An Overview of IHSS Benefits

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Adopted, with permission, from a training by
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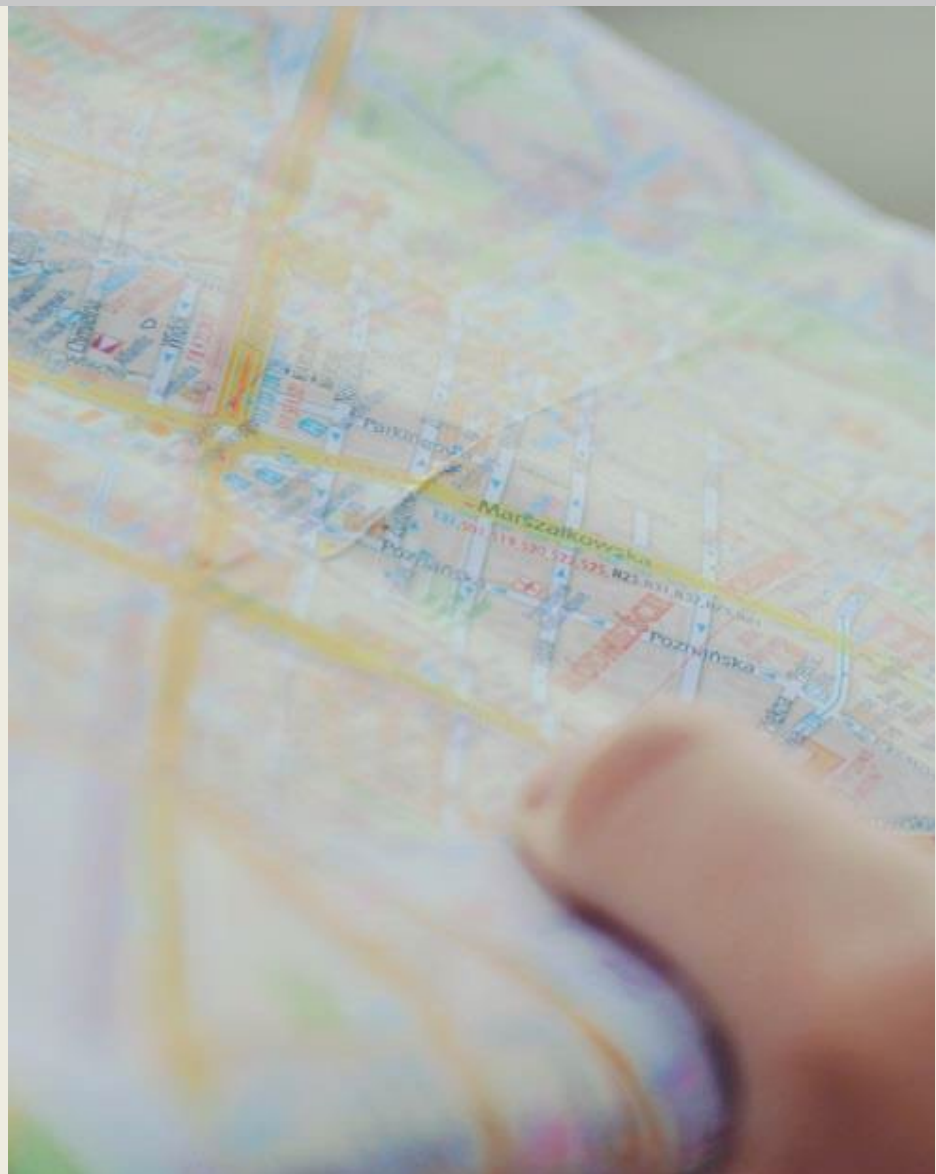
Agenda

- Defining IHSS
- Consumer Eligibility
- Applying for IHSS
- Assessment of Need



Advocates role on IHSS cases

Intake and Initial Advice

- Complete basic intake using IHSS canned notes
- Provide basic counsel and advice regarding IHSS program
  - Educate consumer on the IHSS program, application and evaluation process;
  - For those facing assessments, advise on the assessment process, explain key terms (Functional Index, HTG, Protective Supervision, etc.);
  - Remind of hearing rights, APP and timelines
  - See IHSS toolkit for reference

- Escalation to Attorneys – after intake and initial services/advice.
  - For clients denied, terminated, delayed or reduced – for Protective Supervision and other complex questions/issues.
  - Overpayment notices, fraud, etc.
  - Complex questions about program – HCBA and IHSS, multiple beneficiaries in household, etc.

