# Chapter Seven

## In-Home Supportive Services (IHSS)

### Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>The IHSS Programs</td>
<td>3</td>
</tr>
<tr>
<td>Services Offered</td>
<td>6</td>
</tr>
<tr>
<td>Eligibility</td>
<td>12</td>
</tr>
<tr>
<td>Applying</td>
<td>13</td>
</tr>
<tr>
<td>Providers</td>
<td>17</td>
</tr>
<tr>
<td>Appeals</td>
<td>21</td>
</tr>
<tr>
<td>Supplemental Materials</td>
<td>23</td>
</tr>
</tbody>
</table>
Introduction

What is the In-Home Support Services (IHSS) Program?

The In-Home Supportive Services (IHSS) is California's largest in-home care program. The IHSS program helps low-income individuals with disabilities, including older adults, remain safely in their own homes. IHSS does this by paying someone chosen by the individual with a disability to provide the needed help.

IHSS provides help to individuals with disabilities who are age 65 or older, who are blind, or who meet the Social Security definition of disability. The IHSS program is administered locally by county welfare departments – in Los Angeles, the Department of Public Social Services (DPSS). The California Department of Social Services administers the program at the state level.

The supplement to this chapter's text includes a list of the statutes, regulations, and other materials governing the IHSS program, as well as a list of other sources of information.

COVID-19 ALERT: The state made several temporary changes to the IHSS program during the COVID-19 crisis. For an overview of these changes see Appendix D on pgs. 124-131 of the IHSS Advocates Guide at https://www.justiceinaging.org/wp-content/uploads/2019/06/Final_IHSS-Advocate-Manual.pdf. It is also important to check the California Department of Social Services website to see if deadlines for the temporary changes have been changed or extended at https://www.cdss.ca.gov.
Who Receives IHSS?

As of April 2020, more than 62,000 persons receive IHSS services in California. More than 231,000 of those recipients live in Los Angeles County, which is more than 37% of the statewide total.

Statewide, 55% of people receiving IHSS are aged 65 or older and almost 50% speak a language other than English as their primary language. Approximately 31% of IHSS consumers are severely impaired.

<table>
<thead>
<tr>
<th>IHSS Consumer Age</th>
<th>Percent of Total Caseload (as of FY 19-20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-17</td>
<td>7.9%</td>
</tr>
<tr>
<td>18-44</td>
<td>14%</td>
</tr>
<tr>
<td>45-64</td>
<td>22.8%</td>
</tr>
<tr>
<td>65-74</td>
<td>19.4%</td>
</tr>
<tr>
<td>75-84</td>
<td>20.7%</td>
</tr>
<tr>
<td>85+</td>
<td>15.1%</td>
</tr>
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</table>
The IHSS Programs

IHSS is made up of four different programs. Three of the programs are authorized by the federal Medicaid Act and are partially funded with federal money. The remaining program is very small and is funded entirely through state and local dollars. To the beneficiary, it is all the same program: IHSS.

IHSS - Community First Choice Option (IHSS-CFCO)

More than 40% of IHSS recipients are in the IHSS- Community First Choice Option (IHSS-CFCO). This program includes people who would otherwise need a nursing home level of care. The IHSS-CFCO program was started in order to get more federal Medicaid money to help pay for IHSS.

Medi-Cal Personal Care Services Program (PCSP)

Most IHSS recipients who do not qualify for IHSS-CFCO are in the Medi-Cal Personal Care Services Program (PCSP). The PCSP is a part of the California’s Medicaid State Plan and does not require a recipient to be at a nursing home level of care.

IHSS Plus Option (IPO)

The IHSS Plus Option (IPO) is a 1915 state plan option (formerly the IHSS Plus Waiver). It applies to almost all the rest of the IHSS recipients. Recipients will be enrolled in the IPO program if they:

- Are minor children with parents as care providers;
- Hire their spouse as a provider;
- Advance pay cases;
- Need the Restaurant Meal Allowance because they lack cooking facilities.

Original or Residual IHSS (IHSS-R) Program

The IHSS-R program is available for the relatively rare cases of individuals who are not eligible under the CFCO, PCSP, or IPO programs. Consumers in IHSS-R are primarily persons with a satisfactory immigration status who are eligible under California law for state-only Medi-Cal, but not Medi-Cal with federal reimbursement. Sometimes people who temporarily lose their Medi-Cal can get IHSS-R. There are very few people in this category.
Chapter Seven: IHSS

Financial Eligibility

IHSS is a covered Medi-Cal benefit, therefore financial eligibility for IHSS is established through the Medi-Cal determination process. In order to qualify for IHSS, the beneficiary will also have to establish a need for in-home care. IHSS recipients who are on free Medi-Cal, including expansion or MAGI Medi-Cal, have all IHSS hours paid for by the state.

IHSS recipients on share of cost Medi-Cal must meet or incur their share of cost before the state will pay for any medical services, including IHSS. For more information about eligibility for different Medi-Cal programs, see Chapter 6.

Those who meet the Medi-Cal financial eligibility standards, but do not get federally funded Medi-Cal, can receive personal care services through the IHSS-R program (see p. 3)

Medi-Cal Share of Cost

Individuals who do not qualify for free IHSS because their income is too high may be eligible for Medi-Cal with a share of cost (also known as the Aged-Blind-Disabled Medically Needy program or ABD-MN). The “share of cost” is not a premium, it works more like a monthly deductible. A recipient must meet their share of cost before Medi-Cal will pay for IHSS or other medical costs. The amount of the Medi-Cal share of cost is the difference between a recipient’s monthly net countable income and $600 for an individual or $934 for a couple.

IHSS Share of Cost

The IHSS-R program has its own share of cost that is different than the Medi-Cal share of cost. It is the difference between income and the applicable SSI/SSP level. Only people on the IHSS-R program pay the IHSS share of cost.

How Share of Cost Works

When the IHSS provider’s time sheet is being entered, the system will check how much of the IHSS recipient’s share of cost is remaining at that time. The provider’s check will be reduced by the amount of the share of cost remaining when the paycheck information is entered into the system. Both the IHSS recipient and the IHSS provider will get a notice about how much the IHSS recipient must pay the worker.

Once an IHSS recipient’s share of cost is met for the month, all remaining covered services will be billed to Medi-Cal. (Example on next page)
EXAMPLE

Jorge receives $1,500 gross a month in Social Security benefits. His countable income thus is $1,480 (including the $20 any-income deduction). His countable income is above the income ceiling under the A&D FPL program. His share of cost under the ABD-MN program is $880 ($1,480 – $600 = $880).

