Cómo calcular las horas de IHSS

Español

DRC Cómo calcular las horas de IHSS Noviembre de 2020

1. **Descripción general de los servicios de IHSS**
   https://www.cdss.ca.gov/Portals/9/IHSS/ITA/IHSSProgramServices.pdf

2. **Comprensión de cómo se calculan las horas de IHSS::**
   https://www.disabilityrightsca.org/system/files/fileattachments/561101.pdf

3. **Ejemplo de aviso de acción**
   https://www.cdss.ca.gov/cdssweb/entres/forms/English/NA1253.pdf

4. **Clasificaciones de índices funcionales y pautas de tareas por hora (HTG)**

Adultos:
https://www.cdss.ca.gov/Portals/9/IHSS/ITA/FactSheets/FIRankingsAndHTGs%20FINAL_Accessible%205.29.19.pdf

La versión anterior de HTG se encuentra en el sitio web de CDSS. El ACIN (abajo) incluye rangos medios

Niños: (Herramienta de pautas apropiadas para la edad):
https://www.cdss.ca.gov/Portals/9/IHSS/ITA/IHSS%20102/AAG.pdf?ver=201901-17-104504-257

5. **Criterios de evaluación anotados de IHSS (herramienta de clasificación de FI)**

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

Recursos:

Aviso de información de todos los condados (ACIN) I-82

https://www.cdss.ca.gov/Portals/9/ACIN/2017/I-82_17.pdf?ver=2019-06-18-163054-553 (Incluye como Anexo C, el Manual de evaluación de campo del trabajador social de IHSS que contiene las siguientes herramientas nuevas y / o actualizadas para ayudar a facilitar evaluaciones uniformes: 1. Pasos para completar la Evaluación de necesidades de IHSS; 2. Tabla HTG (esta tiene rangos medios); 3. IHSS

Herramienta narrativa de evaluación; y 4. **Herramienta de referencia rápida de clasificación FI / HTG).**

ACIN I-97-20 https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACINs/2020/I-97_20.pdf realizó cambios en las herramientas que se encuentran en ACIN

(Todas las cartas del condado, todas las cartas de los directores de bienestar social del condado y los ACIN son una guía emitida por CDSS a los condados. Proporcionan aclaraciones sobre los programas y políticas y su implementación. Consulte https://cdss.ca.gov/inforesources/rules-regulations y vaya a "cartas y avisos a casa"

Regulaciones de IHSS:

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

A partir de MPP 30-700

Academia de formación de IHSS:

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

Descripción general de los servicios de IHSS

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

SPECIAL CIRCUMSTANCES:

- **Heavy Cleaning:** Thorough cleaning of the home to remove hazardous debris or dirt. Authorized one time only and only under certain circumstances.
- **Yard Hazard Abatement:** Light work in the yard to remove high grass or weeds and rubbish when these materials pose a fire hazard (authorized one time only); or remove ice, snow, or other hazardous substances from entrances and essential walkways when these materials make access to the home hazardous.
- **Protective Supervision:** A benefit to watch an individual, who has a mental impairment, to keep the individual safe and prevent injuries and accidents. Certain limitations apply.
- **Teaching and Demonstration:** Teaching and demonstrating those services provided by IHSS providers so the recipient can perform services which are currently performed by IHSS providers by himself/herself. Certain limitations apply. This service is limited to three months, one-time-only.
- **Paramedical Services:** Services ordered by a licensed health care professional which recipients could perform themselves if they did not have functional limitations. When such services are necessary to maintain the recipient's health, paramedical services include activities such as administration of medications, checking blood sugar, administering insulin injections, inserting a medical device into a body orifice; activities requiring sterile procedures; or range of motion to improve function. Special limitations apply.

For more information, contact your local county IHSS office.

Comprender cómo se calculan las horas de IHSS

Disability Rights California

California's protection & advocacy system

Cómo se calculan las horas de IHSS

Junio de 2018, Pub. n.º 5611.02 - Spanish

En esta publicación se explica cómo se calculan las horas mensuales del Programa de Servicios de Apoyo en el Hogar (IHSS)[1]. Esta publicación da por sentado que usted ya ha solicitado IHSS, que ya se ha llevado a cabo la evaluación domiciliaria con el trabajador social de IHSS y que ha recibido una notificación de resolución (NOA) en la que se aprueban las horas. Para obtener más información sobre el proceso de solicitud de IHSS, consulte el manual "Nuts and Bolts", n.º 5470.01[2]

A) Antecedentes

(1) Financiación de IHSS

En primer lugar, es importante que comprenda las diferentes fuentes de financiación de IHSS, porque la fuente de financiación donde se lo incluya (también conocida como "programa") determinará la cantidad máxima de horas mensuales de IHSS que tendrá disponible. Tenga en cuenta que "las horas que tendrá disponible" no son necesariamente todas las horas que obtendrá. Los factores que determinan las horas que recibirá se explican en esta publicación.

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[1] Según nuestro leal saber y entender, esta es la fórmula que el Estado usa para calcular los servicios IHSS. (Volver al documento principal)

[2] La publicación de DRC "In-Home Supportive Services Nuts and Bolts Manual (Servicios de Apoyo en el Hogar - Manual de información básica)" se encuentra disponible en el siguiente enlace: Servicios de Apoyo en el Hogar de DRC - Manual de información básica. (Volver al documento principal)

Existen cuatro programas de IHSS. Cada programa tiene criterios de elegibilidad diferentes y un máximo de horas mensuales disponibles, dependiendo de si se lo considera una persona que presenta o que no presenta una discapacidad grave (puede leer más sobre esto debajo). Estos son los programas disponibles:

- el Programa de Servicios de Cuidado Personal (PCSP);
- el Programa de IHSS Plus Opciones (IPO);
- el Programa Residual de servicios de apoyo en el hogar (IHSS-R);
- la Primera Opción Comunitaria (CFCO).

Para saber cuál es su programa, revise su notificación de resolución[3] (en la que se aprueba su solicitud de IHSS) o consulte a su trabajador social de IHSS.

En el siguiente cuadro se incluyen los programas y el máximo de horas de IHSS disponibles mensualmente:

Programa	**Si se lo considera una persona que presenta una discapacidad grave (SI) – hasta:**	**Si se lo considera una persona que no presenta una discapacidad grave (NSI) – hasta:**	**Citas/Fuente de información**
PCSP	283 h/mes	283 h/mes	Notificación de información para todos los condados (ACIN) n.º I-28-06
IPO	283 h/mes	195 h/mes	Carta a todos los condados (ACL) n.º 11-19
IHSS-R	283 h/mes	195 h/mes	ACIN n.º I-28-06
CFCO	283 h/mes	Hasta 283 h/mes	ACL n.º 14-60

[3] Consulte Notificación de resolución - Cambio de programa de Servicios de Apoyo en el Hogar (IHSS) para obtener un modelo de una NOA. (Volver al documento principal)

- PCSP:

Para ser elegible para el PCSP, usted debe estar recibiendo cobertura de alcance completo de Medi-Cal[4] y su proveedor de IHSS no puede ser su cónyuge ni su padre.

