

**In Home Supportive Services
IHSS**



Inland Empire Latino Coalition
Flora Martinez

What is the definition of "disabled"?

o Social Security defines "disabled" to mean:

- Unable to do any substantial, gainful activity because of a mental or physical impairment that can be expected to last for a continuous period at least 12 months or that will result in death.
- Children under age 18, "disabled" means there is medical evidence of a physical or mental impairment which limits the child's ability to function and the impairment is expected to last for a continuous period of at least 12 months.

How do you qualify for IHSS?

Applying for SSI/SSP
1-800-772-1213

- o When you apply for Social Security you automatically qualify for full scope medical.
- o In order to meet eligibility based on a disability, you may submit proof from a doctor or other medical person accepted by the SSA, or SSA can request the proof from your doctor with your permission. SSA then reviews this information to determine if you qualify.
- o No greater than \$2,000 for an individual or \$3,000 for a couple.
- o Benefit Eligibility Screening Tool
<http://www.benefits.gov/ssa>
- o <http://www.ssa.gov/pgm/dlsability.htm>

How do you qualify for IHSS?
 Cont....

Participating in one of CA HCBS waivers through institutional deeming.

- ❖ The Home and Community-Based Services Waiver (HCBS) program allows the Consumer to be separated, through a process called "Institutional Deeming", from his/her families' income and assets, and therefore qualify for full-scope Medi-Cal. In order to qualify for the program, the Consumer must be:
 1. Under the age of 18.
 2. Living at home with family or in foster care.
 3. Meet the admission requirements for an ICF-MR facility.
 4. Be receiving or anticipate receiving a qualifying Medicaid Waiver reimbursable service through the Regional Center

What Services do children receive?

- o Personal care services
 (bathing, toileting, dressing, feeding, assistance with ambulation, oral hygiene, grooming, etc.).
- o Related services
 (meal preparation, planning and cleanup, laundry, food shopping).
(MPP §30 763.454) (Cal. Welf. & Inst. Code §12300(e)(1))
- o Paramedical services if prescribed by a doctor
 (injections, catheters, tube feeding, suctioning).
- o Assistance with travel.
(MPP 30-763 454)

What Services do children receive?
 Cont.....

- o Protective Supervision (24-hour monitoring and supervision to prevent injury).
 - o Not routine child care or supervision.
 - o Must show difference between disabled child and other children of same age.
- Note:
 - ❖ Although they provide services according to the client's needs, individuals may be eligible for up to 283 hrs for a severely disabled person each month or 195 hrs a month for a non-severe person. (not including recent budget cuts)

The IHSS Program covers Paramedical Services!

*Paramedical Services are particularly important
For those who may be subject to the Functional Index
Cuts and Terminations – See below*

What are Paramedical Services?

Paramedical services include such things as:

- ✓ administration of medications that go beyond what is covered under nonmedical personal care services (see below)
- ✓ injections
- ✓ breathing treatments, nebulizer
- ✓ pulmonary toileting (pounding lung areas of back and chest to loosen secretions)
- ✓ catheter changes or helping void urine with a catheter
- ✓ ostomy or bricker bag irrigation or changes and cleaning and maintaining the stoma site
- ✓ range of motion exercises and other home therapy programs prescribed by a physician
- ✓ nasal-gastric tube or G-Tube feedings & care of stoma site
- ✓ skin and wound care if there is a decubitus ulcer (bed or pressure sore) or a diabetes related wound or, if the person has a history of decubitii, checking the body for "hot spots" that could turn into a decubitus ulcer
- ✓ suctioning through a tracheotomy or through the nose and mouth including tracheal (deep) suctioning
- ✓ bowel program for those with spinal cord injuries or neurological impairment impacting the gastro-intestinal system
- ✓ digital stool removal
- ✓ insertion of suppositories or administration of an enema
- ✓ adjustment, monitoring and connecting tubing and ventilator; C-PAP or BiPAP machine adjustment, putting on mask

- ✓ monitoring to determine need for an intervention including medications that are given on an as-needed basis rather than on a schedule.
- ✓ Cutting toenails when necessary to prevent injury to skin from the nails

Are Paramedical Services affected by the recent IHSS Functional Index cuts?

