activities
- When the need is caused by a medical condition and the person needs medical supervision (e.g. watching a recipient and suctioning or turning the recipient to prevent affixation)
- In anticipation of a medical emergency (e.g. serious impairment to bodily functions or serious dysfunction of any body part of organ part. Examples include stroke, seizure or heart or asthma attack).
- To control and anti-social or aggressive recipient behavior (e.g. getting into fights or destroying property).
- To guard against deliberate (i.e. after careful consideration of the effect and consequences) self-destructive behavior, such as suicide, or when the individual knowingly intends to harm himself/herself. (MPP 30-757.172)

Is protective supervision available for children?

Yes. A child can receive protective supervision. However, the child must need closer supervision than other children of the same age.

County staff must assess all children's mental functioning on an individualized basis and provide protective supervision based on individualized need. All children with a mental impairment must be assessed for protective supervision.

Children may not be denied protective supervision based on:

- Age alone,
- Because the child has not had a recent injury,
- Because the parent leaves the child alone for a fixed period of time, like five minutes.

The county must consider all facts in determining need for protective supervision including things like age, lack of injuries, parental absence.

The county must also talk with the child's parent or guardian about the availability and eligibility for protective supervision and not assume the parents or guardian can provide the services for free. (ACL 98-87)

Documenting behaviors due to mental impairment or illness to show eligibility for protective supervision

To demonstrate eligibility for protective supervision you will need to provide documentation that shows that because of a mental impairment or mental illness, the IHSS recipient is at risk of injury if left unsupervised at any time during a twenty-four hour day. The documentation must provide examples of things the recipient will do things to hurt themselves or put them in harm's way when left alone.

If you cannot identify any dangerous behaviors the recipient has or things the recipient will do that will cause injury or make the recipient unsafe when left alone, it is likely your request for protective supervision will be denied.

You should make sure to keep a copy of all of the documentation you gather to show eligibility for protective supervision services.

1) Create a hazard/Injury Log

The best way to show eligibility (i.e. a need for protective supervision) is by creating a list or log to document every accident/injury or, near accident/injury the recipient had, within the past six (6) months or longer if necessary.

The log or list you make should describe every action the recipient has taken that might cause injury, or has put the recipient at risk of injury or harm, and how often it happens.

Some examples of these types of behaviors include: leaving lit cigarettes throughout the home, using a SOS pad to bathe and clean himself or herself, wandering out of the house and getting lost, letting strangers in, turning the stove on and forgetting to turn it off, lighting small fires around the home, leaving water running, eating dangerous products or unhealthy foods, head banging, self-biting and scratching, using knives or other unsafe household objects, climbing onto a high place and jumping off because he or she is trying to fly, hiding in the refrigerator, sticking fingers in light bulb socket to see if electricity works, wandering into the street without regard for oncoming traffic, jumping into a swimming pool without knowing how to swim, trying to move furniture when the individual lacks needed balance and strength, trying to get out of bed when the individual lacks needed ability to use or control muscles, performing any task beyond the individual's mental or physical ability that would cause injury or harm to the recipient.

If the recipient has not had an accident or put himself/herself in a dangerous situation recently, explain why. For example, the individual is watched 24 hours a day by the IHSS caregiver and family members to prevent accidents. Explain the actions caregivers and family members have had to take to prevent injury or accidents.

You may also want to create a note section in the hazard/injury log that talks about how the recipient's home cannot be modified or made entirely safe and/or the alternative way in which the individual is watched when the IHSS recipient must be left alone for a brief, fixed period of time (if applicable). For example, the recipient may be left alone twice a month for the family member to go shopping for no longer than 2 hours and the recipient is watched by receiving a phone call at home every 20 minutes.

2) Obtain additional letters to document the need for protective supervision

Obtain a letter from the regional center or any other resources such as a day program or school program. The letter should contain the following information:

Obtain a letter from the regional center or any other resources such as a day program or school program. The letter should contain the following information:

- The recipient's age,

- Information about the recipient's mental impairment(s) and/or mental illness,
- Information about the severity of the functional limitations caused by impairments in the area of memory, orientation, and judgment,
- A description of how limitations in the in area of memory, orientation and judgment cause confusion and non-self-directing behaviors (e.g. inability to identify places, time, people, etc.),
- Information about whether or not the individual needs to be observed and monitored to keep them safe and why (e.g. when the recipient does things which are unsafe, the individual is verbally redirected and the behavior is stopped),
- Provide examples about unsafe behaviors the individual has and how often they occur.

Obtaining medical documentation of the need for protective supervision

1) Obtain an "Assessment of Need for Protective Supervision for In-Home Supportive Services Program" (SOC 821 (3/06)) form completed by the recipient's doctor

You should obtain a current SOC 821 completed by the recipient's doctor when requesting protective supervision services. Keep a copy of the form for your records. The county will use this form to collect information and make a determination about the need for protective supervision. The SOC 821 form can be downloaded at:

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC821.PDF>

The form can only be signed by a medical professional with a medical specialty or scope of practice in the area of memory, orientation, and judgment. MPP 30-757.173(a)(1)(A).

The SOC 821 form will ask the recipient's doctor for information about the recipient's function in the areas of memory, orientation and judgment. The form will also ask for information about any injury or accident the recipient has had due to deficits in the area of memory, orientation and judgment and whether or not the individual can physically put himself or herself in dangerous situations.

Many times, the county will grant protective supervision if a recipient's doctor marks the "yes" boxes in questions one and two of the SOC 821 form and marks the "severe" boxes in all areas of functioning, and will deny protective supervision to everyone else. However, the county is supposed

to use the SOC 821 form in conjunction with other pertinent information to assess the need for protective supervision. The (SOC 821) form alone shall not be used to show eligibility for protective supervision. (Welfare and Institution Code § 12301.21 and MPP 30-757.173(a)(2) and (3)).

Note: If a recipient's doctor completed the SOC 821 (3/06) form in the past and indicated that the recipient did not need protective supervision and has indicated a need for protective supervision on the newly completed SOC 821, the doctor should explain why there has been a change in need. For example if the recipient's functional limitations have become more severe or if the doctor previously checked the wrong box or did not know how to complete the form, the doctor should explain this in the newly completed SOC 821 form.

2) Obtain an additional doctor's letter documenting the need for protective supervision (Attachment 1)

Obtain a doctor's letter documenting the recipient's disability (mental illness or mental impairment), functioning level, age, and describing how the disability causes poor judgment, confusion, poor memory, or disorientation. You may use the form at the end of this publication to obtain the information described above from the recipient's doctor.

The doctor must have some knowledge of the individual's behaviors and physical and mental ability to put himself or herself in dangerous situations to be able to properly complete the form in this packet or to provide a letter with useful information about how a recipient's impairments prevent the individual from being left alone. You can provide the recipient's doctor with a copy of your hazard/injury log in order to share information with the doctor about dangerous behaviors a recipient has that prevents the person from being left alone at any time during a twenty-four hour day.

Other forms needed to obtain protective supervision

1) A "PROTECTIVE SUPERVISION 24-HOURS-A-DAY COVERAGE PLAN" (SOC 825 (6/06)) form completed by you

If you are requesting 24-hour protective supervision, you must also complete a SOC 825 form. This form requires you to provide information about how twenty-four hour protective supervision will be provided. MPP

30-757.173(a)(1)(A)(5). Although the form says, "Optional County Use Form" we advise completing this form.

This form is available at your local county welfare office. It can be found on the internet at

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/soc825.pdf>

The county says I don't need protective supervision. What do I do?

Counties have many common reasons for telling someone they are not eligible for protective supervision. Below is a list of common county justifications and some possible responses.

Is there a severe mental impairment?

County Justification

Some Responses

Severe mental impairments not observed on home visit.

Your daily log, doctor's statement, regional center records; home visit too short, observed behavior and didn't answer guidelines questions; dementia patients show only "good days" to visitors; Form SOC 293, Line H shows 5 for one mental impairment.

Needs protective supervision because of physical impairment, not mental impairment.

Because of mental impairment does not understand physical impairments, does not understand or appreciate consequences of actions on physical impairments - i.e., tries to get up or walk without assistance when cannot do so without risk of injury, will eat sweets even though risks injury because of diabetes, will try to remove bandage, tubing or brace because it hurts or is irritating, etc.

Physical impairments cause dangerous behavior.

Mental impairments also cause unsafe behavior; not required to show mental is only cause.

Is there dangerous behavior at home?

County Excuse

Formal diagnosis of mental condition doesn't prove need.

No injuries in the recent past.

No evidence of dangerous behavior during county worker's home visit.

"Complete" physical paralysis prevents recipient from doing anything.

Some Responses

Doctor's statement of typical behavior for person with that diagnosis.

Recipient was well supervised.

Frequency not hourly; missed day before and after; can't generalize from one hour to 24 hours in a day.

Any purposeful action that is dangerous, e.g., pulling out catheter, G-tube, etc.

Other IHSS & protective supervision resources

Disability Rights California has publications and other useful information on its website about IHSS, available at

http://www.disabilityrightsca.org/issues/inhome_pubs.html.

Disability Rights California also provides free services to Californians with disability on issues related to disability. To get help you can contact Disability Rights California by calling 1-800-776-5746 to request an intake.

The California Department of Social Services publishes its regulations, called the "Manual of Policies and Procedures," or "MPP," on its website at <http://www.dss.cahwnet.gov/ord/PG310.htm>.