- IPO:

Para ser elegible para el IPO, usted no debe calificar para el programa PCSP por alguna de las siguientes razones:

- su proveedor(es) de IHSS es su cónyuge o su padre;
- usted recibe pago por adelantado[5];
- recibe una asignación de alimentos en un restaurante[6].

i. IHSS-R:

[4] La cobertura de alcance completo de Medi-Cal implica que usted puede acceder a todos los servicios de Medi-Cal disponibles. (Volver al documento principal)

[5] El pago por adelantado es una alternativa para los beneficiarios de IHSS para recibir un pago por adelantado por sus servicios mensuales con el objetivo de pagar a sus proveedores directamente. Para más información, consulte la publicación del Departamento de Servicios Sociales de California “In-Home Supportive Services (IHSS) Program Advance Pay (Programa de Servicios de Apoyo en el Hogar (IHSS) - Pago por adelantado)”. Disponible aquí: Programa de Servicios de Apoyo en el Hogar (IHSS) - Pago por adelantado. (Volver al documento principal)

[6] La asignación de alimentos en un restaurante se otorga a los beneficiarios de IHSS que poseen cocinas adecuadas en su casa, pero por sus discapacidades no pueden usar este servicio. MPP 30-757.133(a). Tenga en cuenta de que si recibe Medi-Cal a través del Ingreso del Seguro Suplementario, y no posee los servicios de cocina y almacenamiento adecuados en su casa, usted debe recibir la asignación de alimentos en un restaurante a través del pago suplementario estatal. Para más información, consulte la Carta a todos los condados (ACL) n.º 16-12 disponible en: Publicación del Sistema Manual de Operación de Programas regional (POMS). (Volver al documento principal)

Para ser elegible para el IHSS-R, usted no debe recibir cobertura de alcance completo de Medi-Cal ni cobertura de alcance completo de Medi-Cal con una participación financiera federal[7]. Generalmente, esto implica que el IHSS-R está destinado a residentes permanentes legales o a personas que residen en los Estados Unidos bajo el amparo de la ley[8].

ii. CFCO: La Primera Opción Comunitaria (CFCO)

Para ser elegible para la CFCO, usted debe ser elegible para una cobertura de alcance completo con una participación financiera federal de Medi-Cal y debe cumplir con el nivel de cuidado del centro de enfermería[9].

Si usted recibe el IPO, pero también puede recibir la CFCO, considere cambiarse a la CFCO. La CFCO permite un máximo más alto de horas (las cuales aún podría necesitar para demostrar su elegibilidad), y puede beneficiarse de las normas de empobrecimiento del cónyuge (consulte la publicación de DRC n.º 5392.01[10], , y la carta a los directores de bienestar de todos los condados N.° 17-25[11]).

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[7] California brinda la cobertura de alcance completo de Medi-Cal a través de fondos estatales, no federales para ciertos grupos de inmigrantes. Para más información, consulte el manual “Cómo obtener y mantener una cobertura médica para los californianos de bajos ingresos: una guía para defensores”, capítulo 1, de Western Center on Law & Poverty. Disponible en: Capítulo 1: Elegibilidad general para Medi-Cal. (Volver al documento principal)

[8] Para más información, consulte el Programa de Servicios de Cuidado Personal de IHSS, el programa Independence Plus Waiver y el Programa Residual. (Volver al documento principal)

[9] Para más información, consulte la Carta a todos los condados (ACL) n.º 14-60 disponible en: Implementación del Programa Primera Opción Comunitaria (CFCO). (Volver al documento principal)

[10] Disponible en el siguiente enlace: Programas de Medi-Cal de DRC para ayudarlo a que esté en su propia casa o pueda irse del centro de enfermería. (Volver al documento principal)

[11] Disponible en el siguiente enlace: Servicios en el hogar y en la comunidad, y normas de empobrecimiento del cónyuge. (Volver al documento principal)

(2) Gravedad:

El IHSS establece las horas mensuales máximas dependiendo de si se lo considera una persona que presenta una discapacidad grave (SI) o una persona que no presenta una discapacidad grave (NSI). De acuerdo con los reglamentos del IHSS, para determinar si usted es NSI o SI , se suman las horas de estas categorías: preparación de comidas, limpieza después de la comida, asistencia para respirar, asistencia para orinar y defecar, alimentación, baño en cama de rutina, vestimenta, cuidado menstrual, ambulación, traslado, baño, higiene bucal, aseo, masajes en la piel, cambios de posición, ayuda con las prótesis, servicios paramédicos[12].

Si recibe recursos alternativos[13] que le proporcionen alguno de los servicios mencionados arriba, esas horas se toman en cuenta para determinar si un beneficiario es NSI o SI, a pesar de que esas mismas horas no se cuenten para la necesidad de IHSS de dicho beneficiario[14].

> Por ejemplo, si usted va a un centro de atención diurna para adultos y recibe asistencia de limpieza después de las comidas para el almuerzo, entonces sus horas mensuales de IHSS no incluirán la asistencia que necesita para limpiar después del almuerzo. Sin embargo, la asistencia de limpieza después del almuerzo que recibe en el centro de atención diurna para adultos se tendrá en cuenta para determinar si se lo considera “una persona que presenta una discapacidad grave” o “una persona que no presenta una discapacidad no grave”. Esto implica que su máximo de horas mensuales puede ser 283 o 195, según se lo considere una persona que presenta o que no presenta una discapacidad grave.

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[12] MPP, artículo 30-7-1(s)(1)(A)-(D); El Manual de Políticas y Procedimientos se encuentra disponible aquí: Servicios Estándar de los Servicios Sociales - capítulo 30-700 Programa de Servicios n.º 7: IHSS; y Servicios Estándar de los Servicios Sociales - Programa de Servicios n.º 7: Limitaciones de costo de IHSS. (Volver al documento principal)

[13] Los recursos alternativos son servicios parecidos a los de IHSS que usted recibe a través de otros programas. MPP, artículo 30-757.171(a)(2) y MPP, artículo 30-763.611. (Volver al documento principal)

[14] MPP, artículos 30-701(s)(1), 30-763.5 y 30-761.273. (Volver al documento principal)

Se lo considera SI, si recibe 20 horas o más cada semana en las categorías mencionadas arriba[15]. Se lo considera NSI si recibe 19 horas o menos cada semana en las categorías mencionadas arriba.

(3) Evaluación residencial

El trabajador social lo evaluará en su hogar para determinar qué servicios necesita y cuánto tiempo necesita para cada servicio. A partir de ese momento, si corresponde, el trabajador social prorrateará ciertos servicios y restará tiempo si se usan recursos alternativos. El prorrateo y los recursos alternativos se analizarán más abajo. Tenga en cuenta que la supervisión preventiva puede ser prorrateada según su situación. Para más información, consulte la publicación del DRC n.º 5612.01.

(4) Prorrateo

Cuando el servicio IHSS se pueden compartir entre las personas en el hogar, la necesidad por hora por ese servicio se debe prorratear[16]. Por ejemplo, si varias personas se benefician por el suministro de un servicio relacionado o doméstico, entonces el tiempo que lleva preparar ese servicio se divide de igual manera entre todos los que se benefician, incluidos los no beneficiarios de IHSS en la casa.

> Ejemplo: si a un padre le lleva 100 minutos realizar el lavado de ropa para los cinco miembros de la familia (incluidos el padre y el único beneficiario del IHSS), entonces la cantidad de tiempo asignado al beneficiario del IHSS es de 20 minutos (100 ÷ 5 = 20 minutos).

Se prorratean las siguientes categorías de servicios:

- servicios domésticos y limpieza profunda[17];
- servicios relacionados[18];

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[15] MPP artículo 30-701(s)(1). (Volver al documento principal)
[16] MPP artículo 30-763.32. (Volver al documento principal)
[17] MPP artículo 30-763.31 (Volver al documento principal)
[18] MPP artículo 30-763.32. Los servicios relacionados incluyen preparación de la comida, limpieza de la comida, lavado de ropa de rutina, compras de comida y otras compras o mandados. (Volver al documento principal)

- supervisión preventiva[19].

Si un servicio no se ofrece a más de una persona a la vez, entonces no se debe prorratear.

> Ejemplo: si un padre, en el ejemplo anterior, realiza el lavado de ropa de su hijo (el beneficiario de IHSS) por separado debido a que su hijo tiene problemas de los intestinos y la vejiga, entonces el lavado de ropa no beneficia a los otros miembros de la casa. Aquí, el lavado de ropa del hijo no se prorratea entre los otros cuatro miembros de la familia.

