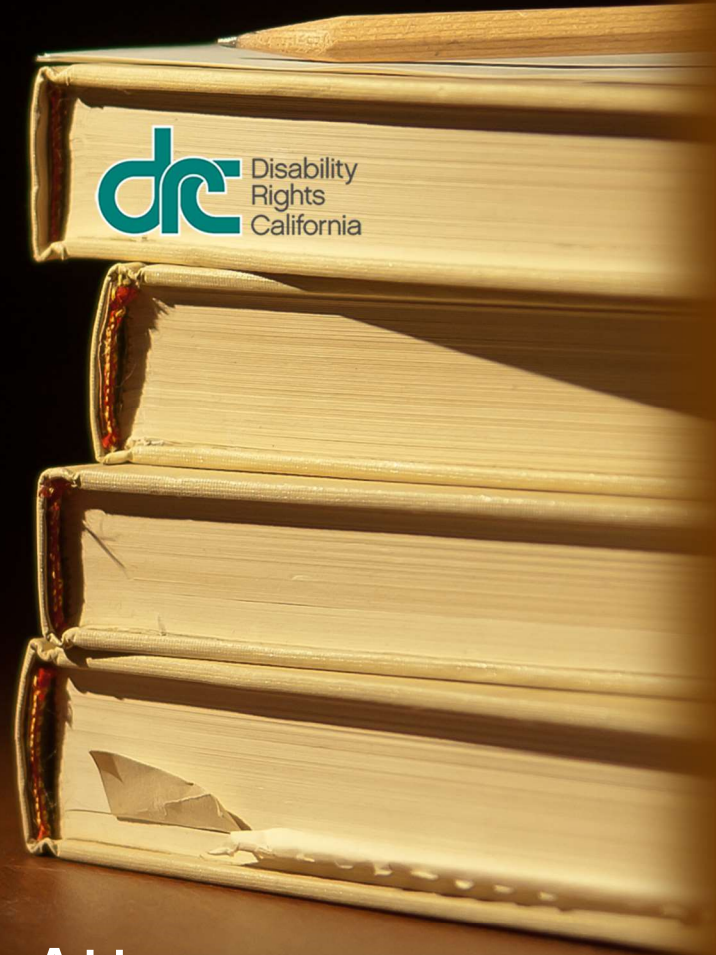


# How to Calculate Hours



Maria Iriarte, Senior Attorney

## **DRC: How to Calculate IHSS Hours 2021**

### **1. Overview of IHSS services**

<https://www.cdss.ca.gov/Portals/9/IHSS/ITA/IHSSProgramServices.pdf>

### **2. Understanding How IHSS Hours Are Calculated:**

<https://www.disabilityrightsca.org/system/files/fileattachments/561101.pdf>

### **3. Sample Notice of Action:**

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

### **4. Functional Index Rankings & Hourly Task Guidelines (HTG)**

Adults:

[https://www.cdss.ca.gov/Portals/9/IHSS/ITA/FactSheets/FIRankingsAndHTGs%20FINAL\\_Accessible%205.29.19.pdf](https://www.cdss.ca.gov/Portals/9/IHSS/ITA/FactSheets/FIRankingsAndHTGs%20FINAL_Accessible%205.29.19.pdf)

The above version of the HTG is found in the CDSS website. The ACIN (below) includes mid-ranges.

Children: (Age Appropriate Guideline Tool):

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

### **5. IHSS Annotated Assessment Criteria ( FI ranking tool)**

<https://www.cdss.ca.gov/Portals/9/IHSS/ITA/Attachment%20B%20-%20Annotated%20Assessment%20Criteria.pdf?ver=2017-12-18-172838-687>

**Resources:**

#### **All County Information Notice (ACIN) I-82**

[https://www.cdss.ca.gov/Portals/9/ACIN/2017/I-82\\_17.pdf?ver=2019-06-18-163054-553](https://www.cdss.ca.gov/Portals/9/ACIN/2017/I-82_17.pdf?ver=2019-06-18-163054-553) (Includes as Exhibit C, The IHSS Social Worker Field Assessment Handbook containing the following new and/or updated tools to help facilitate uniform assessments: 1. Steps to Completing the IHSS Needs Assessment; 2. HTGs Table (this one has mid ranges); 3. IHSS

Assessment Narrative Tool; and 4. **FI Ranking/HTGs Quick Reference Tool.**)

ACIN I-97-20 [https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACINs/2020/I-97\\_20.pdf](https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACINs/2020/I-97_20.pdf) made changes to the tools found in ACIN

(All County Letters, All County Welfare Directors letters and ACINs are guidance issued by CDSS to counties. They provide clarification about programs and policies and their implementation. See: <https://cdss.ca.gov/inforesources/rules-regulations> and go to “letters and notices home”

**IHSS Regulations:**

<https://cdss.ca.gov/inforesources/letters-regulations/legislation-and-regulations/adult-services-regulations>

Beginning at MPP 30-700

**IHSS Training Academy:**

<https://www.cdss.ca.gov/inforesources/ihss/training-academy>

# **Overview of IHSS Services**

## In-Home Supportive Services (IHSS) Program Services

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

**DOMESTIC SERVICES:** General household chores to maintain the cleanliness of the home

**Related Services:**

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

**NON-MEDICAL PERSONAL CARE SERVICES:**

- **Respiration/Assistance:** Assisting recipient with non-medical breathing related services, such as self-administration of oxygen, nebulizer, and cleaning breathing machines
- **Bowel and Bladder Care:** Assistance using the toilet (including getting on/off), bedpan/bedside commode, or urinal; emptying and cleaning ostomy bag, enema, and/or catheter receptacles; applying diapers, disposable undergarments, and disposable barrier pads; wiping and cleaning recipient; and washing/drying recipient's and provider's hands
- **Feeding:** Assisting the recipient to eat meals, cleaning his/her face and hands before/after meals
- **Routine Bed Baths:** Giving a recipient who is confined to bed a routine sponge bath
- **Dressing:** Assisting the recipient to put on and take off his/her clothes as needed throughout the day
- **Menstrual Care:** Assistance with the external placement of sanitary napkins and barrier pads
- **Ambulation and Getting In/Out of Vehicles:** Assisting the recipient with walking or moving about the home, including to/from the bathroom and to/from and into/out of the car for transporting to medical appointments and/or alternative resources
- **Transfer (Moving In/Out of Bed and/or On/Off Seats):** Assisting recipient from standing, sitting, or prone position to another position and/or from one piece of furniture or equipment to another

- **Bathing, Oral Hygiene, and Grooming:** Assisting the recipient with bathing or showering, brushing teeth, flossing, and cleaning dentures; shampooing, drying, and combing/brushing hair; shaving; and applying lotion, powder, and deodorant
- **Repositioning and Rubbing Skin:** Rubbing skin to promote circulation and/or prevent skin breakdown, turning in bed and other types of repositioning, range of motion exercises, assisted walking, and strengthening exercises
- **Care of and Assistance with Prosthetic Devices and Help Setting Up Medications:** Taking off/putting on and maintaining prosthetic devices, including vision/hearing aids, reminding the recipient to take prescribed and/or over-the-counter medications, and setting up Medi-sets

### **MEDICAL ACCOMPANIMENT:**

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 provided under the Medi-Cal program, and in only those cases in which the social worker has determined that the recipient receives NEMT through Medi-Cal but the recipient also needs assistance with an IHSS authorized task either in transit to/from or at the location of the appointment with the health care professional.

### **SPECIAL CIRCUMSTANCES:**

- **Heavy Cleaning:** Thorough cleaning of the home to remove hazardous debris or dirt. Authorized one time only and only under certain circumstances.
- **Yard Hazard Abatement:** Light work in the yard to remove high grass or weeds and rubbish when these materials pose a fire hazard (authorized one time only); or remove ice, snow, or other hazardous substances from entrances and essential walkways when these materials make access to the home hazardous.
- **Protective Supervision:** A benefit to watch an individual, who has a mental impairment, to keep the individual safe and prevent injuries and accidents. Certain limitations apply.
- **Teaching and Demonstration:** Teaching and demonstrating those services provided by IHSS providers so the recipient can perform services which are currently performed by IHSS 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.**

# **Understanding How Hours are Calculated**



California's protection & advocacy system

# Understanding How IHSS Hours are Calculated

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June 2018, Pub. #5611.01

This publication explains how In-Home Supportive Services (IHSS) monthly hours are calculated.<sup>1</sup> This publication assumes you have already applied for IHSS, gone through the in-home assessment with the IHSS Social Worker, and received a Notice of Action (NOA) approving hours. For more information on the IHSS application process, please see the IHSS Nuts and Bolts Manual, # 5470.01.<sup>2</sup>

## **A) Background Information**

### **(1) IHSS Funding**

First, it is important to understand the different funding sources for IHSS because which funding source (also known as “program”) you are placed in will determine the maximum amount of monthly IHSS hours that are available to you. Note, that “hours available to you” does not mean that you will get all those hours. Factors determining the hours you receive will be discussed in this publication.

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<sup>1</sup> To the best of our knowledge, this is the formula the State uses to calculate IHSS services. [“Return to Main Document”](#)

<sup>2</sup> The DRC Publication “In-Home Supportive Services Nuts and Bolts Manual” is available at: [DRC In-Home Supportive Services Nuts & Bolts Manual](#). [“Return to Main Document”](#)



There are four IHSS programs. Each program has different eligibility criteria and maximum monthly hours available, depending on whether you are considered Severely Impaired or Non Severely Impaired (more on this below). These programs are:

- i. Personal Care Services Program (PCSP);
- ii. IHSS Plus Option (IPO);
- iii. In-Home Supportive Services Residual (IHSS-R); and
- iv. Community First Choice Option (CFCO)

You can find information about what program you are on by looking at your Notice of Action<sup>3</sup> approving your application for IHSS, or by asking your IHSS Social Worker.