No. Persons who have been authorized hours for either **paramedical** or **protective supervision** will be **exempt** from functional index cuts. Our experience is that many county IHSS eligibility workers do not follow up when a recipient reports at an assessment a need for assistance that falls within the category of paramedical services.

For information on what services are affected by the IHSS Functional Index cuts see: <http://www.disabilityrightsca.org/pubs/F00901.pdf>

Where can I find the law on Paramedical Services?

Welfare & Institutions Code 12300.1 says that:

“[In-home] supportive services” include those necessary paramedical services that are ordered by a licensed health care professional who is lawfully authorized to do so, which persons could provide for themselves but for their functional limitations. Paramedical services include **the administration of medications, puncturing the skin or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional.**

The regulations implementing this statute are at MPP 30-757.19.
<http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/ssman2.pdf>

How do I know whether what I need is a “Paramedical Service”?

If you have a question about whether a particular task is a paramedical service, ask the questions from the statute:

- (a) Does the task involve puncturing the skin or sticking a medical device into a body opening?
- (b) Does the task require sterile procedures?
- (c) Does the task require the exercise of judgment - make a decision based on training or direction from the recipient's treatment team.

For instance, if a child because of his or her disability is prone to infections and high fevers, the doctor may direct you to take the child's temperature three times a day and may tell you what to do if the temperature is at or above a particular level. That would be covered as paramedical services even though in most instances taking a child's temperature would not be a paramedical task.

Do any personal care services overlap with Paramedical Services?

There are three areas where there is overlap between personal care services and paramedical services:

(1) Administration of medications: Covered under personal care services is "assistance with self-administration of medications *** [which] consists of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken and setting up Medi-Sets" or cutting pills in half. MPP 30-757.14(i). Assistance beyond that – putting medications in the recipient's mouth or crushing them and putting in food; for medications to be given on an as-needed basis, determining when needed; administering medication through suppository, nebulizer, salve as on a wound or through G-tube or N-G tube - all would be covered under paramedical services.

(2) Range-of-motion exercises (i.e., to minimize contractures, to keep limbs flexible): Nonmedical personal care services cover range of motion including supervision of exercises including exercises to maintain function, strength, gait, improve gait, endurance, etc. MPP 30-757(g). However when the range of motion or other home therapy program is prescribed by a healthcare professional and implemented with the help of a provider who has received direction on doing so, that therapy can be covered as paramedical services

(3) Repositioning and rubbing skin to promote circulation and to prevent skin breaking are coverable under personal care services. However, care of pressure sores or decubitus ulcers (skin and wound care) plus

assessment of skin to identify “hot spots” that may be precursors to skin breakdown would be covered under paramedical services.

Filling out and Turning in the Paramedical Form

Attached are paramedical forms that must be filled out, signed and submitted before an IHSS recipient will be authorized time for paramedical services. This form is also available on line. You or the doctor’s office can go to this website:

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC321.pdf> Once there information may be typed in and the form printed out.

You should work with your doctor’s office so that the form is correctly filled out and includes all the time involved in performing the paramedical service. Depending on the paramedical task, the time could include taking out equipment or materials, washing hands, putting on gloves, sterilizing or cleaning the body site for the procedure (such as where the injection will be given). At the end of the task additional time may be needed for removing gloves, following universal precautions in disposing of any bodily fluids or materials soiled with bodily fluids, cleaning the area, washing hands, putting things away including sometimes locking up medications. Sometimes tasks also involving keeping records – for instance, writing down when as-needed medications are given and why, glucose testing results, when injections are given, etc.

The recipient, or the person acting on the recipient’s behalf will also sign the form giving consent for the task to be performed by the IHSS provider.

Sometimes a county IHSS worker says only the worker can send the form to the doctor. **That is wrong!** You have the right to get the form filled out. You can get the form filled out ahead of time so that you can give it to the county worker when he or she comes to your house for an assessment. You or the doctor’s office can send in the form to the county IHSS worker.

The county IHSS worker cannot overrule what the doctor orders. However, sometimes the county worker may call the doctor and talk to him or her to get the listed time reduced. Warn your doctor’s office. The doctor’s office, for instance, may ask the county IHSS worker to put questions in writing or the doctor may elect not to talk to the county IHSS worker at all. We have had reports of some county IHSS workers making such harassing calls that

the doctor elected not to deal with the IHSS recipient anymore because too much trouble for the low Medi-Cal payment rate.