Common Questions

- How can I change my social worker?
  - Filing an appeal will not result in change of a social worker. Consumers can ask to speak to a supervisor and make the request. Unless there are extenuating circumstances, it is not often that workers are changed.
- Reassessment vs. Appeal?
  - If there is a change of circumstance – reassessment first, and then appeal if disagreement about hours.
  - Consider circumstances when it makes sense to appeal first.

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In-Home Supportive Services Basics

In-Home Supportive Services

- Non-medical care in the home
- Cannot otherwise safely remain in their home
- IHSS is a Medi-Cal benefit

How the IHSS Program Works?

- Application and screening for basic eligibility
- IHSS Social Worker (SW) does home assessment to determine amount of monthly hours and services (1 to 283 hours/month)
- Consumer is the employer
  - Provider may be family, friend, or professional
  - Providers must be certified
  - IHSS Public Authority serves as ASO (e.g. payroll, provider registry, etc.)
- IHSS pays provider hourly wage for authorized hours

Range of Services

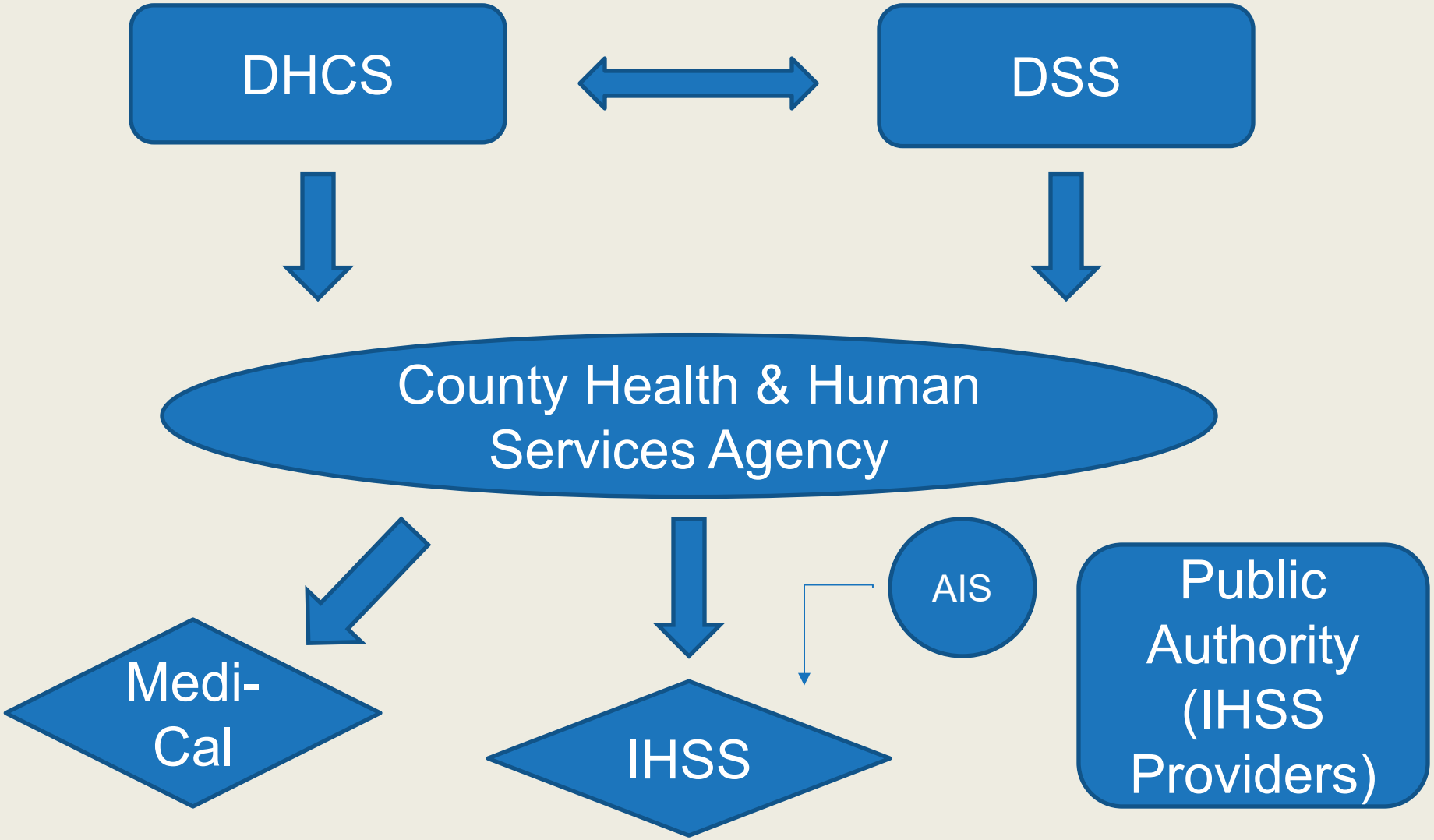
Domestic and Related Services

Personal Care Services

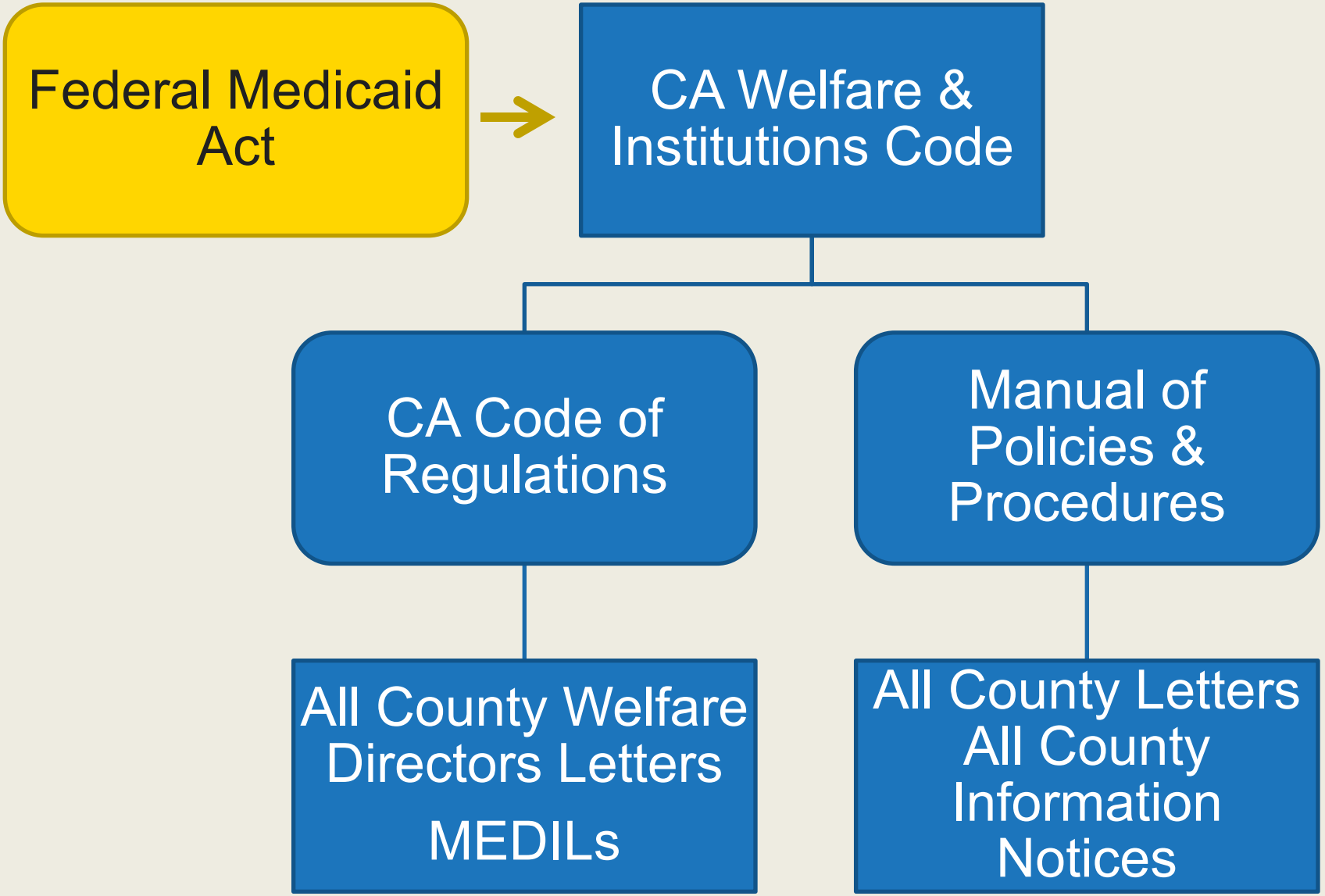
Paramedical Services

Protective Services

Important Agencies



Major Laws Governing IHSS



IHSS Eligibility

Basic Eligibility Requirements

- Living in their own home (or abode of their choice)
- Medi-Cal eligible
- Must be aged, blind, or disabled (including minors) with functional impairments
- Unable to perform supportive services for themselves
- Cannot safely remain in their homes without IHSS