The following chart lists the programs and the maximum available monthly IHSS hours:

<b>Program</b>	<b>If you are considered Severely Impaired (SI) – up to:</b>	<b>If you are considered Non-Severely Impaired (NSI) – up to:</b>	<b>Citation/source of information</b>
PCSP	283 hrs/mth	283 hrs/mth	All County Information Notice (ACIN) Number I-28-06
IPO	283 hrs/mth	195 hrs/mth	All County Letter (ACL) Number 11-19
IHSS-R	283 hrs/mth	195 hrs/mth	ACIN I-28-06
CFCO	283 hrs/mth	Up to 283 hrs/mth	ACL 14-60

i. PCSP:

To be eligible for PCSP, you must be receiving full-scope Medi-Cal<sup>4</sup> and your IHSS provider cannot be your spouse or parent.

<sup>3</sup> See [Notice of Action In-Home Supportive Services \(IHSS\) Change](#) for a sample NOA. “Return to Main Document”

<sup>4</sup> Full-scope Medi-Cal means that you can access all the services available under Medi-Cal. “Return to Main Document”

ii. IPO:

To be eligible for IPO, you do not qualify for the PCSP program because of one of the following:

- your IHSS provider(s) is your spouse or parent,
- you receive Advance Pay.<sup>5</sup>
- or you receive a Restaurant Meal Allowance.<sup>6</sup>

iii. IHSS-R:

To be eligible for IHSS-R, you do not receive full-scope Medi-Cal, or do not receive full-scope Medi-Cal with federal financial participation.<sup>7</sup> This generally means IHSS-R is for lawful permanent residents, or persons residing in the United States under color of law.<sup>8</sup>

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<sup>5</sup> Advance Pay is an option for IHSS recipients to receive an advanced payment for their monthly services to pay their providers directly. For more information, see the California Department of Social Services publication, “In-Home Supportive Services (IHSS) Program Advance Pay” for more information. Available here: [In-Home Supportive Services \(IHSS\) Program Advance Pay](#). [“Return to Main Document”](#)

<sup>6</sup> Restaurant Meal Allowance is given to IHSS recipients who have adequate cooking facilities at home, but their disabilities prevent them from using the facilities. MPP 30-757.133(a). Note that if you receive Medi-Cal through Supplemental Security Income, and you do not have adequate cooking and storage facilities at home, you should be receiving Restaurant Meal Allowance through the State Supplemental Payments. For more information, see ACL No. 16-12, available at: [Publication of the Regional Program Operations Manual System \(POMS\)](#). [“Return to Main Document”](#)

<sup>7</sup> California provides full-scope Medi-Cal using state dollars and not federal dollars for certain groups of immigrants. For more information, see Western Center for Law and Poverty, “Getting and Keeping Health Coverage for Low-Income Californians: A Guide for Advocates,” Chapter 1, available at: [Chapter 1: Overarching Eligibility for Medi-Cal](#). [“Return to Main Document”](#)

<sup>8</sup> For more information, see [IHSS Personal Care Services Program, Independence Plus Waiver, and Residual Program](#). [“Return to Main Document”](#)

iv. CFCO: Community First Choice Option

To be eligible CFCO, you must be eligible for full-scope, federal financial participation Medi-Cal, and meet a nursing facility level of care based.<sup>9</sup>

If you are on IPO but can also be on CFCO, consider switching to CFCO. CFCO allows for a greater maximum of hours (which you would still need to prove eligibility for), and you may benefit from the spousal impoverishment rules (see DRC publication # 5392.01,<sup>10</sup> and the “All County Welfare Directors Letter, No. 17-25.”<sup>11</sup>)

**(2) Severity:**

IHSS establishes maximum monthly hours depending on whether you are considered Severely Impaired (SI) or Non Severely Impaired (NSI). According to IHSS regulations, whether you are NSI or SI is determined by adding the hours in these categories: Meal Preparation, Meal Clean Up, Respiration Assistance; Bowel, Bladder Care; Feeding; Routine Bed Bath; Dressing; Menstrual Care; Ambulation; Transferring; Bathing, Oral Hygiene, Grooming; Rubbing Skins, Repositioning; Help with Prosthesis; Paramedical Services.<sup>12</sup>

If you receive alternative resources<sup>13</sup> providing any of the above services, then those hours are included in determining whether a recipient is NSI or

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<sup>9</sup> For more information, see ACL No. 14-60, available at: [Implementation of the Community First Choice Option \(CFCO\) Program](#). “Return to Main Document”

<sup>10</sup> Available at: [DRC Medi-Cal Programs to Help You Stay in Your Own Home or Leave a Nursing Home](#). “Return to Main Document”

<sup>11</sup> Available at: [Home and Community-Based Services and Spousal Impoverishment Provisions](#). “Return to Main Document”

<sup>12</sup> MPP 30-7-1(s)(1)(A)-(D); The Manual of Policies and Procedures are available here: [Social Services Standards - Chapter 30-700 Service Program No. 7: IHSS](#); and [Social Services Standards - Service Program No. 7: IHSS Cost Limitations](#). “Return to Main Document”

<sup>13</sup> Alternative Resources are IHSS-like services you receive through other programs. MPP 30-757.171(a)(2), and MPP 30-763.611. “Return to Main Document”

SI, even though those same hours are not counted towards that consumer's IHSS need.<sup>14</sup>

Example: if you go to an adult day care center and receive assistance with meal clean-up for lunch, then your IHSS monthly hours will not include the assistance you need in cleaning up after lunch. The lunch clean up assistance you receive at the adult day care center will count towards whether you are "Severely Impaired" or "Non Severely Impaired," however. This means that your maximum monthly hours may be 283, or 195, depending on whether you are found to be "Severely Impaired" or "Non Severely Impaired."

You are considered SI if you receive 20 hours or more in the above categories each week.<sup>15</sup> You are considered NSI if you receive 19 or less hours in the above categories each week.

### **(3) Home Assessment**

The Social Worker will assess you in your home to determine what services you need and how much time you need for each service. Thereafter, if applicable, the Social Worker will prorate certain services, and will deduct time if there are alternative resources. Proration and Alternative Resources are discussed more below. Note that protective supervision may be prorated depending on your circumstances. Please see the DRC [publication # 5612.01](#), for more information.

### **(4) Proration**

When IHSS services can be met in common among anyone in the home, the hourly need for that service should be prorated.<sup>16</sup> For example, if multiple people benefit from the provision of a related or domestic service, then the time it takes to prepare that service is divided equally among everyone who benefits, including non-IHSS recipients in the household.

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<sup>14</sup> MPP 30-701(s)(1), 30-763.5, 30-761.273. "Return to Main Document"

<sup>15</sup> MPP 30-701(s)(1). "Return to Main Document"

<sup>16</sup> MPP 30-763.32. "Return to Main Document"

Example: if it takes a parent 100 minutes to do weekly laundry for all five members of the family (including the parent and the single IHSS beneficiary), then the amount of time allotted to the IHSS beneficiary is 20 minutes ( $100 \div 5 = 20$  minutes).

These service categories are prorated:

- Domestic Services and Heavy Cleaning;<sup>17</sup>
- Related Services.<sup>18</sup> and
- Protective Supervision.<sup>19</sup>

If a service is not provided to more than one person at a time, then it should not be prorated.

Example: if a parent in the above example does her son's (and he is the IHSS recipient) laundry separately because of bowel and bladder issues, then the laundry does not benefit the other household members. Here, the son's laundry is not prorated among the other four family members.

### **(5) Alternative Resources:**

Alternative Resources are IHSS-like services you receive through other programs such as an adult day care program, or school.<sup>20</sup> After determining the amount of alternative resources you receive, the Social Worker will deduct this time from your total assessed need.

Example: You live in a household with your IHSS provider. The provider cleans up after breakfast, and dinner for both of you. You go to an adult day care center where you receive assistance cleaning up after your lunch. In the meal clean-up category, there is a column

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<sup>17</sup> MPP 30-763.31 "Return to Main Document"

<sup>18</sup> MPP 30-763.32. Related services includes meal preparation, meal clean-up, routine laundry, shopping, for food, and other shopping/errands. "Return to Main Document"

<sup>19</sup> For more information on how protective supervision is prorated, see the corresponding DRC [publication # 5612.01](#). "Return to Main Document"

<sup>20</sup> MPP 30-757.171(a)(2), MPP 30-763.611. "Return to Main Document"

labeled “Services You Refused or You Get From Others.” Here, the County Social Worker would first add up the total amount of time spent cleaning up after breakfast, lunch, and dinner. Then the County Social Worker would make an adjustment, or proration, because the clean-up services your providers provides benefits both you and the provider. This means the Social Worker assigns your prorated time to you in the column “Amount of Service You Need.” Then, the County Social Worker indicates the clean-up assistance you receive from the alternative resource; this information is listed in the “Services you Refused or You Get From Others” column.

## **B) STEPS:**

### **Step 1 Determine program and severity:**

Determine the type of funding program you are on by looking at page two of the initial NOA you received when you were approved for IHSS.

Determine the severity by adding up the service hours in the relevant categories as mentioned earlier.

### **Step 2 Determine weekly non-protective supervision IHSS need:**

Add up all the IHSS hours you receive, excluding protective supervision hours.

### **Step 3 Determine weekly protective supervision need:**

To determine whether you qualify for protective supervision, please see the DRC [publication #5493.01](#).<sup>21</sup> If protective supervision is prorated, hours prorated will be included in the column “services you receive or refuse from others.”

See DRC. [publication #5612.01](#) for more information on how to prorate protective supervision.

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<sup>21</sup> Available at: [DRC In-Home Supportive Services Protective Supervision](#).  
[“Return to Main Document”](#)

**Step 4 Find total Weekly IHSS need including protective supervision, then calculate the monthly amount:**

The Social Worker will add the amount of weekly IHSS hours listed in your Notice of Action with the weekly protective supervision services.<sup>22</sup> They will multiply that weekly total by 4.33 to find the monthly total.

