

Calculating IHSS Hours



Maria Iriarte, Senior Attorney

February 2022

DRC: How to Calculate IHSS Hours 2022

1. Overview of IHSS services

<https://www.cdss.ca.gov/Portals/9/Documents/2021%20Forms/IHSSProgramServices.pdf>

2. Understanding How IHSS Hours Are Calculated:

<https://www.disabilityrightsca.org/publications/understanding-how-ihss-hours-are-calculated>

3. Sample Notice of Action:

<https://www.cdss.ca.gov/cdssweb/entres/forms/English/NA1253.pdf>

4. Functional Index Rankings

<https://www.cdss.ca.gov/Portals/9/Documents/2021%20Forms/FunctionalIndexRanksAndHourlyTaskGuidelines.pdf>

5. Functional Index Ranking for Minor Children

<https://www.cdss.ca.gov/Portals/9/IHSS/ITA/IHSS%20102/AAG.pdf?ver=2019-01-17-104504-257>

6. Hourly Task Guidelines

https://www.cdss.ca.gov/Portals/9/IHSS/ITA/HTG%20Chart_Social%20Worker-Accessible%20FINAL%2005.29.19.pdf?ver=2019-06-13-130542-983

7. Attachment B Annotated Assessment Criteria Resources

<https://www.cdss.ca.gov/Portals/9/IHSS/ITA/IHSS%20Tools/AnnotatedAssessmentCriteria.pdf>

8. Functional Index Hourly Task Guideline Quick Ref Tool

<https://www.cdss.ca.gov/Portals/9/IHSS/ITA/IHSS%20Tools/SWAssessmentFieldHandbook.pdf> (pg. 7-26)

Resources

ACIN I-97-20 https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACINs/2020/I-97_20.pdf

made changes to the tools found in ACIN

All County Letters, All County Welfare Directors letters and ACINs are guidance issued by CDSS to counties. They provide clarification

about programs and policies and their implementation. See:
<https://cdss.ca.gov/inforesources/rules-regulations> and go to “letters
and notices home”

IHSS Regulations:

[https://cdss.ca.gov/inforesources/letters-regulations/legislation-
and-regulations/adult-services-regulations](https://cdss.ca.gov/inforesources/letters-regulations/legislation-and-regulations/adult-services-regulations)

1. Overview of IHSS Services

[https://www.cdss.ca.gov/Portals/9/
Documents/2021%20Forms/
IHSSProgramServices.pdf](https://www.cdss.ca.gov/Portals/9/Documents/2021%20Forms/IHSSProgramServices.pdf)

In-Home Supportive Services (IHSS) Program Services

The In-Home Supportive Services (IHSS) program provides paid assistance to income-eligible aged, blind, and/or disabled individuals so they can remain safely in their own homes, and offers the following services:

DOMESTIC SERVICES:

General household chores to maintain the cleanliness of the home.

Related Services:

- **Meal Preparation:** Preparing foods, cooking, and serving meals
- **Meal Clean-up:** Cleaning up the cooking area and washing, drying, and putting away cookware.
- **Routine Laundry:** Washing, drying, folding, and putting away clothes and linens
- **Shopping for Food:** Making a grocery list, traveling to/from the store, shopping, loading, and storing food purchased.
- **Other Shopping/Errands:** Includes shopping for other necessary items and performing small and necessary errands (e.g., picking up a prescription)

NON-MEDICAL PERSONAL CARE SERVICES:

- **Respiration/Assistance:** Assisting recipient with non-medical breathing related services, such as self-administration of oxygen, nebulizer, and cleaning breathing machines
- **Bowel and Bladder Care:** Assistance using the toilet (including getting on/off), bedpan/bedside commode, or urinal; emptying and cleaning ostomy bag, enema, and/or catheter receptacles; applying diapers, disposable undergarments, and disposable barrier pads; wiping and cleaning recipient; and washing/drying recipient's and provider's hands
- **Feeding:** Assisting the recipient to eat meals, cleaning his/her face and hands before/after meals
- **Routine Bed Baths:** Giving a recipient who is confined to bed a routine sponge bath
- **Dressing:** Assisting the recipient to put on and take off his/her clothes as needed throughout the day
- **Menstrual Care:** Assistance with the external placement of sanitary napkins and barrier pads