IHSS ISSUES - PROTECTIVE SUPERVISION (Revised January 2000)

What is protective supervision?

Protective supervision means watching people with severe mental impairments so they don't hurt themselves while living at home. **Biggest problem:** Counties use flimsy excuses to deny many people the service when they should get it.

Why is protective supervision important?

People eligible for protective supervision always get the maximum number of monthly hours - 195 for nonseverely impaired and 283 for severely impaired. They get the maximum even if a county cuts their hours for some other IHSS service.

What are the eligibility conditions?

A person shows some severe mental impairment: **poor judgment** (making bad decisions about health or safety), **confusion/ disorientation** (wandering off, getting lost, mixing up people, days or times) or **bad memory** (forgetting to start or finish something). Such impairments may occur with mental retardation, Alzheimer's and dementia.

A person may get hurt if left home alone: wandering out of the house, letting strangers in, turning gas on in a stove, lighting fires, leaving water running, eating wrong foods or inedible things, head banging, self-biting, scratching, using knives or other sharp household objects.

A person must be supervised 24 hours a day: friends or relatives living at home, teachers in school or day program, and drivers of car or bus.

How should a person apply?

You (the care provider) apply to the county welfare department. Make a list of all accidents that have happened or might happen to the person if left alone. The county may use many excuses to deny protective supervision. For more information on how to qualify, read PAI's *IHSS ADVOCACY GUIDE - GETTING PROTECTIVE SUPERVISION (January 2000, attached)*.

Do you need more help?

Call the local regional center, area board, welfare rights organization, legal aid society, or Protection & Advocacy, Inc. (PAI). You may appeal the county's denial and get a state hearing.

LOS ANGELES LEGAL OFFICE
3580 Wilshire Boulevard, Suite 902, Los Angeles, CA 90010-2512
Telephone: (213) 427-8747 Fax: (213) 427-8767
Toll Free/TTY/TDD: (800) 776-5746

IN-HOME SUPPORTIVE SERVICES ADVOCACY GUIDE - GETTING PROTECTIVE SUPERVISION (Revised January 2000)

1. BACKGROUND

o 1.1 Why should you read this IHSS Guide?

Counties use flimsy excuses to deny protective supervision to many IHSS recipients who need it. Only 10% of all people who get IHSS protective supervision. Many more should qualify. This IHSS guide tells you (who probably live with the recipient and provide the supervision) what to do before you apply to the county for protective supervision.

o 1.2 What rules should you know?

Counties must follow two sets of state welfare rules when someone applies for protective supervision. The IHSS regulations describe the criteria for getting protective supervision. The Uniformity Guidelines tell counties how to decide whether a person has a severe mental impairment.

Some counties also use their own rules. These rules may tell how the county will evaluate a request and they often have common reasons for denying the service. Get the rules. (*Tip: You have a right to get them under state regulations and the California Public Records Act. Don't take "no" for an answer.*)

2. THREE BASIC ELIGIBILITY CONDITIONS

o 2.1 How to show the person has a severe mental impairment

Use the Uniformity Guidelines to list examples in Rank 5 for memory, orientation and judgment. (*Tip: The best way to show such an impairment is by examples of what the person does that may cause injury*). Get supporting statements from anyone who looks after the person.

For persons already getting IHSS (recipients), look at Form SOC 293, Line H in the IHSS file. If any box under Memory, Orientation and Judgment has a "5" (which refers to the

Uniformity Guidelines), the county should grant protective supervision. (*Tip: Ask the county worker why the recipient didn't get it on the last annual assessment. You may learn last year's excuse and argue against it. See Section 3 below.*)

o **2.2 How to show the person will get injured at home**

First, look around your home for all the potential hazards. Every room in every house is full of hazards to someone with poor judgment, confusion/disorientation or bad memory. (*Tip: Walk through the recipient's home and imagine what trouble an unsupervised five-year-old child would get into in every room. Whatever can't be child-proofed is a hazard.*)

Second, make a list of every accident or near accident that has happened in past six months. (*Tip: Remember to identify how the recipient would be injured like "turned on gas stove but didn't turn it off."*)

Third, keep a daily log for at least two weeks about every action the person takes that might cause injury and how many times a day it happens. Describe the behavior and the potential hazard (for example, "starts to walk out the front door into a busy street without looking"). (*Tip: You probably forget everything the recipient does and everything you do to stop them in time.*)

o **2.3 How to show the recipient needs and gets 24-hour supervision**

The daily log will show that the dangerous behaviors occur most days and at any time of day or night. It will also show that you provided the supervision to stop the recipient from getting hurt.