**Step 5 Compare result from Step 4 to the maximum monthly amounts:**

The Social Worker will compare the result from Step 4 to the maximum allowable hours under the program you qualify for. The Social Worker must choose the lower number.

For example, looking at the chart on page 2, if you are NSI, are funded through the IPO program, and are authorized for protective supervision, you are only allowed a maximum of 195 hours per month. This means that even if your monthly total is greater than 195 hours per month, you are limited to 195 hours per month in IHSS with protective supervision. If your monthly total is less than 195 hours per month, then you will be authorized that lower amount. In this case, because you need more IHSS hours than the maximum IHSS hours allow your NOA should document the unmet need.<sup>23</sup> The case narrative must also reflect any unmet need. The IHSS Social Worker should refer you to no-cost government programs, or community-based resources, that may be able to address the unmet need. These referrals should be documented in your case file.

**C) EXAMPLES:**

**Example A**

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<sup>22</sup> Because calculations are done using decimal units, you may need to convert the minutes into decimal units by dividing the number of minutes by 60. Then add the number of hours to find the total hours and minutes in decimal form. For example: 32 hours and 10 minutes. To find the decimal unit for the minutes:  $10 \div 60 = .1666$ . Then add that to the hours.  $32 + 0.16 = 32.16$  “Return to Main Document”

<sup>23</sup> ACL 13-66. “Return to Main Document”

Kramer is an 85 year old man who needs IHSS with protective supervision. He lives at home with his son, and his son's wife. His son is his IHSS provider. No one else in the household receives IHSS with protective supervision. Because he is a Legal Permanent Resident, he has IHSS-R-funded IHSS.

**Step 1 Determine program and severity:**

Kramer is funded through the IHSS-R program. In adding the relevant categories of the hours as listed on his Notice of Action, it is found he is NSI because he is receiving less than 20 hours in the applicable categories.

**Step 2 Determine weekly non-protective supervision IHSS need:**

In adding all the non-protective supervision hours on his Notice of Action, he has 15 hours per week.

**Step 3 Determine weekly protective supervision need:**

Using the DRC [publication # 5612.01](#), we determine that Kramer has 143 hours per week of protective supervision.

**Step 4 Find total Weekly IHSS need including protective supervision, then calculate the monthly amount:**

$$15 + 143 = 158 \text{ hours per week}$$
$$158 \times 4.33 = 684.14 \text{ hours per month}$$

**Step 5 Compare result from Step 4 to the maximum monthly amounts:**

According to the chart listed on page 2, with IHSS-R at the NSI severity level, the maximum monthly hours Kramer may receive is 195 hours per month.

The result in Step 4 of 684.14 hours per month is greater than his regulatory maximum of 195 hours per month. Thus, the maximum monthly hours Kramer may receive is 195 hours per month. His NOA should



document the unmet need. The IHSS Social Worker should refer Kramer to no-cost governmental programs, or community-based resources, that may be able to provide him with services to further meet that unmet need.

### **Example B:**

There are four children in one household. The children's names are Andrew, Barbara, Carlos, and Dante. Each child is authorized to receive protective supervision. Andrew and Barbara attend school for 7.5 hours per day, or 37.5 hours per week. Carlos and Dante are home schooled. The mother and father are both IHSS providers. Because of the children's severe needs, the father can only provide protective supervision to Andrew and Barbara at the same time. The mother can only provide protective supervision to Carlos and Dante at the same time.

### **Step 1: Determine program and severity:**

**Alexander:** Alexander receives IHSS under CFCO. This information was found on a Notice of Action approving his application for IHSS services. By adding up the categories starred in red, we discover that Alexander is NSI because he is receiving less than 20 hours per week in the applicable categories determining severity. He receives 19.85 hours for the applicable categories.<sup>24</sup>

**Barbara:** Barbara also receives IHSS under CFCO. She is SI because she receives 20 hours or more per week in the applicable categories.

**Carlos:** Carlos receives IHSS under CFCO. He is NSI because he receives less than 20 hours per week in the applicable categories.

**Dante:** Dante receives IHSS under CFCO. He is SI because he receives 20 hours or more per week in the applicable categories.

### **Step 2: Determine weekly non-protective supervision IHSS need:**

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<sup>24</sup> In situations like this, continue to do some fact finding to see if he can receive 20 or more hours per week in one of the categories to be considered "severely impaired." ["Return to Main Document"](#)

**Alexander:** In adding all the non-protective supervision hours on his Notice of Action, he is authorized for 24.85 weekly IHSS hours.

**Barbara:** In adding all the non-protective supervision hours on his Notice of Action, Barbara is authorized for 25 weekly IHSS hours.

**Carlos:** In adding all the non-protective supervision hours on his Notice of Action, Carlos is authorized for 5 weekly IHSS hours.

**Dante:** In adding all the non-protective supervision hours on his Notice of Action, Dante is authorized for 21 weekly IHSS hours.

**Step 3: Determine weekly protective supervision need:**

**Alexander:** 46.5 hours of protective supervision per week

**Barbara:** 46.5 hours of protective supervision per week

**Carlos:** 84 hours per week of protective supervision

**Dante:** 84 hours per week of protective supervision

**Step 4: Find total Weekly IHSS need including protective supervision, then calculate the monthly amount:**

**Alexander:** Add the amount of weekly IHSS hours listed in your Notice of Action, 24.85, with the weekly protective supervision services, 46.5. This totals 71.35 hours per week. Then multiple  $71.35 \times 4.33$  to find the monthly amount. This totals 308.9 hours per month.

**Barbara:**

$$25 + 46.5 = 71.5 \text{ hours per week}$$

$$71.5 \times 4.33 = 309.5 \text{ hours per month}$$

**Carlos:**

$$5 + 84 = 89 \text{ hours per week}$$

$$89 \times 4.33 = 385.3 \text{ hours per month}$$

**Dante:**

$$21 + 84 = 105 \text{ hours per week}$$

$$105 \times 4.33 = 454.6 \text{ hours per month}$$

**Step 5: Compare result from Step 4 to the maximum monthly amounts:**

**Alexander:** Because Alexander is NSI, but has CFCO-funded IHSS, he is eligible to receive IHSS up to 283 hours per month. Because his actual monthly total is 308.9 hours per month, his authorized monthly IHSS hours with protective supervision is the lower amount of 283 hours per month.

**Barbara:** Because Barbara is SI, and has CFCO-funded IHSS, she is eligible to receive IHSS up to 283 hours per month. The result from Step 4 is 309.5 hours per month. The lesser of the two is 283 hours per month, so Barbara is authorized for 283 hours per month.

**Carlos:** Because Carlos is NSI, but has CFCO-funded IHSS, he is eligible to receive IHSS up to 283 hours per month. Because his actual monthly total is 385.3 hours per month, he is authorized for the regulatory maximum of 283 per month of IHSS hours with protective supervision.

**Dante:** Because Dante is SI, but has CFCO-funded IHSS, he is eligible to receive IHSS up to 283 hours per month. Because his actual monthly total is 454.6 hours per month, he is authorized for the regulatory maximum of 283 per month of IHSS hours with protective supervision.

**Example C**

Hui, his younger sister Isabella, and his younger brother Jasper receive protective supervision. They live with their father. Hui, Isabella, and Jasper have such high needs that their father can only look after Hui and Isabella simultaneously. The father hires an IHSS provider to look after Jasper. Hui and Isabella receive protective supervision in common (or have a common need for protective supervision) because their father can provide protective supervision to them at the same time. Hui and Jasper attend school for six hours per day, or 30 hours per week. Isabella is homeschooled, but during that time Isabella's father must watch her.

**Step 1 Determine program and severity:**

**Hui:** Hui is IPO, and NSI because he receives less than 20 hours per week in the applicable categories.

**Isabella:** Isabella is also IPO, and NSI because she receives less than 20 hours per week in the applicable categories.

**Jasper:** Jasper is SI because he is receiving 20 hours or more in the applicable categories.

**Step 2 Determine weekly non-protective supervision IHSS need:**

**Hui:** In adding all the non-protective supervision hours on his Notice of Action, Hui has 12 hours per week in non-protective supervision IHSS.

**Isabella:** In adding all the non-protective supervision hours on his Notice of Action, Isabella has 15 per week in non-protective supervision IHSS.

**Jasper:** In adding all the non-protective supervision hours on his Notice of Action, Jasper has 20 per week in non-protective supervision IHSS.

**Step 3 Determine weekly protective supervision need:**

**Hui:** 54 hours per week of protective supervision

**Isabella:** 84 hours per week in protective supervision

**Jasper:** 138 hours per week in protective supervision

**Step 4 Find total Weekly IHSS need including protective supervision, then calculate the monthly amount:**

**Hui:**

$12 + 54 = 66$  total IHSS per week;

$66 \times 4.33 = 285.78$  total IHSS per month

**Isabella:**

15 + 85 = 100 total IHSS per week;  
100 x 4.33 = 433 total IHSS per month

**Jasper:**

20 + 138 = 158 total IHSS per week;  
684.14 total IHSS per month

**Step 5 Compare result from Step 4 to the maximum monthly amounts:**

**Hui:** Because Hui is NSI with IPO-funded IHSS, his monthly maximum is 195 hours per month. Because the result in Step 4 is higher than the monthly maximum, Hui is limited to receiving 195 hours per month.

**Isabella:** Because Isabella is NSI with IPO-funded IHSS, her monthly maximum is 195 hours per month. Because the result in Step 4 is higher than the monthly maximum, she is limited to receiving 195 hours per month.

**Jasper:** Because Jasper is SI with IPO-funded IHSS, his monthly maximum is 283 hours per month. Because the result in Step 4 is higher than the monthly maximum, he is limited to receiving 283 hours per month.

Note: The father must be careful to not violate the IHSS overtime rules. Please see DRC Publication # 5603.01.<sup>25</sup>

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<sup>25</sup> Available at: [New Rules for IHSS: Overtime and Related Charges.](#)  
["Return to Main Document"](#)

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We want to hear from you! Please complete the following survey about our publications and let us know how we are doing! [\[Take the Survey\]](#)

For legal assistance call 800-776-5746 or complete a [request for assistance form](#). For all other purposes call 916-504-5800 (Northern CA); 213-213-8000 (Southern CA).