At the beginning of the month he spends $365 on wheelchair repairs, which reduces his share of cost to $515. The check his provider is sent for the first half of the month is reduced by $515, and so his share of cost is down to zero for any other services he may need during the rest of the month. Both Jorge and his IHSS provider receive a notice saying Jorge owes his provider $515.

IHSS and Managed Care

As of January 10, 2017, IHSS is no longer a managed care benefit under the Coordinated Care Initiative. This change will not impact administration of the IHSS program for recipients or providers. For more information about Medi-Cal Managed Care, see Chapter 6.

County Welfare Departments & Public Authorities

The County Welfare Department and the Public Authority fill different roles. The Welfare Department takes the IHSS application, performs the needs assessment, determines how many hours can be authorized, and inputs information so that the IHSS-providers can be paid. The County Welfare Department does most of the administrative work involved in administering the program.

The Public Authority is an entity governed by the County Board of Supervisors that act as the “employer of record” for IHSS providers for purposes of negotiating wage rates with unions. The Public Authority maintains a registry and does criminal background checks for all potential IHSS providers. It also provides training to providers and sometimes also to recipients, and many act as an ombudsman to address recipient complaints. The Public Authority also provides support to each county’s IHSS advisory committee. The public authority in Los Angeles County is the Personal Assistance Services Council (PASC). Their website is below: http://www.pascla.org/pascla/

Federal, State, and County Financial Participation in the IHSS Programs

The federal government through its Medicaid program pays for more than half the costs of services covered under the Medi-Cal program. The remainder is split between the state and the counties. There is a formula to determine how much the counties must pay toward IHSS costs each year. This agreement does not directly affect or reduce a recipient’s services or a provider’s hourly wage or benefits.

For the IHSS Residual program, there is no federal contribution. The State pays 65% and the Counties 35%.
Chapter Seven: IHSS

Services Offered

Social workers conduct in-home assessments to determine how many hours of help an IHSS recipient needs in order to stay safely at home. IHSS authorized services may include any of the tasks listed below. Some tasks like assistance using the bathroom may involve multiple services depending on the recipient’s individual needs. Examples are below.

State regulations set guideline ranges of time for 12 IHSS tasks that can be authorized per week. The guideline ranges are in 10ths of hours, not minutes. So .58 of an hour is about 35 minutes a week, or five minutes a day. The remaining tasks may have time guidelines without specific ranges or may require allotments based on actual time needed.

The regulations say that more–or less time– can be authorized based on individual need and circumstances. The guidelines depend partly on functional “ranks.” More information about ranks is on page 13-14.

In 2017, the Department of Social Services released an All County Information Notice (ACIN) I-82-17 providing important information about how IHSS assessments should be performed. The intent of the ACIN is to clarify the assessment process, including the use of the hourly task guidelines, ranges, and functional rankings for counties. However, there is still significant concern from advocates that the “new” assessment process is resulting in less time for recipients. However, it is not clear how widespread the issue is.

Personal Care (in alphabetical order)

- **Ambulation** - .58 to 3.50 - including moving from place to place within the home, moving or retrieving assistive devices like a walker, cane, wheelchair, assistance from front door to vehicle and from vehicle to medical appointment or alternative resources.

- **Bathing, oral hygiene, and grooming** - .50 to 5.10 - includes cleaning the body, obtaining water and supplies and putting them away, assistance getting into and out of the tub/shower, applying lotion, powder, deodorant, and washing/drying hands. Time to get to and from the bathroom is covered under ambulation.

- **Bowel and bladder care** – .58 to 8.00 - Assistance with getting on and off commode/toilet, diapers and associated cleaning, help with urinals and bed pans, cleaning and emptying ostomy, enema and/or catheter receptacles, cleaning provider’s and recipient’s hands. (Help getting to and from the bathroom is covered under ambulation; to and from commode in same room covered under transfer; enemas, catheters, suppositories, digital stimulation, colostomy and similar tasks are covered under paramedical even though the emptying and cleaning part is covered under personal care.)

- **Care of and assistance with prosthetic devices** (brace, hearing aid, glasses, brace) and assistance with self-administration of medications –.47 to 1.12– includes reminders to take prescribed and over-the-counter medications, setting up medi- sets. DSS takes the position that help with assistive animals are not covered here or anywhere else. *(cont’d on next page)*
Chapter Seven: IHSS

- **Dressing and undressing** – .56 to 3.50, putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments and undergarments; changing soiled clothing.

- **Feeding** – .70 to 9.33 – includes assistance with putting on devices to enable the person to feed himself, assistance with between meal snacks and fluids. Also includes washing/drying hands before and after meals. Cutting up or pureeing food is covered under meal preparation.

- **Respiration** – Assistance with self-administration of oxygen, cleaning IPPB machines, help in blowing nose. Other services related to respiration are covered under paramedical. No guideline range.

- **Repositioning and rubbing skin** – .75 to 2.80 – repositioning includes turning in bed, repositioning in bed, chair, wheelchair; rubbing skin to promote circulation and/or prevent skin breakdown; range of motion exercises and other exercises to maintain function. Home therapy provided pursuant to a prescription by a health care professional would be covered under “paramedical.” Care for pressure sores (decubiti) is covered under paramedical services. Setting up and monitoring equipment for ultraviolet treatment of pressure sores is covered under “assistance with prosthetic devices.”

- **Routine bed baths** – .50 to 3.50 – includes applying lotion, powder, deodorants and provider washing/drying hands before and afterwards.

- **Routine menstrual care** – .28 to .80 – includes external application and removal of sanitary napkins, managing clothing, wiping and cleaning and washing/drying hands. Time under this category is not allowed if the recipient wears diapers. (cont’d on next page)

- **Transfer** – .50 to 3.50 – including help going from standing, sitting, prone to another position or to or from bed, chair/stairglide/walker, couch, etc., in the same room. Help on or off commode is covered under “bowel and bladder.”
Chapter Seven: IHSS

**Paramedical Services** - This includes administration of medication, puncturing the skin, inserting a medical device into a body orifice, activities requiring sterile procedures and other activities requiring judgment based on training given by a licensed health care professional.

Unlike all other IHSS services, paramedical services can be provided only with an order from a licensed health care professional. The order must include a signed statement of informed consent from the beneficiary. See CDSS form SOC 321—Request for Order and Consent-Paramedical Services at [https://cdss.ca.gov/cdssweb/enties/forms/english/soc321.pdf](https://cdss.ca.gov/cdssweb/enties/forms/english/soc321.pdf).