-WIC Sec. 12300

Need for IHSS

- Cannot safely remain in own home without in home supportive services provided

- County Social Worker will conduct in home needs assessment:
  - Recipient's living environment
  - Recipient's functional abilities
  - Alternative resources available

Applying for IHSS

IHSS Application Process Consumer Responsibilities

- In San Diego apply by phone by calling Aging & Independence Services 1-800-510-2020
- Submit Health Care Certification Form (SOC 873)
- Participate in home visit and needs assessment

Physician Certification (SOC 873)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM

HEALTH CARE CERTIFICATION FORM

A. APPLICANT/RECIPIENT INFORMATION (To be completed by the county)

Applicant/Recipient Name: | Date of Birth:

Address:

County of Residence: | IHSS Case #:

IHSS Worker Name:

IHSS Worker Phone #: | IHSS Worker Fax #:

C. HEALTH CARE INFORMATION (To be completed by a Licensed Health Care Professional Only)

NOTE: ITEMS #1 & 2 (AND 3 & 4, IF APPLICABLE) MUST BE COMPLETED AS A CONDITION OF IHSS ELIGIBILITY.

1. Is this individual unable to independently perform one or more activities of daily living (e.g., eating, bathing, dressing, using the toilet, walking, etc.) or instrumental activities of daily living (e.g., housekeeping, preparing meals, shopping for food, etc.)?	☐ YES ☐ NO
2. In your opinion, is one or more IHSS service recommended in order to prevent the need for out-of-home care (See description of IHSS services on Page 1)?	☐ YES ☐ NO

Application Process
County Responsibilities

- Determine initial eligibility
- Help consumer obtain Health Care Certification
- Complete home visit and needs assessment
- Process application in 30 days
- Send Notice of Action

IHSS Assessment and Services

Overview of Assessment Process

Worker determines:

- Functional capacity or “Functional Index” (FI) in each service category
  - Degree client safely complete task independently or without reliance on another
- The frequency and duration of each task to be performed.

Then:

- Computes the need subtotal
- Subtracts proration and alternative resources

SOC 293 – Needs Assessment Form

SW's Assessment of Need

Complete Thorough Assessment of Consumer's Functional Needs

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Assign Functional Index Ranks
Reference: Annotated Assessment Criteria

↓

Complete the H line

Housework	Laundry	Shopping and Errands	Meal Prep and Clean up	Mobility Inside	Bathing and Grooming	Dressing	Bowel, Bladder & Menstrual Care	Moving in and out of Bed (Transfer)	Eating	Respiration	Memory	Orientation	Judgment

↓

Compute Total Need for Each Task

↓

Compare Total Need with Task Ranges

↓

Within the Task Range ? — No → Reason for Exception for this FI?

Yes ↓ Document Need

No ↓ Reconsider Time Authorized

Yes ↓ Document Need AND Exception

Functional Index "FI":

- Documents the social worker's assessment of the consumer's dependence on human assistance in each service category.
- Focus is on level of need, not services provided.

Functional Ranks			
Housework	5	Bowel, Bladder & Menstrual	5
Laundry	5	Transfer	5
Shopping and Errands	5	Feeding	5
Meal Prep & Clean-up	5	Respiration	1
Ambulation	5	Memory	2
Bathing & Grooming	5	Orientation	2
Dressing	5	Judgment	

FI Ranking:

- Rank 1 - Independent
- Rank 2 - Able to perform a function, but needs verbal assistance, such as reminding, guidance, or encouragement.
- Rank 3 – Requires some human assistance
- Rank 4 – Requires substantial human assistance
- Rank 5 – Dependent on another.
- Rank 6 – Paramedical Services needed

IHSS Service Categories

- **Domestic services (sweeping, cleaning bathroom, dusting, etc.) –** subject to proration
- **Related services (meal prep, laundry, errands, etc.)** – subject to proration for # of people in house
- **Non-Medical Personal Services –** No proration
  - Based on actual need
  - Time may be over/under Hourly task Guidelines
  - May be reduced if being provided by others – called Alternative Resources (e.g. School, Regional Center)