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to <http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html>

# **Sample Notice of Action**

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

COUNTY OF \_\_\_\_\_

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

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Case Number : \_\_\_\_\_  
Social Worker Name : \_\_\_\_\_  
Social Worker Number : \_\_\_\_\_  
Social Worker Telephone : \_\_\_\_\_  
Social Worker Address : \_\_\_\_\_

**NOTE:** This notice relates ONLY to your In-Home Supportive Services. It does NOT affect your receipt of SSI/SSP, Social Security, or Medi-Cal. **KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.**

(ADDRESSEE)

**As of \_\_\_\_\_ the services you can get and/or the amount of time you can get for services has changed.**

**Here why:** MMDDYYYY

**Total Hours:Minutes of IHSS you can get each month is now: \_\_\_\_\_. This is a/an increase/decrease of \_\_\_\_\_.**

**You will now get the services shown below for amount of time shown in the column "Authorized Amount of Service You can Get." That column shows the hours/minutes you got before, the hours/minutes you will get from now on, and the difference. If you are getting less time for a service, the reason(s) is shown on the next page.**

- 1) If there is a zero in the "Authorized Amount of Service You Can Get" column or the amount is less than the "Total Amount of Service Needed" column, the reason is explained on the next page(s).
- 2) "Not Needed" means that your social worker found that you do not require assistance with this task. (MPP 30-756.11)
- 3) "Pending" means the county is waiting for more information to see if you need that service. See the next page(s) for more information.

SERVICES  <i>Note: See the back of the next page for a short description of each service.</i>	TOTAL AMOUNT OF SERVICE NEEDED  HOURS: MINUTES	ADJUSTMENT FOR OTHERS WHO SHARE THE HOME (PRORATION)	AMOUNT OF SERVICE YOU NEED  HOURS: MINUTES	SERVICES YOU REFUSED OR YOU GET FROM OTHERS	AUTHORIZED AMOUNT OF SERVICE YOU CAN GET		
					NOW	WAS	+/-
<b>DOMESTIC SERVICES (per MONTH):</b>							
<b>RELATED SERVICES (per WEEK):</b>							
Prepare Meals							
Meal Clean-up							
Routine Laundry							
Shopping for Food							
Other Shopping/Errands							
<b>NON-MEDICAL PERSONAL SERVICES (per WEEK):</b>							
Respiration Assistance (Help with Breathing)							
Bowel, Bladder Care							
Feeding							
Routine Bed Bath							
Dressing							
Menstrual Care							
Ambulation (Help with Walking, including Getting In/Out of Vehicles)							
Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)							
Bathing, Oral Hygiene, Grooming							
Rubbing Skin, Repositioning							
Help with Prosthesis (Artificial Limb, Visual/Hearing Aid) and/or Setting up Medications							
<b>ACCOMPANIMENT (per WEEK):</b>							
To/From Medical Appointments							
To/From Places You Get Services in Place of IHSS							
<b>PROTECTIVE SUPERVISION (per WEEK):</b>							
<b>PARAMEDICAL SERVICES (per WEEK):</b>							
<b>TOTAL WEEKLY HOURS:MINUTES OF SERVICE YOU CAN GET:</b>							
MULTIPLY BY 4.33 (average # of weeks per month) TO CONVERT TO MONTHLY HOURS:MINUTES:					x	4.33	=
<b>SUBTOTAL MONTHLY HOURS:MINUTES OF SERVICE YOU CAN GET:</b>							
ADD MONTHLY DOMESTIC HOURS:MINUTES OF SERVICE YOU CAN GET (from above):							
<b>TOTAL HOURS:MINUTES OF SERVICE YOU CAN GET PER MONTH:</b>							
<b>TIME LIMITED SERVICES (per MONTH):</b>							
Heavy Cleaning:							
Yard Hazard Abatement							
Remove Ice, Snow							
Teaching and Demonstration							
<b>TOTAL HOURS:MINUTES OF TIME LIMITED SERVICES YOU CAN GET PER MONTH:</b>							

**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.



**Functional Index  
Ranking & Hours Task  
Guidelines (HTG)**

**Adults & Children Age  
Appropriate Guidelines Tools**

## Functional Index Rankings and Hourly Task Guidelines

As an In-Home Supportive Services (IHSS) applicant/recipient, it is helpful to know what IHSS Functional Index (FI) Rankings are and how they impact your assessment. The FI rankings range from 1-6 (see below description) and indicate the level of assistance you need to perform tasks safely. A county IHSS social worker will assign a rank to each service category to help determine the amount of assistance needed.



**Rank 1:** Independent. Able to perform function without human assistance.

**Rank 2:** Able to perform a function but needs verbal assistance, such as reminding, guiding, or encouragement.

**Rank 3:** Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

**Rank 4:** Can perform a function with only substantial human assistance.

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

**Prescribed by a licensed health care professional:**

**Rank 6:** Requires Paramedical Services.

After assigning a rank in each service category and taking into consideration your individual needs, the social worker will authorize time within or outside the Hourly Task Guidelines. If time is needed outside the guidelines, this is called an *exception*. If you need more or less time outside the guidelines for a specific rank within a service, your social worker will review whether exceptions are needed, as appropriate.

**For more information, contact your local IHSS office.**



## Hourly Task Guidelines

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

**NOTE:** This tool does not invalidate current HTG regulations.

Service Category	Rank 2 (Low)	Rank 2 (High)	Rank 3 (Low)	Rank 3 (High)	Rank 4 (Low)	Rank 4 (High)	Rank 5 (Low)	Rank 5 (High)
Preparation of Meals **	3:01	7:00	3:30	7:00	5:15	7:00	7:00	7:00
Meal Clean-up **	1:10	3:30	1:45	3:30	1:45	3:30	2:20	3:30
Bowel and Bladder Care	0:35	2:00	1:10	3:20	2:55	5:50	4:05	8:00
Feeding	0:42	2:18	1:10	3:30	3:30	7:00	5:15	9:20
Routine Bed Baths	0:30	1:45	1:00	2:20	1:10	3:30	1:45	3:30
Dressing	0:34	1:12	1:00	1:52	1:30	2:20	1:54	3:30
Ambulation	0:35	1:45	1:00	2:06	1:45	3:30	1:45	3:30
Transfer	0:30	1:10	0:35	1:24	1:06	2:20	1:10	3:30
Bathing, Oral Hygiene, and Grooming	0:30	1:55	1:16	3:09	2:21	4:05	3:00	5:06

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

### Services with Time Guidelines:

Service Category	Time Guidelines
Domestic Services	6:00 total maximum per month per household unless adjustments* apply; Prorations may apply**
Shopping for Food	1:00 per week per household unless adjustments* apply; Prorations may apply **
Other Shopping/Errands	0:30 per week unless adjustments* apply; Prorations may apply **
Laundry	1:00 per week (facilities within home); 1:30 per week (facilities out of home); per household; Prorations may apply **

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

\*\* When prorating Domestic Services, the natural or adoptive children of the recipient who are under 14 are not considered (MPP section 30-763.46). Other children in the household (i.e., grandchildren, nieces, nephews, etc.) under 14 are considered.

Updated 5/29/2019

NOTE: Current MPP regulations define the HTGs in decimal format, e.g., **1.50 hours**. To align service assessment/authorization with the Case Management, Information, and Payrolling System (CMIPS) data entry, time allocations are re-formatted to **hours:minutes**. This change in format does not contradict current program regulation and reduces confusion regarding the entry of time into CMIPS [MPP sections 30-757.11 through 30-757.14(k)].

# **Functional Index Ranking for Minor Children**

**FUNCTIONAL INDEX RANKING FOR MINOR CHILDREN IN IHSS  
AGE APPROPRIATE GUIDELINES TOOL**  
Each child must be assessed individually.

Age	Housework	Laundry	Shopping and Errands	Preparation of Meals and Meal Clean-Up	Ambulation	Bathing/Oral Hygiene/Grooming	Dressing	Bowel and Bladder Care	Feeding	Transfer	Respiration
0-1	1	1	1	1 or 6	1	1	1	1 or 6	1 or 6	1	1, 5 or 6
2	1	1	1	1 or 6	1	1	1	1 or 6	1 or 6	1-5	1, 5 or 6
3	1	1	1	1 or 6	1	1	1	1 or 6	1 or 6	1-5	1, 5 or 6
4	1	1	1	1 or 6	1	1	1	1-6	1 or 6	1-5	1, 5 or 6
5	1	1	1	1 or 6	1-5	1	1-5	1-6	1 or 6	1-5	1, 5 or 6
6	1	1	1	1 or 6	1-5	1	1-5	1-6	1 or 6	1-5	1, 5 or 6
7	1	1	1	1 or 6	1-5	1	1-5	1-6	1 or 6	1-5	1, 5 or 6
8	1	1	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
9	1	1	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
10	1	1	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
11	1	1	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
12	1	1	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
13	1	1	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
14	1	1, 4 or 5	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
15	1	1, 4 or 5	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
16	1	1, 4 or 5	1	1 or 6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6
17	1	1, 4 or 5	1, 3 or 5	1-6	1-5	1-5	1-5	1-6	1-6	1-5	1, 5 or 6

**Notes:**

- All minors should be assessed a functional rank of 1 when identified above unless extraordinary need is documented.
- Minors who live with their provider parents must be assessed a functional rank of 1 in Housework regardless of extraordinary need.
- For areas with ranges, the social worker should utilize the Annotated Assessment Criteria and Developmental Guide to determine the appropriate functional rank.
- Memory, Orientation and Judgment – FI ranks of 1, 2 or 5 should be assessed. The county staff must review a minor's mental functioning on an individualized basis and must not presume a minor of any age has a mental functioning score of 1. (ACL 98-87, MPP § 30-756.372; WIC §§ 12301(a), 12301.1.)
- The FI ranks listed above reflect the age at which a minor may be expected to complete all tasks within a service category independently and are based on the Vineland Social Maturity Scale. These rankings are provided as a guideline only. Each child must be assessed individually.