(5) Recursos alternativos:

Los recursos alternativos son servicios parecidos a los de IHSS que usted recibe a través de otros programas, tales como el programa de atención diurna para adultos o la escuela[20]. Después de determinar la cantidad de recursos alternativos que recibe, el trabajador social restará este tiempo de la necesidad total evaluada.

> Ejemplo: usted vive en un hogar con su proveedor de IHSS. El proveedor limpia después del desayuno y la cena de los dos. Usted va a un centro de atención diurna para adultos, donde recibe asistencia para la limpieza después del almuerzo. En la categoría de limpieza de las comidas, hay una columna rotulada “Servicios a los que se negó o que recibe de parte de otros”. Aquí, el trabajador social del condado primero suma la cantidad total de tiempo dedicado a la limpieza después del desayuno, el almuerzo y la cena. Luego, el trabajador social del condado realiza un ajuste o prorrateo, ya que los servicios de limpieza que le proporcionan sus proveedores lo benefician tanto a usted como al proveedor. Esto implica que el trabajador social le asigna a usted el tiempo prorrateado en la

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[19] Para más información sobre cómo se prorratea la supervisión preventiva, consulte la publicación de DRC correspondiente n.° 5612.01. (Volver al documento principal)

[20] MPP, artículo 30-757.171(a)(2) y MPP, artículo 30-763.611. (Volver al documento principal)

columna “Cantidad de servicio que necesita”. Luego, el trabajador social del condado indica la asistencia de limpieza que recibe de parte del recurso alternativo. Esta información se incluye en la columna “Servicios a los que se negó o que recibe de parte de otros”.

B) PASOS:

Paso 1 – Determinar el programa y la gravedad:

Determinar el tipo de programa de financiación en el que está. Esto se hace mirando la página dos de la NOA inicial que recibió cuando se aprobó su IHSS.

Determinar la gravedad mediante la suma de las horas de servicio de las categorías relevantes que se mencionan anteriormente.

Paso 2 – Determinar la necesidad por semana de supervisión no preventiva de IHSS:

Sumar todas las horas de IHSS que recibe, sin contar las horas de supervisión preventiva.

Paso 3 – Determinar la necesidad por semana de supervisión preventiva de IHSS:

Para determinar si es elegible para la supervisión preventiva, consulte la publicación de DRC n.º 5493.01[21]. Si la supervisión preventiva se prorratea, las horas prorrateadas se incluirán en la columna “Servicios a los que se negó o que recibe de parte de otros”.

Consulte la publicación de DRC n.º 5612.01 para más información sobre cómo prorratear la supervisión preventiva.

Paso 4 – Estimar el total de la necesidad por semana de IHSS, incluida la supervisión preventiva; luego, calcular el monto mensual:

[21] Disponible en el siguiente enlace: Servicios de Apoyo en el Hogar de DRC - Supervisión preventiva. (Volver al documento principal)

El trabajador social añadirá la cantidad de horas de IHSS semanales incluidas en su notificación de resolución con los servicios de supervisión preventiva semanales[22]. Ellos multiplicarán ese total semanal por 4,33 para obtener el total mensual.

Paso 5 – Comparar el resultado del paso 4 con los montos mensuales máximos:

El trabajador social comparará el resultado del paso 4 con el máximo de horas permitidas del programa para el que es elegible. El trabajador social debe elegir el número más bajo.

Por ejemplo, si miramos el cuadro en la página 2, si usted es NSI, recibe financiación a través del programa IPO y está autorizado para recibir supervisión preventiva, solo se le permite un máximo de 195 horas por mes. Esto implica que, incluso si su total mensual es mayor a 195 horas por mes, usted está limitado a 195 horas por mes en IHSS con supervisión preventiva. Si su total mensual es de menos de 195 horas por mes, entonces le autorizarán ese monto menor. En este caso, ya que necesita más horas de IHSS que el máximo de horas que permite el IHSS, su NOA debe registrar esta necesidad insatisfecha[23]. El documento que relata los hechos del caso también debe reflejar cualquier necesidad insatisfecha. El trabajador social de IHSS debe derivarlo a programas gubernamentales gratuitos o a recursos basados en la comunidad que puedan cubrir la necesidad insatisfecha. Estas derivaciones deben documentarse en su expediente del caso.

C) EJEMPLOS:

[22] Dado que los cálculos se realizan utilizando unidades decimales, puede que sea necesario convertir los minutos en unidades decimales dividendo el número de minutos por 60. Luego, agregue el número de horas para dar con las horas y minutos totales en forma decimal. Por ejemplo: 32 horas y 10 minutos. Para dar con la unidad decimal de los minutos: 10 ÷ 60 = 1666. Luego, agregue eso a las horas. 32 + 0,16 = 32,16 (Volver al documento principal)

[23] ACL n.º 13-66. (Volver al documento principal)

Ejemplo A

Kramer es un señor de 85 años que necesita IHSS con supervisión preventiva. Vive en su casa con su hijo y el hijo de su esposa. Su hijo es su proveedor de IHSS. Nadie más en la casa recibe IHSS con supervisión preventiva. Dado que es un residente permanente legal, tiene IHSS con financiación IHSS-R.

Paso 1 – Determinar el programa y la gravedad:

Kramer recibe financiación a través del programa IHSS-R. Al sumar las categorías relevantes de las horas, tal como se detallan en su notificación de resolución, se descubre que es NSI porque está recibiendo menos de 20 horas en las categorías correspondientes.

Paso 2 – Determinar la necesidad por semana de supervisión no preventiva de IHSS:

La suma de todas las horas de supervisión no preventiva de su notificación de resolución da un total de 15 horas por semana.

Paso 3 – Determinar la necesidad por semana de supervisión preventiva de IHSS:

Al consultar la publicación del DRC n.º 5612.01, podemos determinar que Kramer posee 143 horas de supervisión preventiva por semana.

Paso 4 – Estimar el total de la necesidad por semana de IHSS, incluida la supervisión preventiva; luego, calcular el monto mensual:

15 + 143 = 158 horas por semana

158 x 4,33 = 684,14 horas por semana

Paso 5 – Comparar el resultado del paso 4 con los montos mensuales máximos:

De acuerdo con el cuadro de la página 2, teniendo IHSS-R y nivel de gravedad NSI, el máximo de horas mensuales que Kramer puede recibir es de 195 horas por mes.

El resultado de 684,14 horas por mes en el paso 4 supera el máximo reglamentario de 195 horas por mes. Por lo tanto, el máximo de horas mensuales que Kramer puede recibir es de 195 horas por mes. Su NOA debe registrar la necesidad insatisfecha. El trabajador social de IHSS debe derivar a Kramer a programas gubernamentales gratuitos o a recursos basados en la comunidad que puedan proporcionarle servicios para satisfacer la necesidad insatisfecha.

Ejemplo B:

En una casa habitan cuatro niños. Sus nombres son Andrew, Barbara, Carlos y Dante. Cada niño está autorizado a recibir supervisión preventiva. Andrew y Barbara asisten a la escuela 7,5 horas por día (37,5 horas a la semana). Carlos y Dante reciben educación en el hogar. El padre y la madre son proveedores de IHSS. Dadas las necesidades graves de los niños, el padre solo puede proporcionarles supervisión preventiva a Andrew y a Barbara al mismo tiempo. La madre solo puede proporcionarles supervisión preventiva a Carlos y a Dante al mismo tiempo.

Paso 1: Determinar el programa y la gravedad:

Andrew: Andrew recibe IHSS a través de la CFCO. Esto se informó por medio de una notificación de resolución que aprobaba su solicitud de los servicios IHSS. Al sumar las categorías marcadas con asterisco en rojo, descubrimos que Andrew es NSI porque está recibiendo menos de 20 horas por semana en las categorías correspondientes que determinan la gravedad. Recibe 19,85 horas en las categorías correspondientes[24].

Barbara: Barbara también recibe IHSS a través de la CFCO. Ella es SI porque recibe 20 horas o más por semana en las categorías correspondientes.