The following is a non-exhaustive list of paramedical services available through IHSS:

- Administration of medications;
- G-Tube feedings;
- Catheter changes;
- Suctioning through a tracheotomy;
- Injections;
- Breathing or nebulizer treatments;
- Implementation of a prescribed home therapy program when there is a prescription;
- Assessing skin for indications of possible skin breakdown or level of oxygenation;
- Wound care

**Domestic Services** - 6.0 hours per month per household, includes cleaning floors, bathrooms, kitchen counters and sinks, stove and oven; cleaning and defrosting refrigerator; dusting and picking up; bringing in wood or other cooking/heating fuel; changing bed linens; miscellaneous including changing light bulbs, wheelchair cleaning, changing and recharging wheelchair batteries.

“Heavy cleaning” is a separate service that may be authorized to get the home ready before ongoing domestic services begin.
Chapter Seven: IHSS

Related Services

- **Meal preparation** - 3.02 to 7.00 hours per week – includes menu planning, setting the table, serving the meal, pureeing or cutting up food as needed.

- **Meal cleanup** - 1.17 to 3.5 hours per week – includes cleaning, drying and putting away dishes, utensils, pots and pans, putting away leftovers, wiping up tables, counters, stove/oven, sink and, when spills, floor and chair. Does not include general cleaning out of the refrigerator, stove/oven, counters, sink which is covered under “domestic services.” Restaurant meal allowance available in lieu of time authorized for meal preparation and cleanup services.

- **Laundry services** - 1.0 hours per week per household if laundry facilities in the home; 1.5 hours per week per household if out of the home – includes mending, ironing, folding and storing clothing and bedding. Additional time may be provided especially if consumer is incontinent.

- **Food shopping** - 1.0 hour per week per household – and **other shopping/errands** – .5 hours per week per household. Includes making grocery or shopping list, putting away food purchases, picking up prescriptions, and buying clothing.

Other Services

- **Protective supervision** - observing the behavior of a beneficiary who cannot safely be left alone and intervening to prevent injury. See p. 11-12 for more information on protective supervision.

- **Teaching and demonstration** - teaching a recipient to perform a service or services that she currently receives from IHSS. Teaching and demonstration are authorized for no more than three months, and only when the teaching and demonstration will likely reduce the recipient’s need for IHSS-funded services within that time period.

- **Accompaniment to medical appointments and alternative resource sites** - includes accompaniment to and from appointments with doctors and other health practitioners, or to alternate resource sites. Wait time is compensable if the appointment is of unknown duration and the provider cannot use that time for his own purposes.
Chapter Seven: IHSS

Maximum Hours and Severely Impaired

Under the Personal Care Services (PSCP) and the Community First Choice Option (CFCO) programs, a beneficiary may receive up to 283 hours per month. Under the Residual Program and the IPO program, a beneficiary is entitled only to a maximum of 195 hours of service per month unless she qualifies as “severely impaired.” If severely impaired, she may be authorized up to 283 hours of services per month. Severely impaired individuals are eligible for advance pay.

A person is severely impaired if she needs 20 or more service hours per week in one or more of these categories: non-medical personal care, paramedical services, meal preparation, and, if the person requires assistance with eating, meal cleanup. You would count against the 20 hours service needs met outside the IHSS program, such as personal care needs met at an adult day health care program or volunteer care through a caregivers respite program.

In addition to their IHSS hours, individuals who qualify for services under the Medi-Cal Home and Community-Based Alternatives waiver (formerly the Nursing Facility/Acute Care waiver) may opt for additional personal care services as waiver personal care services instead of nursing services. Participation in this program requires that the individual qualify medically for placement in a nursing facility or hospital.

Waiver personal care services can fill in the gaps between the time authorized for specific tasks so that IHSS recipients can receive services for blocks of time.

Protective Supervision

Protective Supervision is a type of service covered by IHSS, which consists of observing people who cannot safely be left alone and intervening to prevent injury. It is only available for people with severe mental impairments such as poor judgement, orientation, or memory. Such impairments may be caused by any kind of mental impairment including developmental delays, Alzheimer’s and dementia or psychiatric disabilities.

A person who qualifies for protective supervision must be supervised 24 hours per day. Since the maximum IHSS available is much less than that, someone who needs protective supervision will need to show that other resources are available to provide constant supervision (e.g., additional waiver services, family or friend volunteers, or other community programs).

Protective supervision, unlike other covered services, is authorized for blocks of time. The amount of the time authorized is based on whether the IHSS recipient is classified as severely impaired or non-severely impaired. If severely impaired, up to a maximum of 283 hours for protective supervision and all other services would be authorized. If non-severely impaired, 195 hours or more a month is allowable. (Example on next page)
Chapter Seven: IHSS

Budget Cut to Hours

In previous years, budget cuts have resulted in across-the-board reductions to needed IHSS hours. However, beginning July 1, 2015, the 7% across-the-board cut to IHSS hours was fully restored. The restoration continued in 2019 and 2020. However, the Governor’s May Revise proposes to reinstate the 7% cut effective January 1, 2021. A final decision on this cut has not been made yet.

The seven-percent cut resolved a lawsuit against the state, which stopped a bigger 20% cut. For more information about the current status of IHSS budget cuts, go to www.disabilityrightsca.org.

EXAMPLE

Zito has been assessed as needing protective supervision and has been authorized 70 hours a month for other services.

If Zito were classified as nonseverely impaired and was under the Medi-Cal Personal Care Services Program, he would be authorized 265 hours a month (195 + 70).

If Zito were classified as nonseverely impaired and under the IPO or Residual Program, he would be authorized 195 hours a month (195 maximum – 70 = 125 protective supervision hours).

If Zito were classified as severely impaired under any IHSS program, he would be authorized 283 hours a month (283 maximum – 70 = 213 protective supervision hours).
Chapter Seven: IHSS

Eligibility

Place of Residence

In order to be eligible for IHSS, an individual must reside in his or her own home. A broad category of residences can qualify as someone’s home, including: a house, an apartment, a hotel or motel, a single-room occupancy (SRO) hotel, or a mobile home. In the past, there have been a few cases in which homeless persons were found eligible for IHSS. However, most counties will not approve IHSS unless the applicant has an address where services can be administered.

IHSS services are not available to individuals residing in an institutional setting like a nursing home or residential care facility for the elderly (see Chapter 8), or to someone receiving SSI at the Board and Care Rate (see Chapter 2). Seniors and persons with disabilities can receive the Board and Care rate instead of IHSS if they live with a family member.

The exclusion of facility residents and board-and-care rate SSI beneficiaries is a blanket exclusion. This means that even if someone is not receiving the same services in the institutional setting as they were receiving through IHSS, they may not use their IHSS hours.