The California Department of Social Services publishes its All County Letters (ACLs) and All County Information Notices (ACINs) on its website at <http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

Attachment 1

Protective Supervision Overview

In order to be eligible for protective supervision a person must have a mental illness or mental impairment that causes behaviors like: poor judgment (making bad decisions about health or safety), confusion/disorientation (wandering off, getting lost, mixing up people, days or times) or bad memory (forgetting to start or finish something). Such impairments may occur with mental retardation, autism, Alzheimer's and dementias, and psychiatric disabilities. Protective Supervision consists of watching someone in order to keep them safe.

Protective supervision is not available for:

- Friendly visiting or social activities.
- When the need is caused by a medical condition and the person needs medical supervision.
- In anticipation of a medical emergency.
- To control and anti-social or aggressive behavior.

Sample of what should be in a Doctor's Letter

In order to show that an IHSS recipient is eligible for protective supervision the IHSS recipient must obtain proof (in the form of a doctor's letter) from their doctor about their need for the service. A doctor's letter should describe the individual's disability (mental illness or mental impairment), functioning level, functional impairments, his age, and describes how his or her disability causes poor judgment, confusion, poor memory, or disorientation and provide examples of the dangerous behaviors the individual has which he or she does not realize are dangerous.

The letter should also provide answers to the following questions on the next page or complete the form on the next page in addition to writing a letter about an individuals need for protective supervision.

Beneficiary Name: _____ Date of Birth: _____

Diagnosis: _____

Prognosis: _____

1. Does the individual have a mental impairment or cognitive impairment as a result of their disability?

Please check the appropriate answer: Yes or No

2. Does the mental impairment or cognitive impairment prevent the individual from being left alone?

Please check the appropriate answer: Yes or No

3. Are the behaviors described in individuals Hazard and Injury Log consistent with the individual's diagnosis?

Please check the appropriate answer: Yes or No

4. Can the individual's disability be expected to cause the kind of behaviors caused in the Hazard and Injury Log?

Please check the appropriate answer: Yes or No

5. Can the disability affect an individual's judgment regarding safety?

Please check the appropriate answer: Yes or No

6. Please provide a brief explanation of the above answer and a description of the beneficiary's functional limitations:

I have provided the above information to the best of my knowledge.

Signed by: _____ Date: _____

We want to hear from you! Please complete the following survey about our publications and let us know how we are doing! [\[Take the Survey\]](#)

For legal assistance call 800-776-5746 or complete a [request for assistance form](#). For all other purposes call 916-504-5800 (Northern CA); 213-213-8000 (Southern CA).

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to <http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html>.

ASSESSMENT OF NEED FOR PROTECTIVE SUPERVISION FOR IN-HOME SUPPORTIVE SERVICES PROGRAM

Release of Information Attached

Attending Physician's /	PATIENT'S NAME:	PATIENT'S DOB: / /
Medical Professional's	MEDICAL ID#: (IF AVAILABLE)	COUNTY ID#:
mailing address	IHSS SOCIAL WORKER'S NAME:	
	COUNTY CONTACT TELEPHONE #:	COUNTY FAX #:

Your patient is an applicant/recipient of **In-Home Supportive Services (IHSS)** and is being assessed for the need for Protective Supervision. Protective Supervision is available to safeguard against accident or hazard by observing and/or monitoring the behavior of non self-directing, confused, mentally impaired or mentally ill persons. This service is not available in the following instances:

- (1) When the need for protective supervision is caused by a physical condition rather than a mental impairment;
- (2) For friendly visitation or other social activities;
- (3) When the need for supervision is caused by a medical condition and the form of supervision required is medical;
- (4) In anticipation of a medical emergency (such as seizures, etc.);
- (5) To prevent or control antisocial or aggressive recipient behavior.

Please complete this form and return it promptly. Thank you for your assisting us in determining eligibility for Protective Supervision.
(Welfare and Institutions Code §12301.21)

DATE PATIENT LAST SEEN BY YOU:	LENGTH OF TIME YOU HAVE TREATED PATIENT:
DIAGNOSIS/MENTAL CONDITION:	PROGNOSIS: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary - Timeframe: _____

PLEASE CHECK THE APPROPRIATE BOXES

MEMORY

- No deficit problem Moderate or intermittent deficit (explain below) Severe memory deficit (explain below)

Explanation: _____

ORIENTATION

- No disorientation Moderate disorientation/confusion (explain below) Severe disorientation (explain below)

Explanation: _____

JUDGMENT

- Unimpaired Mildly Impaired (explain below) Severely Impaired (explain below)

Explanation: _____

1. Are you aware of any injury or accident that the patient has suffered due to deficits in memory, orientation or judgment? Yes No
If Yes, please specify: _____
2. Does this patient retain the mobility or physical capacity to place him/herself in a situation which would result in injury, hazard or accident? Yes No
3. Do you have any additional information or comments? _____

CERTIFICATION

I certify that I am licensed to practice in the State of California and that the information provided above is correct.

SIGNATURE OF PHYSICIAN OR MEDICAL PROFESSIONAL:	MEDICAL SPECIALTY:	DATE:
ADDRESS:	LICENSE NO.:	TELEPHONE: ()

RETURN THIS FORM TO: COUNTY'S MAILING ADDRESS, CITY, CA., ATTN: SW-NAME

PROTECTIVE SUPERVISION 24-HOURS-A-DAY COVERAGE PLAN

PLEASE PRINT

NAME OF IHSS RECIPIENT:	RECIPIENT'S TELEPHONE #:
ADDRESS OF IHSS RECIPIENT:	
NAME OF PRIMARY CONTACT RESPONSIBLE:	CONTACT'S TELEPHONE #:
RELATIONSHIP TO RECIPIENT:	

As the primary contact for arranging the 24-hour-a-day coverage plan for the above named Recipient, I acknowledge my understanding of the following:

- A 24-hour-a-day coverage plan has been arranged and is in place.
The continuous 24-hour-a-day coverage plan can be met regardless of paid In-Home Supportive Service (IHSS) hours along with various alternate resources (i.e.; Adult or Child Day Care Centers, community resource centers, Senior Centers, respite centers, etc.)
- The 24-hour-a-day coverage plan will be provided at all times.
- If there is any change to the 24-hour-a-day coverage plan (i.e. hospitalization, attendance in day-care programs, travel, etc.) I will immediately **notify the IHSS social worker.**
- The above name Recipient has an established need for 24-hour-a-day Protective Supervision if he/she is to remain safely in the home. The IHSS social worker has also discussed with me the appropriateness of out-of-home care as an alternative to 24-hour-a-day Protective Supervision.

NAME OF CARE PROVIDER (1):	CONTACT PHONE #:
NAME OF CARE PROVIDER (2):	CONTACT PHONE #:
NAME OF CARE PROVIDER (3):	CONTACT PHONE #:

Describe the implementation of the Protective Supervision 24-Hour-A-Day Coverage Plan:

SIGNATURE OF PRIMARY CONTACT RESPONSIBLE:	DATE:
SIGNATURE OF IHSS SOCIAL WORKER:	CONTACT PHONE #:

INSTRUCTIONS

The IHSS Protective Supervision 24-Hours-A-Day Coverage Plan (SOC 825) is an optional form for County use. The SOC 825 is intended to ensure that recipients who need Protective Supervision have the 24-hours of care needed for their health and safety 24 hours a day. The recipient's social service worker and the IHSS care provider(s), whether a family member, friend, or no relation at all, should discuss together a plan or schedule of 24 hours a day of coverage for the recipient.

NAME OF IHSS RECIPIENT: Enter the full name of the IHSS recipient.

RECIPIENT'S TELEPHONE NUMBER: Enter the contact telephone number for the recipient.

ADDRESS OF IHSS RECIPIENT: Enter the recipient's home address where the majority of the 24-hours-a-day coverage will be performed.

NAME OF PRIMARY CONTACT RESPONSIBLE: Enter the name of the person with primary responsibility for coordinating the recipient's 24-Hours-A-Day Coverage Plan.

PRIMARY CONTACT'S TELEPHONE NUMBER: Enter the telephone number for the primary contact responsible.

RELATIONSHIP TO RECIPIENT: Enter the relationship of the primary contact to the recipient, (i.e., family member, IHSS care provider, friend, etc.).

NAME OF CARE PROVIDER(S) (1), (2), (3), and CONTACT TELEPHONE NUMBER(S): Enter the name(s) of each care provider responsible for the recipient's care during the 24 hours a day of coverage. Enter a contact telephone number for each care provider.

If more than three (3) care providers are responsible for this recipient, an additional sheet of paper can be attached with name(s) and contact telephone number(s).

Describe the implementation of the Protective Supervision 24-Hours-A-Day Coverage Plan:

Enter the planned schedule, or explanation of the plan in which the above provider(s) will ensure the recipient is cared for the entire 24-hour period. An additional sheet of paper can be attached if more space is needed to describe the 24-Hours-A-Day Coverage Plan.

SIGNATURE OF PRIMARY CONTACT RESPONSIBLE and DATE: Once the 24-Hours-A-Day Coverage Plan is developed, the primary contact responsible will sign and date the form when the Plan is discussed with the social worker authorizing the need for Protective Supervision.

SIGNATURE OF IHSS SOCIAL WORKER and CONTACT TELEPHONE NUMBER: When the 24-Hours-A-Day Coverage Plan is discussed and signed and dated by the primary contact, the county social service worker will sign the form and add their contact telephone number.

