

# MAKING IT HAPPEN

## IN-HOME SUPPORTIVE SERVICES (IHSS)





# INTRODUCTION

This booklet contains information about the In-Home Supportive Services (IHSS) program. It provides a general overview of the program, including eligibility, how IHSS works and how you can obtain additional information and assistance.

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## WHAT IS THE IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM?

IHSS is a public program that pays for someone to provide non-full-time care for a person who is elderly, **blind and/or disabled** and who needs assistance to remain safely at home (vs. institution).

IHSS is funded with state and federal monies and administered locally by each county.

## WHO IS ELIGIBLE FOR IHSS?

To be eligible for IHSS, the person must meet certain requirements, including:

- Be a citizen of the United States or have “qualified immigration” status
- Be a resident of Los Angeles county (or another California county)
- Be Medi-Cal eligible
- Live in your own home, such as the family home or your own apartment. (Long term care facilities and group homes are not considered to be your “own home”)
- Be over age 65, **blind and/or disabled**

### Other Eligibility Criteria/Certification

Your doctor or licensed clinical provider must complete the **IHSS Health Care Certification (SOC 873) form** to certify that you/your family member needs IHSS services to remain safely in the home.



## CHILDREN AND IHSS

Children with disabilities under 18 years of age may be eligible for IHSS if they need more assistance than a typical child of the same age. For example, a child who is not independent with toileting or who needs help with dressing or feeding himself or herself may be assessed by IHSS for hours. IHSS will consider the parents responsibility to care for young children, but **age alone is not a reason for IHSS to deny services.**

## WHAT DOES IHSS PROVIDE?

An IHSS Social Worker will visit the family home to assess how much help the person needs in the **categories** of IHSS, including:

Domestic Services – Household cleaning (generally provided for adults only) Related Services

- Meal Preparation – preparing food, cutting/pureeing, cooking, serving meals
- Meal Clean up – washing and putting away cookware and dishes
- Routine Laundry – washing, drying, folding, putting away clothes/linens
- Shopping for Food – grocery shopping including making a list, shopping and unpacking items from the store
- Other Shopping/Errands – shopping for necessary items, such as picking up a prescription

Non-Medical Personal Services

- Respiration Assistance – assisting person with oxygen, nebulizer treatments
- Bowel/Bladder care – assisting person to use toilet or commode, applying diapers, wiping/cleaning person, including hand washing
- Feeding – assisting person to eat meals, cleaning face/hands
- Routine bed bath – sponge bath for persons confined to bed
- Dressing – assisting person to put on and take off clothes
- Menstrual Care – assistance with menstrual pads



- Ambulation – help with walking or getting around home
- Transfer – assistance moving in/out of bed or wheelchair
- Bathing/Oral Hygiene – help with bathing or showering, drying off, brushing teeth, brushing hair
- Rubbing skin/Repositioning – turning, rubbing skin to promote circulation; may include range of motion exercises
- Help with Prosthesis/Medications – assisting with prosthetic devices, including vision/hearing aids; setting up medications, reminders to take medications

#### Accompaniment

- Transporting person to/from medical appointments; may include wait times, generally provided when the person needs assistance with IHSS authorized tasks.

#### Protective Supervision

- Supervision to monitor an individual who has cognitive impairments with the goal to keep the person safe, specific guidelines apply.

#### Paramedical Services

- Services ordered by a licensed clinical professional that are necessary to maintain the person's health.

#### Special Circumstances (generally provided for adults only)

- Heavy cleaning – thorough cleaning of home to remove hazardous debris; authorized for single-use or under specific circumstances.
- Yard work – removing over-growth and materials that are a fire hazard.



## HOW DOES IHSS DETERMINE THE NUMBER OF HOURS?

The IHSS Social Worker will ask questions regarding the type of care you/your family member needs in the home and the frequency of the care and tasks each day. S/he will complete an assessment worksheet during the visit and will take notes on the information provided. Documentation will also be requested regarding medications, medical treatments and the names and addresses of you/your family member's doctors.

IHSS uses a process (referred to as *IHSS Functional Index Rankings*) to identify the level of assistance your/your family member needs in order for each task to be performed safely.

The Rankings are described as follows:

- Rank 1: Independent. The person is able to perform the function without assistance.
- Rank 2: Able to perform a function but needs verbal assistance, such as reminders.
- Rank 3: Can perform the function with some human assistance, such as help to stand or walk.

- Rank 4: Can perform a function but only with substantial human assistance, meaning the person is dependent on another person for assistance with this task.
- Rank 5: Cannot perform the function, with or without human assistance. In this case, the person is entirely dependent on another person for this task.

Because IHSS is looking at you/your family member to determine the level of need, it is important to let the IHSS Social Worker know about any special care needs you/your family member may have such as: incontinence, more laundry, frequent bathing, and additional housecleaning; special diet or preparation of food; slowness in chewing so that feeding takes longer; allergies or breathing problems that require treatment; any injections that are needed; the person is assisted with range of motion exercises or has a tracheostomy or g-tube etc.

