CHAPTER SEVEN
In-Home Support Services (IHSS)
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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 limited 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.

Who Receives IHSS?

More than 507,000 persons receive IHSS services in California. Los Angeles County recipients account for almost 40% of the State’s total number of recipients.

In Southern California, 60% of people receiving IHSS are aged 65 or older. About 12% of the IHSS caseload consists of persons with developmental disabilities who are clients of regional centers serving the community.

In Southern California, 57% of IHSS participants speak a language other than English as their primary language.

<table>
<thead>
<tr>
<th>IHSS Consumer Age</th>
<th>Percent of Total Caseload (as of FY 15-16)</th>
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<tbody>
<tr>
<td>1-21</td>
<td>7%</td>
</tr>
<tr>
<td>22-64</td>
<td>36%</td>
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<tr>
<td>65-84</td>
<td>41%</td>
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<tr>
<td>85+</td>
<td>16%</td>
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THE IHSS PROGRAMS

Today, IHSS is actually 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 money to help pay for IHSS.

IHSS Plus Option (IPO)

The IHSS Plus Option (IPO) is a 1915(j) state plan option (formerly the IHSS Plus Waiver). It applies to almost all of the rest of 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;
- Restaurant meal allowance cases.

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.

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.
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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 services. 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 prior page).

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. Medi-Cal will pay for IHSS or other medical costs. The amount of the Medi-Cal share of cost is the difference between an individual’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 (worker) will get a notice about how much the IHSS recipient must pay the worker.

The IHSS recipient’s record will show that the share of cost was met.
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 is to pay $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, including determining how many hours can be authorized, and inputs information so that workers 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.

Federal Government, State and Counties Share in the Cost of IHSS Programs

The federal government through its Medicaid program pays for more than half the costs of services covered under the Medi-Cal program. Of the rest, the State and the counties each contribute to the non-federal share of the costs. In California, the current allocation between the State and the counties is under negotiation in the State budget.

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

Social workers do in-home assessments to determine how many hours of help an IHSS recipient needs to stay safely at home. IHSS services may include any of those listed below. It is important to note that one task may include multiple services. Examples are provided below.

State regulations set guideline ranges of time 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 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.

Personal Care

- **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.

- **Respiration** - Assistance with self-administration of oxygen, cleaning IPPB machines, help in blowing nose, etc.-services other than those that would be under paramedical. No guideline range.

- **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.

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

- **Bathing, oral hygiene and grooming** - .50 to 5.10 - time to get to and from bathroom covered under ambulation.

- **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.MPP 30-757.14(f)

- **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
Chapter Seven: In-Home Support Services

maintain function - but home therapy provided pursuant to a prescription by a health care professional would be covered under “paramedical.” Excludes care for pressure sores (decubiti), which is covered under paramedical services, but setting up and monitoring equipment for ultraviolet treatment of pressure sores covered under “assistance with prosthetic devices.”

- **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.”

- **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 medisets. DSS takes the position that help with assistive animals are not covered here or anywhere else.

- **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.

- **Ambulation** - .58 to 3.50 - including moving from place to place within 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 resource.

**Paramedical Services**

Paramedical services include 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.

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
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**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 initially to get the home ready for continuous maintenance or in other special circumstances.

**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 not 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 page 9 for more information on protective supervision.

- **Respite care:** providing short-term in-home care for a recipient, so that regular caregivers can have a respite from the stress of providing care.

- **Teaching and demonstration:** teaching a recipient to perform for herself services that she currently receives from IHSS. Teaching and demonstration is 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.
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Maximum Hours and Severely Impaired

Under the Personal Care Services and the Community First Choice Option 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: nonmedical 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 Nursing Facility/Acute Care home and community based 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 impairment, poor judgement, or bad memory. Such impairments may occur with 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, up to a maximum of 195 hours is allowable.
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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. It is expected that the restoration will continue in FY 17-18.

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 (assuming some of his personal care needs were met outside the IHSS program) under any IHSS program, he would be authorized 283 hours a month (283 maximum - 70 = 213 protective supervision hours).
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ELIGIBILITY

Place of Residence

In order to be eligible for IHSS, an individual must be residing 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. There have been cases in which homeless persons were found eligible.