A copy of the form is to be provided to the primary contact and retained in the County case file.

Paramedical

a. SOC 321

F044.01



*California's protection & advocacy system
Toll-Free (800) 776-5746*

The IHSS Program Covers Paramedical Services

October 2014, Pub. #F044.01

What are Paramedical Services?

Paramedical services include such things as:

- administration of medications that go beyond what is covered under nonmedical personal care services (see below)
- injections
- breathing treatments, nebulizer
- pulmonary toileting (pounding lung areas of back and chest to loosen secretions)
- catheter changes or helping void urine with a catheter
- ostomy or bricker bag irrigation or changes and cleaning and maintaining the stoma site
- range of motion exercises and other home therapy programs prescribed by a physician
- nasal-gastric tube or G-Tube feedings & care of stoma site
- skin and wound care if there is a decubitus ulcer (bed or pressure sore) or a diabetes related wound or, if the person has a history of ecubiti, checking the body for "hot spots" that could turn into a decubitus ulcer
- suctioning through a tracheotomy or through the nose and mouth including tracheal (deep) suctioning
- bowel program for those with spinal cord injuries or neurological impairment impacting the gastro-intestinal system
- digital stool removal
- insertion of suppositories or administration of an enema
- adjustment, monitoring and connecting tubing and ventilator; C-PAP or BiPAP machine adjustment, putting on mask

- monitoring to determine need for an intervention including medications that are given on an as-needed basis rather than on a schedule.
- Cutting toenails when necessary to prevent injury to skin from the nails

Where can I find the law on Paramedical Services?

Welfare & Institutions Code 12300.1 says that:

“[In-home] supportive services” include those necessary paramedical services that are ordered by a licensed health care professional who is lawfully authorized to do so, which persons could provide for themselves but for their functional limitations. Paramedical services include **the administration of medications, puncturing the skin or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional.**

The regulations implementing this statute are at MPP 30-757.19.
<http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/ssman2.pdf>.

How do I know whether what I need is a “Paramedical Service”?

If you have a question about whether a particular task is a paramedical service, ask the questions from the statute:

- (a) Does the task involve puncturing the skin or sticking a medical device into a body opening?
- (b) Does the task require sterile procedures?
- (c) Does the task require the exercise of judgment - make a decision based on training or direction from the recipient’s treatment team.

For instance, if a child because of his or her disability is prone to infections and high fevers, the doctor may direct you to take the child's temperature three times a day and may tell you what to do if the temperature is at or above a particular level. That would be covered as paramedical services even though in most instances taking a child's temperature would not be a paramedical task.

Do any personal care services overlap with Paramedical Services?

There are three areas where there is overlap between personal care services and paramedical services:

(1) Administration of medications: Covered under personal care services is "assistance with self-administration of medications *** [which] consists of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken and setting up Medi-Sets" or cutting pills in half. MPP 30-757.14(i). Assistance beyond that – putting medications in the recipient's mouth or crushing them and putting in food; for medications to be given on an as-needed basis, determining when needed; administering medication through suppository, nebulizer, salve as on a wound or through G-tube or N-G tube - all would be covered under paramedical services.

(2) Range-of-motion exercises (i.e., to minimize contractures, to keep limbs flexible): Nonmedical personal care services cover range of motion including supervision of exercises including exercises to maintain function, strength, gait, improve gait, endurance, etc. MPP 30-757(g). However when the range of motion or other home therapy program is prescribed by a healthcare professional and implemented with the help of a provider who has received direction on doing so, that therapy can be covered as paramedical services

(3) Repositioning and rubbing skin to promote circulation and to prevent skin breaking are coverable under personal care services. However, care of pressure sores or decubitus ulcers (skin and wound

care) plus assessment of skin to identify “hot spots” that may be precursors to skin breakdown would be covered under paramedical services.

Filling out and Turning in the Paramedical Form

Attached are paramedical forms that must be filled out, signed and submitted before an IHSS recipient will be authorized time for paramedical services. This form is also available on line. You or the doctor's office can go to this website:

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC321.pdf>. The information may be typed in and the form printed out.

You should work with your doctor's office so that the form is correctly filled out and includes all the time involved in performing the paramedical service. Depending on the paramedical task, the time could include taking out equipment or materials, washing hands, putting on gloves, sterilizing or cleaning the body site for the procedure (such as where the injection will be given). At the end of the task additional time may be needed for removing gloves, following universal precautions in disposing of any bodily fluids or materials soiled with bodily fluids, cleaning the area, washing hands, putting things away including sometimes locking up medications. Sometimes tasks also involving keeping records – for instance, writing down when as-needed medications are given and why, glucose testing results, when injections are given, etc.

The recipient, or the person acting on the recipient's behalf will also sign the form giving consent for the task to be performed by the IHSS provider.

Sometimes a county IHSS worker says only the worker can send the form to the doctor. **That is wrong!** You have the right to get the form filled out. You can get the form filled out ahead of time so that you can give it to the county worker when he or she comes to your house for an assessment. You or the doctor's office can send in the form to the county IHSS worker.

The county IHSS worker cannot overrule what the doctor orders. However, sometimes the county worker may call the doctor and talk to him or her to get the listed time reduced. Warn your doctor's office. The doctor's office, for instance, may ask the county IHSS worker to put questions in writing or the doctor may elect not to talk to the county IHSS worker at all. We have had reports of some county IHSS workers making such harassing calls that the doctor elected not to deal with the IHSS recipient anymore because too much trouble for the low Medi-Cal payment rate.

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to <http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html>.

**REQUEST FOR ORDER AND CONSENT -
PARAMEDICAL SERVICES**

PATIENT'S NAME
MEDI-CAL IDENTIFICATION NUMBER

TO:

Dear Doctor:

This patient has applied for In-Home Supportive Services (IHSS) and stated that he/she needs certain paramedical services in order for him/her to remain at home. You are asked to indicate on this form what specific services are needed and what specific condition necessitates the services.

In-Home Supportive Services is authorized to fund the provision of paramedical services, if you order them for this patient. For the purpose of this program, paramedical services are activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health and which the recipient would perform for himself/herself were he/she not functionally impaired. These services will be provided by In-Home Supportive Services providers who are not licensed to practice a health care profession and will rarely be training in the provision of health care services. Should you order services, you will be responsible for directing the provision of the paramedical services.

Your examination of this patient is reimbursable through Medi-Cal as an office visit provided that all other applicable Medi-Cal requirements are met.

If you have any questions, please contact me.

SIGNED	TITLE	TELEPHONE NUMBER	DATE
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TO BE COMPLETED BY LICENSED PROFESSIONAL	
NAME OF LICENSED PROFESSIONAL	OFFICE TELEPHONE

OFFICE ADDRESS (IF NOT LISTED ABOVE)

TYPE OF PRACTICE

TYPE OF PRACTICE

- Physician/Surgeon
 Podiatrist
 Dentist

CONTINUED ON BACK

RETURN TO: (COUNTY WELFARE DEPARTMENT)

Does the patient have a medical condition which results in a need for IHSS paramedical services?"

YES NO

Is YES, list the condition(s) below:

Blank lines for listing conditions.

List the paramedical services which are needed and should be provided by IHSS in your professional judgement.

TYPE OF SERVICE	TIME REQUIRED TO PERFORM THE SERVICE EACH TIME PERFORMED	FREQUENCY*		HOW LONG SHOULD THIS SERVICE BE PROVIDED?
		# OF TIMES	TIME PERIOD	

* Indicate the number of times a service should be provided for a specific time period: (Example: two times daily, etc.)

Additional comments:

Blank lines for additional comments.

IF CONTINUED ON ANOTHER SHEET, CHECK HERE

CERTIFICATION

I certify that I am licensed to practice in the State of California as specified above and that this order falls within the scope of my practice. In my judgement the services which I have ordered are necessary to maintain the recipient's health and could be performed by the recipient for himself/herself were he/she not functionally impaired.

I shall provide such direction as is needed, in my judgement, in the provision of the ordered services.

I have informed the recipient of the risks associated with the provision of the ordered services by his/her IHSS provider.

SIGNATURE	DATE

PATIENT'S INFORMED CONSENT

I have been advised of risks associated with provision of the services listed above and consent to provision of these services by my In-Home Supportive Services provider.

SIGNATURE	DATE

Transportation

5607.01

IHSS Provider Wait and Travel Times

Updated July 2018, Pub. #5607.01

1. Can I receive IHSS hours for my provider to take me to doctors' appointments?

Yes, this is called “accompaniment to medical appointments.” Medical accompaniment to “health care appointments” (e.g. medical appointment at a doctor’s office, dentist and to other health practitioners) is an IHSS service certain IHSS recipients can receive. Medical accompaniment can be authorized when a recipient needs another IHSS service in order to get to and from a medical appointment or alternative resource, and/or at their destination.ⁱ For example, if a recipient has been authorized for accompaniment to medical appointments, the provider can also be paid to help the IHSS recipient travel to and from medical appointments.

Examples of help with travel includes things like helping a recipient get in and out of a vehicle, getting properly seated, and using seat belts. To get authorized for medical accompaniment, you should tell your IHSS social worker that you have a medical appointment and that you need your IHSS provider’s assistance to get to the medical appointment. The IHSS social worker will then assess your need for assistance in getting to and from medical appointments.ⁱⁱ IHSS care providers are not required to use their own vehicle to transport recipients to and from a medical appointment. However, an IHSS recipient can pay their care provider for the use of their vehicle to transport the recipient to and from the recipient’s medical appointments.