- **Ambulation and Getting In/Out of Vehicles:** Assisting the recipient with walking or moving about the home, including to/from the bathroom and to/from and into/out of the car for transporting to medical appointments and/or alternative resources
- **Transfer (Moving In/Out of Bed and/or On/Off Seats):** Assisting recipient from standing, sitting, or prone position to another position and/or from one piece of furniture or equipment to another
- **Bathing, Oral Hygiene, and Grooming:** Assisting the recipient with bathing or showering, brushing teeth, flossing, and cleaning dentures; shampooing, drying, and combing/brushing hair; shaving; and applying lotion, powder, and deodorant
- **Repositioning and Rubbing Skin:** Rubbing skin to promote circulation and/or prevent skin breakdown, turning in bed and other types of repositioning, range of motion exercises, assisted walking, and strengthening exercises
- **Care of and Assistance with Prosthetic Devices and Help Setting up Medications:** Taking off/putting on and maintaining prosthetic devices, including vision/hearing aids, reminding the recipient to take prescribed and/or over the counter medications, and setting up Medi-sets

MEDICAL ACCOMPANIMENT:

Accompanying recipient to and from appointments and waiting with recipient for physicians, dentists, and other health practitioners' appointments; or sites necessary for fitting health-related appliances/devices and special clothing, and may be authorized for an IHSS recipient only after it has been determined that non-emergency medical transportation (NEMT) is not being provided under the Medi-Cal Program, and in only those cases in which the social worker has determined that the recipient receives NEMT through Medi-Cal but the recipient also needs assistance with an IHSS authorized task either in transit to/from or at the location of the appointment with the health care professional.

SPECIAL CIRCUMSTANCES:

- **Heavy Cleaning:** Thorough cleaning of the home to remove hazardous debris or dirt. Authorized one time only and only under certain circumstances
- **Yard Hazard Abatement:** Light work in the yard to remove high grass or weeds and rubbish when these materials pose a fire hazard (authorized one time only); or remove ice, snow, or other hazardous substances from entrances and essential walkways when these materials make access to the home hazardous

- **Protective Supervision:** A benefit to watch an individual, who has a mental impairment, to keep the individual safe and prevent injuries and accidents. Certain limitations apply
- **Teaching and Demonstration:** Teaching and demonstrating those services provided by IHSS providers so the recipient can perform services which are currently performed by IHSS by himself/herself. Certain limitations apply. This service is limited to three months, one-time-only.
- **Paramedical Services:** Services ordered by a licensed health care professional which recipient could perform themselves if they did not have functional limitations. When such services are necessary to maintain the recipient's health, paramedical services include activities such as administration of medications, checking blood sugar, administering insulin injections, inserting a medical device into a body orifice; activities requiring sterile procedures; or range of motion to improve function. Special limitations apply.

For more information, contact your local county IHSS office.

2. Understanding How Hours are Calculated pg 1-7

[https://www.disabilityrightsca.org/
publications/understanding-how-ihss-
hours-are-calculated](https://www.disabilityrightsca.org/publications/understanding-how-ihss-hours-are-calculated)



Understanding How IHSS Hours are Calculated

Oct 6, 2021 | #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.

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.

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](#)}

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 resources^{[13](#)} providing any of the above services, then those hours are included in determining whether a recipient is NSI or 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.

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
- 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 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.

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](#). – [\(Return to main document\)](#)

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](#))

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](#))

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. – [\(Return to main document\)](#)

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. – [\(Return to main document\)](#)

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. – [\(Return to main document\)](#)

²⁰ MPP 30-757.171(a)(2), MPP 30-763.611. – [\(Return to main document\)](#)

3. Sample Notice of Action

[https://www.cdss.ca.gov/cdssweb/
entres/forms/English/NA1253.pdf](https://www.cdss.ca.gov/cdssweb/entres/forms/English/NA1253.pdf)

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

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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)

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

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		ADJUSTMENT FOR OTHERS WHO SHARE THE HOME (PRORATION)	AMOUNT OF SERVICE YOU NEED		SERVICES YOU REFUSED OR YOU GET FROM OTHERS	AUTHORIZED AMOUNT OF SERVICE YOU CAN GET		
	HOURS	MINUTES		HOURS	MINUTES		HOURS:MINUTES		
							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.