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 reason for excluding facility residents and board-and-care rate SSI beneficiaries is that IHSS would be duplicative, given other services already provided. This argument is not completely valid; e.g., paramedical services through the Medi-Cal personal care services program would not be duplicative because community care facilities (such as Residential Care Facilities for the Elderly) cannot provide the type of services covered under “paramedical.”

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.
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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 eligible for Medi-Cal, the applicant will be referred to the Medi-Cal unit to start an application to determine eligibility.

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 her 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 the providers get paid, how to sign up a provider, about time sheets, etc. 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. In the form the physician will say how long a paramedical task will take.

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. The applicant receives a notice telling her whether or not she is eligible for services and if not, why. If she is eligible, the form will list the IHSS services that have been approved. The form lists the hours approved per week except for domestic services, which are listed with a monthly total. A copy is attached in the supplemental materials. The form lists all the areas where hours could be authorized so the applicant can see the areas where hours have not been authorized. In an approval, the applicant is told what services have been approved, and for how many hours per month. In a denial, the applicant is told why she was not eligible for services. After approval, the IHSS beneficiary receives 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.
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Medical Certification Requirement

IHSS recipients have to get a certification form from a medical professional that IHSSS is needed and that he or she would otherwise be at risk of out-of-home placement. It 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
- Judgment

Functional Rankings

For most functions, 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.
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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).

How you are ranked may affect the hours you are authorized for using the hourly task guidelines discussed under Services Authorized.

Assessments 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 assessment for services listed below is performed to a certain extent on a pro rata basis, as follows:

**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.
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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 amount of hours to be received, and the difference from what previously was authorized.

In order for a county to reduce hours, the county has the burden of showing 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, her 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 she comes home.

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

However, 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 offices are 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.
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PROVIDERS

An IHSS recipient may choose a provider. 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: 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.
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TIP: A client or provider who is limited English proficient can always ask the county for assistance.

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 he or she was 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 s/he cannot afford the appeal fee, s/he may ask that it be waived. See: Contact the county for the form or contact your local legal aid office for assistance.

3. Required Provider Orientation

Every new provider has to attend an in-person orientation that explains IHSS rules.

To find out more about IHSS provider orientation go to: www.dpss.lacounty.gov/wps/portal/dpss/main/programs-and-services/in-home-supportive-services and click on the link entitled “Provider Eligibility and Orientation Information.”

4. Sign New Provider Enrollment Agreement (SOC 846)

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
Chapter Seven: In-Home Support Services

Payments to Providers

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

- By the State to individual providers 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.

- By the recipient to individual providers. 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.

Virtually all providers are individual providers paid by the State. 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 is to be paid by the recipient.

The rate of pay in Los Angeles County is $11.18 per hour with health benefits for those providers who work 80 hours or more a month.
Chapter Seven: In-Home Support Services

New Overtime Rules

On February 1, 2016, new federal and state rules took effect and require that IHSS providers must 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 a week travel time and for a provider to be paid while waiting for a consumer 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 overtime is owed to a provider. 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. For more information about overtime limits and exceptions, see Disability Rights California's materials, “New Rules for IHSS: Overtime and Related Changes,” www.disabilityrightsca.org/pubs/558601.pdf and “In-Home Supportive Services (IHSS) Overtime Exemptions,” www.disabilityrightsca.org/pubs/558501.pdf.

Advance Payment

Advance pay is an option under the Community First Choice Option and the IPO Program. Once a recipient has received IHSS services for one year, she may choose to receive payment via electronic funds transfer.

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. Recently an Administrative Law Judge granted aid paid pending of advance pay. For more information about this, contact Justice in Aging at 510-663-1055.
Chapter Seven: In-Home Support Services

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, 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. Experience shows that notices are woefully inadequate when it comes to giving a 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

In order to continue IHSS benefits that currently are being received, the appeal or fair hearing request must be filed before the Notice of Action’s effective date or within ten days of the date of the notice, whichever comes first. 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 (although the administrative law judge can only go back three months from the month of appeal in ordering a change).

EXAMPLE

In October of last year, Lorenzo was reassessed and hours were reduced. He did not appeal when he received the Notice of Action. As the months went on, however, he realized he was not receiving enough hours. On May 15 he filed an appeal on the grounds that he had not been authorized for enough hours. The fair hearing administrative law judge could go back three months and then to the first of the third month. In Lorenzo’s case, if the administrative law judge rules that Lorenzo is now entitled to the hours reduced in the October Notice of Action, Lorenzo would get retroactive benefits back to February 1.