3. COUNTY EXCUSES AND HOW TO ANSWER THEM

Counties come up with many common excuses for telling someone they are not eligible. Here is a list of excuses and some ways to argue against them.

County excuse

Some responses

Is there a severe mental impairment?

Severe mental impairments not observed on home visit.

- Your daily log, doctor's statement, regional center records;
- The home visit was too short, observed behavior and didn't answer guideline questions;
- Form SOC 293, Line H shows 5 for one mental impairment.

Needs protective supervision because

Because of mental impairment the person does

of physical impairment, not mental impairment.

not understand physical impairments, does not understand or appreciate consequences of actions on physical impairments - for example:

- She tries to get up or walk without assistance but cannot do so without risk of injury;
- He eats sweets even though he risks injury because of diabetes;
- She tries to remove bandage or tubing or brace because it hurts or is irritating, etc.

Physical impairments cause dangerous behavior.

- Mental impairments also cause it; you do not have to show that mental is the only cause.

Is there dangerous behavior at home?

Formal diagnosis of mental condition doesn't prove need.

- Doctor's statement of typical behavior for a person with that diagnosis.

No injuries in the recent past.

- Recipient was well supervised.

No evidence of dangerous behavior on county worker's home visit.

- Frequency is not hourly; missed the day before and after; can't generalize from one hour to 24 hours a day.

"Complete" physical paralysis prevents recipient from doing anything dangerous.

- Any purposeful action that is dangerous, such as pulling a out catheter or G-tube, etc.

Aggressive and antisocial if hits someone or destroys property.

- In adults: self-injurious acts like biting oneself, head banging, or destroying property cause self-injury, are common for psychiatric or mental condition.
- In children: normal behavior is often aggressive and anti-social.

Is 24-hour supervision needed and received?

Doesn't need 24 hours because unsupervised - like on the bus, in a car.

- Always supervised, bus/car are controlled settings with an adult driver.

Recipient is sometimes left alone so not supervised 24 hours.

- Can't afford it, someone looks in, you are lucky there have been no accidents, recipient's condition has worsened.

Needs physical redirection, not just watching or verbal command.

Family discourages independence; overprotective of mildly retarded.

Change environment to remove risks: knobs off stove, lock up tools; brace wheelchair, strapping in wheelchair; knobs off hot water; higher bed rails against night wandering; bolt down furniture.

Child plays outside with no adult supervision.

Children always need to be supervised by an adult.

Go to a behavior parenting class.

- Supervision includes redirection, some intervention.
- More independence caused injuries or near accidents in the past.
- Others (regional center doctor) recommend 24-hour supervision.
- Can't make all changes.
- Some changes turn home into a nursing room or jail cell.
- The older the recipient, the less change possible without losing distinctive features of home.
- You have a fenced-in yard.
- The child can't climb out.
- There are no hazards in the yard.
- Parents are not always physically within sight of children without mental disability.
- Your child needs much more supervision than another child of the same age.
- The younger the child, the more severe the behavior must be.
- Most difficult for children under age two.
- **Parenting** won't solve the underlying behavior.
- You have tried and were unsuccessful.
- You will go but need supervision until effectiveness is proven.

Other Issues

Is the recipient no longer eligible?

County improperly granted protective supervision; reassessment shows no eligibility termination notice.

- No change in SOC 293, Line H, on mental function rankings.
- No change in recipient's home or physical condition.
- Appeal immediately to keep IHSS until decision.

Is the parent eligible as a provider (able and available)?

Parent can work full time (40 hrs/wk) by putting child in after school daycare (able and available parent rule).