2. Can an IHSS provider get paid for time spent waiting at an IHSS recipient’s doctor’s appointment?

Yes. As of February 1, 2016, providers can receive payment for time spent waiting at medical appointments. In order to be paid for waiting at a medical appointment, the provider has to show that while they are at a recipient’s medical appointment, they cannot leave because they cannot

predict how long the recipient's appointment will take. An example would be when a provider takes a recipient to a medical appointment and the provider has to wait at the medical office because, at any moment, they may have to take the recipient home. This means the provider is "engaged to wait" or "Wait Time —On Duty."

When a recipient is authorized for medical accompaniment, if all the following conditions are met, then the provider will be considered "Wait Time —Off Duty" (which means they will not be paid for any time spent waiting for the recipient):

1. The amount of time the appointment will take is known in advance which would allow the provider plenty of notice that they will not be needed to provide services during that time and which can then be used for their own purposes;
2. The appointment is scheduled to last enough time for the provider to conduct personal business; and
3. The provider is not required to perform any other authorized service, e.g., food shopping, other shopping/errands, during the appointment time.

If all the above conditions are met, then the recipient must tell the provider that they do not have to work until a specified time when they must return to accompany the recipient home. The provider will not be paid for this time. If all the above conditions are NOT met, the provider is considered to have "Wait Time —On Duty," and they must be paid for the time they spend waiting for the recipient.

You can find more information on wait times in All County Letter No. 16-01.ⁱⁱⁱ

3. What if I need my provider to take me to an alternative resource? Can they still get paid to wait for me?

Individuals can receive transportation to a site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS.^{iv} In general, for individuals who receive time for medical accompaniment to an alternative resource, the time an IHSS provider is waiting would not to be

compensable because recipients are usually dropped off and picked up at a certain time. Normally, a provider cannot be paid for the wait time associated with accompaniment to alternative resource sites because the provider can effectively use that time for their own purposes and it is considered Wait Time Off-Duty.^v However, in order to determine whether wait time is paid, the social worker must determine whether or not a provider is using “Wait Time-On Duty” or if the provider is using “Wait Time-Off Duty.”^{vi}

4. Can a minor receive IHSS hours for accompaniment to doctors’ appointments?

There are special requirements to get medical accompaniment authorized for minor recipients. Medical accompaniment for minors can only be authorized if the minor recipient has an “assessed extraordinary need,” the appointment is for a specialist, and the minor recipient has a need for an authorized IHSS task to be performed during travel to or from the appointment.

To get medical accompaniment and associated wait times authorized for a minor recipient, each of the three following conditions must be met:

1. The minor recipient must have an assessed extraordinary need. An extraordinary need is a need that is based on the functional impairment due to the minor’s disability and the need is beyond what would normally be expected for a minor of the same age without the functional impairment.
2. The appointment(s) must be with a physician or other licensed health care professional in a specialty care discipline and the appointment must be related to the minor’s disability or functional impairment. Medical Accompaniment may not be authorized for routine appointments with the minor recipient’s pediatrician or primary care physician, such as well-baby/child visits, annual check-ups, immunizations, visits related to common childhood illnesses/injuries, etc.

3. The minor recipient must have a need for an authorized IHSS task(s) during travel to and/or from the appointment, or at the appointment.

The guidelines for authorizing wait time for adult recipients are not applied in minor recipient cases. This is because a parent is typically expected to be present during a child's medical appointment so that they can participate in a discussion with the medical professional about the child's health and make decisions about treatment and care. The social worker should include the wait time in the authorization of hours. You can find more information and examples in All County Letter No. 17-42.

5. Can an IHSS provider get paid for travel time between recipients?

Yes. IHSS providers can be paid for travel time. Travel time is the time it takes a provider to travel directly from the location where they care for a recipient to another location to provide services for a different recipient on the same day. However, a provider cannot get paid for the travel time to and from his or her home to any IHSS recipient's location. In addition, providers can only be reimbursed for 7 hours of travel time per week.^{vii}

Providers who have multiple recipients should contact the county in order to complete form SOC 2255 and submit it to the IHSS office. This form must be completed in order for the provider to be compensated for their travel time.

We want to hear from you! Please complete the following survey about our publications and let us know how we are doing! [\[Take the Survey\]](#)

For legal assistance call 800-776-5746 or complete a [request for assistance form](#). For all other purposes call 916-504-5800 (Northern CA); 213-213-8000 (Southern CA).

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to [click here for the 'List of Funding Grants and Contracts' page under Documents on Disability Rights California's website.](#)

ⁱ See Welfare and Institutions Code § 12300(b), and Manual of Policies and Procedures (MPP) Section 30-780.1(b)(5)(A)-(B)).- [\(Return to Main Document\)](#)

ⁱⁱ See MPP Section 30-757.15.- [\(Return to Main Document\)](#)

ⁱⁱⁱ All County Letter No. 16-01, dated January 7, 2016, is available online at [this link for the PDF](#).- [\(Return to Main Document\)](#)

^{iv} MPP Section 30-757.154.- [\(Return to Main Document\)](#)

^v See All County Letter No. 17-42, dated June 23, 2017, available online at [this link](#); see also All County Letter No. 14-82, dated November 25, 2017, available online at [this link for the PDF](#).- [\(Return to Main Document\)](#)

^{vi} For more information, see ACL No. 17-42, available online at [this link](#), and ACL No. 14-82, available online at [this link for the PDF](#).- [\(Return to Main Document\)](#)

^{vii} Information on travel time is here: [link to the PDF on Travel Time for In-Home Supportive Services providers from the CA Department of Social Services website](#).- [\(Return to Main Document\)](#)

How are Hours Calculated?

5611.01



California's protection & advocacy system

Understanding How IHSS Hours are Calculated

June 2018, Pub. #5611.01

This publication explains how In-Home Supportive Services (IHSS) monthly hours are calculated.¹ This publication assumes you have already applied for IHSS, gone through the in-home assessment with the IHSS Social Worker, and received a Notice of Action (NOA) approving hours. For more information on the IHSS application process, please see the IHSS Nuts and Bolts Manual, # 5470.01.²

A) Background Information

(1) IHSS Funding

First, it is important to understand the different funding sources for IHSS because which funding source (also known as “program”) you are placed in will determine the maximum amount of monthly IHSS hours that are available to you. Note, that “hours available to you” does not mean that you will get all those hours. Factors determining the hours you receive will be discussed in this publication.

¹ To the best of our knowledge, this is the formula the State uses to calculate IHSS services. [“Return to Main Document”](#)

² The DRC Publication “In-Home Supportive Services Nuts and Bolts Manual” is available at: [DRC In-Home Supportive Services Nuts & Bolts Manual](#). [“Return to Main Document”](#)

There are four IHSS programs. Each program has different eligibility criteria and maximum monthly hours available, depending on whether you are considered Severely Impaired or Non Severely Impaired (more on this below). These programs are:

- i. Personal Care Services Program (PCSP);
- ii. IHSS Plus Option (IPO);
- iii. In-Home Supportive Services Residual (IHSS-R); and
- iv. Community First Choice Option (CFCO)

You can find information about what program you are on by looking at your Notice of Action³ approving your application for IHSS, or by asking your IHSS Social Worker.

The following chart lists the programs and the maximum available monthly IHSS hours:

Program	If you are considered Severely Impaired (SI) – up to:	If you are considered Non-Severely Impaired (NSI) – up to:	Citation/source of information
PCSP	283 hrs/mth	283 hrs/mth	All County Information Notice (ACIN) Number I-28-06
IPO	283 hrs/mth	195 hrs/mth	All County Letter (ACL) Number 11-19
IHSS-R	283 hrs/mth	195 hrs/mth	ACIN I-28-06
CFCO	283 hrs/mth	Up to 283 hrs/mth	ACL 14-60

- i. PCSP:

To be eligible for PCSP, you must be receiving full-scope Medi-Cal⁴ and your IHSS provider cannot be your spouse or parent.