Because Lorenzo did not appeal at the time of the reduction in hours, he has the burden of proving that he needs the hours. If he had appealed within 90 days of the Notice reducing hours in October, the County would have had the burden of showing that Lorenzo had improved or his circumstances had changed in a way that justified the reduction.
Chapter Seven: In-Home Support Services

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) 952-5253 (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.

If it would be difficult for the individual to travel to the county offices, then she has a right to a home hearing. 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. A significant number of hearings are now being offered through videoconferencing. If using this technology does not work well for your client, you have a right to request an in-person hearing.

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 www.disabilityrightsca.org/pubs/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.
SUPPLEMENTAL MATERIALS

Resources on California Home and Community-Based Services.........................7-23
IHSS Sample Notice of Action ..............................................................................7-26
IHSS Hourly Task Guidelines (MPP §30-757)..........................................................7-27
Chapter Seven: In-Home Support Services

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

• DSS Manual of Policies and Procedures (MPP), IHSS program, 30-700 et seq., www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Adult-Services-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

• 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: In-Home Support Services

Department of Health Care Services

• All County Welfare Director Letters and Medi-Cal Eligibility Division Information Letters, www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/ACWDLbyyear.aspx#mebil

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
  ° “IHSS Fair Hearing and Self-Assessment Packet,” a very valuable tool to work through with clients.
  ° “Request for Information: Documenting a Patient’s Functional Limitation”—a model to send to doctors.
  ° Protective Supervision Packet—not currently online, contact Disability Rights.

• Bet Tzedek Legal Services, Resources on IHSS and for caregivers. www.bettzedek.org/our-services/resources/
  ° “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). www.bettzedek.org/our-services/resources
  ° “The IHSS Companion: A User-Friendly Guide to In-Home Supportive Services,” Bet Tzedek (2016). Intended for IHSS consumers, this guide provides an overview of the IHSS program, including eligibility, application, services and appeals and includes an IHSS assessment worksheet.

HOME AND COMMUNITY-BASED SERVICES WAIVERS


Chapter Seven: In-Home Support Services

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:

- Local Legal Aid and Title III legal services organizations.
## Chapter Seven: In-Home Support Services

### 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.**

**ADDRESS:****

---

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

Based on an assessment done on [Date], 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 90-756.11)
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</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>
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<tbody>
<tr>
<td><strong>DOMESTIC SERVICES (per MONTH):</strong></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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<td>Other Shopping/Errands</td>
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<td><strong>NON-MEDICAL PERSONAL SERVICES (per WEEK):</strong></td>
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<td>Respiratory Assistance (Help with Breathing)</td>
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<td>Bowel, Bladder Care</td>
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<td>Feeding</td>
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<td>Routine Bed Bath</td>
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<td>Dressing</td>
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<td>Menstrual Care</td>
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<td>Ambulation (Help with Walking, including Getting in/Out of Vehicles)</td>
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<td>Transferring (Help Moving in/Out of Bed, Crib/Car Seats, etc.)</td>
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<tr>
<td>Bathing, Oral Hygiene, Grooming</td>
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<td>Rubbing Skin, Repositioning</td>
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<td>Help with Prosthesis (Artifical Limb; Visual; Hearing Aid) and/or Setting up Medications</td>
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<td><strong>ACCOMPANIMENT (per WEEK):</strong></td>
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<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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<tr>
<td>PROTECTIVE SUPERVISION (per WEEK):</td>
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<tr>
<td><strong>PARAMEDICAL SERVICES (per WEEK):</strong></td>
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<td><strong>TIME LIMITED SERVICES (per MONTH):</strong></td>
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<tr>
<td>Heavy Cleaning</td>
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<td>Yard Hazard Abatement</td>
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<tr>
<td>Remove Ice, Snow</td>
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<tr>
<td>Teaching and Demonstration</td>
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</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: In-Home Support Services

MPP 30-757.1(a):

