

IHSS Basics



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1. Applying for IHSS

[https://www.cdss.ca.gov/cdssweb/
entres/forms/english/soc873.pdf](https://www.cdss.ca.gov/cdssweb/entres/forms/english/soc873.pdf)

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:
Address:		
County of Residence:	IHSS Case #:	
IHSS Worker Name:		
IHSS Worker Phone #:	IHSS Worker Fax #:	

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

I, _____, (PRINT NAME), 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.

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 unable 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.)? ☐ YES ☐ 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)? ☐ YES ☐ NO

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.

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.

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? ☐ YES ☐ 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.

2. Self-Assessment

[https://www.disabilityrightsca.org/system/files/
file-attachments/501301-a.pdf](https://www.disabilityrightsca.org/system/files/file-attachments/501301-a.pdf)

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
	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	
Breakfast=B, Lunch=L, Dinner=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									

3. Protective Supervision

a. ACL 15-25

[https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/
acl/2015/15-25.pdf](https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2015/15-25.pdf)

Attachment 1

SOC 821

SOC 825

[https://www.cdss.ca.gov/cdssweb/entres/forms/english/
soc821.pdf](https://www.cdss.ca.gov/cdssweb/entres/forms/english/soc821.pdf)

[https://www.cdss.ca.gov/cdssweb/entres/forms/
English/soc825.pdf](https://www.cdss.ca.gov/cdssweb/entres/forms/English/soc825.pdf)

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

☐ Release of Information Attached

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

4. Paramedical

a. SOC 321

F044.01



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.disabilityrightscalifornia.org/Documents/ListofGrantsAndContracts.html>.

Attachment 2

SOC 321

[https://www.cdss.ca.gov/cdssweb/entres/forms/
English/SOC321.pdf](https://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC321.pdf)

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

PATIENT'S NAME

MEDI-CAL IDENTIFICATION NUMBER

TO:

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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
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OFFICE ADDRESS (IF NOT LISTED ABOVE)

TYPE OF PRACTICE

TYPE OF PRACTICE

☐ Physician/Surgeon☐ Podiatrist☐ Dentist**CONTINUED ON BACK****RETURN TO: (COUNTY WELFARE DEPARTMENT)**

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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:

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:

☐ 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
	

5. Transportation

5607.01

[https://www.disabilityrightsca.org/publications/
ihss-provider-wait-and-travel-times](https://www.disabilityrightsca.org/publications/ihss-provider-wait-and-travel-times)

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.

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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](#).- [\(Return to Main Document\)](#)

6. How are Hours Calculated?

5611.01

[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. – [\(Return to main document\)](#)

7. What are Functional Index Rankings and Hourly Task Guidelines?

a. Adult

b. Child

[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%20Social%20Worker-Accessible%20FINAL%205.29.19.pdf?ver=2019-06-13-130542-983)

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

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<https://www.cdss.ca.gov/Portals/9/IHSS/ITA/IHSS%20Tools/IHSS102CourseMaterials.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.

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)].

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.

8. Parent Providers

Chart
MPP

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<https://www.cdss.ca.gov/Portals/9/IHSS/ITA/IHSS%20Tools/IHSS102CourseMaterials.pdf>

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

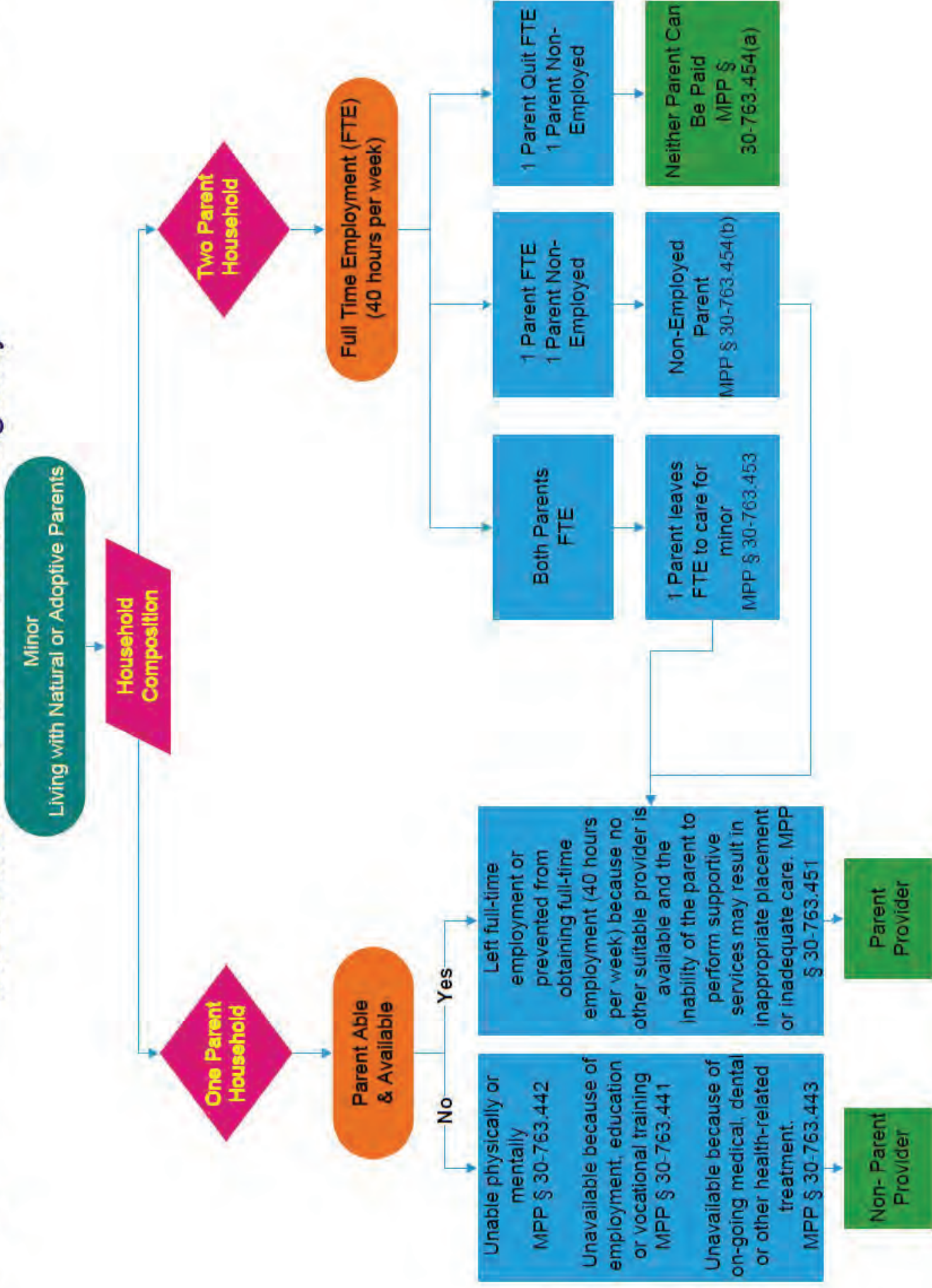
HANDBOOK BEGINS HERE

- .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.

IHSS Minors & Parent Provider Eligibility



9. Notice of Action and Appeals

[https://www.cdss.ca.gov/cdssweb/entres/forms/
English/NA1250.pdf](https://www.cdss.ca.gov/cdssweb/entres/forms/English/NA1250.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

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		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	+/ -
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.

10. 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