Temporary Absence From State

An absence from California for 30 days or more may affect a recipient’s eligibility. A beneficiary planning to leave the state for 30 days or more must notify the county IHSS office. In some cases, eligibility may be extended until the individual returns to California, or payment may be made during the absence when, for instance, the recipient is going out of state for medical treatment.
Chapter Seven: IHSS

Applying

Initial Steps

1. The applicant calls the local phone number for IHSS applications. The number for Los Angeles County is (888) 944-IHSS (4477), or (213) 744-4477.

2. If the applicant is not currently enrolled in Medi-Cal, the applicant will be referred to the Medi-Cal unit to start an application to determine eligibility for the Medi-Cal program.

3. There is no financial screening unless the person is found ineligible for the federally funded Medi-Cal program and then is screened for eligibility under the IHSS Residual program using SSI rules. There are now very few people in this program.

4. A county social worker comes to the applicant's home to determine their need for IHSS funded services. It is important that the applicant be prepared for that assessment or the applicant may not be authorized the hours needed.

5. The social worker determines the type of IHSS services the applicant needs, and the amount of time it will take to provide those services through a needs assessment. The social worker will use functional rankings and hourly task guidelines when determining services and hours. If it appears the applicant will be approved, the social worker will explain how the program works, how to sign up a provider, how a provider gets paid, including information about timesheets. If the applicant will need paramedical services, the worker will take the physician's contact information and send a form to the physician to fill out and authorize paramedical services. The physician will indicate the authorized time for each paramedical service.

6. The recipient is also required to provide a completed and signed Health Care Certification form (SOC 873) to the social worker before IHSS-funded services can be authorized. If the applicant is seeking the authorization of time for paramedical services or protective supervision services, additional forms may be sent to the doctor or other health care professional. We recommend that applicants be proactive and get their doctors and health care professionals to fill in the forms ahead of time.

7. At the end of the application process, the applicant receives a Notice of Action (NOA), a letter telling whether they are eligible for services, and if not, why services were not approved.

A sample NOA is attached in the supplemental materials. The NOA contains a list of all IHSS services. If a particular service has been authorized, the amount of time authorized will be listed next to the service. All services are authorized per week, except Domestic Services which are authorized per month. In an approval NOA, the applicant is told what services have been approved, and for how many hours per month.

In a denial NOA, the applicant is told why she was not eligible for services. After an individual is approved for IHSS, she will receive information about various responsibilities, including the responsibility to hire workers, turn in time sheets and how to comply with the Federal Labor Standard Act (FLSA) including overtime rules. If a recipient or applicant disagrees with her assessment, she may appeal the decision. See page 20 for more information on Appeals.
Chapter Seven: IHSS

Medical Certification Requirement

IHSS recipients submit a certification form from a medical professional that IHSS is needed and that he or she would otherwise be at risk of out-of-home placement. The form is SOC 873 - Health Care Certification form.

Scope of Assessment

An applicant is evaluated for needs related to the following functions:

- Housework;
- Laundry;
- Errands;
- Meal Preparation and Cleanup;
- Mobility;
- Bathing and Hygiene;
- Dressing;
- Toileting;
- Repositioning;
- Eating;
- Respiration;
- Memory;
- Orientation; and
- Judgement

Functional Rankings

For most of the functions listed above, the applicant is given a ranking from 1 (high functioning) to 5 (low functioning), as explained below:

**Rank 1:** The applicant does not need assistance. The applicant may experience difficulty in performing the function, but her safety is not at risk.

IHSS services will not be authorized for any function for which the applicant has been assessed in Rank 1.

**Rank 2:** The applicant is able to perform the function, but needs verbal assistance such as reminding, guidance, or encouragement.

**Rank 3:** The applicant can perform the function with some human assistance, including, but not limited to, direct physical assistance from an IHSS provider.

**Rank 4:** The applicant can perform a function only with substantial human assistance.

**Rank 5:** The applicant cannot perform the function, with or without human assistance.

*(cont’d on next page)*
Chapter Seven: IHSS

The respiration function can be assessed only at Rank 1 (independent) or Rank 5 (completely dependent). The memory, orientation and judgment functions can only be assessed at Rank 1 (independent), Rank 2 (needs verbal assistance), or Rank 5 (completely dependent). Rankings may affect the hours a consumer receives.

The All County Information Notice (ACIN) I-82-17 provides additional information about the rankings, which can be found here: [http://www.cdss.ca.gov/Portals/9/ACIN/2017/I-82_17.pdf?ver=2017-12-08-145619-190](http://www.cdss.ca.gov/Portals/9/ACIN/2017/I-82_17.pdf?ver=2017-12-08-145619-190). Additionally, the Department of Social Services created new consumer materials describing the functional index rankings and hourly task guidelines. Copies are in the Supplemental Materials.

Assessment and Shared Living Arrangements

A shared living arrangement may affect the number of service hours that are deemed necessary.

If a recipient has a housemate(s), the following services may be pro-rated:

**Domestic Services and Heavy Cleaning** - The living area is divided into areas used solely by the recipient, areas used in common with others, and areas not used by the recipient.

No need is assessed for areas not used by the recipient. The need for services in common living areas is prorated among all housemates. For areas used solely by the recipient, the assessment is based on the recipient’s individual need and should not be prorated.

**Protective Supervision** - Generally, the need is assessed based on the recipient’s need. However, when two or more IHSS recipients live together, and both require protective supervision, the need is pro-rated among the recipients to account for the fact that a worker may provide protective supervision for one recipient while performing tasks for the other.

**Yard Hazard Abatement** - If a recipient has a housemate, the IHSS program generally will not pay for yard hazard abatement, based on the expectation that a housemate could perform the necessary work.

**Exception to Pro Rata Assessments Among Housemates** - The pro rata assessments above do not apply when the living space is shared with a spouse who is able to perform functions, or with a live-in provider. Different rules apply to an able and available spouse. Also, those pro rata assessments do not apply if the landlord is obligated to provide services, or the IHSS recipient moved into a relative’s home for the primary purpose of receiving services.
Chapter Seven: IHSS

Reassessment

A reassessment may be requested by the recipient, family member, service provider, or Regional Center (for Regional Center clients) when there is a change of circumstances. A recipient can request extra hours even for a short period – such as the extra help needed upon a return home from a hospital stay. The IHSS program also can order a reassessment, upon receiving information of a change in the recipient’s condition. A doctor’s note is not needed to get a reassessment.

Once a reassessment is completed, the recipient will receive a Notice of Action that details the new services and number of hours to be received, and the difference from what was previously authorized.