# **ATTACHMENT B**

## **ANNOTATED ASSESSMENT CRITERIA**

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

### **General**

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

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

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

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

### **Observations**

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

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

## **General**

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

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

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

**Rank 3:** Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

**Rank 4:** Can perform a function but only with substantial human assistance.

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

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

## **Variable Functioning**

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

## **Domestic Services**

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

### **Observations:**

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

### **Questions:**

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

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

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

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

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

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



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

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

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

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

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

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

### **Preparation of Meals/Meal Clean-Up**

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

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

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

### **Observations:**

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

### Questions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Laundry**

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

### **Observations:**

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

### **Questions:**

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

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

**Rank 1:** Independent: Able to perform all chores.

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

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

# **Resources**

All county Information Notice (ACIN) I-82



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

December 5, 2017

ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-82-17

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) ASSESSMENT  
CLARIFICATIONS AND NEW OR UPDATED TOOLS

REFERENCES: [ACIN I-20-15 \(April 17, 2017\)](#); [All County Letter \(ACL\) 14-60 \(August 29, 2014\)](#); [ACL 13-66 \(September 30, 2013\)](#); [ACL 12-36 \(July 24, 2012\)](#); [ACL 06-34E2 \(May 4, 2007\)](#); [ACL 06-34E1 \(December 21, 2006\)](#); [ACL 06-34E \(September 5, 2006\)](#); [ACL 06-34 \(August 31, 2006\)](#); [ACIN I-28-06 \(April 11, 2006\)](#); [ACL 80-30 \(May 15, 1980\)](#); [Manual of Policies and Procedures \(MPP\) §§30-700 – 30-765](#); [MPP §22-000](#); [Welfare and Institutions Codes \(WIC\) §12301.2](#)

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

The purpose of this letter is to provide counties with clarification regarding the In-Home Supportive Services (IHSS) assessment process, transmit new and/or updated assessment tools, and ensure appropriate case documentation.

**BACKGROUND**

As part of the California Department of Social Services' (CDSS) ongoing quality assurance and improvement efforts, it is necessary to clarify CDSS' expectations of the county social worker's role and responsibilities in assessing and authorizing IHSS program services. In accordance with the September 2006 enactment of Welfare and Institutions Code (WIC) §12301.2, or the Quality Assurance (QA) Initiative, and repeal of the Manual of Policies and Procedures (MPP) §30-758, or Time-Per-Task (TPT) and Frequency Guidelines, CDSS needs to reiterate the importance of correctly applying the Hourly Task Guidelines (HTGs) to assign time within service categories. TPT was the breakdown of need for service tasks which required the calculation of time or duration, and frequency, in each IHSS program service category.

Effective immediately, county social workers shall no longer use TPT in completing intake assessments and annual reassessments, when authorizing



**KIM JOHNSON**  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



**GAVIN NEWSOM**  
GOVERNOR

December 30, 2020

ALL COUNTY INFORMATION NOTICE NO. I-97-20

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS

SUBJECT: REISSUE OF THE IHSS UPDATED ANNOTATED ASSESSMENT  
CRITERIA, COUNTY TOOLS, AND EDUCATIONAL MATERIALS

REFERENCE: [All County Information Notice I-82-17 \(December 5, 2017\)](#)

The purpose of this All County Information Notice (ACIN) is to reissue the updated Annotated Assessment Criteria (AAC), updated county case worker tools, and educational materials.

**BACKGROUND**

ACIN I-82-17, released on December 5, 2017, included new and revised tools (Attachments A, B and C) to assist In-Home Supportive Services (IHSS) county staff with the completion of IHSS needs assessments and to educate applicants/recipients about IHSS program rules and assessment and authorization processes. Following the release of ACIN I-82-17, the California Department of Social Services (CDSS) Training and Development Unit (TDU) made updates to case worker tools in May 2019.

Counties were informed of these changes via email from TDU to Program Managers and Training Coordinators. Updates regarding these changes were also posted to the CDSS website.

Further revisions were made to Attachments A, B, and C attributed with ACIN I-82-17 to provide clarification, incorporate policy updates, and rebrand materials due to the change in training vendor. The stakeholder process began in September 2020 and concluded in November 2020. Stakeholders included representatives from counties, Public Authorities, and other advocacy organizations.

**UPDATED TOOLS AND EDUCATIONAL MATERIALS**

County staff may locate these tools on the [CDSS IHSS Training Academy](#) webpage.

**Attachment C**

# **In-Home Supportive Services (IHSS) Social Worker Assessment Field Handbook**



**California Department of Social Services  
Adult Programs Division  
CMIPS & System Enhancements Branch  
System Enhancements Bureau  
Training & Development Unit  
November 2020**

## INTRODUCTION

California's In-Home Supportive Services (IHSS) program makes it possible for qualified aged, blind, and/or disabled individuals to remain safely in their own homes, where they can enjoy personal freedom and independence, and continue being part of their community. As a county IHSS social worker, you perform in-home assessments to determine the needs of these individuals so that they can continue to direct their own care and avoid institutionalization. The California Department of Social Services (CDSS) appreciates the invaluable work that you do to assist IHSS applicants/recipients receive continuous quality care.



This handbook provides you with optional program assessment tools to properly perform uniform assessments and authorize services in a consistent manner. In accordance with Senate Bill 1104, (Chapter 229, Statutes of 2004), also known as the Quality Assurance (QA) Initiative, county social workers shall evaluate program eligibility at the initial intake assessment and annual reassessment. The CDSS has provided the below guidelines to assist social workers in completing quality IHSS assessments.

1. Understand the necessary steps to complete an IHSS assessment and prepare accordingly.
2. Discuss all IHSS program services with the applicant/recipient using the Annotated Assessment Criteria (AAC), Functional Index (FI) Ranking/Hourly Task Guidelines (HTGs), and IHSS Needs Assessment (SOC 293), where applicable.
3. Determine the FI ranking for each applicable program service category.
4. Apply the HTGs and assign the necessary number of hours, between the low and high ranges of time, based on the applicant's/recipient's level of need for assistance with that service.
5. Document the need for service using the tools in this handbook, as needed, when the applicant's/recipient's assessed hours fall outside of the HTG range.



## STEPS TO COMPLETING THE IHSS NEEDS ASSESSMENT

Step	Task	Checklist
1	Prepare for the Home Visit	<ul style="list-style-type: none"> <li><input type="checkbox"/> Schedule appointment by letter or phone.</li> <li><input type="checkbox"/> Check for current Medi-Cal eligibility, share of cost.</li> <li><input type="checkbox"/> Arrange for interpreter as needed.</li> <li><input type="checkbox"/> Review case information (SOC 873, recent assessment, case notes, any critical incidents reported in the past 12 months, care provider information, timesheet activities, etc.).</li> <li><input type="checkbox"/> Identify potential issues including safety concerns.</li> <li><input type="checkbox"/> Provider Violations</li> </ul>
2	Complete thorough Assessment	<ul style="list-style-type: none"> <li><input type="checkbox"/> Living Arrangement (type of home, condition/safety,</li> <li><input type="checkbox"/> DMEs, household members, relationship, contacts)</li> <li><input type="checkbox"/> Physical and mental functional capabilities and limitations (not diagnosis driven)</li> <li><input type="checkbox"/> Social worker's observations</li> <li><input type="checkbox"/> Level of needs</li> <li><input type="checkbox"/> Alternative Resources: <ul style="list-style-type: none"> <li>○ Formal: Multi-Senior Services Program (MSSP), Community-Based Adult Services (CBAS), Regional Centers, School, Meals on Wheels, Paratransit, etc.</li> <li>○ Informal: Family, friends, and neighbors</li> </ul> </li> <li><input type="checkbox"/> Health and safety concerns/risk</li> </ul>
3	Assign FI Rank: Document Abilities and Limitations	<ul style="list-style-type: none"> <li><input type="checkbox"/> Rank 1 – Independent</li> <li><input type="checkbox"/> Rank 2 – Verbal assistance</li> <li><input type="checkbox"/> Rank 3 – Some human assistance</li> <li><input type="checkbox"/> Rank 4 – Substantial human assistance</li> <li><input type="checkbox"/> Rank 5 – Totally dependent</li> <li><input type="checkbox"/> Rank 6 – Paramedical</li> </ul>
4	Determine Service Hours Utilizing HTG	<ul style="list-style-type: none"> <li><input type="checkbox"/> Refer to Hourly Task Guidelines for Service Task Definition</li> <li><input type="checkbox"/> Fill out SOC 293 or Service Authorization Worksheet (or other county forms as appropriate)</li> </ul>

Step	Task	Checklist
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Frequency (normal range of need; variable functioning)</li> <li><input type="checkbox"/> Proration Adjustments</li> <li><input type="checkbox"/> Other factors (environmental factors, DMEs,</li> <li><input type="checkbox"/> Alternative Resources)</li> </ul>
5	Documentation	<ul style="list-style-type: none"> <li><input type="checkbox"/> Exceptions – list specific reasons for the exceptions</li> <li><input type="checkbox"/> Assessment Narrative</li> <li><input type="checkbox"/> Provider Circumstances/availability</li> <li><input type="checkbox"/> Unmet Need               <ul style="list-style-type: none"> <li>○ Number of unmet need hours (can be found by checking eligibility under Authorization Tab in CMIPS)</li> <li>○ List resources if already in place</li> <li>○ Any safety concerns and referrals made to appropriate agency, if applicable</li> </ul> </li> <li><input type="checkbox"/> Forms               <ul style="list-style-type: none"> <li>○ SOC 295, SOC 332, SOC 864, SOC 873, SOC 321, SOC 821, SOC 450, Voting Registration, Pub 13, Fraud Info, Other County Forms, HIPAA/Medical Release Forms, and other forms as applicable</li> </ul> </li> </ul>

Adapted from Sacramento County – *Completing Needs Assessment*



## Hourly Task Guidelines

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

**Note:** This tool does not invalidate current HTG regulations.

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

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

### Services with Time Guidelines:

Service Category	Time Guidelines
Domestic and Related Services	6:00 total maximum per month per household unless adjustments* apply; Prorations may apply**
Shopping for Food	1:00 per week per household unless adjustments* apply; Prorations may apply **
Other Shopping/Errands	0:30 per week unless adjustments* apply; Prorations may apply **
Laundry	1:00 per week (facilities within home); 1:30 per week (facilities out of home); per household; Prorations may apply **

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

\*\* When prorating Domestic and Related Services, the natural or adoptive children of the recipient who are under 14 are not considered (MPP section 30-763.46). Other children in the household (i.e., grandchildren, nieces, nephews, etc.) under 14 are considered.