Once the Rank in a particular category is identified, then IHSS assigns a level of need (e.g. Low/High) and uses *Hourly Task Guidelines* to determine the number of hours for each category area. Although there are numeric guidelines, there may sometimes be exceptions granted if time is needed beyond the guidelines. Hours may be granted up to the **maximum per month, which is 283 hours.**

*Note: Proration of Hours for Related Services*

Some hours may be “prorated” when a task is being done for everyone in the household. An example is when the person’s meals are prepared with others in the household – if there are three people in the home, hours for Meal Preparation could be divided by three. This is why it is important to let IHSS know if special preparation, such as pureeing food, is needed, or if the person’s meals are prepared separately. Personal care services hours and Protective Supervision should not be prorated.



## PROTECTIVE SUPERVISION

Protective Supervision is assessed when the person requires intervention in order to safeguard them against injury or incident.

The person must have a severe cognitive impairment in one or more of the following areas:

- Memory - recalling learned behaviors and information
- Orientation - awareness of time, place, self and other individuals
- Judgment - awareness of safety concerns, ability to make decisions

To qualify an individual must require supervision 24 hours/day - even though IHSS is not available full-time.

- Protective Supervision may be authorized when:
  - The person has a cognitive impairment and is “non self-directing” which refers to the inability of an individual to assess danger and the risk of harm, and therefore the individual engages in potentially hazardous activities. Examples include but are not limited to: eloping (running away/outside without supervision), consuming non-food items, hitting oneself or picking at cuts/scabs causing injury.

- Protective Supervision is not authorized:
  - In anticipation of a medical emergency
  - When the need is caused by a medical condition and the form of supervision needed is medical
  - To prevent or control anti-social or aggressive behavior
  - For intentional self-harm situations

Your doctor or licensed clinical provider must also complete the **Assessment of Need for Protective Supervision (SOC 821) form** provided by the County to certify that you/your family member needs Protective Supervision.

Protective Supervision hours are typically listed separately from other categories on the IHSS Notice of Action.



## PARAMEDICAL SERVICES

Paramedical Services are activities a person cannot perform themselves due to functional limitations, and these are necessary to maintain good health.

- Activities include:
  - The administration of medications
  - Puncturing the skin or inserting a medical device
  - Activities requiring sterile procedures
  - Movement exercises such as physical therapy
  - Other activities requiring judgment based on training given by a licensed health care professional

Your doctor or licensed clinical provider must also complete the County's **Request for Order and Consent for Paramedical Services (SOC 321) form** to certify that you/your family member needs Paramedical Services.

Paramedical services hours may also be listed separately on the IHSS Notice of Action.



## HOW DO I APPLY FOR IHSS?

To apply for IHSS in L.A. County:

**Call** - 1-888-944-IHSS (4477) or 1-213-744-IHSS (4477)

You will be asked to give your name, address, telephone number, Social Security number, birth date, source of income and basic information about you/your family member's health and disability. The county will mail you a packet including the form/s required to be filled out by your doctor or licensed clinical provider. IHSS will also set up an appointment for an IHSS Intake Social Worker to go your home to complete an assessment.

**Mail** - You may fill out and mail a hard copy of the **IHSS application (SOC 295) form** to: IHSS Applications 2707 S. Grand Ave.,  
Los Angeles, CA 90007

**Secure eFax** - You may print and fax the IHSS application to:  
Metro IHSS at 213-947-4591

## HOW DO I PREPARE FOR THE IHSS ASSESSMENT VISIT AT MY HOME?

In order to prepare for the visit, it may be helpful to keep a log for 5-7 days of what types of assistance you/your family member needs and an estimate of how long each task takes to complete. Be sure to include all special care needs and how many times per day that you perform each activity. It is also important to outline what medical care needs the person has such as g-tube feeding, tracheostomy care, catheter care, range of motion exercises, etc. Keep a copy of the log so that you can refer to it during the visit with the IHSS Social Worker.

The more detailed information and documentation you are able to provide at the time of the home visit will help the IHSS Social Worker to determine the number of hours needed.

Enclosed you will find a copy of the **Harbor Regional Center IHSS Preparation Worksheet**. This worksheet is designed to help you describe the care you provide for your family member. Your HRC Service Coordinator may also recommend a **Nursing Assessment** to evaluate any clinical care needs. Finally, you may want have copies of medical records, regional center and school reports available for the IHSS worker. For specific concerns (including complex medical or safety issues), you may want to ask for a letter from the doctor or health care provider who is familiar with your/your family member's medical and personal care needs.

## IHSS NOTICE OF ACTION

After the visit, IHSS will send a document called a **Notice of Action**. The Notice of Action will tell you how many hours of IHSS are approved and it will specify how much time is authorized under each category area.