4.Functional Index Ranking

[https://www.cdss.ca.gov/Portals/9/
Documents/2021%20Forms/
FunctionalIndexRanksAndHourlyTask
Guidelines.pdf](https://www.cdss.ca.gov/Portals/9/Documents/2021%20Forms/FunctionalIndexRanksAndHourlyTaskGuidelines.pdf)

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.

5. Functional Index Ranking for Minor Children

[https://www.cdss.ca.gov/Portals/9/IHSS/ITA/
IHSS%20102/AAG.pdf?
ver=2019-01-17-104504-257](https://www.cdss.ca.gov/Portals/9/IHSS/ITA/IHSS%20102/AAG.pdf?ver=2019-01-17-104504-257)

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.

ADAPTED VINELAND SOCIAL MATURITY SCALE

This information is meant as a guide only and is not to replace individual assessments.

Note:

- Domestic Services may be authorized **ONLY** when the recipient child is living with his/her parent(s) and has a provider other than parent(s) **AS LONG AS** the parent(s) is unable to provide IHSS due to employment, educational or medical needs as stated in MPP § 30-763.441-.444.
- The Age column represents the age at which a child should be able to fully accomplish tasks as listed.

The Vineland Scale is a standardized test used to evaluate children with physical and mental disabilities from birth to age 30.

Task	Age	Expected Behavior
Domestic Services	8	Able to do simple household tasks
Laundry	14	Able to do laundry unassisted
Shopping & Errands	14	Makes minor purchases/runs errands
	17	Able to grocery shop unassisted
Preparation of Meals & Meal Clean-Up	5	Uses table knife for spreading, etc
	6	Uses table knife for cutting
	8	Washes dishes and cleans up
	17	Able to cook simple meals and clean up
Ambulation	.5	Moves about on the floor, stands alone
	1	Walks about unassisted
	2	Walks upstairs unassisted
	3	Walks downstairs 1 step to tread
	5	Able to ambulate unassisted
Bathing, Oral Hygiene, and Grooming	4	Washes hands and face unassisted
	6	Bathes self with some assistance
	8	Combs or brushes hair, able to bathe unassisted

Task	Age	Expected Behavior
Dressing	2	Removes coat or dress
	3	Puts on coat or dress unassisted
	4	Buttons coat or dress
	5	Dresses self except for tying
Bowel and Bladder Care	1	Asks to go to the bathroom
	4	Cares for self at toilet
Transfer	.5	Rolls over, balances head, pulls self upright, sits unsupported
	1.5	Able to transfer unassisted
Feeding	1	Eats with spoon, drinks unassisted from a glass, chews
	2	Eats with a fork
	8	Cares for self at the table
Respiration	17	Able to clean oxygen equipment
Respite	to 18	Restriction: Up to 8 hours per week maximum allowable only when a parent is providing services without compensation and must be out of the home to perform tasks essential to the recipient's minor siblings.
Accompaniment		Hours are not allowable for routine health care. Hours are allowable for health care specific to the child's disability, regardless of age.
Protective Supervision		Protective Supervision only as needed because of the functional limitations of the child.

DEVELOPMENTAL GUIDE

Developmental Stage	Self Care			Gross Motor	Meal Prep & Consumption		Domestic Tasks		
	Bathing/Oral Hygiene/Grooming	Bowel and Bladder	Dressing		Feeding	Meal Prep and Cleanup	Housework	Laundry	Shopping and Errands
Infancy (0-2)				Stands alone by 10-12 months; walks unassisted by 15 months; runs by 18 months	Eats with spoon by 12-14 months; drinks from 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/pant; puts on shirt/dress/pants with some assistance	Walks upstairs unassisted; requires supervision/assistance walking downstairs	Uses fork correctly to 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 one-step directions (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 bedwetting	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 cleanup	Cares for room/ makes bed	Able to put away clothes in drawers; fold clothes with assistance	Can follow three-step directions (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 floors; 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 (12-14)						Able to cook simple meals and clean up unassisted and unsupervised	Able to vacuum	Able to use iron safely	Makes minor purchases/runs errands (short distances)
Late Adolescence (15-18)						Able to prepare meals and clean up			Able to shop for groceries unassisted

Developed by: Nicole C. Polen, Ph.D.