- When assessing time for services (both within and outside the time guidelines), the time authorized shall be based on the recipient's individual level of need necessary to ensure his/her health, safety, and independence based on the scope of tasks identified for service.
- In determining the amount of timer per task, the recipient's ability to perform the tasks based on his/her FI ranking shall be a contributing factor, but not the sole factor. Other factors could include variances in needs due to fluctuations in the recipient's functional capacity on "good days" and "bad days" and/or the recipient's living environment.
- In determining the amount of time per task, universal precautions should be considered. Universal precautions are protective practices necessary to ensure safety and prevent the spread of infectious diseases. Universal precautions should be followed by anyone providing a service, which may include contact with blood or body fluids such as saliva, mucus, vaginal secretions, semen, or other internal body fluids such as urine or feces. Universal precautions include the use of protective barriers such as gloves or facemask depending on the type and amount of exposure expected, and always washing hands before and after performing tasks. More information regarding universal precautions can be obtained by contacting the National Center for Disease Control.

<table>
<thead>
<tr>
<th>Task Definition</th>
<th>Grid</th>
<th>Factors/Exception Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal Preparation (MPP 30-757.131)</td>
<td></td>
<td>Factors For Consideration Include, But Not Limited To:</td>
</tr>
<tr>
<td>Preparation of meals which includes planning menus; removing food from refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; portioning packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating stove; setting the table; serving the meals; purging food; and cutting the food into bite-size pieces.</td>
<td></td>
<td>The extent to which the recipient can assist or perform task safely.</td>
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<td></td>
<td></td>
<td>Types of food the recipient usually eats for breakfast, lunch, dinner, and snacks and the amount of time needed to prepare the food (e.g., more cooked meals versus meals that do not require cooking).</td>
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<td></td>
<td></td>
<td>Whether the recipient is able to reheat meals prepared in advance and the types of food the recipient eats on days the provider does not work.</td>
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<td>The frequency the recipient eats.</td>
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<td></td>
<td>Time for universal precautions, as appropriate.</td>
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<td></td>
<td></td>
<td>Exceptions Include, But Not Limited To:</td>
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<td></td>
<td>If the recipient must have meals pureed or cut into bite-sized pieces.</td>
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<td></td>
<td></td>
<td>If the recipient has special dietary requirements that require longer preparation times or preparation of more frequent meals.</td>
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<td></td>
<td>If the recipient eats meals that require less preparation time (e.g., toast and coffee for breakfast).</td>
</tr>
</tbody>
</table>

| Meal Cleanup (MPP 30-757.132) | | Factors For Consideration Include, But Not Limited To: |
| Loading and unloading dishwasher; washing, rinsing, and drying dishes, pots, pans, utensils, and culinary appliances and putting them away; storing/putting away leftover foods/liquids; wiping up tables, counters, stoves/ovens, and sinks; and washing/drying hands. | | The extent to which the recipient can assist or perform task safely. |
| Note: This does not include general cleaning of the refrigerator, stove/oven, or counters and sinks as these IHSS services are assessed as “domestic services” (MPP 30-757.11). | | o EX: A recipient with a Rank 3 in “meal cleanup” who has been determined able to wash breakfast/lunch dishes and utensils and only needs the provider to clean up after dinner would require time based on the provider performing cleanup for the dinner meal only. |
| | | o EX: A recipient who has less control of utensils and/or spills food frequently may require more time for cleanup. |
| | | o EX: A recipient who chooses to eat eggs and bacon for breakfast would require more time for cleanup than a recipient who chooses to eat toast and coffee. |
| | | If the recipient can rinse the dishes and leave them in the sink until provider can wash them. |
| | | The frequency that meal cleanup is necessary. |
| | | If there is a dishwasher appliance available. |
| | | Time for universal precautions, as appropriate. |
| | | Exceptions Include, But Not Limited To: |
| | | o EX: A recipient must eat frequent meals which require additional time for cleanup. |
## Chapter Seven: In-Home Support Services

### HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

<table>
<thead>
<tr>
<th>Task Definition</th>
<th>Grid</th>
<th>Factors/Exception Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bowel and Bladder Care (MPP 30-757.14(a))</strong></td>
<td></td>
<td>Factors for Consideration Include, But Not Limited To:</td>
</tr>
<tr>
<td>Assistance with using, emptying, and cleaning bed pan/bedside commodes, urinals, ostomy, enema and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable barrier pads; putting on/taking off disposable gloves; wiping and cleaning recipient; assistance with getting on/off commode or toilet; and washing/drying recipient's and provider's hands.</td>
<td>Low: 0.58  2.00  3.33  5.83  8.00</td>
<td>- The extent to which the recipient can assist or perform tasks safely.</td>
</tr>
<tr>
<td>Note: This does not include insertion of enemas, catheters, suppositories; digital stimulation as part of a bowel program or colostomy irrigation as these are assessed as &quot;paramedical services&quot; (MPP 30-757.19).</td>
<td></td>
<td>- The frequency of the recipient's urination and/or bowel movements.</td>
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<td>- If there are assistive devices available which result in decreased or increased need for assistance:</td>
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<td>o EX: Situations where elevated toilet seats and/or Hojer lifts are available may result in less time needed for &quot;bowel and bladder&quot; care if the use of these devices results in decreased need for assistance by the recipient.</td>
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<td>o EX: Situations where a bathroom door is not wide enough to allow for easy wheelchair access may result in more time needed if its use results in an increased need.</td>
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<td>- Time for universal precautions, as appropriate.</td>
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<td></td>
<td></td>
<td>- Exceptions Include, But Not Limited To:</td>
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<td></td>
<td></td>
<td>- If the recipient has frequent urination or bowel movements.</td>
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<td>- If the recipient has frequent bowel or bladder accidents.</td>
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<td>- If the recipient has occasional bowel or bladder accidents that require assistance from another person.</td>
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<td>- If the recipient's morbid obesity requires more time.</td>
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<td>- If the recipient has spasticity or locked limbs.</td>
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<td>- If the recipient is combative.</td>
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<tr>
<td><strong>Feeding (MPP 30-757.14(c))</strong></td>
<td></td>
<td>Factors for Consideration Include, But Not Limited To:</td>
</tr>
<tr>
<td>Includes assistance with consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to recipients who cannot feed themselves or who require other assistance with special devices in order to feed themselves or to drink adequate liquids. Includes assistance with reaching for, picking up, and grasping utensils and cup; cleaning recipient's face and hands; washing/drying hands before and after feeding.</td>
<td>Low: 0.70  2.30  3.50  7.00  9.33</td>
<td>- The extent to which the recipient can assist or perform tasks safely.</td>
</tr>
<tr>
<td>Note: This does not include cutting food into bite-sized pieces or pureeing food as these are assessed as part of &quot;meal preparation&quot; (MPP 30-757.131).</td>
<td></td>
<td>- The amount of time it takes the recipient to eat meals.</td>
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<td>- The type of food that will be consumed.</td>
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<td>- The frequency of meals/liquids.</td>
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<td>- Time for universal precautions, as appropriate.</td>
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<td></td>
<td></td>
<td>- Exceptions Include, But Not Limited To:</td>
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<td></td>
<td>- If the constant presence of the provider is required due to the danger of choking or other medical issues.</td>
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<td>- If the recipient is mentally impaired and only requires prompting for feeding him/herself.</td>
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<td>- If the recipient requires frequent meals.</td>
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<td>- If the recipient prefers to eat foods that he/she can manage without assistance.</td>
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<td>- If the recipient must eat in bed.</td>
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<td>- If food must be placed in the recipient's mouth in a special way due to difficulty swallowing or other reasons.</td>
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<td></td>
<td></td>
<td>- If the recipient is combative.</td>
</tr>
<tr>
<td><strong>Routine Bed Baths (MPP 30-757.14(d))</strong></td>
<td></td>
<td>Factors for Consideration Include, But Not Limited To:</td>
</tr>
<tr>
<td>Cleaning basin or other materials used for bed/sponge baths and putting them away; obtaining water/supplies; washing, rinsing, and drying body; applying lotion, powder, and deodorant; and washing/drying hands before and after bathing.</td>
<td>Low: 0.50  1.75  2.33  3.50  3.50</td>
<td>- The extent to which the recipient can assist or perform tasks safely.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If the recipient is prevented from bathing in the tub/shower.</td>
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<tr>
<td></td>
<td></td>
<td>- If bed baths are needed in addition to baths in the tub/shower.</td>
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<tr>
<td></td>
<td></td>
<td>- Time for universal precautions, as appropriate.</td>
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<tr>
<td></td>
<td></td>
<td>- Exceptions Include, But Not Limited To:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If the recipient is confined to bed and sweats profusely requiring frequent bed baths.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If the weight of the recipient requires more or less time.</td>
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<tr>
<td></td>
<td></td>
<td>- If the recipient is combative.</td>
</tr>
</tbody>
</table>
## Chapter Seven: In-Home Support Services

### HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

<table>
<thead>
<tr>
<th>Task Definition</th>
<th>Grid</th>
<th>Factors/Exception Examples</th>
</tr>
</thead>
</table>
| **Dressing (MPP 30-57.14(f))**  
Washing/drying of hands; putting on/taking off,  
fastening/unfastening, buttoning/unbuttoning,  
zipping/unzipping, and tying/untying of  
garments, undergarments, corsets, elastic  
stockings, and braces; changing soiled clothing;  
and bringing tools to the recipient to assist with  
independent dressing. | Low | High |  
| Rank 2 | 0.56 | 1.20 |  
| Rank 3 | 1.00 | 1.86 |  
| Rank 4 | 1.50 | 2.33 |  
| Rank 5 | 1.90 | 3.50 |  
| **Menstrual Care (MPP 30-757.14(g))**  
Menstrual care is limited to external application of  
sanitary napkins and external cleansing and  
positioning for sanitary napkin changes, using,  
and/or disposing of barrier pads, managing  
clothing, wiping and cleaning, and washing/drying  
hands before and after performing these tasks.  
*FX*: In assessing menstrual care, it may be  
necessary to assess additional time in other  
service categories such as “laundry,” “dressing,”  
“domestic,” “bathing, oral hygiene, and grooming”  
(MPP 30-757).  
*EX*: In assessing menstrual care if the recipient  
wears diapers, time for menstrual care would not  
be necessary. This time would be assessed as  
part of “bowel and bladder” care. | Low | High |  
| Functional rank does not apply | 0.28 | 0.80 |  
| **Ambulation (MPP 30-757.14(k))**  
Assisting a recipient with walking or moving from  
place to place inside the home, including to and  
from the bathroom; climbing or descending stairs;  
moving/retrieving assistive devices, such as a  
cane, walker, or wheelchair, etc., and  
washing/drying hands before and after  
performing these tasks. "Ambulation" also  
includes assistance to/from the front door to the  
car (including getting in and out of the car) for  
medical accompaniment and/or alternative  
resource travel. | Low | High |  
| Rank 2 | 0.58 | 1.75 |  
| Rank 3 | 1.00 | 2.10 |  
| Rank 4 | 1.75 | 3.50 |  
| Rank 5 | 1.75 | 3.50 |  
| **Moving in and out of Bed - Renamed to Transfer (MPP 30-757.14(n))**  
Assisting from standing, sitting, or prone position  
to another position and/or from one piece of  
equipment or furniture to another. This includes  
transfer from a bed, chair, couch, wheelchair,  
walker, or other assistive device generally  
occurring within the same room.  
*Note*: Transfer does not include:  
- Assistance on/off toilet as this is evaluated as  
  "bowel and bladder" care specified at MPP 30-757.14(a).  
- Changing the recipient’s position to prevent  
skin breakdown and to promote circulation.  
This task is assessed as part of  
"repositioning/rubbing skin" at section  
MPP 30-757.14(g). | Low | High |  
| Rank 2 | 0.50 | 1.17 |  
| Rank 3 | 0.58 | 1.40 |  
| Rank 4 | 1.10 | 2.33 |  
| Rank 5 | 1.17 | 3.50 |  

**Factors for Consideration Include, But Not Limited To:**  
- The extent to which the recipient can assist or  
  perform tasks safely.  
- The type of clothing/garments the recipient wears.  
- If the recipient prefers other types of  
  clothing/garments.  
- The weather conditions.  
- Time for universal precautions, as appropriate.  
*Exceptions Include, But Not Limited To:*  
- If the recipient frequently leaves his/her home,  
  requiring additional dressing/undressing.  
- If the recipient frequently showers and requires  
  additional dressing or soil clothing, requiring  
  frequent changes of clothing.  
- If the recipient has spasticity or locked limbs.  
- If the recipient is combative.

**Factors for Consideration Include, But Not Limited To:**  
- The extent to which the recipient can assist or  
  perform tasks safely.  
- If the recipient has a menstrual cycle.  
- The duration of the recipient’s menstrual cycle.  
- If there are medical issues that necessitate  
  additional time.  
- Time for universal precautions, as appropriate.  
*Exceptions Include, But Not Limited To:*  
- If the recipient has spasticity or locked limbs.  
- If the recipient is combative.