IHSS Services & Hourly Task Guidelines

- Hourly Task Guidelines (HTG) for Domestic and Related services (per week):
  - Domestic services (6:00) MPP §30-757.11(k)(1)
  - Laundry onsite (1:00); offsite (1:30) MPP §30-757.134(c)-(d)
  - Food shopping (1:00) and Other Shopping (0:30) MPP §30-757.135(e) and (g).
- Pro-rated
- Extendable based on exceptional need

IHSS Services with HTG Ranges

Other Related Services:

- Meal Preparation (3.02 to 7.00) MPP §30-757.131
- Meal Cleanup (1.17 to 3.50) MPP §30-757.132

Personal Care Services:

- Bowel and bladder care (.58 to 8.00) MPP §30-757.14(a)
- Feeding (.70 to 9.33) MPP §30-757.14(c) .
- Routine bed baths - .50 to 3.50, MPP §30-757.14(d)
- Bathing, oral hygiene and grooming (.50 to 5.10) MPP §30-757.14(e)
- Dressing & undressing (.56 to 3.50) MPP §30-757.14(f).

IHSS Services with HTG Ranges

- Ambulation (.58 to 3.50) MPP §30-757.14(k)
- Transfer – (.50 to 3.50) MPP §30-757.14(h)
- Prosthesis care (brace, hearing aid, glasses) and help with self-admin. of medications (.47 to 1.12) MPP §30-757.14(i)
- Repositioning & rubbing of skin (.75 to 2.80) MPP §30-757.14(g)
- Routine menstrual care (.28 to .80) MPP §30-757.14(j)
- Respiration (MPP §30-757.14(b))
- Medical transportation/Accompaniment MPP §30-757.15; 30-780.1(b)(5))

*See excerpt “Things to Consider”

Sample Need Calculation

Let's calculate time needed for Transfers:

- Functional Index Rank = 5 (dependent)
- Need per instance of help = 1 minute
- Frequency per day = 10 times/day
  - Per week = (10min/day x 7 = 70 min/week)
- 70 minutes or **1:10 hour/Min per week**
- Compare to FI and HTG range – (.5 to 3.50)

*HTG are only guidelines - Actual time is based on need.

Needs Assessment Form - SOC 293:

Rank	Activities of Daily Living	Frequency (Daily, Weekly, Monthly)	Quantity	Duration	Proration	Alternative Resources	Comments	Total Assessed Need
5	Menstrual Care	Weekly	12	00:03		00:12	Period lasts 6 days, changes pad 8X/day=48 pads/mo divided by 4weeks=12pads/week; Alt res: 3 pads at schoolX5days at school=15pads/month divided by 4wks=4pads/wk in school.	00:36
5	Ambulation Some Human Assistance Total Human Assistance Walker/Cane Wheelchair Needs Some Help w/ Stairs	Daily	20	00:03		01:30	High HTG-cannot be unsupervised when walking due to drop seizures, requires hands on or will fall, poor gross and fine motor skills, poor balance, hands shake, Alt Resources:6x/dayX5days	07:00
5	Transfers Some Human Assistance Total Human Assistance Assistance Getting on/off Seats and Wheelchairs	Daily	10	00:01		00:00	bed and chair transfers, cannot transfer self due to poor balance, poor gross and fine motor skills, drop seizures, hands constantly shake.	01:10

Once again…

Complete Thorough Assessment of Consumer's Functional Needs

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Assign Functional Index Ranks
Reference: Annotated Assessment Criteria

↓

Complete the H line

Housework	Laundry	Shopping and Errands	Meal Prep and Clean up	Mobility Inside	Bathing and Grooming	Dressing	Bowel, Bladder & Menstrual Care	Moving in and out of Bed (Transfer)	Eating	Respiration	Memory	Orientation	Judgment

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Compare Total Need with Task Ranges

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Yes ↓ Document Need

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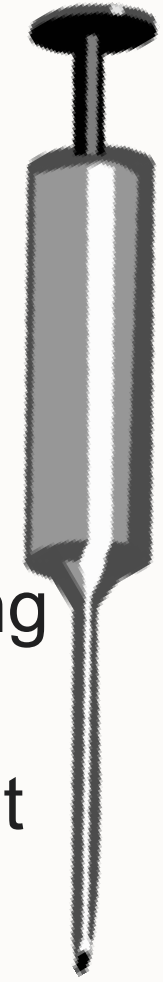
Special Service Categories



Paramedical Services

- Ordered by doctor with specific # of hours
- E.g. administration of medications, puncturing the skin, inserting a medical device into an orifice, etc.
- Services must require some specialized training and be provided under direction of doctor
- Requires completion of SOC 321 form by client and doctor

(MPP 30-757.19(c); 30-756.4; 30-780.19(a)(9); 30-780.2(g))

Special Service Categories

Protective Supervision Services

- Supervising persons who are non self-directing, confused, and mentally impaired or mentally ill persons as a result of deficit in memory, orientation and/or judgment.