Child Development Specialist

River Oak Center for Children, Sacramento, CA

Key	Not Yet Age Appropriate	Fully Functional

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

In-Home Supportive Services (IHSS) 102

IHSS Training Academy

Fall/Winter 2018-2019

6.Hourly Task Guidelines

[https://www.cdss.ca.gov/Portals/9/IHSS/ITA/
HTG%20Chart_Social%20Worker-Accessible%
20FINAL%205.29.19.pdf?
ver=2019-06-13-130542-983](https://www.cdss.ca.gov/Portals/9/IHSS/ITA/HTG%20Chart_Social%20Worker-Accessible%20FINAL%205.29.19.pdf?ver=2019-06-13-130542-983)

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 (Mid)	Rank 2 (High)	Rank 3 (Low)	Rank 3 (Mid)	Rank 3 (High)	Rank 4 (Low)	Rank 4 (Mid)	Rank 4 (High)	Rank 5 (Low)	Rank 5 (Mid)	Rank 5 (High)
Preparation of Meals **	3:01	5:00	7:00	3:30	5:15	7:00	5:15	6:08	7:00	7:00	7:00	7:00
Meal Clean-up **	1:10	2:20	3:30	1:45	2:38	3:30	1:45	2:38	3:30	2:20	2:55	3:30
Bowel and Bladder Care	0:35	1:17	2:00	1:10	2:15	3:20	2:55	4:23	5:50	4:05	6:02	8:00
Feeding	0:42	1:30	2:18	1:10	2:20	3:30	3:30	5:15	7:00	5:15	7:17	9:20
Routine Bed Baths	0:30	1:08	1:45	1:00	1:40	2:20	1:10	2:20	3:30	1:45	2:38	3:30
Dressing	0:34	0:53	1:12	1:00	1:26	1:52	1:30	1:55	2:20	1:54	2:42	3:30
Ambulation	0:35	1:10	1:45	1:00	1:33	2:06	1:45	2:38	3:30	1:45	2:38	3:30
Transfer	0:30	0:50	1:10	0:35	0:59	1:24	1:06	1:43	2:20	1:10	2:20	3:30
Bathing, Oral Hygiene, and Grooming	0:30	1:13	1:55	1:16	2:13	3:09	2:21	3:13	4:05	3:00	4:03	5:06

Service Category	Low (Time Guidelines)	Mid (Time Guidelines)	High (Time Guidelines)
Menstrual Care	0:17	0:32	0:48
Repositioning and Rubbing Skin	0:45	1:47	2:48
Care of and Assistance with Prosthetic Devices	0:28	0:47	1:07

Services with Time Guidelines:

Service Category	Time Guidelines
Domestic and Related 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 and Related 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)].

7. Attachment B Annotated Assessment Criteria Resources

[https://www.cdss.ca.gov/Portals/9/IHSS/ITA/
IHSS%20Tools/
AnnotatedAssessmentCriteria.pdf](https://www.cdss.ca.gov/Portals/9/IHSS/ITA/IHSS%20Tools/AnnotatedAssessmentCriteria.pdf)

ATTACHMENT B

ANNOTATED ASSESSMENT CRITERIA

The Annotated Assessment Criteria (AAC) is designed to assist you in the application of Functional Index (FI) ranks specified in the Manual of Policies and Procedures (MPP) section 30-756 et seq., which are applied when evaluating a recipient's capacity to perform certain In-Home Supportive Services (IHSS) tasks. The AAC describes each FI rank in more detail as it applies to an individual's capacity to perform certain types of tasks specified in MPP section 30-757 et seq. The AAC also provides examples of observations which should be considered when determining each rank, characteristics of a recipient who might be ranked at each level, and questions which might help elicit the information needed to determine the appropriate FI rank. These examples contain lists of possible indicators; however, they are not definitive standards.

