

# **Anexo 3**

**a. Adulto**

**b. Niño**

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

**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. Proveedores: padres de niños menores

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

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

- .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.

**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.

# **9. Aviso de acción y apelaciones**

[https://www.cdss.ca.gov/cdssweb/entres/forms/  
spanish/na1250 sp.pdf](https://www.cdss.ca.gov/cdssweb/entres/forms/spanish/na1250_sp.pdf)



# NOTIFICACIÓN DE ACCIÓN APROBACIÓN DE LOS SERVICIOS DE APOYO EN EL HOGAR (IHSS)

CONDADO DE \_\_\_\_\_

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

Fecha de la notificación : \_\_\_\_\_  
Nombre del caso : \_\_\_\_\_  
Número del caso : \_\_\_\_\_  
Nombre del trabajador social : \_\_\_\_\_  
Número del trabajador social : \_\_\_\_\_  
Teléfono del trabajador social : \_\_\_\_\_  
Dirección del trabajador social : \_\_\_\_\_

**NOTA:** Esta notificación SOLAMENTE se refiere a IHSS. NO afecta lo que recibe del Programa de Ingresos Suplementales de Seguridad/Pagos Suplementarios del Estado (SSI/SSP), del Seguro Social, ni del Programa de Asistencia Médica de California (Medi-Cal). **MANTENGA ESTA NOTIFICACIÓN CON SUS DOCUMENTOS IMPORTANTES.**

(ADDRESSEE)

**Total de horas:minutos de IHSS que usted puede recibir cada mes:** \_\_\_\_\_.

Basándose en la evaluación que se llevó a cabo en \_\_\_\_\_, usted puede recibir los servicios indicados a continuación durante el tiempo que aparece en la columna "Cantidad autorizada de servicios que puede recibir".

MES, DÍA, AÑO

- 1) Si un cero aparece en la columna "Cantidad autorizada de servicios que puede recibir" o la cantidad es menos que la columna "Cantidad total de servicios que se necesita", la explicación del motivo aparece en las siguientes páginas.
- 2) "No se necesita" significa que su trabajador social determinó que usted no requiere asistencia con esta tarea. (MPP\* 30-756.11)
- 3) "Pendiente" significa que el Condado está esperando más información para ver si usted necesita ese servicio. Para mayor información, vea las siguientes páginas.

SERVICIOS	CANTIDAD TOTAL DE SERVICIOS QUE SE NECESITA	AJUSTE POR OTRAS PERSONAS QUE VIVEN EN EL HOGAR	CANTIDAD DEL SERVICIO QUE USTED NECESITA	SERVICIOS QUE SE REHUSÓ A RECIBIR O QUE RECIBE DE OTROS	CANTIDAD AUTORIZADA DE SERVICIOS QUE PUEDE RECIBIR
	HORAS:MINUTOS	(PRORRATEO)	HORAS:MINUTOS		HORAS:MINUTOS
<b>SERVICIOS DOMÉSTICOS (por MES):</b>					
<b>SERVICIOS RELACIONADOS (por SEMANA):</b>					
Preparar comidas					
Limpiar después de las comidas					
Lavado rutinario de ropa					
Compra de alimentos					
Otras compras/mandados					
<b>SERVICIOS PERSONALES NO MÉDICOS (por SEMANA):</b>					
Asistir en lo relacionado a la respiración (ayuda con la respiración)					
Asistir en la limpieza de evacuaciones intestinales y de la vejiga					
Alimentación					
Baños rutinarios en la cama					
Ayuda para vestirse					
Cuidado relacionado a la menstruación					
Ayuda para trasladarse (ayuda para caminar, incluyendo subir y bajarse de un vehículo)					
Ayuda para transferirse (ayuda para acostarse y levantarse de la cama, sentarse y levantarse de un asiento, etc.)					
Dar un baño, higiene de la boca, aseo personal					
Frotar la piel, cambiar de posición					
Ayuda con prótesis (miembros artificiales, aparatos para ver/oir) y/o preparación de medicamentos					
<b>ACOMPAÑAMIENTO (por SEMANA):</b>					
Ir a citas médicas y regresar					
Ir a lugares para recibir servicios en vez de IHSS y regresar					
<b>SUPERVISIÓN CON FINES DE PROTEGER (por SEMANA):</b>					
<b>SERVICIOS PARAMÉDICOS (por SEMANA):</b>					
TOTAL DE HORAS:MINUTOS DE SERVICIOS QUE USTED PUEDE RECIBIR POR SEMANA:					
MULTIPLICADO POR 4.33 (número promedio de semanas por mes) PARA CONVERTIR A HORAS:MINUTOS POR MES: x 4.33 =					
SUBTOTAL DE HORAS:MINUTOS DE SERVICIOS QUE USTED PUEDE RECIBIR POR MES:					
AÑADA LAS HORAS:MINUTOS DE SERVICIOS DOMÉSTICOS QUE USTED PUEDE RECIBIR POR MES (mencionados anteriormente):					
<b>TOTAL DE HORAS:MINUTOS DE SERVICIOS QUE USTED PUEDE RECIBIR POR MES:</b>					
<b>SERVICIOS DE TIEMPO LIMITADO (por MES):</b>					
Limpieza profunda:					
Eliminación de peligros en el patio/jardín					
Eliminación de hielo, nieve					
Instrucción y demostración					
<b>TOTAL DE HORAS:MINUTOS DE SERVICIOS DE TIEMPO LIMITADO QUE USTED PUEDE RECIBIR POR MES:</b>					

<b>SERVICIOS DE TIEMPO LIMITADO (por MES):</b>					
Limpieza profunda:					
Eliminación de peligros en el patio/jardín					
Eliminación de hielo, nieve					
Instrucción y demostración					
<b>TOTAL DE HORAS:MINUTOS DE SERVICIOS DE TIEMPO LIMITADO QUE USTED PUEDE RECIBIR POR MES:</b>					

**¿Tiene preguntas?** Por favor comuníquese con su trabajador social de IHSS. El número de teléfono aparece en la parte superior de esta página.  
**Audiencia con el Estado:** Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En la siguiente página se le explica cómo solicitarla.

# **10. Representarse a sí mismo en una audiencia estatal**



## **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](http://www.lafla.org)