[24] En situaciones como estas, continúe recabando información para saber si puede recibir 20 horas o más por semana en una de las categorías que se consideran “de discapacidad grave”. (Volver al documento principal)

Carlos: Carlos recibe IHSS a través de la CFCO. Él es SI porque recibe 20 horas o menos por semana en las categorías correspondientes.

Dante: Dante recibe IHSS a través de la CFCO. Él es SI porque recibe 20 horas o más por semana en las categorías correspondientes.

Paso 2: Determinar la necesidad por semana de supervisión no preventiva de IHSS:

Andrew: Al sumar todas las horas de supervisión no preventiva de su notificación de resolución, se le autorizan 24,85 horas de IHSS por semana.

Barbara: Al sumar todas las horas de supervisión no preventiva de su notificación de resolución, se le autorizan a Barbara 25 horas de IHSS por semana.

Carlos: Al sumar todas las horas de supervisión no preventiva de su notificación de resolución, se le autorizan a Carlos 5 horas de IHSS por semana.

Dante: Al sumar todas las horas de supervisión no preventiva de su notificación de resolución, se le autorizan a Dante 21 horas de IHSS por semana.

Paso 3: Determinar la necesidad por semana de supervisión preventiva:

Andrew: 46,5 horas de supervisión preventiva por semana.
Barbara: 46,5 horas de supervisión preventiva por semana.
Carlos: 84 horas de supervisión preventiva por semana.
Dante: 84 horas de supervisión preventiva por semana.

Paso 4: Estimar el total de la necesidad por semana de IHSS, incluida la supervisión preventiva; luego, calcular el monto mensual:

Andrew: Sumar la cantidad de horas de IHSS semanales incluidas en su notificación de resolución (24,85) con los servicios de

supervisión preventiva semanales (46,5). Esto da un total de 71,35 horas por semana. Luego multiplicar 71,35 x 4,33 para obtener el monto mensual. Esto da un total de 308,9 horas por mes.

Barbara:
25 + 46,5 = 71,5 horas por semana
71,5 x 4,33 = 309,5 horas por semana

Carlos:
5 + 84 = 89 horas por semana
89 x 4,33 = 385,3 horas por semana

Dante:
21 + 84 = 105 horas por semana
105 x 4,33 = 454,6 horas por semana

Paso 5: Comparar el resultado del paso 4 con el máximo de los montos mensuales:

Andrew: Dado que Andrew es NSI, pero tiene IHSS financiado a través de la CFCO, es elegible para recibir IHSS de hasta 283 horas por mes. Dado que su total mensual real es de 308,9 horas por mes, sus horas de IHSS autorizadas mensuales con supervisión preventiva son la menor cantidad, con 283 horas por mes.

Barbara: Dado que Barbara es SI, y tiene IHSS patrocinado a través de la CFCO, es elegible para recibir IHSS de hasta 283 horas por mes. El resultado del paso 4 es de 309,5 horas por mes. El menor de los dos montos es 283 horas por mes, por lo tanto, Barbara está autorizada a recibir 283 horas por mes.

Carlos: Dado que Carlos es NSI, pero tiene IHSS financiado a través de la CFCO, es elegible para recibir IHSS de hasta 283 horas por mes. Dado que su total mensual real es de 385,3 horas por mes, está autorizado a recibir el máximo reglamentario de 283 horas mensuales de IHSS con supervisión preventiva.

Dante: Dado que Dante es SI, pero tiene IHSS financiado a través de la CFCO, es elegible para recibir IHSS hasta 283 horas por mes. Dado que su total mensual real es de 454,6 horas por mes, está

autorizado a recibir el máximo reglamentario de 283 horas mensuales de IHSS con supervisión preventiva.

Ejemplo C

Hui, su hermana menor Isabella y su hermano menor Jasper reciben supervisión preventiva. Ellos viven con su padre. Hui, Isabella y Jasper tienen necesidades tan demandantes que su padre solo puede cuidar a Hui e Isabella al mismo tiempo. El padre contrata un proveedor de IHSS para cuidar a Jasper. Hui e Isabella reciben supervisión preventiva compartida (o tienen una necesidad compartida de supervisión preventiva), porque su padre puede proporcionarles supervisión preventiva al mismo tiempo. Hui y Jasper asisten a la escuela 6 horas por día (30 horas a la semana). Isabella recibe educación en el hogar; pero, durante esa actividad, su padre debe cuidarla.

Paso 1 – Determinar el programa y la gravedad:

Hui: Hui recibe IPO y es NSI porque recibe 20 horas o menos por semana en las categorías correspondientes.

Isabella: Isabella también recibe IPO y es NSI porque recibe 20 horas o menos por semana en las categorías correspondientes.

Jasper: Jasper es SI porque recibe 20 horas o más por semana en las categorías correspondientes.

Paso 2 – Determinar la necesidad por semana de supervisión no preventiva de IHSS:

Hui: Al sumar todas las horas de supervisión no preventiva de su notificación de resolución, se le autorizan a Carlos 12 horas de supervisión no preventiva de IHSS por semana.

Isabella: Al sumar todas las horas de supervisión no preventiva de su notificación de resolución, se le autorizan a Isabella 15 horas de supervisión no preventiva de IHSS por semana.

Jasper: Al sumar todas las horas de supervisión no preventiva de su notificación de resolución, se le autorizan a Jasper 20 horas de supervisión no preventiva de IHSS por semana.

Paso 3 – Determinar la necesidad por semana de supervisión preventiva de IHSS:

Hui: 54 horas de supervisión preventiva por semana.
Isabella: 84 horas de supervisión preventiva por semana.
Jasper: 138 horas de supervisión preventiva por semana.

Paso 4 – Estimar el total de la necesidad por semana de IHSS, incluida la supervisión preventiva; luego, calcular el monto mensual:

Hui:

12 + 54 = 66 total de IHSS por semana;
66 + 4,33 = 285,78 total de IHSS por mes

Isabella:

15 + 85 = 100 total de IHSS por semana;
100 + 4,33 = 433 total de IHSS por mes

Jasper:

20 + 138 = 158 total de IHSS por semana;
684,14 total de IHSS por mes

Paso 5 – Comparar el resultado del paso 4 con los montos mensuales máximos:

Hui: Dado que Hui es NSI, pero tiene IHSS financiado a través del IPO, su máximo de horas mensual es de 195 horas por mes. Dado que el resultado del paso 4 es mayor que el máximo mensual, Hui está limitado a recibir 195 horas por mes.

Isabella: Dado que Isabella es NSI, pero tiene IHSS financiado a través del IPO, su máximo de horas mensual es de 195 horas por mes. Dado que el resultado del paso 4 es mayor que el máximo mensual, Isabella está limitada a recibir 195 horas por mes.

Jasper: Dado que Jasper es SI, pero tiene IHSS financiado a través del IPO, su máximo de horas mensual es de 283 horas por mes. Dado que el resultado del paso 4 es mayor que el máximo mensual, Jasper está limitado a recibir 283 horas por mes.

Nota: El padre debe tener cuidado de no violar las normas sobre las horas extra de IHSS. Consulte la publicación de DRC n.º 5603.01[25].

[25] Disponible en el siguiente enlace: Nuevas normas de IHSS: Horas extra y cambios relacionados. (Volver al documento principal)

¡Queremos escucharlo! Complete la siguiente encuesta sobre nuestras publicaciones y déjenos su opinión sobre lo que estamos haciendo: [Completar la encuesta]

Para obtener asistencia legal, llame al 800-776-5746 o complete el formulario de solicitud de asistencia formulario de solicitud de asistencia. Por otras cuestiones, llame al 916-504-5800 (norte de CA); 213-213-8000 (sur de CA).