General

The following are general questions social workers may ask recipients to help determine whether the need exists:

- Describe your typical day. What challenges do you have during the day due to your limitations?
- What is limiting your daily activities?
- How do you feel about the status of your health?
- How does your family feel about your health?
- Are family, friends, or neighbors currently helping you? In what capacity?
- How much has your health/condition changed in the past year?
- How long do you feel you will need this service?
- How often do you visit your doctor(s)?
- If your provider(s) calls in sick, how would you manage?

Information to be given to the recipient and reinforced at each initial and reassessment:

- A clear explanation of the recipient's responsibilities in the IHSS program.
- IHSS is a program which helps with only those services necessary for the recipient to remain safely in his/her own home, and for which the recipient is unable to perform independently without an unreasonable amount of physical or emotional stress, due to his/her functional limitations.

Observations

Social worker observations can be made concerning many different attributes and characteristics of the recipient, including, but not limited to: physical appearance, physical environment, movement, available equipment and resources, safety hazards, and communication.

Many observations are applicable to all functions, such as the recipient's movements, endurance, and mental activity. Movements may include the recipient getting up from a chair, ambulating, standing, reaching, grasping, bending, and carrying. These functions can usually be observed by noting how the recipient admits you into the home, shakes your hand when you arrive, shows you around the home, presents to you all his/her medications, shows you his/her Medi-Cal card, and signs forms. Observations and questions may apply to multiple FI ran and may lead to a general assumption of the recipient's appropriate level of functioning; therefore, social workers should ask follow-up questions to elicit additional information to determine the recipient's level of need. The observable functions are not all-inclusive, nor does the presence of one behavior in the observations determine the assigned rank. All senses are involved in gaining information to determine the recipient's overall functioning.

General

The following are general regulatory standards that apply to all functions. The standards for each function are defined in more detail in individual scales that follow:

Rank 1: Independent: Able to perform function without human assistance, although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his or her safety. A recipient who is a rank "1" in any function shall not be authorized the correlated service activity.

Rank 2: Able to perform a function but needs verbal assistance, such as reminding, guidance, or encouragement. No hands-on assistance is required.

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 but only with substantial human assistance.

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

Rank 6: Paramedical services. ALL needed services in the task are met by paramedical services in lieu of the correlated task.

Variable Functioning

If the recipient's functioning varies throughout the month, the rank should reflect the level of functioning that occurs a majority of the time in a given week or month, as appropriate to a specific service. If the recipient needs more or less time outside the range for that chosen rank due to the recipient's variable functioning, the social worker is required to document an exception for the additional time allotted.

Domestic Services

Domestic services are limited to: sweeping, vacuuming, and washing/waxing floors; washing kitchen counters and sinks; cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; cleaning oven and stove; cleaning and defrosting refrigerator; bringing in fuel for heating or cooking purposes from a fuel bin in the yard; changing bed linen; changing light bulbs; and wheelchair cleaning and changing/recharging wheelchair batteries.

Observations:

- Observe the condition of the home.
- Does the lack of cleanliness pose a risk to the recipient's health or safety?
- Is the state of the home due to a functional limitation or conscious choice?
- Is there visible mold, garbage buildup, or pest infestations?
- Are there any alarming odors which may indicate an inability to clean adequately?
- Does it appear that the recipient attempted to clean portions of the home but was unsuccessful?
- Would the condition of the home warrant heavy cleaning or health and safety referrals (e.g., Adult Protective Services or Code Enforcement)?

Questions:

- How would you describe your ability to clean your home?
- What help would you need to keep the house clean?
- Who helps you with your chores?
- Which chores do you have trouble completing?
- Are you happy with how clean your home is?
- Do you often find yourself tripping on or running into things?
- What chores can you do on your own?
- If you cannot clean your home, is there anyone you can ask for help?

The following is the application of functional ranks specific to Domestic Services with suggestions that may help determine the appropriate rank:

Rank 1: Independent: Able to perform all domestic chores without a risk to health or safety. Recipient is able to do all chores though s/he might have to do a few things every day, so s/he does not overexert her/himself.

- **Example Documentation:** Although recipient moves slowly, he is able to complete his own domestic chores without assistance from another person.

Rank 2: Physically able to perform tasks but only needs verbal direction, prompting, or encouragement from another person.