³ See [Notice of Action In-Home Supportive Services \(IHSS\) Change](#) for a sample NOA. [“Return to Main Document”](#)

⁴ Full-scope Medi-Cal means that you can access all the services available under Medi-Cal. [“Return to Main Document”](#)

ii. IPO:

To be eligible for IPO, you do not qualify for the PCSP program because of one of the following:

- your IHSS provider(s) is your spouse or parent,
- you receive Advance Pay,⁵
- or you receive a Restaurant Meal Allowance.⁶

iii. IHSS-R:

To be eligible for IHSS-R, you do not receive full-scope Medi-Cal, or do not receive full-scope Medi-Cal with federal financial participation.⁷ This generally means IHSS-R is for lawful permanent residents, or persons residing in the United States under color of law.⁸

⁵ Advance Pay is an option for IHSS recipients to receive an advanced payment for their monthly services to pay their providers directly. For more information, see the California Department of Social Services publication, “In-Home Supportive Services (IHSS) Program Advance Pay” for more information. Available here: [In-Home Supportive Services \(IHSS\) Program Advance Pay](#). [“Return to Main Document”](#)

⁶ Restaurant Meal Allowance is given to IHSS recipients who have adequate cooking facilities at home, but their disabilities prevent them from using the facilities. MPP 30-757.133(a). Note that if you receive Medi-Cal through Supplemental Security Income, and you do not have adequate cooking and storage facilities at home, you should be receiving Restaurant Meal Allowance through the State Supplemental Payments. For more information, see ACL No. 16-12, available at: [Publication of the Regional Program Operations Manual System \(POMS\)](#). [“Return to Main Document”](#)

⁷ California provides full-scope Medi-Cal using state dollars and not federal dollars for certain groups of immigrants. For more information, see Western Center for Law and Poverty, “Getting and Keeping Health Coverage for Low-Income Californians: A Guide for Advocates,” Chapter 1, available at: [Chapter 1: Overarching Eligibility for Medi-Cal](#). [“Return to Main Document”](#)

⁸ For more information, see [IHSS Personal Care Services Program, Independence Plus Waiver, and Residual Program](#). [“Return to Main Document”](#)

iv. CFCO: Community First Choice Option

To be eligible CFCO, you must be eligible for full-scope, federal financial participation Medi-Cal, and meet a nursing facility level of care based.⁹

If you are on IPO but can also be on CFCO, consider switching to CFCO. CFCO allows for a greater maximum of hours (which you would still need to prove eligibility for), and you may benefit from the spousal impoverishment rules (see DRC publication # 5392.01;¹⁰ and the “All County Welfare Directors Letter, No. 17-25.”¹¹)

(2) Severity:

IHSS establishes maximum monthly hours depending on whether you are considered Severely Impaired (SI) or Non Severely Impaired (NSI). According to IHSS regulations, whether you are NSI or SI is determined by adding the hours in these categories: Meal Preparation, Meal Clean Up, Respiration Assistance; Bowel, Bladder Care; Feeding; Routine Bed Bath; Dressing; Menstrual Care; Ambulation; Transferring; Bathing, Oral Hygiene, Grooming; Rubbing Skins, Repositioning; Help with Prosthesis; Paramedical Services.¹²

If you receive alternative resources¹³ providing any of the above services, then those hours are included in determining whether a recipient is NSI or

⁹ For more information, see ACL No. 14-60, available at: [Implementation of the Community First Choice Option \(CFCO\) Program](#). “Return to Main Document”

¹⁰ Available at: [DRC Medi-Cal Programs to Help You Stay in Your Own Home or Leave a Nursing Home](#). “Return to Main Document”

¹¹ Available at: [Home and Community-Based Services and Spousal Impoverishment Provisions](#). “Return to Main Document”

¹² MPP 30-7-1(s)(1)(A)-(D); The Manual of Policies and Procedures are available here: [Social Services Standards - Chapter 30-700 Service Program No. 7: IHSS](#); and [Social Services Standards - Service Program No. 7: IHSS Cost Limitations](#). “Return to Main Document”

¹³ Alternative Resources are IHSS-like services you receive through other programs. MPP 30-757.171(a)(2), and MPP 30-763.611. “Return to Main Document”

SI, even though those same hours are not counted towards that consumer's IHSS need.¹⁴

Example: if you go to an adult day care center and receive assistance with meal clean-up for lunch, then your IHSS monthly hours will not include the assistance you need in cleaning up after lunch. The lunch clean up assistance you receive at the adult day care center will count towards whether you are "Severely Impaired" or "Non Severely Impaired," however. This means that your maximum monthly hours may be 283, or 195, depending on whether you are found to be "Severely Impaired" or "Non Severely Impaired."

You are considered SI if you receive 20 hours or more in the above categories each week.¹⁵ You are considered NSI if you receive 19 or less hours in the above categories each week.

(3) Home Assessment

The Social Worker will assess you in your home to determine what services you need and how much time you need for each service. Thereafter, if applicable, the Social Worker will prorate certain services, and will deduct time if there are alternative resources. Proration and Alternative Resources are discussed more below. Note that protective supervision may be prorated depending on your circumstances. Please see the DRC [publication # 5612.01](#), for more information.

(4) Proration

When IHSS services can be met in common among anyone in the home, the hourly need for that service should be prorated.¹⁶ For example, if multiple people benefit from the provision of a related or domestic service, then the time it takes to prepare that service is divided equally among everyone who benefits, including non-IHSS recipients in the household.

¹⁴ MPP 30-701(s)(1), 30-763.5, 30-761.273. "Return to Main Document"

¹⁵ MPP 30-701(s)(1). "Return to Main Document"

¹⁶ MPP 30-763.32. "Return to Main Document"

Example: if it takes a parent 100 minutes to do weekly laundry for all five members of the family (including the parent and the single IHSS beneficiary), then the amount of time allotted to the IHSS beneficiary is 20 minutes ($100 \div 5 = 20$ minutes).

These service categories are prorated:

- Domestic Services and Heavy Cleaning.¹⁷
- Related Services.¹⁸ and
- Protective Supervision.¹⁹

If a service is not provided to more than one person at a time, then it should not be prorated.

Example: if a parent in the above example does her son's (and he is the IHSS recipient) laundry separately because of bowel and bladder issues, then the laundry does not benefit the other household members. Here, the son's laundry is not prorated among the other four family members.

(5) Alternative Resources:

Alternative Resources are IHSS-like services you receive through other programs such as an adult day care program, or school.²⁰ After determining the amount of alternative resources you receive, the Social Worker will deduct this time from your total assessed need.

Example: You live in a household with your IHSS provider. The provider cleans up after breakfast, and dinner for both of you. You go to an adult day care center where you receive assistance cleaning up after your lunch. In the meal clean-up category, there is a column

¹⁷ MPP 30-763.31 "Return to Main Document"

¹⁸ MPP 30-763.32. Related services includes meal preparation, meal clean-up, routine laundry, shopping, for food, and other shopping/errands. "Return to Main Document"

¹⁹ For more information on how protective supervision is prorated, see the corresponding DRC [publication # 5612.01](#). "Return to Main Document"

²⁰ MPP 30-757.171(a)(2), MPP 30-763.611. "Return to Main Document"

labeled “Services You Refused or You Get From Others.” Here, the County Social Worker would first add up the total amount of time spent cleaning up after breakfast, lunch, and dinner. Then the County Social Worker would make an adjustment, or proration, because the clean-up services your providers provides benefits both you and the provider. This means the Social Worker assigns your prorated time to you in the column “Amount of Service You Need.” Then, the County Social Worker indicates the clean-up assistance you receive from the alternative resource; this information is listed in the “Services you Refused or You Get From Others” column.

B) STEPS:

Step 1 Determine program and severity:

Determine the type of funding program you are on by looking at page two of the initial NOA you received when you were approved for IHSS.

Determine the severity by adding up the service hours in the relevant categories as mentioned earlier.

Step 2 Determine weekly non-protective supervision IHSS need:

Add up all the IHSS hours you receive, excluding protective supervision hours.

Step 3 Determine weekly protective supervision need:

To determine whether you qualify for protective supervision, please see the DRC [publication #5493.01](#).²¹ If protective supervision is prorated, hours prorated will be included in the column “services you receive or refuse from others.”

See DRC. [publication #5612.01](#) for more information on how to prorate protective supervision.

²¹ Available at: [DRC In-Home Supportive Services Protective Supervision](#).
[“Return to Main Document”](#)

Step 4 Find total Weekly IHSS need including protective supervision, then calculate the monthly amount:

The Social Worker will add the amount of weekly IHSS hours listed in your Notice of Action with the weekly protective supervision services.²² They will multiply that weekly total by 4.33 to find the monthly total.

Step 5 Compare result from Step 4 to the maximum monthly amounts:

The Social Worker will compare the result from Step 4 to the maximum allowable hours under the program you qualify for. The Social Worker must choose the lower number.

For example, looking at the chart on page 2, if you are NSI, are funded through the IPO program, and are authorized for protective supervision, you are only allowed a maximum of 195 hours per month. This means that even if your monthly total is greater than 195 hours per month, you are limited to 195 hours per month in IHSS with protective supervision. If your monthly total is less than 195 hours per month, then you will be authorized that lower amount. In this case, because you need more IHSS hours than the maximum IHSS hours allow your NOA should document the unmet need.²³ The case narrative must also reflect any unmet need. The IHSS Social Worker should refer you to no-cost government programs, or community-based resources, that may be able to address the unmet need. These referrals should be documented in your case file.

C) EXAMPLES:

Example A

²² Because calculations are done using decimal units, you may need to convert the minutes into decimal units by dividing the number of minutes by 60. Then add the number of hours to find the total hours and minutes in decimal form. For example: 32 hours and 10 minutes. To find the decimal unit for the minutes: $10 \div 60 = .1666$. Then add that to the hours. $32 + 0.16 = 32.16$ "Return to Main Document"

²³ ACL 13-66. "Return to Main Document"

Kramer is an 85 year old man who needs IHSS with protective supervision. He lives at home with his son, and his son's wife. His son is his IHSS provider. No one else in the household receives IHSS with protective supervision. Because he is a Legal Permanent Resident, he has IHSS-R-funded IHSS.

Step 1 Determine program and severity:

Kramer is funded through the IHSS-R program. In adding the relevant categories of the hours as listed on his Notice of Action, it is found he is NSI because he is receiving less than 20 hours in the applicable categories.

Step 2 Determine weekly non-protective supervision IHSS need:

In adding all the non-protective supervision hours on his Notice of Action, he has 15 hours per week.