- There is no suitable day care.
- You can't hire a baby-sitter for minimum wage.
- Your child needs special stimulation from a parent.

Parent works less than 40 hours but can work full time.

- Frequent trips to doctor, other emergencies, stress prevent full-time work, you lost prior full time jobs.

4. APPEALS AND ALTERNATIVES WHEN COUNTY DENIES REQUEST

Appeal by asking for a hearing with the California Department of Social Services. Try alternatives: medical monitoring as an IHSS paramedical service (see IHSS Guide - Getting Paramedical Services), independent living program through regional center.

PROTECTIVE SUPERVISION REGULATION - SDSS MANUAL MPP

30-757

.17 Protective supervision consisting of observing recipient behavior in order to safeguard the recipient against injury, hazard, or accident.

.171 This service is available for monitoring the behavior of nonself-directing, confused, mentally impaired, or mentally ill persons, with the following exceptions:

- (a) Protective supervision does not include friendly visiting or other social activities.
- (b) Supervision is not available when the need is caused by a medical condition and the form of the supervision required is medical.
- (c) Supervision is not available in anticipation of a medical emergency.
- (d) Supervision is not available to prevent or control anti-social or aggressive recipient behavior.

.172 Protective supervision is available under the following conditions:

- (a) Social service staff have determined that a twenty-four-hour need for protective supervision can be met through any of the following, or combination of the following:

(1) IHSS

(2) Alternative resources

(3) A reassurance phone service when feasible and appropriate

.173 Services staff shall discuss with the recipient, or the recipient's guardian or conservator, the appropriateness of out-of-home care as an alternative to protective supervision.

LOS ANGELES LEGAL OFFICE
3580 Wilshire Boulevard, Suite 902, Los Angeles, CA 90010-2512
Telephone: (213) 427-8747 Fax: (213) 427-8767
Toll Free/TTY/TDD: (800) 776-5746

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM MEDICAL 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 #:	

B. AUTHORIZATION TO RELEASE MEDICAL INFORMATION (To be completed by the applicant/recipient)

I, _____, _____, authorize the release of medical information related to my physical and/or mental condition to the In-Home Supportive Services program as it pertains to my need for domestic/related and personal care services.

Signature: _____ Date: ____/____/____
(APPLICANT/RECIPIENT OR LEGAL GUARDIAN/CONSERVATOR)

Witness (if the individual signs with an "X"): _____ Date: ____/____/____

TO: LICENSED HEALTH CARE PROFESSIONAL –

The above-named individual has applied for or is currently receiving services from the In-Home Supportive Services (IHSS) program. State law requires that in order for IHSS services to be authorized or continued a licensed health care professional must provide a medical certification declaring the individual above is unable to perform some activity of daily living independently and without IHSS the individual would be at risk of placement in out-of-home care. This medical certification form must be completed and returned to the IHSS worker listed above. The IHSS worker will use the information provided to evaluate the individual's present condition and his/her need for out-of-home care if IHSS services were not provided. The IHSS worker has the responsibility for authorizing services and service hours. The information provided in this form will be considered as one factor of the need for services, and all relevant documentation will be considered in making the IHSS determination.

IHSS is a program intended to enable aged, blind, and disabled individuals who are most at risk of being placed in out-of-home care to remain safely in their own home by providing domestic/related and personal care services. IHSS services include: housekeeping, meal preparation, meal clean-up, routine laundry, shopping for food or other necessities, assistance with respiration, bowel and bladder care, feeding, bed baths, dressing, menstrual care, assistance with ambulation, transfers, bathing and grooming, rubbing skin and repositioning, care/assistance with prosthesis, accompaniment to medical appointments/alternative resources, yard hazard abatement, heavy cleaning, protective supervision (observing the behavior of a non-self-directing, confused, mentally impaired or mentally ill individual and intervening as appropriate to safeguard recipient against injury, hazard or accident), and paramedical services (activities requiring a judgment based on training given by a licensed health care professional, such as administering medication, puncturing the skin, etc., which an individual would normally perform for him/herself if he/she did not have functional limitations, and which, due to his/her physical or mental condition, are necessary to maintain his/her health). The IHSS program provides hands-on and/or verbal assistance (reminding or prompting) for the services listed above.