- **Example Documentation:** Recipient can physically complete the task; however, her condition creates memory problems and/or confusion, requiring heavy prompting or encouragement to clean home.

Rank 3: Recipient is able to perform most domestic chores with some direct physical assistance from another person.

- **Example Documentation:** Recipient's condition limits ability to bend, requiring assistance with cleaning areas low to the ground (e.g., cleaning floors, bathtub, and toilet). Except for cleaning areas that are low to the ground, recipient reports she can perform all other domestic tasks on her own.

Rank 4: Although able to perform a few chores (e.g., dust furniture or wipe counters), help from another person is needed for most chores.

- **Example Documentation:** Recipient is a rank 4 because he is able to direct activities and pick up items from counter but needs help with all other tasks due to persistent weakness and fatigue.

Rank 5: Cannot perform any task; totally dependent upon others for all domestic chores.

- **Example Documentation:** Recipient's condition completely limits mobility and range of motion to the point that she is incapable of performing any IHSS Domestic Services.

Preparation of Meals/Meal Clean-Up

Preparation of Meals includes such tasks as planning menus; removing food from refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-sized pieces.

Meal Clean-Up includes loading and unloading dishwasher; washing, rinsing, and drying dishes, pots, pans, utensils, and culinary appliances and putting them away; storing/putting away leftover foods/liquids; wiping up tables, counters, stoves/ovens, and sinks; and washing/drying hands.

Note: Meal Clean-Up does not include general cleaning of the refrigerator, stove/oven, or counters and sinks. These services are assessed under Domestic Services.

Observations:

- Is the recipient forgetful?
- Are there any signs of cooking?
- To what extent is the recipient's movement limited?
- Can the recipient stand for extended or short periods of time?
- Does the recipient appear adequately nourished and hydrated?
- Are the recipient's clothes too large, indicating probable weight loss?
- Is there rotten food, or dirty dishes/pots/pans around the kitchen or areas where the recipient eats?
- Are there burn marks in the kitchen or other evidence of fires?
- Is there a lot of take-out food/fast food packages in the home?

Questions:

- What types of meals do you typically eat?
- Are you able to prepare and clean up your own meals?
- What part of preparing meals is the hardest for you?
- What is limiting your ability to cook or clean up?
- Can you reheat meals if they are made for you in advance?
- If you cannot make yourself a meal, what would you do?
- What is your dishwashing routine?
- Who is helping you make and clean up your meals?
- Have you ever hurt yourself while preparing your meals?
- Have you developed special processes in preparing or eating your meals due to your limitations?
- Are the types of meals you eat affected or limited by your abilities or limitations?
- Would you eat differently if you had someone to help with preparing meals or cleaning up?

The following is the application of functional ranks specific to Meal Preparation/Meal Clean-Up with suggestions that may help determine the appropriate rank:

Rank 1: Independent: Can plan, prepare, serve, and clean up meals.

- **Example Documentation:** Recipient can prepare his/her own meals and clean up after every meal. She can put away utensils and cooking supplies without assistance from another person.

Rank 2: Needs only reminding or guidance in menu planning, meal preparation, and/or clean-up.

- **Example Documentation:** Recipient can prepare all meals but has memory issues and confusion and requires verbal guidance from provider to prepare all meals.

Rank 3: Requires some assistance from another person to prepare and clean up some meals, including snacks (e.g., recipient can reheat food prepared by someone else, can prepare simple meals, and/or needs some help with clean-up but requires another person to prepare and clean up with more complex meals which involve peeling, cutting, etc.).

- **Example Documentation:** Recipient can reheat meals, make a sandwich, and get snacks from the package or fridge. Recipient has impaired grasping ability and is unable to wash dishes because of inability to hold onto dishes.

Rank 4: Requires substantial assistance from another person to prepare and clean up meals.

- **Example Documentation:** Recipient is unable to cook due to inability to stand for a short amount of time, limited range of motion, poor balance, and weakness. Recipient stated that he is able to use the microwave and can retrieve items that are already prepared. Recipient can place dishes in the sink or dishwasher.

Rank 5: Cannot perform any task; totally dependent on another person to prepare and clean up all meals.