Updated 5/29/2019

NOTE: Current MPP regulations define the HTGs in decimal format, e.g., **1.50 hours**. To align service assessment/authorization with the Case Management, Information, and Payrolling System (CMIPS) data entry, time allocations are re-formatted to **hours:minutes**. This change in format does not contradict current program regulation and reduces confusion regarding the entry of time into CMIPS [MPP sections 30-757.11 through 30-757.14(k)].

## IHSS Assessment Narrative Tool

Please visit the IHSS Training Academy webpage to download the [Assessment Narrative Tool](#) (Figure 1) and [instructions](#) on how to edit the tool.

Section 1. Case Demographics and Social Worker Details	
Case Name: <input style="width: 80%;" type="text"/>	Case Number: <input style="width: 80%;" type="text"/>
Social Worker Name: <input style="width: 80%;" type="text"/>	Social Worker Number: <input style="width: 80%;" type="text"/>
Section 2. General Information (In-Person Home Visit)	
Assessment Date: <input style="width: 80%;" type="text"/>	
Start Time: <input style="width: 80%;" type="text"/>	End Time: <input style="width: 80%;" type="text"/>
Person(s) Present: <input style="width: 80%;" type="text"/>	
Residence Type: <input type="text" value="Select One"/>	If Other: <input style="width: 80%;" type="text"/>
Living Arrangement: <input type="text" value="Select One"/>	If Other: <input style="width: 80%;" type="text"/>
Parent or Spouse Provider Eligibility & Information: <input style="width: 80%;" type="text"/>	
Authorized Representative (if any): <input style="width: 80%;" type="text"/>	
Companion Case(s) Names and Numbers: <input style="width: 80%;" type="text"/>	
Recipient's Primary Language: <input type="text" value="Select One"/>	If Other: <input style="width: 80%;" type="text"/>
Language or Translation Services: <input style="width: 80%;" type="text"/>	
Special Directions or Safety Alerts: <input style="width: 80%;" type="text"/>	
Section 3. Medical Information	
List of Medications: <input style="width: 80%;" type="text"/>	
Medical Conditions: <input style="width: 80%;" type="text"/>	
Durable Medical Equipment(s): <input style="width: 80%;" type="text"/>	
Section 4. Blindness/Visual Impairment	

*Figure 1: In-Home Supportive Services Case Assessment Narrative Tool*



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

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

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

**Note:** Current MPP regulations define the HTGs in decimal format, e.g., 1.50 hours. To align service assessment/authorization with Case Management, Information, and Payrolling System (CMIPS) data entry, time allocations are re-formatted to hours:minutes. This change in format does not contradict current program regulations and reduces confusion regarding the entry of time into CMIPS [MPP sections 30-757.11 through 30-757.14(k)].



**November 2020**

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

**Domestic and Related Services (Time Guidelines)**

Note: Functional rank does not apply.

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

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

### Preparation of Meals (Hourly Task Guidelines)

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

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



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

### Meal Clean-up (Hourly Task Guidelines)

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

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

Service Definition	Factors/Exceptions Examples
	<p><b>Exception Documentation Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Exception High:</b> Recipient has incontinence that results in more loads of laundry than usual.</li> <li>• <b>Exception High:</b> Closest laundromat is far from recipient's home.</li> </ul>

### Laundry (Time Guidelines)

Note: Functional rank does not apply.

Time Range
<p><b>Facilities within the home</b> – 1:00 total per week per household maximum unless exception occurs; <b>Out of home facilities</b> – 1:30 per week per household maximum</p>

Service Definition	Factors/Exceptions Examples
<p><b>Shopping for Food</b> [MPP §30-757.135(b)]</p> <p>Making a grocery list, travel to/from the store, shopping, loading, unloading, and storing food.</p>	<p><b>Factors for consideration, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• Whether the shopping for groceries is for the entire household.</li> <li>• The extent to which the recipient is able to move around the home.</li> <li>• The extent to which the recipient is able to reach, grasp, and lift.</li> </ul> <p><b>Exceptions include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• If a nearby store is not consistent with the recipient's economic needs.</li> </ul>

Service Definition	Factors/Exceptions Examples
	<p><b>Exception Documentation Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Exception High:</b> Recipient lives in a remote area and therefore closest grocery store is far from recipient's home.</li> </ul>

### Shopping for Food (Time Guidelines)

Note: Functional rank does not apply.

Time Range
1:00 per week per household maximum unless adjustments apply

Service Definition	Factors/Exceptions Examples
<p><b>Other Shopping and Errands</b> <b>[MPP §30-757.135(c)]</b></p> <p>Making a shopping list; travel to/from the store; shopping; loading, unloading, and storing supplies purchased; and/or performing reasonable errands such as delivering a delinquent payment to avert an imminent utility shut-off or picking up a prescription, etc.</p>	<p><b>Factors for consideration, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• Whether other shopping and errands is done for the entire household.</li> <li>• Whether the other errands are completed when the food shopping is done.</li> </ul> <p><b>Exception Documentation Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Exception High:</b> Closest store is far from recipient's home.</li> </ul>

## Other Shopping and Errands (Time Guidelines)

Note: Functional rank does not apply.

Time Range
0:30 per week per household maximum unless adjustments apply

Service Definition	Factors/Exceptions Examples
<p><b>Bowel and Bladder Care</b> <b>[MPP §30-757.14(a)]</b></p> <p>Assistance with using, emptying, and cleaning bed pans/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.</p> <p><b>Note:</b> 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 "paramedical services" (MPP §30-757.19).</p>	<p><b>Factors for consideration, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• The extent to which the recipient can assist or perform tasks safely.</li> <li>• The frequency of the recipient's urination and/or bowel movements.</li> <li>• If there are assistive devices available which result in decreased or increased need for assistance. <ul style="list-style-type: none"> <li>○ <b>Example:</b> Situations where elevated toilet seats and/or Hoyer Lifts are available may result in less time needed for "Bowel and Bladder Care" if the use of these devices results in decreased need for assistance by the recipient.</li> <li>○ <b>Example:</b> 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.</li> </ul> </li> <li>• Time for universal precautions, as appropriate.</li> </ul> <p><b>Exceptions include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• If the recipient has frequent urination of bowel movements.</li> <li>• If the recipient has frequent bowel or bladder accidents.</li> <li>• If the recipient has occasional bowel or bladder accidents that requires assistance from another person.</li> <li>• If the recipient's morbid obesity requires more time.</li> </ul>

Service Definition	Factors/Exceptions Examples
	<ul style="list-style-type: none"> <li>• If the recipient has spasticity or locked limbs.</li> <li>• If the recipient is combative.</li> </ul> <p><b>Exception Documentation Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Exception Low:</b> Elevated toilet seats and/or Hoyer Lifts are available which results in less time and a decreased need for assistance by the recipient.</li> <li>• <b>Exception Low:</b> Due to limited reach ability, only needs assist with wiping after a bowel movement.</li> <li>• <b>Exception Low:</b> Only needs assistance on/off the toilet seat.</li> <li>• <b>Exception High:</b> The bathroom door is not wide enough to allow for easy walker or wheelchair access, so it takes longer to assist the recipient.</li> <li>• <b>Exception High:</b> Recipient has frequent bowel movements and/or urination.</li> <li>• <b>Exception High:</b> Recipient has occasional bowel and bladder accidents that require assistance from another person.</li> <li>• <b>Exception High:</b> Recipient's morbid obesity requires more time.</li> <li>• <b>Exception High:</b> Recipient has spasticity or locked limbs, so it takes longer to assist.</li> <li>• <b>Exception High:</b> The recipient is combative.</li> </ul>

### Bowel and Bladder Care (Hourly Task Guidelines)

Rank	Low	Middle	High
Rank 2	0:35	1:17	2:00
Rank 3	1:10	2:15	3:20
Rank 4	2:55	4:23	5:50
Rank 5	4:05	6:02	8:00

Service Definition	Factors/Exceptions Examples
<p><b>Feeding</b> <b>[MPP §30-757.14(c)]</b></p> <p>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.</p> <p>Includes assistance with reaching for, picking up, and grasping utensils and cup; cleaning recipient’s face and hands; and washing/drying hands; and washing/drying provider’s hands before and after feeding.</p> <p><b>Note:</b> This does not include cutting food into bite-sized pieces or pureeing food as these are assessed as part of “Meal Preparation” (MPP §30-757.131).</p>	<p><b>Factors for consideration, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• The extent to which the recipient can assist or perform tasks safely.</li> <li>• The amount of time it takes the recipient to eat meals.</li> <li>• The type of food that will be consumed.</li> <li>• The frequency of meals/liquids.</li> <li>• Time for universal precautions, as appropriate.</li> </ul> <p><b>Exceptions include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• If the constant presence of the provider is required due to the danger of choking or other medical issues.</li> <li>• If the recipient has a mental impairment and only requires prompting for feeding him/herself.</li> <li>• If the recipient requires frequent meals.</li> <li>• If the recipient prefers to eat foods that he/she can manage without assistance.</li> <li>• If the recipient must eat in bed.</li> <li>• If food must be placed in the recipient’s mouth in a special way</li> <li>• due to difficulty swallowing or other reasons.</li> <li>• If the recipient is combative.</li> </ul> <p><b>Exception Documentation Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Exception Low:</b> Recipient has a mental impairment and only requires prompting to begin feeding him/herself and can be left unattended once feeding has begun.</li> <li>• <b>Exception Low:</b> Recipient prefers to eat foods that he/she can manage without assistance.</li> <li>• <b>Exception High:</b> Constant presence of the provider is required due to the danger of choking or other medical issues.</li> <li>• <b>Exception High:</b> Recipient requires frequent meals.</li> <li>• <b>Exception High:</b> Food must be placed in the recipient’s mouth in a special way due to difficulty swallowing or other reasons.</li> <li>• <b>Exception High:</b> The recipient is combative.</li> </ul>