Disability Rights California cuenta con el patrocinio de varias instituciones. Para ver la lista completa de los patrocinadores, visite *http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html*

Ejemplo de aviso de acción

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

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

CONDADO DE

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

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

(ADDRESSEE)

A partir de _____, han cambiado los servicios y/o la duración de los servicios que usted puede recibir.
MES, DÍA, AÑO

La razón es la siguiente:

El total de horas:minutos de los servicios de IHSS que ahora puede recibir cada mes es: _____. Esto significa un aumento/una reducción de _____.

Ahora usted recibirá los servicios indicados a continuación durante el tiempo que aparece en la columna "Cantidad autorizada de servicios que puede recibir". Esa columna indica las horas:minutos que recibía antes, lo que va a recibir de ahora en adelante, y la diferencia. Si va a recibir menos tiempo para un servicio, la explicación del motivo aparece en las siguientes páginas.

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

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

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

¿Tiene preguntas? Por favor comuníquese con su trabajador social de IHSS. El número de teléfono aparece en la parte superior de esta página.

Audiencia con el Estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En la siguiente página se le explica cómo solicitarla.

Clasificaciones de índices funcionales y pautas de tareas por horas (HTG)

Adultos Niños Herramientas de pautas apropiadas para la edad

Clasificaciones del índice de funcionalidad y guías de tareas por hora

Como solicitante/beneficiario de Servicios de Apoyo en el Hogar (IHSS), es útil saber cuáles son las clasificaciones del índice de funcionalidad (FI) de IHSS, y cómo afectan su evaluación. Las clasificaciones FI varían del 1 al 6 (ver la descripción enseguida) e indican el nivel de asistencia que usted necesita para desempeñar las tareas de manera segura. Un trabajador social de IHSS del condado asignará una clasificación a cada categoría de servicio para ayudar a determinar la cantidad de asistencia que necesita.

Clasificación 1: Independiente. Capaz de desempeñar la función sin asistencia humana.

Clasificación 2: Capaz de desempeñar la función pero necesita asistencia verbal, como recordatorios, guía, o apoyo.

Clasificación 3: Puede desempeñar la función con un poco de asistencia humana, incluyendo, pero sin limitarse, a la asistencia física directa de un proveedor.

Clasificación 4: Puede desempeñar una función solamente con asistencia humana substancial.

Clasificación 5: No puede desempeñar la función, con o sin asistencia humana.

Recetado por un profesional del cuidado de la salud con licencia:

Clasificación 6: Requiere servicios paramédicos.

Después de asignar una clasificación en cada categoría de servicio y de tomar en consideración todas sus necesidades particulares, el trabajador social autorizará tiempo dentro de las guías de tareas por hora, o fuera de éstas. Si se necesita tiempo fuera de las guías, se le llama *excepción.* Si usted necesita más tiempo o menos fuera de las guías para una clasificación específica de un servicio, su trabajador social revisará las excepciones para ver si son adecuadamente necesarias.

Para más información, comuníquese con su oficina local de IHSS.

IHSS IN-HOME SUPPORTIVE SERVICES

CDSS

Guías de tareas por hora

Los trabajadores sociales también usan las guías de tareas por hora (HTG) como se especifica en los reglamentos estatales para determinar el tiempo apropiado necesario semanalmente para cada categoría de servicio. **Autoridad reguladora:** Manual de Prácticas y Procedimientos (MPP), Secciones 30-757.11 a 30-757.14(k).

Tenga en cuenta: Esta herramienta no invalida las regulaciones de HTG.

Categoría de servicio	Clasif. 2 (baja)	Clasif. 2 (alta)	Clasif. 3 (baja)	Clasif. 3 (alta)	Clasif. 4 (baja)	Clasif. 4 (alta)	Clasif. 5 (baja)	Clasif. 5 (alta)
Preparación de las comidas**	3:01	7:00	3:30	7:00	5:15	7:00	7:00	7:00
Limpieza después de las comidas**	1:10	3:30	1:45	3:30	1:45	3:30	2:20	3:30
Cuidado después de defecar y orinar	0:35	2:00	1:10	3:20	2:55	5:50	4:05	8:00
Alimentación	0:42	2:18	1:10	3:30	3:30	7:00	5:15	9:20
Baños rutinarios de cama	0:30	1:45	1:00	2:20	1:10	3:30	1:45	3:30
Vestirse	0:34	1:12	1:00	1:52	1:30	2:20	1:54	3:30
Ambulación	0:35	1:45	1:00	2:06	1:45	3:30	1:45	3:30
Traslados	0:30	1:10	0:35	1:24	1:06	2:20	1:10	3:30
Baños, higiene bucal y arreglo personal	0:30	1:55	1:16	3:09	2:21	4:05	3:00	5:06

Categoría de servicio	Baja (Guías de tiempo)	Alto (Guías de tiempo)
Cuidado sobre la menstruación	0:17	0:48
Cambio de posición y frotamiento de piel	0:45	2:48
Cuidado y asistencia con aparatos prostéticos	0:28	1:07

Servicios con guías de tiempo:

Categoría de servicio	Guías de tiempo
Servicios domésticos	6:00 total maximo por mes por hogar a menos que apliquen los ajustes*; los prorrateos se pueden aplicar**
Compras de comida	1:00 por semana por hogar a menos que apliquen los ajustes*; los prorrateos se pueden aplicar**
Otras compras/mandados	0:30 por semana a menos que apliquen los ajustes*; los prorrateos se pueden aplicar**
Lavado de ropa	1:00 por semana (lavadoras en el hogar); 1:30 por semana (lavadoras fuera del hogar); por hogar; los prorrateos se pueden aplicar**

*Los ajustes se refieren a una necesidad cubierta en común con compañeros de casa.

**Cuando se prorratean los servicios domésticos, los hijos naturales o adoptivos del beneficiario quienes tienen 14 años o menos no serán considerados (Sección 30-763.46 del MPP). Otros niños en el hogar (nietos, sobrinos/as, etc.) quienes menores de 14 años si serán considerados.

Actualizado el 5/29/2019

NOTA: Los reglamentos actuals del MPP definen las HTG en formato decimal, por ejemplo, 1.50 horas. Para adaptar la evaluación/autorización del servicio con el registro de datos del Sistema de Manejo del Caso, Información, y Nóminas (CMIPS), a las asignaciones de tiempo se les da un nuevo formato de horas:minutos. Este cambio en formato no contradice los reglamentos actuales del programa, y reduce la confusión acerca del registro de tiempo en el CMIPS [MPP, Secciones 30-757.11 a 30-757.14(k)].

Clasificaciones de índices funcionales para niños menores de edad

CDSS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SACRAMENTO STATE COLLEGE OF CONTINUING EDUCATION

IHSS IN-HOME SUPPORTIVE SERVICES

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.

CDSS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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Developmental Guide

IHSS
IN-HOME
SUPPORTIVE SERVICES

SELF CARE				Gross Motor	Meal Prep & Consumption		Domestic Tasks		
Developmental State	**Bathing/Oral /Hygiene/Grooming**	**Bowel and Bladder**	**Dressing**	**Ambulation**	**Feeding**	**Meal Prep and clean up**	**Housework**	**Laundry**	**Shopping and Errands**
Infancy (0-2)				**Stands alone by 10-12months; walk unassisted by 15 months; runs by 18 months**	**Eats with spoon by 12-14 months; drinks form cup by 10-12 months**				
Toddler (3-4)	**Able to Wash hands/face and brush teeth unassisted**	**Requires supervision and assistance with toileting; may ask to go to the bathroom**	**Removes shirt/dress/pants; puts on shirt/dress/pants with some assistance**	**Walks upstairs unassisted; requires supervision/assistance walking downstairs**	**Uses fork correctly eat**	**Able to wipe surface/table; able to pour from one container to another with supervision**	**Able to pick up and put away toys**		**Can follow simple on-step direction (e.g. bring me the cup)**
Early Childhood (5-8)	**Bathes self with some assistance and minor supervision**	**Cares for self at toilet unassisted; may experience bed wetting**	**Able to button shirt/dress/pant; dresses self; ties shoes**	**Able to skip and climb on and up structures**	**Able to use table knife to cut and spread**	**Able to help clear table and assist with clean up**	**Cares for room/makes bed**	**Able to put away clothes in drawer; fold clothes with assistance**	**Can follow three step direction (e.g. go to your room, get your shoes on, and come to the car)**