- **Example Documentation:** Recipient is unable to ambulate or transfer; he is bedridden. He has limited use of both arms and hands and is unable to grip/grasp objects. His provider prepares and cleans up all meals for recipient. Provider leaves meals, water, and snacks right beside the recipient when he leaves.

Rank 6: ALL tasks in the service area are met by Paramedical Services.

- **Example Documentation:** Recipient is exclusively G-tube fed.

Laundry

Laundry services includes gaining access to machines, travel to/from a locally available laundromat or other laundry facility, sorting laundry, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry, folding and sorting laundry, mending, ironing, and storing clothes in shelves, drawers, or closets. (**Note:** Ranks 2 and 3 are not applicable to determine functionality for this task.)

Observations:

- Would the recipient's range of motion limit his/her ability to use the necessary tools to perform laundry tasks?
- Are the recipient's clothes or linens stained, spotted, or odorous?
 - If yes, does the recipient appear to notice the lack of cleanliness?
- Are there piles of unwashed clothes throughout the home?
- How accessible are laundry resources to the recipient's home?

Questions:

- Are you able to do your laundry by yourself?
- What part of doing the laundry is the hardest for you?
- What parts of the laundry can you do by yourself?
- What is the reason you have trouble doing your laundry?
- Who is helping you with your laundry now?
- How often do you change your clothes and sheets? Why?
- Has the doctor suggested that you limit specific tasks?

The following is the application of functional ranks specific to Laundry services with suggestions that may help determine the appropriate rank:

Rank 1: Independent: Able to perform all chores.

- **Example Documentation:** Although recipient has weakness, she can complete laundry tasks independently, a little bit at a time.

Rank 4: Requires assistance with most tasks. May be able to do some laundry tasks (e.g., hand wash underwear, fold and/or store clothing by self or under supervision).

8. Functional Index Hourly Task Guideline Quick Ref Tool pg 7-26

[https://www.cdss.ca.gov/Portals/9/IHSS/
ITA/IHSS%20Tools/
SWAssessmentFieldHandbook.pdf](https://www.cdss.ca.gov/Portals/9/IHSS/ITA/IHSS%20Tools/SWAssessmentFieldHandbook.pdf)



Functional Index (FI) Rank/ Hourly Task Guidelines Quick Reference Tool

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

If the applicant's/recipient's needs fall below or exceed the range of time given, the social worker must use the appropriate evidence to calculate/document the duration and frequency needed to safely perform the task/service.

Note: Current MPP regulations define the HTGs in decimal format, e.g., 1.50 hours. To align service assessment/authorization with 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 regulations and reduces confusion regarding the entry of time into CMIPS [MPP sections 30-757.11 through 30-757.14(k)].



November 2020

Service Definition	Factors/Exceptions Examples
<p>Domestic and Related Services (MPP §30-757.11)</p> <p>Sweeping, vacuuming, and washing/waxing floors; washing kitchen counters and sinks; cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; cleaning oven and stove; cleaning and defrosting refrigerator; bringing in fuel for heating or cooking purposes from a fuel bin in the yard; miscellaneous domestic services (e.g., changing bed linen; changing light bulbs; and wheelchair cleaning and charging/recharging wheelchair batteries).</p>	<p>Factors for consideration include, but not limited to:</p> <ul style="list-style-type: none"> • If the recipient has a separate bedroom and bathroom. • If there are any rooms not being used by the recipient. • If the recipient has physical or mental limitations that contribute to the recipient's need for assistance. <p>Exceptions include, but not limited to:</p> <ul style="list-style-type: none"> • If the recipient has incontinence, frequent changes of bed linen may be necessary if the recipient does not have protective pads that protect linens. Extra changing of sheets should be assessed as Domestic Services but the washing of them is assessed as Laundry. <p>Exception Documentation Examples:</p> <ul style="list-style-type: none"> • Exception Low: Home is very small (e.g., travel trailer). • Exception High: Severe asthma so more dusting/vacuuming is necessary. • Exception High: Due to incontinence, extra sheet changes needed.

Domestic and Related Services (Time Guidelines)

Note: Functional rank does not apply.

Time Range
6:00 total per month per household maximum unless adjustments apply.