Step 3 Determine weekly protective supervision need:

Using the DRC [publication # 5612.01](#), we determine that Kramer has 143 hours per week of protective supervision.

Step 4 Find total Weekly IHSS need including protective supervision, then calculate the monthly amount:

$15 + 143 = 158$ hours per week
 $158 \times 4.33 = 684.14$ hours per month

Step 5 Compare result from Step 4 to the maximum monthly amounts:

According to the chart listed on page 2, with IHSS-R at the NSI severity level, the maximum monthly hours Kramer may receive is 195 hours per month.

The result in Step 4 of 684.14 hours per month is greater than his regulatory maximum of 195 hours per month. Thus, the maximum monthly hours Kramer may receive is 195 hours per month. His NOA should

document the unmet need. The IHSS Social Worker should refer Kramer to no-cost governmental programs, or community-based resources, that may be able to provide him with services to further meet that unmet need.

Example B:

There are four children in one household. The children's names are Andrew, Barbara, Carlos, and Dante. Each child is authorized to receive protective supervision. Andrew and Barbara attend school for 7.5 hours per day, or 37.5 hours per week. Carlos and Dante are home schooled. The mother and father are both IHSS providers. Because of the children's severe needs, the father can only provide protective supervision to Andrew and Barbara at the same time. The mother can only provide protective supervision to Carlos and Dante at the same time.

Step 1: Determine program and severity:

Alexander: Alexander receives IHSS under CFCO. This information was found on a Notice of Action approving his application for IHSS services. By adding up the categories starred in red, we discover that Alexander is NSI because he is receiving less than 20 hours per week in the applicable categories determining severity. He receives 19.85 hours for the applicable categories.²⁴

Barbara: Barbara also receives IHSS under CFCO. She is SI because she receives 20 hours or more per week in the applicable categories.

Carlos: Carlos receives IHSS under CFCO. He is NSI because he receives less than 20 hours per week in the applicable categories.

Dante: Dante receives IHSS under CFCO. He is SI because he receives 20 hours or more per week in the applicable categories.

Step 2: Determine weekly non-protective supervision IHSS need:

²⁴ In situations like this, continue to do some fact finding to see if he can receive 20 or more hours per week in one of the categories to be considered "severely impaired." [Return to Main Document](#)

Alexander: In adding all the non-protective supervision hours on his Notice of Action, he is authorized for 24.85 weekly IHSS hours.

Barbara: In adding all the non-protective supervision hours on his Notice of Action, Barbara is authorized for 25 weekly IHSS hours.

Carlos: In adding all the non-protective supervision hours on his Notice of Action, Carlos is authorized for 5 weekly IHSS hours.

Dante: In adding all the non-protective supervision hours on his Notice of Action, Dante is authorized for 21 weekly IHSS hours.

Step 3: Determine weekly protective supervision need:

Alexander: 46.5 hours of protective supervision per week

Barbara: 46.5 hours of protective supervision per week

Carlos: 84 hours per week of protective supervision

Dante: 84 hours per week of protective supervision

Step 4: Find total Weekly IHSS need including protective supervision, then calculate the monthly amount:

Alexander: Add the amount of weekly IHSS hours listed in your Notice of Action, 24.85, with the weekly protective supervision services, 46.5. This totals 71.35 hours per week. Then multiple 71.35 x 4.33 to find the monthly amount. This totals 308.9 hours per month.

Barbara:

$$25 + 46.5 = 71.5 \text{ hours per week}$$

$$71.5 \times 4.33 = 309.5 \text{ hours per month}$$

Carlos:

$$5 + 84 = 89 \text{ hours per week}$$

$$89 \times 4.33 = 385.3 \text{ hours per month}$$

Dante:

$$21 + 84 = 105 \text{ hours per week}$$

$$105 \times 4.33 = 454.6 \text{ hours per month}$$

Step 5: Compare result from Step 4 to the maximum monthly amounts:

Alexander: Because Alexander is NSI, but has CFCO-funded IHSS, he is eligible to receive IHSS up to 283 hours per month. Because his actual monthly total is 308.9 hours per month, his authorized monthly IHSS hours with protective supervision is the lower amount of 283 hours per month.

Barbara: Because Barbara is SI, and has CFCO-funded IHSS, she is eligible to receive IHSS up to 283 hours per month. The result from Step 4 is 309.5 hours per month. The lesser of the two is 283 hours per month, so Barbara is authorized for 283 hours per month.

Carlos: Because Carlos is NSI, but has CFCO-funded IHSS, he is eligible to receive IHSS up to 283 hours per month. Because his actual monthly total is 385.3 hours per month, he is authorized for the regulatory maximum of 283 per month of IHSS hours with protective supervision.

Dante: Because Dante is SI, but has CFCO-funded IHSS, he is eligible to receive IHSS up to 283 hours per month. Because his actual monthly total is 454.6 hours per month, he is authorized for the regulatory maximum of 283 per month of IHSS hours with protective supervision.

Example C

Hui, his younger sister Isabella, and his younger brother Jasper receive protective supervision. They live with their father. Hui, Isabella, and Jasper have such high needs that their father can only look after Hui and Isabella simultaneously. The father hires an IHSS provider to look after Jasper. Hui and Isabella receive protective supervision in common (or have a common need for protective supervision) because their father can provide protective supervision to them at the same time. Hui and Jasper attend school for six hours per day, or 30 hours per week. Isabella is homeschooled, but during that time Isabella's father must watch her.

Step 1 Determine program and severity:

Hui: Hui is IPO, and NSI because he receives less than 20 hours per week in the applicable categories.

Isabella: Isabella is also IPO, and NSI because she receives less than 20 hours per week in the applicable categories.

Jasper: Jasper is SI because he is receiving 20 hours or more in the applicable categories.

Step 2 Determine weekly non-protective supervision IHSS need:

Hui: In adding all the non-protective supervision hours on his Notice of Action, Hui has 12 hours per week in non-protective supervision IHSS.

Isabella: In adding all the non-protective supervision hours on his Notice of Action, Isabella has 15 per week in non-protective supervision IHSS.

Jasper: In adding all the non-protective supervision hours on his Notice of Action, Jasper has 20 per week in non-protective supervision IHSS.

Step 3 Determine weekly protective supervision need:

Hui: 54 hours per week of protective supervision

Isabella: 84 hours per week in protective supervision

Jasper: 138 hours per week in protective supervision

Step 4 Find total Weekly IHSS need including protective supervision, then calculate the monthly amount:

Hui:

$12 + 54 = 66$ total IHSS per week;

$66 \times 4.33 = 285.78$ total IHSS per month

Isabella:

$15 + 85 = 100$ total IHSS per week;
 $100 \times 4.33 = 433$ total IHSS per month

Jasper:

$20 + 138 = 158$ total IHSS per week;
684.14 total IHSS per month

Step 5 Compare result from Step 4 to the maximum monthly amounts:

Hui: Because Hui is NSI with IPO-funded IHSS, his monthly maximum is 195 hours per month. Because the result in Step 4 is higher than the monthly maximum, Hui is limited to receiving 195 hours per month.

Isabella: Because Isabella is NSI with IPO-funded IHSS, her monthly maximum is 195 hours per month. Because the result in Step 4 is higher than the monthly maximum, she is limited to receiving 195 hours per month.

Jasper: Because Jasper is SI with IPO-funded IHSS, his monthly maximum is 283 hours per month. Because the result in Step 4 is higher than the monthly maximum, he is limited to receiving 283 hours per month.

Note: The father must be careful to not violate the IHSS overtime rules. Please see DRC [Publication # 5603.01](#).²⁵

²⁵ Available at: [New Rules for IHSS: Overtime and Related Charges](#).
["Return to Main Document"](#)

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For legal assistance call 800-776-5746 or complete a [request for assistance form](#). For all other purposes call 916-504-5800 (Northern CA); 213-213-8000 (Southern CA).

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to <http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html>

What are Functional Index Rankings and Hourly Task Guidelines?

- a. Adult**
- b. Child**

Functional Index Rankings and Hourly Task Guidelines

As an In-Home Supportive Services (IHSS) applicant/recipient, it is helpful to know what IHSS Functional Index (FI) Rankings are and how they impact your assessment. The FI rankings range from 1-6 (see below description) and indicate the level of assistance you need to perform tasks safely. A county IHSS social worker will assign a rank to each service category to help determine the amount of assistance needed.



Rank 1: Independent. Able to perform function without human assistance.

Rank 2: Able to perform a function but needs verbal assistance, such as reminding, guiding, or encouragement.

Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

Rank 4: Can perform a function with only substantial human assistance.

Rank 5: Cannot perform the function, with or without human assistance.

Prescribed by a licensed health care professional:

Rank 6: Requires Paramedical Services.

After assigning a rank in each service category and taking into consideration your individual needs, the social worker will authorize time within or outside the Hourly Task Guidelines. If time is needed outside the guidelines, this is called an *exception*. If you need more or less time outside the guidelines for a specific rank within a service, your social worker will review whether exceptions are needed, as appropriate.

For more information, contact your local IHSS office.



Hourly Task Guidelines

Social workers also use Hourly Task Guidelines (HTGs) as specified in State regulations to determine the appropriate time needed on a weekly basis in each service category. **Regulatory Authority:** Manual of Policies and Procedures (MPP) section 30-757.11 through 30-757.14(k).