Middle Childhood (9-11)	**Combs or brushes hair; able to bathe unassisted and unsupervised**					**Washes dishes/cleans up with supervision**	**Able to sweep floor; take out the trash**	**Able to hang up clothes in closet; transfer and load clothes into washer/dryer**	**Able to follow more complex directions (e.g. get ready for school tomorrow); able to handle money/change**
Early Adolescence (11-14)						**Able to cook simple meals and clean up unassisted and unsupervised**	**Able to vacuum**	**Able to use iron safely**	**Makes minor purchases/run errands (short distances)**
Late Adolescence (15-18)						**Able to prepare meals and clean up**			**Able to shop for groceries unassisted**

KEY: Not yet full appropriate Fully Functional

Developed by: Nicole C Polen, Ph.D
Child Development Specialist
River Oak Center for Children, Sacramento

Note: The information in this guide represents developmental milestones. There are always variances from that norm

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).

Recursos

para los avisos de información del condado (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

EDMUND G. BROWN JR.
GOVERNOR

December 5, 2017

REASON FOR THIS TRANSMITTAL
[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[X] Clarification Requested by One or More Counties
[X] Initiated by CDSS

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

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

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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KIM JOHNSON
DIRECTOR

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

IHSS
IN-HOME
SUPPORTIVE SERVICES

CDSS

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.

IHSS IN-HOME SUPPORTIVE SERVICES

CDSS

STEPS TO COMPLETING THE IHSS NEEDS ASSESSMENT

Step	Task	Checklist
1	Prepare for the Home Visit	☐ Schedule appointment by letter or phone. ☐ Check for current Medi-Cal eligibility, share of cost. ☐ Arrange for interpreter as needed. ☐ Review case information (SOC 873, recent assessment, case notes, any critical incidents reported in the past 12 months, care provider information, timesheet activities, etc.). ☐ Identify potential issues including safety concerns. ☐ Provider Violations
2	Complete thorough Assessment	☐ Living Arrangement (type of home, condition/safety, ☐ DMEs, household members, relationship, contacts) ☐ Physical and mental functional capabilities and limitations (not diagnosis driven) ☐ Social worker's observations ☐ Level of needs ☐ Alternative Resources: o Formal: Multi-Senior Services Program (MSSP), Community-Based Adult Services (CBAS), Regional Centers, School, Meals on Wheels, Paratransit, etc. o Informal: Family, friends, and neighbors ☐ Health and safety concerns/risk
3	Assign FI Rank: Document Abilities and Limitations	☐ Rank 1 – Independent ☐ Rank 2 – Verbal assistance ☐ Rank 3 – Some human assistance ☐ Rank 4 – Substantial human assistance ☐ Rank 5 – Totally dependent ☐ Rank 6 – Paramedical
4	Determine Service Hours Utilizing HTG	☐ Refer to Hourly Task Guidelines for Service Task Definition ☐ Fill out SOC 293 or Service Authorization Worksheet (or other county forms as appropriate)

Step	Task	Checklist
		☐ Frequency (normal range of need; variable functioning) ☐ Proration Adjustments ☐ Other factors (environmental factors, DMEs, ☐ Alternative Resources)
5	Documentation	☐ Exceptions – list specific reasons for the exceptions ☐ Assessment Narrative ☐ Provider Circumstances/availability ☐ Unmet Need ○ Number of unmet need hours (can be found by checking eligibility under Authorization Tab in CMIPS) ○ List resources if already in place ○ Any safety concerns and referrals made to appropriate agency, if applicable ☐ Forms ○ 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

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 **

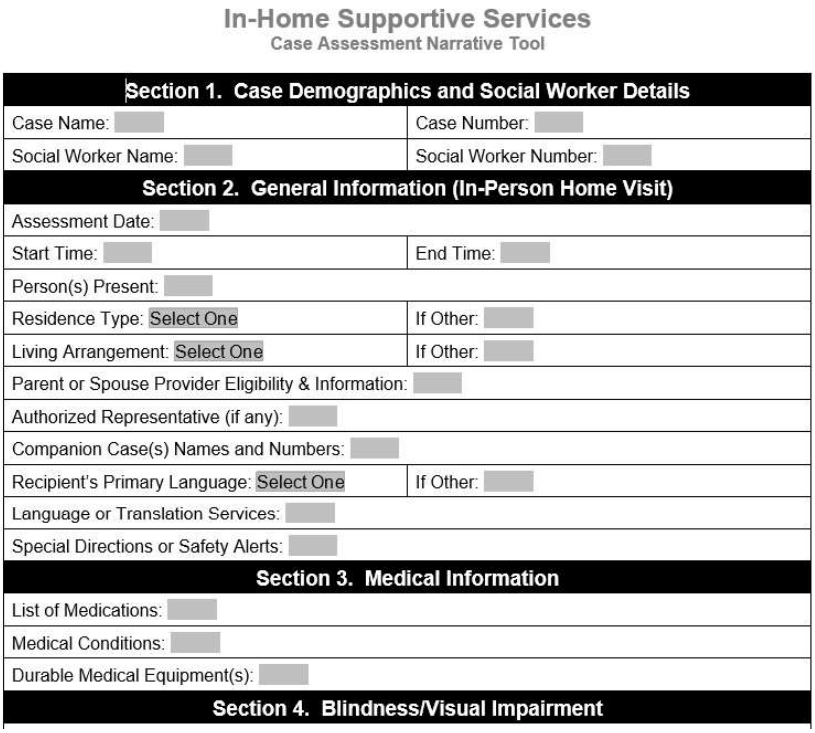
* Adjustments refer to a need met in common with housemates.
** When prorating Domestic and Related Services, the natural or adoptive children of the recipient who are under 14 are not considered (MPP section 30-763.46). Other children in the household (i.e., grandchildren, nieces, nephews, etc.) under 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.



In-Home Supportive Services
Case Assessment Narrative Tool

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

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

IHSS
IN-HOME
SUPPORTIVE SERVICES

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 30-757.11through 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)].

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

November 2020

Service Definition	Factors/Exceptions Examples
Domestic and Related Services (MPP §30-757.11) 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).	**Factors for consideration include, but not limited to:** • If the recipient has a separate bedroom and bathroom. • If there are any rooms not being used by the recipient. • If the recipient has physical or mental limitations that contribute to the recipient's need for assistance. **Exceptions include, but not limited to:** • 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. **Exception Documentation Examples:** • **Exception Low:** Home is very small (e.g., travel trailer). • **Exception High:** Severe asthma so more dusting/vacuuming is necessary. • **Exception High:** Due to incontinence, extra sheet changes needed.

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
Preparation of Meals **(MPP §30-757.131)** 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.	**Factors for consideration, but not limited to:** • The extent to which the recipient can assist or perform task safely. • 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). • 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. • The frequency the recipient eats. • Time for universal precautions, as appropriate. **Exceptions include, but not limited to:** • If the recipient must have meals pureed or cut into bite-sized pieces. • If the recipient has special dietary requirements that require longer preparation times or preparation of more frequent meals. • If the recipient eats meals that require less preparation (e.g., toast and coffee for breakfast). **Exception Documentation Examples:** • **Exception Low:** The recipient eats meals that require less preparation time (e.g., toast and coffee for breakfast). • **Exception High:** The recipient must have meals pureed or cut into bite-sized pieces. • **Exception High:** The recipient has special dietary requirements that require longer preparation times or preparation of more frequent meals.