**Factors for Consideration Include, But Not Limited To:**  
- The extent to which the recipient can assist or  
  perform tasks safely.  
- The distance the recipient must move inside the  
  home.  
- The speed of the recipient’s ambulation.  
- Any barriers that impede the recipient’s  
  ambulation.  
- Time for universal precautions, as appropriate.  
*Exceptions Include, But Not Limited To:*  
- If the recipient’s home is large or small.  
- If the recipient requires frequent help getting  
  to/from the bathroom.  
- If the recipient has a mobility device, such as a  
  wheelchair that results in a decreased need.  
- If the recipient has spasticity or locked limbs.  
- If the recipient is combative.

**Factors for Consideration Include, But Not Limited To:**  
- The extent to which the recipient can assist or  
  perform tasks safely.  
- The amount of assistance required.  
- The availability of equipment, such as a Hoyer lift.  
- Time for universal precautions, as appropriate.  
*Exceptions Include, But Not Limited To:*  
- If the recipient gets in and out of bed frequently  
  during the day or night due to naps or use of the  
  bathroom.  
- If the weight of the recipient and/or condition of  
  his/her bones requires more careful, slow  
  transfer.  
- If the recipient has spasticity or locked limbs.  
- If the recipient is combative.
### Chapter Seven: In-Home Supportive Services

#### HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

<table>
<thead>
<tr>
<th>Task Definition</th>
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<th>Factors/Exception Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bathing, Oral Hygiene, and Grooming (MPP 30-757.14(e))</strong></td>
<td></td>
<td>Factors for Consideration Include, But Not Limited To:</td>
</tr>
<tr>
<td><strong>Bathing (Bath/Shower)</strong> includes cleaning the body in a tub or shower;</td>
<td></td>
<td>- The extent to which the recipient can assist or perform tasks safely.</td>
</tr>
<tr>
<td>obtaining water/supplies and putting them away; turning on/off faucets and</td>
<td></td>
<td>- The number of times the recipient may need help to bathe.</td>
</tr>
<tr>
<td>adjusting water temperature; assistance with getting in/out of a tub or</td>
<td></td>
<td>- If the recipient requires assistance in/out of tub/shower.</td>
</tr>
<tr>
<td>shower; assistance with reaching all parts of the body for washing, rinsing,</td>
<td></td>
<td>- If the recipient needs assistance with supplies.</td>
</tr>
<tr>
<td>and drying and applying lotion, powder, deodorant; and washing/drying hands.</td>
<td></td>
<td>- If the recipient requires assistance washing his/her body.</td>
</tr>
<tr>
<td>Oral Hygiene includes applying toothpaste, brushing teeth, rinsing mouth,</td>
<td></td>
<td>- If the provider must be present while the recipient bathes.</td>
</tr>
<tr>
<td>caring for dentures, flossing, and washing/drying hands.</td>
<td></td>
<td>- If the recipient requires assistance drying his/her body and/or putting on lotion/powder</td>
</tr>
<tr>
<td>Grooming includes hair combing/brushing; hair trimming when recipient cannot</td>
<td></td>
<td>after bathing.</td>
</tr>
<tr>
<td>get to the barber/salon; shampooing, applying conditioner, and drying hair;</td>
<td></td>
<td>- If the recipient showers in a wheel chair.</td>
</tr>
<tr>
<td>shaving; fingernail/toenail care when these services are not assessed as</td>
<td></td>
<td>- Time for universal precautions, as appropriate.</td>
</tr>
<tr>
<td>&quot;paramedical services&quot; for the recipient; and washing/drying hands.</td>
<td></td>
<td><strong>Exceptions Include, But Not Limited To:</strong></td>
</tr>
<tr>
<td><strong>Rank 2</strong></td>
<td>Low</td>
<td>- If the provider’s constant presence is required.</td>
</tr>
<tr>
<td><strong>Rank 3</strong></td>
<td>1.27</td>
<td>- If the weight of the recipient requires more or less time.</td>
</tr>
<tr>
<td><strong>Rank 4</strong></td>
<td>2.35</td>
<td>- If the recipient has spasticity or locked limbs.</td>
</tr>
<tr>
<td><strong>Rank 5</strong></td>
<td>3.00</td>
<td>- If a roll-in shower is available.</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>- If the recipient is combative.</td>
</tr>
<tr>
<td><strong>Repositioning/Rubbing Skin</strong> (MPP 30-757.14(g))</td>
<td></td>
<td></td>
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<tr>
<td>Includes rubbing skin to promote circulation and/or prevent skin breakdown;</td>
<td></td>
<td><strong>Factors for Consideration Include, But Not Limited To:</strong></td>
</tr>
<tr>
<td>turning in bed and other types of repositioning; and range of motion exercises</td>
<td></td>
<td>- The extent to which the recipient can assist or perform tasks safely.</td>
</tr>
<tr>
<td>which are limited to:</td>
<td></td>
<td>- If the recipient’s movement is limited while in the sitting position and/or in bed, and</td>
</tr>
<tr>
<td>▪ General supervision of exercises which have been taught to the recipient by</td>
<td></td>
<td>the amount of time the recipient spends in the sitting position and/or in bed.</td>
</tr>
<tr>
<td>a licensed therapist or other healthcare professional to restore mobility</td>
<td></td>
<td>- If the recipient has circulatory problems.</td>
</tr>
<tr>
<td>restricted because of injury, disuse, or disease.</td>
<td></td>
<td>- Time for universal precautions, as appropriate.</td>
</tr>
<tr>
<td>▪ Maintenance therapy when the specialized knowledge and judgment of a</td>
<td></td>
<td><strong>Exceptions Include, But Not Limited To:</strong></td>
</tr>
<tr>
<td>qualified therapist is not required and the exercises are consistent with</td>
<td></td>
<td>- If the recipient has a condition that makes him/her confined to bed.</td>
</tr>
<tr>
<td>the patient’s capacity and tolerance.</td>
<td></td>
<td>- If the recipient has spasticity or locked limbs.</td>
</tr>
<tr>
<td>- Such exercises include carrying out of maintenance programs (e.g., the</td>
<td></td>
<td>- If the recipient has or is at risk of having decubitus ulcers which require the need to</td>
</tr>
<tr>
<td>performance of repetitive exercises required to maintain function, improve</td>
<td></td>
<td>turn the recipient frequently.</td>
</tr>
<tr>
<td>gait, maintain strength, or endurance; passive exercises to maintain a range</td>
<td></td>
<td>- If the recipient is combative.</td>
</tr>
<tr>
<td>of motion in paralyzed extremities; and assistive walking).</td>
<td></td>
<td></td>
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<tr>
<td><strong>Note:</strong> &quot;Repositioning and rubbing skin&quot; does not include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Care of pressure sores (skin and wound care). This is assessed as part of</td>
<td></td>
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<tr>
<td>&quot;paramedical&quot; specified at MPP 30-757.19.</td>
<td></td>
<td></td>
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<tr>
<td>▪ Ultraviolet treatment (set up and monitor equipment) for pressure sores and/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or application of medicated creams to skin. These tasks are assessed as part</td>
<td></td>
<td></td>
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<tr>
<td>of &quot;assistance with prosthetic devices&quot; at MPP 30-757.14(d).</td>
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</tbody>
</table>
### HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

<table>
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</table>
| Care and Assistance with Prosthetic Devices and Assistance with Self-Administration of Medications (MPP 30-757.14(c)) Assistance with taking off/putting on, maintaining, and cleaning prosthetic devices, vision/hearing aids, and washing/drying hands before and after performing these tasks. Also includes assistance with the self-administration of medications consisting of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken, setting up Medi-sets and distributing medications. | Low 0.47 | Factors for Consideration Include, But Not Limited To:  
- The extent to which the recipient is able to manage medications and/or prosthetics independently and safely.  
- The amount of medications prescribed for the recipient.  
- If the recipient requires special preparation to distribute medications (e.g., outling tablets, putting medications into Medi-sets, etc.)  
- If the recipient has cognitive difficulties that contribute to the need for assistance with medications and/or prosthetic devices.  
- Time for universal precautions, as appropriate.  
Exceptions Include, But Not Limited To:  
- If the recipient takes medications several times a day.  
- If the pharmacy sets up medications in bubble wraps or Medi-sets for the recipient.  
- If the recipient has multiple prosthetic devices.  
- If the recipient is combative. | High 1.12 |