In order for a county to reduce hours, it must show that the reduction is justified by either changed circumstances, (i.e., laundry facilities now in the home) or medical improvement.

When the Recipient is in a Hospital or Nursing Facility

While a recipient is out of the home in a hospital or nursing facility, their IHSS worker cannot be paid. The recipient must ensure that time for those days is not included on timesheets. However, some time can be claimed for the day the recipient goes into the facility and the day they come home.

Counties will be checking the Medi-Cal computer to see if IHSS hours were claimed for any day the recipient was in the facility.

One exception to the general rules exists, specifically, workers paid for supplemental personal care services under the nursing facility/acute home and community-based services waivers can be paid for two weeks while a recipient is in the hospital or nursing facility.

Moving From One County to Another

When an IHSS recipient moves from one county to another, the county IHSS office of origin is responsible for the transfer of the case to the new county. There should be no interruption in services or funding. However, the new county has the right to reassess the newly arrived IHSS recipient. If the recipient disagrees with the new county’s assessment and timely appeals, then the recipient is entitled to continue benefits at the old level until a decision is issued. In a hearing, the new county has the burden of justifying a reduction.
Providers

An IHSS recipient may choose their provider. A provider may be a friend, family member, spouse or someone with no previous connection to the recipient. The recipient is the employer, and thus is responsible for hiring, firing, and supervising.

Spouse Providers

A spouse may be a paid IHSS provider. The more limited scope of services that can be provided by a spouse provider and “able and available” issues are discussed on page 5 of the “IHSS Fair Hearing and Self-Assessment Packet,” which can be found at www.disabilityrightsca.org/pubs/501301.pdf.

IHSS wages received by a spouse – unlike other earnings – do not affect the SSI/SSP grant or the Medi-Cal eligibility of the spouse receiving the services. Earnings under the federally funded IHSS programs are exempt for all Medi-Cal purposes. That exemption extends to earnings of a parent for an IHSS recipient child who is 18, 19 or 20. However, they count as income to the provider spouse under the IHSS-R program.

Provider Requirements

1. **A Provider Must Fill-Out an Enrollment Form (SOC 426) and Return it In-Person to the County Office.**
   
   The provider must bring 1) an ORIGINAL unexpired identification document issued by the state or federal government (e.g. driver’s license, passport, green card, military ID, etc.), and an ORIGINAL Social Security card (if unavailable, a letter from Social Security that includes the Social Security number may be allowed). Social Security numbers will be verified by IHSS.

   Any time any of the information in the form changes, the provider must tell IHSS within ten days.

   **Tip:** For information about how to replace a lost Social Security card for free, contact your local Social Security office. More information is at: www.ssa.gov/ssnumber.

   Providers must sign a sworn statement that they are eligible to be IHSS providers and have not been convicted for certain crimes (like fraud against a government healthcare or supportive services program, child abuse, or elder abuse). The current form is at: https://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC426.pdf

   **Tip:** Some forms only have space for a street address, but IHSS providers can get their paychecks sent to a Post Office box. They must ask permission from the county.

   **Tip:** A client or provider who is limited English proficient can always ask the county for language assistance. (**cont’d on next page**)
Chapter Seven: IHSS

2. A Provider Must Get Fingerprinted and Pay for a Background Check.
IHSS providers have to provide their Social Security number and submit to a background check that will check for past criminal history. An IHSS provider cannot do IHSS work if they were convicted or in prison for a crime involving child abuse, elder abuse or fraud against a government health care or supportive services program in the last 10 years. Additional crimes may prevent employment as an IHSS unless a waiver is granted.

IHSS providers have to pay a fee for the background check. This costs about $35 – 70. The consumer does not have to pay for the background check.

Tip: Complete a background check as soon as possible to allow time for processing. Check with your county office for a list of best places to get fingerprinted.

Tip: If the background check shows information that is wrong, a provider can appeal within 60 days. If they cannot afford the appeal fee, they may ask that it be waived. Contact the county for the form or contact your local legal aid office for assistance.

3. A Provider is Required to Attend Orientation.
Every new provider has to attend an orientation that explains IHSS rules. To find out more about IHSS provider orientation go to: https://dpss.lacounty.gov/wps/portal/dpss/main/elderly-and-disabled and click on the sidebar for “In-Home Supportive Services and then click on the link entitled “Provider FAQ.” The link for the provider orientations is in question 8.

All providers must sign and turn in a form saying they have undergone the orientation and that they understand and agree to the rules and requirement for IHSS. See: www.cdss.ca.gov/cdssweb/entres/forms/English/SOC846.pdf
Payments to Providers

An IHSS provider is paid in one of the following ways:

- Most providers are paid by the State directly through submission of a provider and recipient-signed timesheet to the local county IHSS office. Payment for work done from the 1st to the 15th will be paid by the 25th. Payment for work performed from the 16th to the end of the month is paid by the 10th of the following month. Almost all providers and recipients in Los Angeles County have converted to electronic timesheets through the Telephone Timesheet System (TTS) or through the web-based Electronic Timesheet System (ETS). To register for ETS, providers can sign up through the CDSS IHSS Electronic Services portal at [https://www.etimesheets.ihss.ca.gov/login](https://www.etimesheets.ihss.ca.gov/login). For more information about ETS and TTS, providers and consumers can go to [http://www.cdss.ca.gov/inforesources/IHSS-Providers/Resources/Timesheet-Information](http://www.cdss.ca.gov/inforesources/IHSS-Providers/Resources/Timesheet-Information).

- A small number of providers are paid directly by their recipient which is called Advance Pay. The recipient receives advance payment from the State which can be direct deposited into the recipient’s bank account. The providers fill out and sign time sheets showing the days and hours they worked and that they were paid. The time sheets need to be submitted timely or advance payment will be stopped.

- By an agency which has a contract with the county; or

- By the county, if the provider is a county employee.

The State withholds FICA (employee Social Security contribution) and SDI (state disability insurance). IHSS providers are covered by Worker’s Compensation Insurance and unemployment insurance.

If the IHSS recipient qualifies for services with a share of cost, at the time the first check of the month is issued, the State will determine the amount of the remaining share of cost. The provider’s pay will be reduced by the amount of the remaining share of cost. Both the IHSS provider and the IHSS recipient will receive a notice saying how much the recipient owes in wages to the provider.

The rate of pay in Los Angeles County is $13.80 per hour with health benefits for those providers who work 80 hours or more a month.
Chapter Seven: IHSS

Overtime Rules

On February 1, 2016, new federal and state rules took effect which require that IHSS providers be paid overtime if they work more than 40 hours in a week. The new rules also allow a provider who works for more than one consumer on the same day to get paid for up to 7 hours per week of travel time. A provider can also be paid while waiting for a recipient at medical appointments under certain conditions.