## Feeding (Hourly Task Guidelines)

Rank	Low	Middle	High
Rank 2	0:42	1:30	2:18
Rank 3	1:10	2:20	3:30
Rank 4	3:30	5:15	7:00
Rank 5	5:15	7:17	9:20

Service Definition	Factors/Exceptions Examples
<p><b>Routine Bed Baths</b> <b>[MPP §30-757.14(d)]</b></p> <p>Cleaning basin or other materials used for bed/sponge baths and putting them away; obtain water/supplies; washing, rinsing, and drying body; applying lotion, powder, and deodorant; and washing/drying hands before and after bathing.</p>	<p><b>Factors for consideration, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• The extent to which the recipient can assist or perform tasks safely.</li> <li>• If the recipient is prevented from bathing in the tub/shower.</li> <li>• If bed baths are needed in addition to baths in the tub/shower. Time for universal precautions, as appropriate.</li> </ul> <p><b>Exceptions include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• If the recipient is confined to bed and sweats profusely requiring frequent bed baths.</li> <li>• If the weight of the recipient requires more or less time.</li> <li>• If the recipient is combative.</li> </ul> <p><b>Exception Documentation Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Exception Low:</b> Bed baths on non-shower days only.</li> <li>• <b>Exception High:</b> The recipient is confined to bed and sweats profusely requiring frequent bed baths.</li> <li>• <b>Exception High or Exception Low:</b> The weight of the recipient requires more time or less time.</li> <li>• <b>Exception High:</b> The recipient is combative.</li> </ul>

### Routine Bed Baths (Hourly Task Guidelines)

Rank	Low	Middle	High
Rank 2	0:30	1:08	1:45
Rank 3	1:00	1:40	2:20
Rank 4	1:10	2:20	3:30
Rank 5	1:45	2:38	3:30

Service Definition	Factors/Exceptions Examples
<p><b>Dressing</b> <b>[MPP §30-757.14(f)]</b></p> <p>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.</p>	<p><b>Factors for consideration, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• The extent to which the recipient can assist or perform tasks safely.</li> <li>• The type of clothing/garments the recipient wears.</li> <li>• If the recipient prefers other types of clothing/garments.</li> <li>• The weather conditions.</li> <li>• Time for universal precautions, as appropriate.</li> </ul> <p><b>Exceptions include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• If the recipient frequently leaves his/her home, requiring additional dressing/undressing.</li> <li>• If the recipient frequently bathes and requires additional dressing or soils clothing, requiring frequent changes of clothing.</li> <li>• If the recipient has spasticity or locked limbs.</li> <li>• If the recipient is immobile.</li> <li>• If the recipient is combative.</li> </ul> <p><b>Exception Documentation Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Exception Low:</b> Due to limited bending, recipient only needs assistance with shoes and socks.</li> <li>• <b>Exception Low:</b> Due to limited fine motor skills, only needs assistance with zippers, typing shoes, and buttons.</li> </ul>



Service Definition	Factors/Exceptions Examples
	<ul style="list-style-type: none"> <li>• <b>Exception High:</b> The recipient frequently leaves his/her home, requiring additional dressing/undressing.</li> <li>• <b>Exception High:</b> The client frequently bathes and requires additional dressing or soils clothing, requiring frequent changes of clothing.</li> <li>• <b>Exception High:</b> The recipient is immobile.</li> <li>• <b>Exception High:</b> Heavy cycle every month and requires more changing.</li> <li>• <b>Exception High:</b> The recipient has spasticity or locked limbs.</li> <li>• <b>Exception High:</b> The recipient is combative.</li> </ul>

### Dressing (Hourly Task Guidelines)

Rank	Low	Middle	High
Rank 2	0:34	0:53	1:12
Rank 3	1:00	1:26	1:52
Rank 4	1:30	1:55	2:20
Rank 5	1:54	2:42	3:30

Service Definition	Factors/Exceptions Examples
<p><b>Menstrual Care</b> <b>[MPP §30-757.14(j)]</b></p> <p>Menstrual Care is limited to external application of sanitary napkins and external cleaning 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.</p> <p>Example: In assessing Menstrual Care, it may be necessary to assess additional time in other service</p>	<p><b>Factors for consideration, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• The extent to which the recipient can assist or perform tasks safely.</li> <li>• If the recipient has a menstrual cycle.</li> <li>• The duration of the recipient’s menstrual cycle.</li> <li>• If there are medical issues that necessitate additional time.</li> <li>• Time for universal precautions, as appropriate.</li> </ul> <p><b>Exceptions include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• If the recipient has spasticity or locked limbs.</li> </ul>

Service Definition	Factors/Exceptions Examples
categories such as “Laundry,” “Dressing,” “Domestic Services,” “Bathing, Oral Hygiene, and Grooming,” (MPP §30-757(j)(1)).	<ul style="list-style-type: none"> <li>If the recipient is combative.</li> </ul>

### Menstrual Care (Time Guidelines)

Note: Functional rank does not apply.

Low	Middle	High
0:17	0:32	0:48

Service Definition	Factors/Exceptions Examples
<p><b>Ambulation</b> <b>[MPP §30-757.14(k)]</b></p> <p>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.</p>	<p><b>Factors for consideration, but not limited to:</b></p> <ul style="list-style-type: none"> <li>The extent to which the recipient can assist or perform tasks safely.</li> <li>The distance the recipient must move inside the home.</li> <li>The speed of the recipient’s ambulation.</li> <li>Any barriers that impede the recipient’s ambulation.</li> <li>Time for universal precautions, as appropriate.</li> </ul> <p><b>Exceptions include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>If the recipient’s home is large or small.</li> <li>If the recipient requires frequent help getting to/from the bathroom.</li> <li>If the recipient has a mobility device, such as a wheelchair that results in a decreased need.</li> <li>If the recipient has spasticity or locked limbs.</li> <li>If the recipient is combative.</li> </ul>

Service Definition	Factors/Exceptions Examples
	<p><b>Exception Documentation Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Exception Low:</b> Only needs assistance retrieving walker.</li> <li>• <b>Exception High:</b> The distance the recipient must move inside their home.</li> <li>• <b>Exception High:</b> The recipient requires frequent help getting to/from the bathroom.</li> <li>• <b>Exception High:</b> The recipient has a mobility device, such as a wheelchair that results in a decreased need.</li> <li>• <b>Exception High:</b> The recipient has spasticity or locked limbs.</li> <li>• <b>Exception High:</b> The recipient is combative.</li> </ul>

### Ambulation (Hourly Task Guidelines)

Rank	Low	Middle	High
Rank 2	0:35	1:10	1:45
Rank 3	1:00	1:33	2:06
Rank 4	1:45	2:38	3:30
Rank 5	1:45	2:38	3:30

Service Definition	Factors/Exceptions Examples
<p><b>Transfer</b> <b>[MPP §30-757.14(h)]</b></p> <p>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</p>	<p><b>Factors for consideration, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• The extent to which the recipient can assist or perform tasks safely.</li> <li>• The amount of assistance required.</li> <li>• The availability of equipment, such as a Hoyer Lift.</li> <li>• Time for universal precautions, as appropriate.</li> </ul>

Service Definition	Factors/Exceptions Examples
<p>assistive device generally occurring within the same room.</p> <p><b>Note:</b> Transfer does not include:</p> <p>Assistance on/off toilet as this is evaluated as “Bowel and Bladder Care” and specified at MPP §30-757.14(a).</p> <p>Changing the recipient’s position to prevent skin breakdown and to promote circulation.</p> <p>This task is assessed as part of “Repositioning and Rubbing Skin” at MPP §30-757.14(q).</p>	<p><b>Exceptions include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• If the recipient gets in and out of bed frequently during the day or night due to naps or use of the bathroom.</li> <li>• If the weight of the recipient and/or condition of his/her bones requires more careful, slow transfers.</li> <li>• If the recipient has spasticity or locked limbs.</li> <li>• If the recipient is combative.</li> </ul> <p><b>Exception Documentation Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Exception Low:</b> Only needs a boost from seated position.</li> <li>• <b>Exception High:</b> The recipient gets in and out of bed frequently during the day or night due to naps or use of the bathroom.</li> <li>• <b>Exception High:</b> The weight of the recipient and/or condition of his/her bones requires more careful, slow transfers.</li> <li>• <b>Exception High:</b> The recipient has spasticity or locked limbs.</li> <li>• <b>Exception High:</b> The recipient is combative.</li> </ul>

**Transfer (Hourly Task Guidelines)**

Rank	Low	Middle	High
Rank 2	0:30	0:50	1:10
Rank 3	0:35	0:59	1:24
Rank 4	1:06	1:43	2:20
Rank 5	1:10	2:20	3:30