Preparation Process

- o In Home Supportive Services Nuts and Bolts
<http://www.disabilityrightsca.org/pubs/547001index.htm>
- o Make a list of all the things you do for your child with a disability. Keep a diary log of just what is done each day and how long each task takes.
- o Copies of most recent IEP, IPP, and any assessments performed.
- o Log all the behaviors your child exhibits that are self destructive and/or destructive to others.
- o Do Functional Limitation Self-Assessment
<http://www.disabilityrightsca.org/pubs/501301.pdf>

Doing your own Assessment

- | | | |
|----------------|----------------|------------------|
| • .08 = 05 min | • .40 = 24 min | • .80 = 48 min |
| • .05 = 03 min | • .42 = 25 min | • .83 = 50 min |
| • .10 = 06 min | • .45 = 27 min | • .85 = 51 min |
| • .15 = 09 min | • .50 = 30 min | • .90 = 54 min |
| • .17 = 10 min | • .55 = 33 min | • .92 = 55 min |
| • .20 = 15 min | • .58 = 35 min | • .95 = 57 min |
| • .25 = 15 min | • .60 = 39 min | • 1.00 = 60 min |
| • .30 = 18 min | • .65 = 39 min | • 2.00 = 120 min |
| • .33 = 20 min | • .70 = 42 min | • 3.00 = 180 min |
| • .35 = 21 min | • .75 = 45 min | • 4.00 = 240 min |
| | | • 5.00 = 300 min |

<http://www.disabilityrightsca.org/pubs/501301.pdf>

Ready to Call



San Bernardino County

1-909-891-3900
<http://www.sbcounty.gov/main/services.asp>

Riverside County

1-888-960-4477
<http://dpss.co.riverside.ca.us/AdultServices.aspx#IHSS>

<http://www.cdss.ca.gov/agedblinddisabled/Pg1810.htm>

SERVICES	DAYS							WEEKLY TOTAL
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
<p>* Domestic Services: For adults only. Children are not eligible to receive domestic service hours.</p> <p>Domestic services are usually limited to 6 hours per month per household and divided by the number of people in the household. If you need more hours of domestic services because of the recipient's disability (e.g., more frequent bathroom cleaning due to incontinence, frequent dusting due to asthma, etc.), then mark the time needed in the columns below. See section II of the Fair Hearing and Self-Assessment Packet for more information.</p>								
<u>1. DOMESTIC SERVICES</u>								
a. Sweeping and Vacuuming								
b. Washing kitchen counters								
c. Cleaning oven and stove								
d. Cleaning and defrosting refrigerator								
e. Cleaning bathroom								
f. Storing food and supplies								
g. Taking out garbage								
h. Dusting and picking up								
i. Bringing in fuel for heating or cooking purposes from a fuel bin in yard, miscellaneous								
j. Changing bed linens								
k. Miscellaneous								
	Total Domestic Services							
SERVICES	DAYS							WEEKLY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
*** If you need more than the time allowed for these services due to the recipient's disability (i.e., daily shopping for fresh food, frequent laundry due to spilling food, etc.), then mark the time needed in the columns.								
<u>2. RELATED SERVICES</u>								
a. Preparing meals, serving meals, cutting up food *								
1. Breakfast								
2. Lunch								
3. Dinner								
4. Snacks ~ tally throughout day Enter daily total								
b. Meal clean up and menu planning **								
1. Breakfast								
2. Lunch								
3. Dinner								
4. Snacks ~ tally throughout day Enter daily total								
c. Laundry, mending, ironing, sorting, folding and putting away clothes (60 minutes per week allowed if in-home, 90 minutes per week if laundry is out-of-home) ***								
d. Shopping for food (60 minutes per week maximum) ***								
e. Other errands (30 minutes per week maximum) ***								
	Total Related Services							

SERVICES	DAYS							WEEKLY TOTAL
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
<u>3. HEAVY CLEANING</u>								
<u>4. NONMEDICAL PERSONAL SERVICES</u>								
a. Respiration								
b. Bowel/bladder care (including help on/off commode) *								
c. Feeding and drinking *								
d. Bed baths *								
e. Dressing *								
f. Menstrual care *								
g. Ambulation *								
h. Moving into and out of bed *								
i. Grooming, bathing, hair care, teeth and fingernails *								
j. Rubbing skin to aid circulation, turning in bed, repositioning in wheelchair, help in and out of vehicles *								
k. Care and help with prosthesis (including wheelchair) *								
Total Personal Care Services								