There are very specific rules governing how overtime and related provisions are implemented in the IHSS program. The State has established a workweek that starts at 12:00 am on Sunday and ends the following Saturday at 11:59 to determine when a provider has earned overtime. All hours in excess of 40 in a workweek are paid at time and a half.

Overtime is not unlimited. Currently, overtime is limited to 66 hours per workweek for providers who care for multiple recipients and 70.75 hours per week for providers who care for one recipient. In 2017, two statutory exemptions to overtime were codified allowing eligible providers to work up to 360 hours per month. For more information about overtime rules, violations, and exemptions, see Disability Rights California’s materials, “New Rules for IHSS: Overtime and Related Changes,” https://www.disabilityrightsca.org/system/files/file-attachments/558601_1.pdf and “Recent Changes to In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) Workweek Exemptions for Providers” at https://www.disabilityrightsca.org/publications/recent-changes-to-in-home-supportive-services-ihss-and-waiver-personal-care-services

Advance Pay

Advance pay is an option under the IHSS-CFCO, the IPO and IHSS-R programs. Advance pay allows recipients to receive an advanced payment for their monthly IHSS services and pay their enrolled provider directly. The consumer must be severely impaired and capable of handling their financial and legal affairs or have an authorized representative who can.

The IHSS program may stop advance payment if the recipient has misused IHSS funds, has not paid providers timely, or has not submitted timesheets in a timely fashion. For more information, see the handouts attached to All County Information Letter (ACIN) I-04-18 at http://www.cdss.ca.gov/Portals/9/ACIN/2018/I-04-18.pdf?ver=2018-01-22-075632-000.

In 2017, an Administrative Law Judge granted aid paid pending of advance pay. However, it is unclear whether this right will continue for advance pay consumers. For more information about this, contact Justice in Aging at 510-663-1055.
Chapter Seven: IHSS

Appeals

Notice of Action

If the IHSS program intends to deny or change approved services or hours, the County must first send the recipient a Notice of Action (NOA), at least ten days prior to the intended action.

The Notice of Action must include the specific regulations allegedly supporting the action, an explanation of the right to appeal, and (if applicable) the circumstances under which benefits will be continued pending a hearing. It is not unusual for a recipient to receive an inadequate notice of action which does not give a clear reason for a denial or reduction.

**Tip:** The ten days does not include the date of the mailing or the date the action is to take effect.

Appeal Deadlines

If a recipient’s IHSS hours are set to be reduced or terminated and the recipient or their advocate files an appeal before the Notice of Action’s effective date or within ten days of the date of the notice, whichever comes first, the recipient’s IHSS hours will continue. It is important to save the envelope the notice came in because sometimes there is a significant difference between the date on the notice and the postmarked date. The date the fair hearing request is considered filed is the date the request was postmarked.

A request for hearing must be filed within 90 days of the date of the Notice of Action if the individual currently is not receiving benefits. However, if a recipient is receiving benefits and disagrees with the number of hours authorized, she can appeal at any time. In 2018, the rules governing how Administrative Law Judges handle appeals to ongoing IHSS services has changed to be more restrictive. For more information, see Manual of Policies and Procedures § 22-009.21 at [http://www.cdss.ca.gov/Portals/9/Regs/4CFCMAN.pdf](http://www.cdss.ca.gov/Portals/9/Regs/4CFCMAN.pdf).
Chapter Seven: IHSS

How to Request an Appeal

A Notice of Action will contain a form that can be filled out to request an appeal, along with the instructions on where the form should be submitted. Even without a Notice of Action, an appeal can be requested by writing a letter to the Office of the Chief Administrative Law Judge, State Hearing Division, 744 “P” Street, Sacramento, California 95814. The letter should include at least the individual's name, address, telephone number, and the statement that an IHSS hearing is requested.

A written appeal request is the best method, but an oral request for appeal also can be made by going to the county IHSS office, or by calling (800) 743-8525 (TDD: (800) 952-8349). In addition, a written hearing request can be submitted by faxing the hearing request to the Department of Social Services State Hearing Division in Sacramento: (916) 229-4110.

Most hearings are now held via videoconferencing. But an individual can request an in-person hearing either at the county offices or at their home. A home hearing can be requested as part of the appeal request. A home hearing request also can be made after receipt of the acknowledgment of the hearing request.

At a Hearing

The hearing process for disputes about IHSS hours is designed to be accessible to laypersons without representatives. The county should attempt to resolve the dispute before hearing if possible.

When the individual is not represented, the Administrative Law Judges generally make an extra effort to ensure that the case is fully developed. For more information, see the “IHSS Fair Hearing and Self-Assessment Packet,” which can be found at https://www.disabilityrightsca.org/system/files/file-attachments/501301.pdf

Further Appeals

An unfavorable hearing decision can be appealed to the local Superior Court through a writ of administrative mandamus. Consult with a knowledgeable attorney for more information.
Chapter Seven: IHSS

Supplemental Materials

Resources on California Home and Community-Based Services ........................................ 7-24

IHSS Sample Notice of Action ........................................................................................................ 7-27

IHSS Hourly Task Guidelines (ACIN I-82-17, Attachment A) ................................................ 7-28
Chapter Seven: IHSS

CALIFORNIA’S HOME AND COMMUNITY BASED SERVICES: RESOURCES FOR ADVOCATES

There are many helpful resources for California legal services attorneys to refer to for assistance when representing low income seniors and individuals with disabilities access benefits through the In-Home Supportive Services program and other Home and Community Based Services.

IHSS RULES AND REGULATIONS

State Statutes

• California Welfare & Institutions Code §§ 12300 et seq.-- the Original or Residual Program.

• California Welfare & Institutions Code §§ 14132.95, 14132.951 -- the Medi-Cal Personal care Services Program and IHSS Plus Option.

• Website for Statutes: https://leginfo.legislature.ca.gov/faces/codes.xhtml

Regulations


• Medi-Cal regulations: California Code of Regulations, Title 22, § 51015.2, 51145.1, 51183, 51350.

• Website for Regulations: www.oal.ca.gov.