Service Definition	Factors/Exceptions Examples
<p><b>Bathing, Oral Hygiene, and Grooming [MPP §30-757.14(e)]</b></p> <p>Bathing (Bath/Shower) includes cleaning the body in a tub or shower; obtaining water/supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of a tub or shower; assistance with reaching all parts of the body for washing, rinsing, and drying and applying lotion, powder, deodorant; and washing/drying hands.</p> <p>Oral Hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.</p> <p>Grooming includes hair combing/brushing; hair trimming when recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care when these services are not assessed as “paramedical services” for the recipient; and washing/drying hands.</p> <p><b>Note:</b> This does not include getting to/from the bathroom. These tasks are assessed as mobility under “Ambulation” (MPP §30-757.14(k)).</p>	<p><b>Factors for consideration, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• The extent to which the recipient can assist or perform tasks safely.</li> <li>• The amount of assistance required.</li> <li>• The availability of equipment, such as a Hoyer Lift.</li> <li>• Time for universal precautions, as appropriate.</li> </ul> <p><b>Exceptions include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• If the recipient gets in and out of bed frequently during the day or night due to naps or use of the bathroom.</li> <li>• If the weight of the recipient and/or condition of his/her bones requires more careful, slow transfers.</li> <li>• If the recipient has spasticity or locked limbs.</li> <li>• If the recipient is combative.</li> </ul> <p><b>Exception Documentation Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Exception Low:</b> A roll-in shower is available, requiring less time.</li> <li>• <b>Exception High:</b> The provider’s constant presence is required.</li> <li>• <b>Exception High or Exception Low:</b> The weight of the recipient requires more or less time.</li> <li>• <b>Exception High:</b> The recipient has spasticity or locked limbs.</li> <li>• <b>Exception High:</b> The recipient is combative.</li> </ul>

**Bathing, Oral Hygiene, and Grooming (Hourly Task Guidelines)**

Rank	Low	Middle	High
Rank 2	0:30	1:13	1:55
Rank 3	1:16	2:13	3:09
Rank 4	2:21	3:13	4:05
Rank 5	3:00	4:03	5:06

Service Definition	Factors/Exceptions Examples
<p><b>Repositioning and Rubbing Skin</b> <b>[MPP §30-757.14(g)]</b></p> <p>Includes rubbing skin to promote circulation and/or prevent skin breakdowns; turning in bed and other types of repositioning; and range of motion exercises which are limited to:</p> <ul style="list-style-type: none"> <li>• General supervision of exercises which have been taught to the recipient by a licensed therapist or other healthcare professional to restore mobility restricted because of injury, disuse, or disease.</li> <li>• Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent with the patient’s capacity and tolerance. <ul style="list-style-type: none"> <li>○ Such exercises include carrying out of maintenance programs (e.g., the performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain a range of motion in paralyzed extremities; and assistive walking).</li> </ul> </li> </ul> <p><b>Note:</b> “Repositioning and Rubbing Skin” does not include:</p> <ul style="list-style-type: none"> <li>• Care of pressure sores (skin and wound care). This is assessed as part of Ultraviolet treatment (set up and monitor equipment) for pressure sores and/or application of medicated creams to skin. These tasks are assessed as part of “Care of and</li> </ul>	<p><b>Factors for consideration, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• The extent to which the recipient can assist or perform tasks safely.</li> <li>• If the recipient’s movement is limited while in the seating position and/or in bed, and the amount of time the recipient spends in the seating position and/or in bed.</li> <li>• If the recipient has circulatory problems.</li> <li>• Time for universal precautions, as appropriate.</li> </ul> <p><b>Exceptions include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• If the recipient has a condition that makes him/her confined to bed.</li> <li>• If the recipient has spasticity or locked limbs.</li> <li>• If the recipient has or is at risk of having decubitus ulcers which require the need to turn the recipient frequently.</li> <li>• If the recipient is combative.</li> </ul> <p><b>Exception Documentation Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Exception High:</b> The recipient has a condition that makes him/her confined to bed.</li> <li>• <b>Exception High:</b> The recipient has spasticity or locked limbs.</li> <li>• <b>Exception High:</b> The recipient has or is at risk of having decubitus ulcers, which require the need to turn the client frequently.</li> <li>• <b>Exception High:</b> The recipient is combative.</li> </ul>

Service Definition	Factors/Exceptions Examples
Assistance with Prosthetic Devices” at MPP §30-757.14(i).	

### Repositioning and Rubbing Skin (Time Guidelines)

Note: Functional rank does not apply.

Low	Middle	High
0:45	1:47	2:48

Service Definition	Factors/Exceptions Examples
<p><b>Care of and Assistance with Prosthetic Devices and Assistance with Self-Administration of Medications</b> <b>[MPP §30-757.14(i)]</b></p> <p>Assistance with taking off/putting on, maintaining, and cleaning prosthetic devices, vision/hearing aids, and washing/drying hands before and after performing these tasks.</p> <p>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.</p>	<p><b>Factors for consideration, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• The extent to which the recipient is able to manage medications and/or prosthesis independently and safely.</li> <li>• The amount of medications prescribed for the recipient.</li> <li>• If the recipient requires special preparation to distribute medications (e.g., cutting tablets, putting medications into Medi-sets, etc.).</li> <li>• If the recipient has cognitive difficulties that contribute to the need for assistance with medications and/or prosthetic devices.</li> <li>• Time for universal precautions, as appropriate.</li> </ul> <p><b>Exceptions include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• If the recipient takes medications several times a day.</li> <li>• If the pharmacy sets up medications in bubble wraps or Medi- sets for the recipient.</li> <li>• If the recipient has multiple prosthetic devices.</li> </ul>

Service Definition	Factors/Exceptions Examples
	<ul style="list-style-type: none"> <li>• If the recipient is combative.</li> </ul> <p><b>Exception Documentation Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Exception High:</b> The recipient takes medications several times a day.</li> <li>• <b>Exception High or Exception Low:</b> The pharmacy sets up medications in bubble wraps or Medi-sets for the recipient.</li> <li>• <b>Exception High:</b> The recipient has multiple prosthetic devices.</li> <li>• <b>Exception High:</b> The recipient is combative.</li> </ul>

**Care of and Assistance with Prosthetic Devices and Assistance with Self Administration of Medications (Time Guidelines)**

Note: Functional rank does not apply.

Low	Middle	High
0:28	0:47	1:07



## CLOSING REMARKS

On behalf of CDSS, thank you for your dedication to the IHSS program and serving vulnerable seniors and disabled adults/children. We value your role in the IHSS program and its importance in ensuring our program runs successfully. I encourage you to use these tools to conduct uniform assessments and help bridge the gap between your recipients' needs and the program's services. The CDSS will continue to strive to support you in serving our IHSS applicants/recipients and other county partners.



Sincerely,



**DEBBI THOMSON**  
Deputy Director



**STATE OF CALIFORNIA**  
Gavin Newsom, Governor

**HEALTH AND HUMAN SERVICES AGENCY**  
Mark Ghaly, Secretary

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**  
Kim Johnson, Director

# **IHSS Regulations**

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**SOCIAL SERVICES STANDARDS**  
**SERVICE PROGRAM NO. 7: IN-HOME SUPPORTIVE SERVICES**

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**SOCIAL SERVICES STANDARDS**  
**SERVICE PROGRAM NO. 7: IN-HOME SUPPORTIVE SERVICES**

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# **IHSS Training Academy**



# Social Services

## IHSS Training Academy

### Course Schedule

- IHSS Training Academy 2020/2021
  - The IHSS Training Academy is pleased to announce the open enrollment for the virtual delivery of IHSS 101 and IHSS 102! Please [click here](#) to access the FY 20/21 Course Catalog and Schedule.
  - The following courses are currently being converted to the virtual environment: Disabilities Awareness, Medical Implications, Fair Labor Standards Act, State Hearings, and Program Integrity. We appreciate your continued patience and understanding and will provide an updated schedule once the transition is completed.
  - [Click here to register for courses!](#)
  - [Registration Instructions](#)

If you are a **Social Worker** and would like additional information on the IHSS Training Academy courses, please contact [IHSS-Training@dss.ca.gov](mailto:IHSS-Training@dss.ca.gov).

For all **Provider Orientation** related questions and information, contact your local [IHSS County office](#), or [County Public Authority](#).

### Modules

Participants may download curriculum materials in the Learning Management System for the following IHSS Training Academy courses:

- In-Home Supportive Services (IHSS) 101
- In-Home Supportive Services (IHSS) 102
- Disabilities Awareness/ Medical Implications
- FLSA/ Program Integrity/ State Hearings

### IHSS Tools

- [Electronic Timesheet System \(ETS\) and Electronic Visit Verification \(EVV\) flyer](#) -This tool is undergoing translation and will be available in Armenian, Chinese and Spanish in early 2019.
- [IHSS Annotated Assessment Criteria](#)
- [IHSS Assessment Narrative Tool](#) - Please note that there is no requirement to use this tool, and counties may recreate the elements from the tool in any format they choose.
  - [How to Copy Text from a Password Protected Document](#) - For instructions on how to copy text from the Assessment Narrative Tool, please read these instructions.
- [Functional Index Ranks/Hourly Task Guidelines Grid \(revised 5/29/19\)](#)
- [Functional Index Ranking for Minor Children in IHSS Age Appropriate Guidelines Tool](#)
- [CMIPS Training Resources Guide](#)
- [Extreme Weather Advisory](#)
- [IHSS Inter-County Transfer](#)

## Quick Links

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- [Get Services IHSS](#)
- [County IHSS Offices](#)
- [Medi-Cal Offices](#)
- [County Public Authority](#)

## IHSS Recipients:

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- IHSS Training/Information: [Resources](#), [Fact Sheets](#) and [Educational Videos](#)
- [Electronic Services Portal \(ESP\)](#)
- [Electronic Visit Verification for Recipients and Providers](#)

## IHSS Providers:

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- [How to Become an IHSS Provider](#)
- [How to Appeal if You are Denied](#)
- [IHSS Provider Resources](#)





## IHSS Timesheet Issues/Questions:

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IHSS Service Desk for Providers & Recipients,  
(866) 376-7066

## Suspect Fraud?

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- IHSS Fraud Hotline: 888-717-8302
- [Help Stop Medi-Cal Fraud and Abuse](#)
- Provider Fraud and Elder Abuse complaint line: 1-(800)-722-0432

## Other Links

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- [Get Services APS](#)
- [County APS Offices](#)
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