SERVICES	DAYS							WEEKLY TOTAL
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
<u>5. MEDICAL TRANSPORTATION</u>								
a. To medical appointments								
b. To alternative resources								
<u>6. YARD HAZARD ABATEMENT</u>								
<u>7. PROTECTIVE SUPERVISION</u>								
<u>8. TEACHING AND DEMONSTRATION</u>								
<u>9. PARAMEDICAL SERVICES</u> * (i.e., catheterization, injections, range of motion exercises, etc., specify)								
a.								
b.								
Total Weekly Services (Everything except Domestic Services)								
Multiply by 4.33 to get monthly total								
Plus Domestic Services (6 hours per month maximum unless more needed hours can be shown on page 1 above)								
TOTAL MONTHLY SERVICES								

Information you will need making initial call

- o Full name of your child
- o Sex
- o Social Security number
- o Telephone number
- o Present address
- o Date of birth
- o Age
- o Ethnicity (MPP30-759.1)
- o Primary Language (MPP 30-759.1)
- o Spouse's name (if married)
- o Spouse's social security number
- o Other people living in the home.
- o Whether others living in the home will apply for or are already receiving IHSS.
- o Medical insurance info
- o The individual receiving SSI/SSP; or
- o Eligibility for SSI/SSP, but not receiving SSI/SSP; or
- o Some want a copy of the institutional deeming waiver.

Assessment Process

- o Once IHSS office is reached, they have 30 days to conduct an assessment.
- o Functional Index Rank:
 - o *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 ranks a "1" in any function shall not be authorized the correlated service activity 4
 - o Rank 2: Able to perform a function, but needs verbal assistance, such as reminding, guidance, or encouragement.
 - o Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.
 - o Rank 4: Can perform a function but only with substantial human assistance.
 - o Rank 5: Cannot perform the function, with or without human assistance.

Areas of Function

1. Domestic Services (Housework);
2. Laundry;
3. Shopping and Errands;
4. Meal Preparation/Meal Cleanup;
5. Ambulation (formerly Mobility Inside);
6. Bathing, Oral Hygiene and Grooming/Routine Bed Bath (Bathing and Grooming);
7. Dressing/Prosthetic Devices (Dressing);
8. Bowel and Bladder Care;
9. Transfer (Repositioning);
10. Eating;
11. Respiration;
12. Memory;
13. Orientation; and
14. Judgment.

**FUNCTIONAL INDEX RANKING FOR MINOR CHILDREN IN IHSS
AGE APPROPRIATE GUIDELINE TOOL**

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

Notes:

- All minors should be assessed a Functional Level of 1 when identified above.
- For areas with ranges, the social worker should utilize the Annotated Assessment Criteria and Developmental Guide to determine the appropriate Functional Level.
- 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 (copy attached). These rankings are provided as a guideline only. Each child must be assessed individually.
- Domestic applies only when minor is living with parent.

Appeals
Preparing for The Appeal

- ✓ Upon request, the County Welfare Department (CWD) must allow you to examine the case records during regular working hours. You have this right both prior to and during the hearing. (MPP 22-051.1;.2)
- ✓ When requested, the county is required to give copies of specific policy materials, including regulations.
- ✓ These copies must be without charge or at a charge related to the cost of reproduction. (MPP 22-051.3)

What to Ask for

- o Ask your worker for a copy of the latest needs assessment forms, the most recent SOC 293 form.
- o Ask for a copy of the sheets in you file where notes were made about contacts an visits with you over the last year.
- o Ask your worker for copies of any doctor or medical reports in your file and for copies of any paramedical forms.

<p><i>Who could Help me?</i></p> <ul style="list-style-type: none"> ❖ You can call Disability Rights at: 1-800-776-5746 ❖ Contact your case worker at Regional Center so they can help you advocate ❖ Network with Parents. 	<p style="text-align: center;"><i>Thank you so much for your time</i></p> <p>Questions:</p>
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