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

Meal Clean-up
(MPP §30-757.132)
 	
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: 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).
	Factors for consideration, but not limited to:
	
	• The extent to which the recipient can assist or perform task safely.
	  ○ **Example:** 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.
	  ○ **Example:** A recipient who has less control of utensils and/or spills food frequently may require more time for clean-up.
	• The types of meals requiring the clean-up.
	  ○ **Example:** 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.
	• If the recipient can rinse the dishes and leave them in the sink until provider can wash them.
	• The frequency that meal clean-up is necessary.
	• If there is a dishwasher appliance available.
	
	Exceptions include, but not limited to:
	
	• If the recipient must eat frequent meals which require additional time for clean-up.
	• If the recipient eats light meals that require less time for clean-up.

Service Definition	Factors/Exceptions Examples
	Exception Documentation Examples: • **Exception Low:** The recipient eats light meals that require less time for clean-up. • **Exception High:** The recipient must eat frequent meals, which require additional time for clean-up.

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
Laundry **(MPP §30-757.134)** Washing and drying laundry, mending, ironing, folding, and storing clothes on shelves or in drawers.	**Factors for consideration, but not limited to:** • Whether the recipient has a washer and the capability to dry clothes on the premises or in the home. • Whether the recipient has the capability to hand wash some items. • If the recipient's laundry is washed separately from other • members in the household. **Exceptions include, but not limited to:** • If the recipient has incontinence or other issues which create extra laundry.

Service Definition	Factors/Exceptions Examples
	Exception Documentation Examples: • **Exception High:** Recipient has incontinence that results in more loads of laundry than usual. • **Exception High:** Closest laundromat is far from recipient's home.

Laundry (Time Guidelines)

Note: Functional rank does not apply.

Time Range
Facilities within the home – 1:00 total per week per household maximum unless exception occurs; **Out of home facilities –** 1:30 per week per household maximum

Service Definition	Factors/Exceptions Examples
Shopping for Food [MPP §30-757.135(b)] Making a grocery list, travel to/from the store, shopping, loading, unloading, and storing food.	**Factors for consideration, but not limited to:** • Whether the shopping for groceries is for the entire household. • The extent to which the recipient is able to move around the home. • The extent to which the recipient is able to reach, grasp, and lift. **Exceptions include, but not limited to:** • If a nearby store is not consistent with the recipient's economic needs.

Service Definition	Factors/Exceptions Examples
	Exception Documentation Examples: • **Exception High:** Recipient lives in a remote area and therefore closest grocery store is far from recipient's home.

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
Other Shopping and Errands [MPP §30-757.135(c)] 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.	**Factors for consideration, but not limited to:** • Whether other shopping and errands is done for the entire household. • Whether the other errands are completed when the food shopping is done. **Exception Documentation Examples:** • **Exception High:** Closest store is far from recipient's home.

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

Bowel and Bladder Care [MPP §30-757.14(a)]
 	
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.
 	
Note: This does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program or colostomy irrigation as these are assessed as "paramedical services" (MPP §30-757.19).
	Factors for consideration, but not limited to:
	
	• The extent to which the recipient can assist or perform tasks safely.
	• The frequency of the recipient's urination and/or bowel
	• movements.
	• If there are assistive devices available which result in decreased or increased need for assistance.
	  ○ **Example**: 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.
	  ○ **Example**: 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.
	• Time for universal precautions, as appropriate.
	
	Exceptions include, but not limited to:
	
	• If the recipient has frequent urination of bowel movements.
	• If the recipient has frequent bowel or bladder accidents.
	• If the recipient has occasional bowel or bladder accidents that requires assistance from another person.
	• If the recipient's morbid obesity requires more time.

Service Definition	Factors/Exceptions Examples
	• If the recipient has spasticity or locked limbs. • If the recipient is combative. **Exception Documentation Examples:** • **Exception Low:** Elevated toilet seats and/or Hoyer Lifts are available which results in less time and a decreased need for assistance by the recipient. • **Exception Low:** Due to limited reach ability, only needs assist with wiping after a bowel movement. • **Exception Low:** Only needs assistance on/off the toilet seat. • **Exception High:** The bathroom door is not wide enough to allow for easy walker or wheelchair access, so it takes longer to assist the recipient. • **Exception High:** Recipient has frequent bowel movements and/or urination. • **Exception High:** Recipient has occasional bowel and bladder accidents that require assistance from another person. • **Exception High:** Recipient's morbid obesity requires more time. • **Exception High:** Recipient has spasticity or locked limbs, so it takes longer to assist. • **Exception High:** The recipient is combative.

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
Feeding **[MPP §30-757.14(c)]** Includes assistance with consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to recipients who cannot feed themselves or who require other assistance with special devices in order to feed themselves or to drink adequate liquids. Includes assistance with reaching for, picking up, and grasping utensils and cup; cleaning recipient's face and hands; and washing/drying hands; and washing/drying provider's hands before and after feeding. **Note:** 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).	**Factors for consideration, but not limited to:** • The extent to which the recipient can assist or perform tasks safely. • The amount of time it takes the recipient to eat meals. • The type of food that will be consumed. • The frequency of meals/liquids. • Time for universal precautions, as appropriate. **Exceptions include, but not limited to:** • If the constant presence of the provider is required due to the danger of choking or other medical issues. • If the recipient has a mental impairment and only requires prompting for feeding him/herself. • If the recipient requires frequent meals. • If the recipient prefers to eat foods that he/she can manage without assistance. • If the recipient must eat in bed. • If food must be placed in the recipient's mouth in a special way • due to difficulty swallowing or other reasons. • If the recipient is combative. **Exception Documentation Examples:** • **Exception Low:** Recipient has a mental impairment and only requires prompting to begin feeding him/herself and can be left unattended once feeding has begun. • **Exception Low:** Recipient prefers to eat foods that he/she can manage without assistance. • **Exception High:** Constant presence of the provider is required due to the danger of choking or other medical issues. • **Exception High:** Recipient requires frequent meals. • **Exception High:** Food must be placed in the recipient's mouth in a special way due to difficulty swallowing or other reasons. • **Exception High:** The recipient is combative.

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
Routine Bed Baths [MPP §30-757.14(d)] 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.	**Factors for consideration, but not limited to:** • The extent to which the recipient can assist or perform tasks safely. • If the recipient is prevented from bathing in the tub/shower. • If bed baths are needed in addition to baths in the tub/shower. Time for universal precautions, as appropriate. **Exceptions include, but not limited to:** • If the recipient is confined to bed and sweats profusely requiring frequent bed baths. • If the weight of the recipient requires more or less time. • If the recipient is combative. **Exception Documentation Examples:** • **Exception Low:** Bed baths on non-shower days only. • **Exception High:** The recipient is confined to bed and sweats profusely requiring frequent bed baths. • **Exception High or Exception Low:** The weight of the recipient requires more time or less time. • **Exception High:** The recipient is combative.

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
Dressing **[MPP §30-757.14(f)]** 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.	**Factors for consideration, but not limited to:** • The extent to which the recipient can assist or perform tasks safely. • The type of clothing/garments the recipient wears. • If the recipient prefers other types of clothing/garments. • The weather conditions. • Time for universal precautions, as appropriate. **Exceptions include, but not limited to:** • If the recipient frequently leaves his/her home, requiring additional dressing/undressing. • If the recipient frequently bathes and requires additional dressing or soils clothing, requiring frequent changes of clothing. • If the recipient has spasticity or locked limbs. • If the recipient is immobile. • If the recipient is combative. **Exception Documentation Examples:** • **Exception Low:** Due to limited bending, recipient only needs assistance with shoes and socks. • **Exception Low:** Due to limited fine motor skills, only needs assistance with zippers, typing shoes, and buttons.

Service Definition	Factors/Exceptions Examples
	• **Exception High:** The recipient frequently leaves his/her home, requiring additional dressing/undressing. • **Exception High:** The client frequently bathes and requires additional dressing or soils clothing, requiring frequent changes of clothing. • **Exception High:** The recipient is immobile. • **Exception High:** Heavy cycle every month and requires more changing. • **Exception High:** The recipient has spasticity or locked limbs. • **Exception High:** The recipient is combative.