- Requires 24-hour supervision to safeguard against accident or harm. Actual past harm is not required.

- Not for supervision of a medical condition, in anticipation of a medical or other emergency, or to prevent or control antisocial, aggressive or self-injurious behavior.
- Hours:
  - Severely Impaired – 283 hours/month
  - Non-Severely Impaired – 195 hours/month
- SOC 821 Form Required – Completed by doctor

IHSS Problems & Advocacy

IHSS Advocacy

Common problems with the NOA include:

- Failure to award hours or explain denial for protective supervision, paramedical services, or ambulation.
- Failure to show factors used to pro-rate services.
- No Alt. Resource form for family members
- Inadequate explanation for calculation of hours.
- Able and Available Spouse

NOTICE OF ACTION

IN-HOME SUPPORTIVE SERVICES (IHSS) APPROVAL

COUNTY OF

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

Notice Date :_____
Case Name :_____
Case Number :_____
Social Worker Name :_____
Social Worker Number :_____
Social Worker Telephone :_____
Social Worker Address :_____
_____

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

(ADDRESSEE)

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

Based on an assessment done on _____ (MM/DD/YYYY), you can get the services shown below for the amount of time shown in the column "Authorized Amount of Service You Can Get."

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

SERVICES **Note:** *See the back of the next page for a short description of each service.*	TOTAL AMOUNT OF SERVICE NEEDED HOURS: MINUTES	ADJUSTMENT FOR OTHERS WHO SHARE THE HOME (PRORATION)	AMOUNT OF SERVICE YOU NEED HOURS: MINUTES	SERVICES YOU REFUSED OR YOU GET FROM OTHERS	AUTHORIZED AMOUNT OF SERVICE YOU CAN GET HOURS: MINUTES
DOMESTIC SERVICES (per MONTH):					
RELATED SERVICES (per WEEK):					
Prepare Meals					
Meal Clean-up					
Routine Laundry					
Shopping for Food					
Other Shopping/Errands					
NON-MEDICAL PERSONAL SERVICES (per WEEK):					
Respiration Assistance (Help with Breathing)					
Bowel, Bladder Care					
Feeding					
Routine Bed Bath					

Unfavorable Action

Denial

Ask for hearing within 90 days of County action (from date NOA mailed by County).

Insufficient Hours

- Contact IHSS SW, explain additional needs, ask for increase in hours
  - Doctor's reports are helpful
  - If SW unresponsive, contact supervisor
- Ask for hearing within 90 days!

Unfavorable Action

Reduction of Hours
Request hearing within 10 days or prior to effective date of action for **Aid Paid Pending**, but no later than 90 days of the County reduction.

IHSS Advocacy

- A **reassessments** every 12 months or upon request due to change in need
  - Each reassessment treated as a clean slate.
  - Reductions are common

- Recipient, family member or care provider can request additional hours. Additional hours can be requested even for a short time period (e.g. post-surgical care)

IHSS Advocacy

- Parent Provider Rules – A parent can be an IHSS provider if:
  - Quit FTE (or can't get FTE) due to care needs of the disabled child, AND no other suitable care provider available AND at risk of out-of-home placement without care.
- Able and Available Spouse – Similar rule
  - Quit FTE (or can't get FTE) due to care needs of the disabled child, AND no other suitable care provider available AND at risk of out-of-home placement without care.
  - “Not available" includes when out due to work or for other necessary reasons, or when the spouse is sleeping or meeting the needs of other family members.

Resources for Clients (& advocates!)

- Disability Rights California –
  - Nuts and Bolts manual - https://www.disabilityrightsca.org/publications/in-home-supportive-services-ihss/in-home-supportive-services-nuts-bolts-manual
  - Fair hearing and self-assessment packet - https://www.disabilityrightsca.org/publications/ihss-fair-hearing-and-self-assessment-packet

Thank you!