NOTE: This tool does not invalidate current HTG regulations.

Service Category	Rank 2 (Low)	Rank 2 (High)	Rank 3 (Low)	Rank 3 (High)	Rank 4 (Low)	Rank 4 (High)	Rank 5 (Low)	Rank 5 (High)
Preparation of Meals **	3:01	7:00	3:30	7:00	5:15	7:00	7:00	7:00
Meal Clean-up **	1:10	3:30	1:45	3:30	1:45	3:30	2:20	3:30
Bowel and Bladder Care	0:35	2:00	1:10	3:20	2:55	5:50	4:05	8:00
Feeding	0:42	2:18	1:10	3:30	3:30	7:00	5:15	9:20
Routine Bed Baths	0:30	1:45	1:00	2:20	1:10	3:30	1:45	3:30
Dressing	0:34	1:12	1:00	1:52	1:30	2:20	1:54	3:30
Ambulation	0:35	1:45	1:00	2:06	1:45	3:30	1:45	3:30
Transfer	0:30	1:10	0:35	1:24	1:06	2:20	1:10	3:30
Bathing, Oral Hygiene, and Grooming	0:30	1:55	1:16	3:09	2:21	4:05	3:00	5:06

Service Category	Low (Time Guidelines)	High (Time Guidelines)
Menstrual Care	0:17	0:48
Repositioning and Rubbing Skin	0:45	2:48
Care of and Assistance with Prosthetic Devices	0:28	1:07

Services with Time Guidelines:

Service Category	Time Guidelines
Domestic Services	6:00 total maximum per month per household unless adjustments* apply; Prorations may apply**
Shopping for Food	1:00 per week per household unless adjustments* apply; Prorations may apply **
Other Shopping/Errands	0:30 per week unless adjustments* apply; Prorations may apply **
Laundry	1:00 per week (facilities within home); 1:30 per week (facilities out of home); per household; Prorations may apply **

* Adjustments refer to a need met in common with housemates.

** When prorating Domestic Services, the natural or adoptive children of the recipient who are under 14 are not considered (MPP section 30-763.46). Other children in the household (i.e., grandchildren, nieces, nephews, etc.) under 14 are considered.

Updated 5/29/2019

NOTE: Current MPP regulations define the HTGs in decimal format, e.g., **1.50 hours**. To align service assessment/authorization with the Case Management, Information, and Payrolling System (CMIPS) data entry, time allocations are re-formatted to **hours:minutes**. This change in format does not contradict current program regulation and reduces confusion regarding the entry of time into CMIPS [MPP sections 30-757.11 through 30-757.14(k)].

FUNCTIONAL INDEX RANKING FOR MINOR CHILDREN IN IHSS
AGE APPROPRIATE GUIDELINES TOOL
Each child must be assessed individually.

Age	Housework	Laundry	Shopping and Errands	Preparation of Meals and Meal Clean-Up	Ambulation	Bathing/Oral Hygiene/Grooming	Dressing	Bowel and Bladder Care	Feeding	Transfer	Respiration
0-1	1	1	1	1 or 6	1	1	1	1 or 6	1 or 6	1	1, 5 or 6
2	1	1	1	1 or 6	1	1	1	1 or 6	1 or 6	1-5	1, 5 or 6
3	1	1	1	1 or 6	1	1	1	1 or 6	1 or 6	1-5	1, 5 or 6
4	1	1	1	1 or 6	1	1	1	1-6	1 or 6	1-5	1, 5 or 6
5	1	1	1	1 or 6	1-5	1	1-5	1-6	1 or 6	1-5	1, 5 or 6
6	1	1	1	1 or 6	1-5	1	1-5	1-6	1 or 6	1-5	1, 5 or 6
7	1	1	1	1 or 6	1-5	1	1-5	1-6	1 or 6	1-5	1, 5 or 6
8	1	1	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
9	1	1	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
10	1	1	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
11	1	1	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
12	1	1	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
13	1	1	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
14	1	1, 4 or 5	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
15	1	1, 4 or 5	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
16	1	1, 4 or 5	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
17	1	1, 4 or 5	1, 3 or 5	1-6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6

Notes:

- All minors should be assessed a functional rank of 1 when identified above unless extraordinary need is documented.
- Minors who live with their provider parents must be assessed a functional rank of 1 in Housework regardless of extraordinary need.
- For areas with ranges, the social worker should utilize the Annotated Assessment Criteria and Developmental Guide to determine the appropriate functional rank.
- Memory, Orientation and Judgment – FI ranks of 1, 2 or 5 should be assessed. The county staff must review a minor's mental functioning on an individualized basis and must not presume a minor of any age has a mental functioning score of 1. (ACL 98-87, MPP § 30-756.372; WIC §§ 12301(a), 12301.1.)
- The FI ranks listed above reflect the age at which a minor may be expected to complete all tasks within a service category independently and are based on the Vineland Social Maturity Scale. These rankings are provided as a guideline only. Each child must be assessed individually.



Developmental Guide

SELF CARE				Gross Motor	Meal Prep & Consumption		Domestic Tasks		
Develop mental State	Bathing/Oral /Hygiene/Groo ming	Bowel and Bladder	Dressing	Ambulation	Feeding	Meal Prep and clean up	Housework	Laundry	Shopping and Errands
Infancy (0-2)				Stands alone by 10-12months; walk unassisted by 15 months; runs by 18 months	Eats with spoon by 12-14 months; drinks form cup by 10-12 months				
Toddler (3-4)	Able to Wash hands/face and brush teeth unassisted	Requires supervision and assistance with toileting; may ask to go to the bathroom	Removes shirt/dress/pants; puts on shirt/dress/pants with some assistance	Walks upstairs unassisted; requires supervision/assistance walking downstairs	Uses fork correctly eat	Able to wipe surface/table; able to pour from one container to another with supervision	Able to pick up and put away toys		Can follow simple on-step direction (e.g. bring me the cup)
Early Childhood (5-8)	Bathes self with some assistance and minor supervision	Cares for self at toilet unassisted; may experience bed wetting	Able to button shirt/dress/pant; dresses self; ties shoes	Able to skip and climb on and up structures	Able to use table knife to cut and spread	Able to help clear table and assist with clean up	Cares for room/makes bed	Able to put away clothes in drawer; fold clothes with assistance	Can follow three step direction (e.g. go to your room, get your shoes on, and come to the car)

Middle Childhood (9-11)	Combs or brushes hair; able to bathe unassisted and unsupervised					Washes dishes/cleans up with supervision	Able to sweep floor; take out the trash	Able to hang up clothes in closet; transfer and load clothes into washer/dryer	Able to follow more complex directions (e.g. get ready for school tomorrow); able to handle money/change
Early Adolescence (11-14)						Able to cook simple meals and clean up unassisted and unsupervised	Able to vacuum	Able to use iron safely	Makes minor purchases/run errands (short distances)
Late Adolescence (15-18)						Able to prepare meals and clean up			Able to shop for groceries unassisted

KEY: Not yet full appropriate Fully Functional

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Note: The information in this guide represents developmental milestones. There are always variances from that norm

*In Home Supportive Services (IHSS) 102
 Training Academy
 Fall/Winter 2018-2019*

Parent Providers

30-763 SERVICE AUTHORIZATION (Continued)**30-763**

- .44 When the recipient is under eighteen years of age and is living with the recipient's parent(s), who has a legal duty pursuant to the Family Code to provide for the care of his/her child, IHSS may be purchased from a provider other than the parent(s) when no parent is able and available to provide the IHSS services for any of the following reasons, and services must be provided during the inability or unavailability of the parent(s):
- .441 When the parent(s) is unavailable because of employment or is enrolled in an educational or vocational training program.
 - .442 If the parent(s) is physically or mentally unable to provide the needed IHSS services.
 - .443 When the parent is unavailable because of on-going medical, dental or other health-related treatment.
 - .444 When the parent(s) must be unavailable to perform shopping and errands essential to the family, search for employment, or for essential purposes related to the care of the recipient's minor siblings, IHSS may be purchased from a provider other than the parent(s) for up to eight hours per week to perform IHSS tasks necessary during the unavailability of the parent(s).
- .45 When the recipient is under eighteen years of age and is living with the recipient's parent(s), who has a legal duty under the Family Code to provide for the care of his/her child, the IHSS specified in Section 30-763.456 may be purchased from a parent under the following condition:
- .451 The parent has left full-time employment or is prevented from obtaining full-time employment because no other suitable provider is available and the inability of the parent to perform supportive services may result in inappropriate placement or inadequate care.
 - (a) For the purposes of this section, full-time employment means working an average of 40 or more hours per week regardless of worksite location. A parent providing IHSS-funded care to his/her own child is not full-time employment.
 - .452 For the purposes of Section 30-763.451, a suitable provider is any person who is willing, able, and available to provide the needed IHSS. A suitable provider who is a person having a duty pursuant to the Family Code need only be able and available to provide the needed IHSS; the person is only considered to be unavailable if that unavailability occurs during a time the recipient must receive a specific service, for the following reasons: employment, enrollment in an educational or vocational training program, or employment searches.