Department of Social Services Publications

• All County Letters and All County Information Notices — www.cdss.ca.gov/inforesources/Letters-and-Notices

• All County Information Notice (ACIN) I-82-17 (December 5, 2017)— http://www.cdss.ca.gov/Portals/9/ACIN/2017/I-82_17.pdf?ver=2017-12-08-145619-190

• IHSS Program forms, www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-by-Program

• Hourly Task Guidelines (HTG) Quick Reference Tool: Defines IHSS covered tasks, with cites to the MPP; grids with low and high time guidelines depending on functional index; and lists exceptions and factors for social workers to consider when assessing time for services.
Chapter Seven: IHSS

OTHER SOURCES OF INFORMATION ABOUT THE IHSS AND MEDI-CAL PERSONAL CARE SERVICES PROGRAMS

- **Disability Rights California** - A wealth of information about IHSS. [www.disabilityrightsca.org/pubs/PublicationsIHSS.html](http://www.disabilityrightsca.org/pubs/PublicationsIHSS.html)

- “IHSS Fair Hearing and Self-Assessment Packet,” a very valuable tool to work through with clients. (insert link here)


- **Bet Tzedek Legal Services** - Resources on IHSS and for caregivers. [www.bettzedek.org/our-services/resources/](http://www.bettzedek.org/our-services/resources/)

1. “The Caregiver Companion: A User-Friendly Guide to Providing At-Home Care,” Bet Tzedek (2016). Intended for family caregivers, this guide gives a good overview of other services that may be available to provide at-home assistance (e.g., Adult Day Care), and discusses other important issues for those with a family member in need of at-home care (e.g., how to find a care provider).


HOME AND COMMUNITY-BASED SERVICES WAIVERS


- “HCBS Waivers” California Department of Health Care Services, [https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers](https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers).
Chapter Seven: IHSS

MULTIPURPOSE SENIOR SERVICES PROGRAM


MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION: CALIFORNIA COMMUNITY TRANSITIONS


ASSISTED LIVING WAIVER

- Assisted Living Waiver, California Department of Health Care Services, www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx

USEFUL CONTACTS FOR ADVOCATES:

- Bet Tzedek, (323) 939-0506, www.bettzedek.org


- Disability Rights California, (800) 776-5746, www.disabilityrightsc.ca.org

- California Advocates for Nursing Home Reform, www.canhr.org


- California Health Advocates, www.cahealthadvocates.org

- Local legal aid and Title III legal service organizations
NOTICE OF ACTION
IN-HOME SUPPORTIVE SERVICES (IHSS)
APPROVAL

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.

ADDRESSSEE

Total Hours/Minutes of IHSS you can get each month: ___________________.

Based on an assessment done on __________, you can get the services shown below for the amount of time shown in the column "Authorized Amount of Service You Can Get."

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.

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>TOTAL AMOUNT OF SERVICE NEEDED</th>
<th>ADJUSTMENT FOR OTHERS WHO SHARE THE HOME (PRORATION)</th>
<th>AMOUNT OF SERVICE YOU NEED</th>
<th>SERVICES YOU REFUSED OR YOU GET FROM OTHERS</th>
<th>AUTHORIZED AMOUNT OF SERVICE YOU CAN GET</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOMESTIC SERVICES (per MONTH):</td>
<td>HOURS: MINUTES</td>
<td>HOURS: MINUTES</td>
<td>HOURS: MINUTES</td>
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<tr>
<td>RELATED SERVICES (per WEEK):</td>
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<tr>
<td>Prepare Meals</td>
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<tr>
<td>Meal Clean-up</td>
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<tr>
<td>Routine Laundry</td>
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<tr>
<td>Shopping for Food</td>
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<tr>
<td>Other Shopping/Errands</td>
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<tr>
<td>NON-MEDICAL PERSONAL SERVICES (per WEEK):</td>
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<tr>
<td>Respiratory Assistance (help with Breathing)</td>
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<tr>
<td>Bowel, Bladder Care</td>
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<tr>
<td>Feeding</td>
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<tr>
<td>Routine Bed Bath</td>
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<tr>
<td>Dressing</td>
<td></td>
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<tr>
<td>Personal Care</td>
<td></td>
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<tr>
<td>Ambulation (Help with Walking, including getting in/out of vehicles)</td>
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<tr>
<td>Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)</td>
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<tr>
<td>Bathing, Oral Hygiene, Grooming</td>
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<tr>
<td>Rubbing Skin, Repositioning</td>
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<tr>
<td>Help with Prosthesis (Artificial Limb, Visual Hearing Aid) and/or Setting up Medications</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>ACCOMPANIMENT (per WEEK):</td>
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</tr>
<tr>
<td>To/From Medical Appointments</td>
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<tr>
<td>To/From Places You Get Services In Place of IHSS</td>
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<td></td>
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<tr>
<td>PROTECTIVE SUPERVISION (per WEEK):</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PARAMEDICAL SERVICES (per WEEK):</td>
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</tr>
</tbody>
</table>

TOTAL WEEKLY HOURS/MINUTES OF SERVICE YOU CAN GET:

MULTIPLY BY 4.33 (average # of weeks per month) TO CONVERT TO MONTHLY HOURS/MINUTES:

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):

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>TOTAL HOURS/MINUTES OF TIME LIMITED SERVICES YOU CAN GET PER MONTH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy Cleaning</td>
<td></td>
</tr>
<tr>
<td>Yard Hazard Abatement</td>
<td></td>
</tr>
<tr>
<td>Remove Ice, Snow</td>
<td></td>
</tr>
<tr>
<td>Teaching and Demonstration</td>
<td></td>
</tr>
</tbody>
</table>