Service Definition	Factors/Exceptions Examples
<p>Preparation of Meals (MPP §30-757.131)</p> <p>Preparation of meals which includes planning menus; removing food from refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-sized pieces.</p>	<p>Factors for consideration, but not limited to:</p> <ul style="list-style-type: none"> • The extent to which the recipient can assist or perform task safely. • Types of food the recipient usually eats for breakfast, lunch, dinner, and snacks and the amount of time needed to prepare the food (e.g., more cooked meals versus meals that do not require cooking). • Whether the recipient is able to reheat meals prepared in advance and the types of food the recipient eats on days the provider does not work. • The frequency the recipient eats. • Time for universal precautions, as appropriate. <p>Exceptions include, but not limited to:</p> <ul style="list-style-type: none"> • If the recipient must have meals pureed or cut into bite-sized pieces. • If the recipient has special dietary requirements that require longer preparation times or preparation of more frequent meals. • If the recipient eats meals that require less preparation (e.g., toast and coffee for breakfast). <p>Exception Documentation Examples:</p> <ul style="list-style-type: none"> • Exception Low: The recipient eats meals that require less preparation time (e.g., toast and coffee for breakfast). • Exception High: The recipient must have meals pureed or cut into bite-sized pieces. • Exception High: The recipient has special dietary requirements that require longer preparation times or preparation of more frequent meals.

Preparation of Meals (Hourly Task Guidelines)

Rank	Low	Middle	High
Rank 2	3:01	5:00	7:00
Rank 3	3:30	5:15	7:00
Rank 4	5:15	6:08	7:00
Rank 5	7:00	7:00	7:00

Service Definition	Factors/Exceptions Examples
<p>Meal Clean-up (MPP §30-757.132)</p> <p>Loading and unloading dishwasher; washing, rinsing, and drying dishes, pots, pans, utensils, and culinary appliances and putting them away; storing/putting away leftover foods/liquids; wiping up tables, counters, stoves/ovens, and sinks; and washing/drying hands.</p> <p>Note: This does not include general cleaning of the refrigerator, stove/oven, or counters and sinks as these IHSS services are assessed as “Domestic Services” (MPP §30-757.11).</p>	<p>Factors for consideration, but not limited to:</p> <ul style="list-style-type: none"> The extent to which the recipient can assist or perform task safely. <ul style="list-style-type: none"> Example: A recipient with a Rank 3 in “Meal Clean-up” who has been determined able to wash breakfast/lunch dishes and utensils and only needs the provider to clean up after dinner would require time based on the provider performing clean-up for the dinner meal only. Example: A recipient who has less control of utensils and/or spills food frequently may require more time for clean-up. The types of meals requiring the clean-up. <ul style="list-style-type: none"> Example: A recipient who chooses to eat eggs and bacon for breakfast would require more time for clean-up than a recipient who chooses to eat toast and have coffee. If the recipient can rinse the dishes and leave them in the sink until provider can wash them. The frequency that meal clean-up is necessary. If there is a dishwasher appliance available. <p>Exceptions include, but not limited to:</p> <ul style="list-style-type: none"> If the recipient must eat frequent meals which require additional time for clean-up. If the recipient eats light meals that require less time for clean-up.

Service Definition	Factors/Exceptions Examples
	Exception Documentation Examples: <ul style="list-style-type: none"> Exception Low: The recipient eats light meals that require less time for clean-up. Exception High: The recipient must eat frequent meals, which require additional time for clean-up.

Meal Clean-up (Hourly Task Guidelines)

Rank	Low	Middle	High
Rank 2	1:10	2:20	3:30
Rank 3	1:45	2:38	3:30
Rank 4	1:45	2:38	3:30
Rank 5	2:20	2:55	3:30

Service Definition	Factors/Exceptions Examples
Laundry (MPP §30-757.134) Washing and drying laundry, mending, ironing, folding, and storing clothes on shelves or in drawers.	Factors for consideration, but not limited to: <ul style="list-style-type: none"> Whether the recipient has a washer and the capability to dry clothes on the premises or in the home. Whether the recipient has the capability to hand wash some items. If the recipient's laundry is washed separately from other members in the household. Exceptions include, but not limited to: <ul style="list-style-type: none"> If the recipient has incontinence or other issues which create extra laundry.