REQUIRED SERVICE PROGRAMS**30-763 (Cont.)****SERVICE PROGRAM NO. 7: IN-HOME SUPPORT SERVICES****Regulations**

30-763**SERVICE AUTHORIZATION (Continued)****30-763**

HANDBOOK BEGINS HERE

- .453 Example: Both parents are employed full-time. Their minor child is eligible to receive IHSS. One parent leaves his full-time job in order to provide IHSS to the child; the other parent retains full-time employment. If the other requirements in Section 30-763.451 are met, IHSS may be purchased from the parent who left his job since he left full-time employment to provide IHSS to the child.
- .454 Example: When one parent is employed full-time and the other parent, who has never been employed, is at home, able and available to provide IHSS.
- (a) When the employed parent left his/her job to provide IHSS to his/her child, IHSS could not be purchased from that parent since the conditions pursuant to Section 30-763.451 are not met because the other parent is a suitable provider.
 - (b) When the employed parent did not leave full-time employment, the non-working parent may qualify as a paid provider only if that parent is prevented from obtaining full-time employment in order to provide IHSS to the child and other requirements pursuant to Section 30-763.451 are met. When the non-working parent cannot be employed full-time for reasons other than the need to provide IHSS to the child, the non-working parent does not qualify as a paid provider.

HANDBOOK ENDS HERE

- .455 A parent provider who meets the requirements in Section 30-763.451 shall be paid for performing authorized services regardless of the presence of the other parent in the home, including non-work hours, weekends, and holidays.
- .456 The IHSS provided shall be limited to:
- (a) Related services, as specified in Section 30-757.13.
 - (b) Personal care services, as specified in Section 30- 757.14.
 - (c) Accompaniment when needed during necessary travel to health-related appointments or to alternative resource sites, as specified in Section 30 757.15.
 - (d) Protective supervision, as specified in Section 30-757.17, limited to protective supervision needed because of the functional limitations of the recipient. This service shall not include routine child care or supervision.
 - (e) Paramedical services, as specified in Section 30-757.19.

Notice of Action and Appeals

**NOTICE OF ACTION
IN-HOME SUPPORTIVE SERVICES (IHSS)
CHANGE**

COUNTY OF _____

Notice Date : _____
Case Name : _____
Case Number : _____
Social Worker Name : _____
Social Worker Number : _____
Social Worker Telephone : _____
Social Worker Address : _____

NOTE: This notice relates ONLY to your In-Home Supportive Services. It does NOT affect your receipt of SSI/SSP, Social Security, or Medi-Cal. **KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.**

(ADDRESSEE)

As of _____ the services you can get and/or the amount of time you can get for services has changed.
Here why: MMDDYYYY
Total Hours:Minutes of IHSS you can get each month is now:_____ . This is a/an increase/decrease of_____.
You will now get the services shown below for amount of time shown in the column "Authorized Amount of Service You can Get." That column shows the hours/minutes you got before, the hours/minutes you will get from now on, and the difference. If you are getting less time for a service, the reason(s) is shown on the next page.
1) If there is a zero in the "Authorized Amount of Service You Can Get" column or the amount is less than the "Total Amount of Service Needed" column, the reason is explained on the next page(s).
2) "Not Needed" means that your social worker found that you do not require assistance with this task. (MPP 30-756.11)
3) "Pending" means the county is waiting for more information to see if you need that service. See the next page(s) for more information.

SERVICES <i>Note: See the back of the next page for a short description of each service.</i>	TOTAL AMOUNT OF SERVICE NEEDED HOURS: MINUTES	ADJUSTMENT FOR OTHERS WHO SHARE THE HOME (PRORATION)	AMOUNT OF SERVICE YOU NEED HOURS: MINUTES	SERVICES YOU REFUSED OR YOU GET FROM OTHERS	AUTHORIZED AMOUNT OF SERVICE YOU CAN GET		
					NOW	WAS	+/-
DOMESTIC SERVICES (per MONTH):							
RELATED SERVICES (per WEEK):							
Prepare Meals							
Meal Clean-up							
Routine Laundry							
Shopping for Food							
Other Shopping/Errands							
NON-MEDICAL PERSONAL SERVICES (per WEEK):							
Respiration Assistance (Help with Breathing)							
Bowel, Bladder Care							
Feeding							
Routine Bed Bath							
Dressing							
Menstrual Care							
Ambulation (Help with Walking, including Getting In/Out of Vehicles)							
Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)							
Bathing, Oral Hygiene, Grooming							
Rubbing Skin, Repositioning							
Help with Prosthesis (Artificial Limb, Visual/Hearing Aid) and/or Setting up Medications							
ACCOMPANIMENT (per WEEK):							
To/From Medical Appointments							
To/From Places You Get Services in Place of IHSS							
PROTECTIVE SUPERVISION (per WEEK):							
PARAMEDICAL SERVICES (per WEEK):							
TOTAL WEEKLY HOURS:MINUTES OF SERVICE YOU CAN GET:							
MULTIPLY BY 4.33 (average # of weeks per month) TO CONVERT TO MONTHLY HOURS:MINUTES:					x	4.33	=
SUBTOTAL MONTHLY HOURS:MINUTES OF SERVICE YOU CAN GET:							
ADD MONTHLY DOMESTIC HOURS:MINUTES OF SERVICE YOU CAN GET (from above):							
TOTAL HOURS:MINUTES OF SERVICE YOU CAN GET PER MONTH:							
TIME LIMITED SERVICES (per MONTH):							
Heavy Cleaning:							
Yard Hazard Abatement							
Remove Ice, Snow							
Teaching and Demonstration							
TOTAL HOURS:MINUTES OF TIME LIMITED SERVICES YOU CAN GET PER MONTH:							

Questions?: Please contact your IHSS social worker. See top of page for phone number.
State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Representing Yourself at a State Hearing



Representing Yourself at a State Hearing:

How to Get the Best Outcomes

The Legal Aid Foundation is a non-profit organization that provides free legal services to eligible low-income individuals in Los Angeles County. Legal Aid is NOT connected to the county or the state.

1. Be prepared.

- Check that you have all the notices and/or papers you want the judge to see.
- Make notes on what you want to say in the hearing.
- Review your case file. The county's representative, called the Hearing Specialist, is required to have your case file at the hearing office. If he or she does not have it, or will not let you see it before the hearing, tell the judge.

2. Know the Officials.

- The Administrative Law Judge (ALJ) will hear and decide your case; he or she is a state (not county) employee. His or her job is to find out the facts of your case. Then, he or she will use the law and the facts of your case to provide a written decision a few weeks after the hearing.
- The Appeals Hearing Specialist will argue that the county made the right decision. He or she works for the county. That means he or she represents the county, not you.

3. Review the County's "Statement of Position" before the hearing.

- The county's Hearing Specialist is required to give you the county's "Statement of Position" before the hearing. You can ask for it two days before the hearing.
- If you got the position statement today, did you have time to read it? If not, tell the judge and ask for time (right then) to read it and understand it.
- If you did not get the position statement, tell the judge. If you want, you can postpone the hearing if you need more time to collect evidence, or you can choose to continue the hearing. (Note: The County must go forward, even if it is not ready).
- Read the County's Statement of Position carefully before the hearing to make sure everything in it is true and correct. If it is not, make a list of all the things that are wrong in the statement to tell the judge at the hearing.

4. Review any Conditional Withdrawal that the County offers you.

- The county's representative may try to settle the case with you before the hearing by offering you a Conditional Withdrawal. If you agree to sign one, you will not have your hearing.
- Make sure you understand what the county wants you to agree to. Ask the county representative to explain it. If you do not understand what the Conditional Withdrawal says or you do not agree with it, do not sign it. Continue with the hearing.

- If you agreed to a Conditional Withdrawal earlier, and then you change your mind, you have a right to go ahead with your hearing- it is **YOUR** hearing.

*Note: The County does not always give people the option of a Conditional Withdrawal.

5. Clearly tell the facts of your story.

- Tell the judge why you asked for the hearing. Make sure to tell the judge why you disagree with the action the county took against you. Did you ask for a hearing because you got a notice of action? If yes, did the notice explain the reason for the action in a way that you could understand what happened and why? If not, tell the judge that the notice was not a good or “adequate” one.
- Was the notice clear and correct? If not, tell the judge **why** it is not.
- What do you want the hearing decision to be? Explain **exactly** what you want to the judge (which benefits you want and for what months, that you want an overpayment cancelled, that the county has no proof, or anything else).
- Tell the judge if you think any part of the county’s statement is wrong and why.
- If the Statement of Position is not clear, or you have trouble reading it, ask the judge to explain it. (Note: He or she may ask the County to explain it, but it must be clear).

6. Remember in the Hearing:

- The hearing is somewhat informal. The judge will first ask the county representative to explain why he or she thinks the county is right, and then ask you why you think the county is wrong.
- The judge will probably ask you questions. Answer them truthfully, as best as you remember.
- Present your evidence. You can also ask the Appeals Hearing Specialist questions, or you can just tell the judge why you disagree with the county’s position. If you forgot to bring a piece of evidence, you can ask the judge to “leave the record open” so you can bring the evidence in later.
- If the County says something you think is not correct, ask the Appeals Hearing Specialist to show you written evidence that supports what he or she is saying. You should tell the judge if you see anything incorrect in any of the County’s statements.
- **Ask for the “Proposed Adopt Date.”** This is when the ALJ must mail your decision. You should expect to receive your decision within one week of this date.

If you have any questions, please contact
 The Legal Aid Foundation of Los Angeles
 Call Center; Monday-Friday, 9 AM-12 PM: (800) 399-4529
 Online Intakes; 24 hours a day, 7 days a week: www.lafla.org