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.
Chapter Seven: IHSS

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.
Chapter Seven: IHSS

### 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).

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Rank 2 (Low)</th>
<th>Rank 2 (High)</th>
<th>Rank 3 (Low)</th>
<th>Rank 3 (High)</th>
<th>Rank 4 (Low)</th>
<th>Rank 4 (High)</th>
<th>Rank 5 (Low)</th>
<th>Rank 5 (High)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of Meals</td>
<td>3:31</td>
<td>7:00</td>
<td>3:30</td>
<td>7:00</td>
<td>5:15</td>
<td>7:00</td>
<td>7:00</td>
<td>7:00</td>
</tr>
<tr>
<td>Meal Clean-up</td>
<td>1:10</td>
<td>3:30</td>
<td>1:16</td>
<td>3:30</td>
<td>1:45</td>
<td>3:30</td>
<td>2:20</td>
<td>3:30</td>
</tr>
<tr>
<td>Bowel and Bladder Care</td>
<td>0:35</td>
<td>2:00</td>
<td>1:10</td>
<td>2:20</td>
<td>2:65</td>
<td>5:50</td>
<td>4:05</td>
<td>8:00</td>
</tr>
<tr>
<td>Feeding</td>
<td>0:45</td>
<td>2:18</td>
<td>1:10</td>
<td>3:30</td>
<td>3:30</td>
<td>7:00</td>
<td>5:15</td>
<td>9:20</td>
</tr>
<tr>
<td>Routine Bed Baths</td>
<td>0:30</td>
<td>1:45</td>
<td>1:00</td>
<td>2:20</td>
<td>1:10</td>
<td>3:30</td>
<td>1:45</td>
<td>3:30</td>
</tr>
<tr>
<td>Dressing</td>
<td>0:34</td>
<td>1:12</td>
<td>1:00</td>
<td>1:50</td>
<td>1:30</td>
<td>2:20</td>
<td>1:50</td>
<td>3:30</td>
</tr>
<tr>
<td>Ambulation</td>
<td>0:35</td>
<td>1:45</td>
<td>1:00</td>
<td>2:06</td>
<td>1:45</td>
<td>3:30</td>
<td>1:45</td>
<td>3:30</td>
</tr>
<tr>
<td>Transfer</td>
<td>0:30</td>
<td>1:10</td>
<td>0:35</td>
<td>1:24</td>
<td>1:06</td>
<td>2:20</td>
<td>1:10</td>
<td>3:30</td>
</tr>
<tr>
<td>Bathing, Oral Hygiene, and Grooming</td>
<td>0:30</td>
<td>1:45</td>
<td>1:16</td>
<td>3:00</td>
<td>2:21</td>
<td>4:05</td>
<td>3:00</td>
<td>6:05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Low (Time Guidelines)</th>
<th>High (Time Guidelines)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menstural Care</td>
<td>0:17</td>
<td>0:48</td>
</tr>
<tr>
<td>Repositioning and Rubbing Skin</td>
<td>0:45</td>
<td>2:48</td>
</tr>
<tr>
<td>Care of and Assistance with Prosthetic Devices</td>
<td>0:28</td>
<td>1:07</td>
</tr>
</tbody>
</table>

### Services with Time Guidelines:

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Time Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Services</td>
<td>6:00 total per month per household unless adjustments* apply</td>
</tr>
<tr>
<td>Shopping for Food</td>
<td>1:00 per week per household unless adjustments* apply</td>
</tr>
<tr>
<td>Other Shopping/Errands</td>
<td>0:30 per week unless adjustments* apply</td>
</tr>
<tr>
<td>Laundry</td>
<td>1:00 per week (facilities within home); 1:30 per week (facilities out of home); per household</td>
</tr>
</tbody>
</table>

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

**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 Payroll System (CMPS) 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 CMPS (MPP sections 30-757.11 through 30-757.14(k)).
Chapter Seven: IHSS

ATTACHMENT A

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
ATTACHMENT A

- **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:**

Transporting 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 provider 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 providers 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 recipients 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.
Chapter Seven: IHSS

ATTACHMENT A

In-Home Supportive Services (IHSS) Recipient Right to File a Hearing

As an In-Home Supportive Services (IHSS) applicant/recipient, you have a right to understand what is happening with your application and program services. The social worker is available anytime you have questions about your application or services.

You can ask for a state hearing if you disagree with a county’s action on your benefits or services. You can also ask for a state hearing if the county is not giving you benefits or services which you think you should get. If you request a hearing prior to the effective date of the county’s action you disagree with, your IHSS benefits will not change until there is a hearing and a decision is issued.

A state hearing is heard by a state Administrative Law Judge (ALJ). The county will have someone at the hearing to explain why they took their action.

A state hearing is not a court hearing. You have the right to have a representative with you. Free legal services are available in every county and are listed on the back of your county notices. You can bring witnesses. You have the right to a free interpreter; ask the county how to get one.

For more information, contact your local IHSS office.
ATTACHMENT A

In-Home Supportive Services (IHSS) Protective Supervision Services for Minor Children

The In-Home Supportive Services (IHSS) program provides Protective Supervision (PS) services to individuals who meet certain criteria. PS consists of observing recipient behavior and intervening as appropriate to safeguard the recipient against injury, hazard, or accident. This program service is available for observing the behavior of mentally impaired or mentally ill and nonself-directing, confused persons only.

Nonself-directing means an inability, due to a mental impairment/mental illness, for individuals to assess danger and the risk of harm, and therefore, the individuals would most likely engage in potentially dangerous activities.

It is important to note that Protective Supervision is not allowable under these circumstances:

- For friendly visiting or other social activities;
- When the need is caused by a medical condition and the form of the supervision required is medical;
- In anticipation of a medical emergency;
- To prevent or control anti-social or aggressive behavior; and
- To guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intents to harm himself/herself.

As the parent or legal guardian of a minor applicant or recipient in the IHSS program, your child’s county social worker will explain to you what PS is and who is eligible to receive it.

**Minor Applicants/Recipients and PS**

Below are reminders which will help the social worker determine whether PS is an appropriate service for your child.
ATTACHMENT A

The county social worker will:

- assess all IHSS eligible minors for a mental impairment/mental illness, and request the parent/legal guardian obtain available information and documentation about the existence of a minor’s mental impairment/mental illness.
- evaluate a mentally ill/mentally impaired minor in the functions of memory, orientation, and judgment, on an individualized basis.
- assess a mentally ill/mentally impaired minor for PS regardless of age.
- assess whether the minor needs more supervision because of his/her mental illness/mental impairment than a minor of the same age without such an illness/impairment; more supervision can mean more time, more intensity, or both.
- evaluate a mentally ill/mentally impaired minor even if the minor can be left home alone for a fixed period of time.
- review any relevant information provided by the parent.
- not presume that services, which are otherwise compensable, will be provided voluntarily by a parent or guardian or anyone else.

Parents/legal guardians should provide any available information and documentation about the existence of a minor’s mental impairment/mental illness to the county social worker. Parents/legal guardians may want to create a log to document their child’s accidents/injuries or near accidents/injuries during the time leading up to the assessment for PS. Additionally, the below questions will help you better understand PS services and whether your child qualifies for this service.

STOP AND THINK:

1. Is my child non-self-directing due to his/her mental impairment/mental illness?
2. Is my child likely to engage in potentially dangerous activities due to his/her mental impairment/mental illness? Consider whether your child retains the physical ability to put him/herself at risk of harm.
3. Does my child need more supervision than another child of the same age who is not mentally impaired/mentally ill? More supervision can refer to supervision that lasts longer or is more intense than supervision provided to children the same age as your child.
4. Is 24 hour-a-day supervision needed for my child to remain at home safely?

If you answered yes to any of these questions, PS services should be discussed with your county IHSS social worker.

To learn more about PS services, contact your local county IHSS office.