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
Menstrual Care **[MPP §30-757.14(j)]** 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. Example: In assessing Menstrual Care, it may be necessary to assess additional time in other service	**Factors for consideration, but not limited to:** • The extent to which the recipient can assist or perform tasks safely. • If the recipient has a menstrual cycle. • The duration of the recipient's menstrual cycle. • If there are medical issues that necessitate additional time. • Time for universal precautions, as appropriate. **Exceptions include, but not limited to:** • If the recipient has spasticity or locked limbs.

Service Definition	Factors/Exceptions Examples
categories such as “Laundry,” “Dressing,” “Domestic Services,” “Bathing, Oral Hygiene, and Grooming,” (MPP §30-757(j)(1)).	• If the recipient is combative.

Menstrual Care (Time Guidelines)

Note: Functional rank does not apply.

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

Service Definition	Factors/Exceptions Examples
Ambulation **[MPP §30-757.14(k)]** Assisting a recipient with walking or moving from place to place inside the home, including to and from the bathroom; climbing or descending stairs; moving/retrieving assistive devices, such as a cane, walker, or wheelchair, etc., and washing/drying hands before and after performing these tasks. “Ambulation” also includes assistance to/from the front door to the car (including getting in and out of the car) for medical accompaniment and/or alternative resource travel.	**Factors for consideration, but not limited to:** • The extent to which the recipient can assist or perform tasks safely. • The distance the recipient must move inside the home. • The speed of the recipient’s ambulation. • Any barriers that impede the recipient’s ambulation. • Time for universal precautions, as appropriate. **Exceptions include, but not limited to:** • If the recipient’s home is large or small. • If the recipient requires frequent help getting to/from the bathroom. • If the recipient has a mobility device, such as a wheelchair that results in a decreased need. • If the recipient has spasticity or locked limbs. • If the recipient is combative.

Service Definition	Factors/Exceptions Examples
	Exception Documentation Examples: • **Exception Low:** Only needs assistance retrieving walker. • **Exception High:** The distance the recipient must move inside their home. • **Exception High:** The recipient requires frequent help getting to/from the bathroom. • **Exception High:** The recipient has a mobility device, such as a wheelchair that results in a decreased need. • **Exception High:** The recipient has spasticity or locked limbs. • **Exception High:** The recipient is combative.

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
Transfer **[MPP §30-757.14(h)]** 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	**Factors for consideration, but not limited to:** • The extent to which the recipient can assist or perform tasks safely. • The amount of assistance required. • The availability of equipment, such as a Hoyer Lift. • Time for universal precautions, as appropriate.

Service Definition	Factors/Exceptions Examples
assistive device generally occurring within the same room. **Note:** Transfer does not include: Assistance on/off toilet as this is evaluated as "Bowel and Bladder Care" and specified at MPP §30-757.14(a). Changing the recipient's position to prevent skin breakdown and to promote circulation. This task is assessed as part of "Repositioning and Rubbing Skin" at MPP §30-757.14(q).	**Exceptions include, but not limited to:** • If the recipient gets in and out of bed frequently during the day or night due to naps or use of the bathroom. • If the weight of the recipient and/or condition of his/her bones requires more careful, slow transfers. • If the recipient has spasticity or locked limbs. • If the recipient is combative. **Exception Documentation Examples:** • **Exception Low:** Only needs a boost from seated position. • **Exception High:** The recipient gets in and out of bed frequently during the day or night due to naps or use of the bathroom. • **Exception High:** The weight of the recipient and/or condition of his/her bones requires more careful, slow transfers. • **Exception High:** The recipient has spasticity or locked limbs. • **Exception High:** The recipient is combative.

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
Bathing, Oral Hygiene, and Grooming [MPP §30-757.14(e)] 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. Oral Hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands. 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. **Note:** This does not include getting to/from the bathroom. These tasks are assessed as mobility under "Ambulation" (MPP §30-757.14(k)].	**Factors for consideration, but not limited to:** • The extent to which the recipient can assist or perform tasks safely. • The amount of assistance required. • The availability of equipment, such as a Hoyer Lift. • Time for universal precautions, as appropriate. **Exceptions include, but not limited to:** • If the recipient gets in and out of bed frequently during the day or night due to naps or use of the bathroom. • If the weight of the recipient and/or condition of his/her bones requires more careful, slow transfers. • If the recipient has spasticity or locked limbs. • If the recipient is combative. **Exception Documentation Examples:** • **Exception Low:** A roll-in shower is available, requiring less time. • **Exception High:** The provider's constant presence is required. • **Exception High or Exception Low:** The weight of the recipient requires more or less time. • **Exception High:** The recipient has spasticity or locked limbs. • **Exception High:** The recipient is combative.

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
Repositioning and Rubbing Skin [MPP §30-757.14(g)] 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: • 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. • 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. ○ 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). **Note:** "Repositioning and Rubbing Skin" does not include: • 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	**Factors for consideration, but not limited to:** • The extent to which the recipient can assist or perform tasks safely. • 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. • If the recipient has circulatory problems. • Time for universal precautions, as appropriate. **Exceptions include, but not limited to:** • If the recipient has a condition that makes him/her confined to bed. • If the recipient has spasticity or locked limbs. • If the recipient has or is at risk of having decubitus ulcers which require the need to turn the recipient frequently. • If the recipient is combative. **Exception Documentation Examples:** • **Exception High:** The recipient has a condition that makes him/her confined to bed. • **Exception High:** The recipient has spasticity or locked limbs. • **Exception High:** The recipient has or is at risk of having decubitus ulcers, which require the need to turn the client frequently. • **Exception High:** The recipient is combative.

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
Care of and Assistance with Prosthetic Devices and Assistance with Self-Administration of Medications [MPP §30-757.14(i)] Assistance with taking off/putting on, maintaining, and cleaning prosthetic devices, vision/hearing aids, and washing/drying hands before and after performing these tasks. Also includes assistance with the self- administration of medications consisting of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken, setting up Medi-sets, and distributing medications.	**Factors for consideration, but not limited to:** • The extent to which the recipient is able to manage medications and/or prosthesis independently and safely. • The amount of medications prescribed for the recipient. • If the recipient requires special preparation to distribute medications (e.g., cutting tablets, putting medications into Medi-sets, etc.). • If the recipient has cognitive difficulties that contribute to the need for assistance with medications and/or prosthetic devices. • Time for universal precautions, as appropriate. **Exceptions include, but not limited to:** • If the recipient takes medications several times a day. • If the pharmacy sets up medications in bubble wraps or Medi- sets for the recipient. • If the recipient has multiple prosthetic devices.

Service Definition	Factors/Exceptions Examples
	• If the recipient is combative. **Exception Documentation Examples:** • **Exception High:** The recipient takes medications several times a day. • **Exception High or Exception Low:** The pharmacy sets up medications in bubble wraps or Medi-sets for the recipient. • **Exception High:** The recipient has multiple prosthetic devices. • **Exception High:** The recipient is combative.

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

Regulaciones de IHSS

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CHAPTER 30-700 SERVICE PROGRAM NO. 7: IN-HOME SUPPORTIVE SERVICES

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Section

Academia de formación de IHSS

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.

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 are 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 Guideline Tool
- CMIPS Training Resources Guide
- Extreme Weather Advisory
- IHSS Inter-County Transfer

Quick Links

- Get Services IHSS
- County IHSS Offices
- Medi-Cal Offices
- County Public Authority

IHSS Recipients:

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

IHSS Providers:

- How to Become an IHSS Provider
- How to Appeal if You are Denied
- IHSS Provider Resources

Social Services

IHSS Timesheet Issues/Questions:

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

Suspect Fraud?

- 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

- Get Services APS
- County APS Offices
- Get Services CAPI