The Notice of Action (NOA) also:

- Outlines number of hours and any change in hours.
  - Includes increase/decrease from previous year.
  - Lists any hours that may have been prorated.
  - Has hours for Protective Supervision listed separately.
- Contains important information, including:
  - IHSS Case number
  - Date the IHSS hours take effect
  - Date of Notice (important for appeal timeframe)
  - Appeal rights and instructions (on the back)
  - IHSS Helpline Phone Number

## WHAT IF I DISAGREE WITH THE NUMBER OF HOURS APPROVED BY IHSS?

If IHSS services are denied or you receive less hours than you believe are needed, you have 90 days to request an appeal. If you are currently receiving services and the IHSS program takes an action to reduce or terminate the services, you must appeal within 10 days to continue to receive benefits at the same level during the appeal process (known as “aid paid pending”).

The appeal and hearing information is on the back of the Notice of Action. There are a few ways to **Contact IHSS to appeal and request a hearing.**

**Mail** - Complete the hearing request section on the back of the Notice of Action and send it to:

California Department of Social Services  
State Hearings Division  
P.O. Box 944243  
Mail Station 9-17-37  
Sacramento, California 94244

Include your/your family member’s name, IHSS case number, address and phone number. You may also include a brief letter outlining the reason for your request along with supporting evidence such as regional center or medical reports. It is recommended to keep a copy of any documents you send to IHSS.

**Phone** - Call 1-800-743-8525 to request a state hearing. Make a note of the date you called and the name of the representative.

**Fax** - fax the request and related documents to 1-916-651-5210 or 916-651-2789.

**Online** - you may be able to file an appeal request online at <https://acms.dss.ca.gov/acms/login.request.do>.

Once IHSS receives your hearing request, you will be mailed a letter that confirms your request was received and provides the name and phone number of the *Appeals Hearing Specialist* assigned to your case. You may call that person directly to discuss your/your family member's circumstances and review options to resolve the matter without having to go to hearing.

This may include something called a **Conditional Withdrawal**, an agreement signed by you and IHSS which requires IHSS to reassess the person within 30 days. An updated Notice of Action will then be prepared and sent out to you. If IHSS does not decide in your favor (e.g. hours are not increased), you/your family member still retain the right to go to hearing.

If your case does go to hearing you will be notified of the date and location of the hearing. The *Appeals Hearing Specialist* must make IHSS's "position statement" available to you two working days before the hearing. If you need help or need to change the hearing date, you may contact State Hearings and request a postponement.

**If you have questions or need assistance with the appeal/hearing process,** contact your Harbor Regional Center Service Coordinator to see how the regional center may be able to help.





## HOW IHSS SERVICES ARE DELIVERED

IHSS services are delivered by individual IHSS providers. Under this system, the family/person is responsible to hire and fire their own IHSS provider/s. This could be a friend, relative, neighbor or any adult who becomes a certified IHSS provider.

## IHSS PROVIDERS

### WHO CAN BE AN IHSS PROVIDER?

- In order to be certified and paid, all IHSS providers must:
  - Be legally able to work in the United States
  - Submit fingerprints and undergo a criminal background check by the California Department of Justice (DOJ)
  - Attend a provider orientation to obtain information about the rules, regulations and requirements for being an IHSS provider
  - Sign a provider agreement stating that they understand and agree to the rules of the program and responsibilities of being a provider
  - Submit timesheets, generally online or via telephone

The L.A. County Department of Public Social Services web site contains resource information for providers, including how to obtain and use timesheets. For more information go to: <https://dpss.lacounty.gov/en/senior-and-disabled/ihss.html>

## **CAN A PARENT BE PAID AS THE IHSS PROVIDER FOR THEIR MINOR CHILD?**

A parent can be an IHSS provider for his/her minor child when:

- The parent has left full-time employment or is prevented from obtaining full-time employment because there is no other suitable provider available; and
- The inability of the parent to perform supportive care may result in inappropriate (i.e. out-of-home) placement or inadequate care.

As noted, IHSS will not provide hours for a parent to do routine cleaning or household chores for their minor child.

IHSS may also be available from another adult while a parent is in the home but cannot provide care, for example, due to their own disability.

## **CAN A PARENT BE PAID AS THE IHSS PROVIDER FOR AN ADULT CHILD?**

A parent may be paid as the IHSS provider for their adult child when the required criteria are met, including passing the background check and becoming a certified provider.

## HOW MANY HOURS CAN I WORK AS A PAID IHSS PROVIDER?

Beginning February 1, 2016 IHSS providers became eligible to be paid for overtime, travel time and medical wait time. State law now specifies that IHSS providers will be paid overtime if they work more than 40 hours per week.

In general:

- A provider who works for one recipient may be able to work up to 70 hours and 45 minutes per week.
- A provider who works for more than one recipient may be able to work up to 66 hours per week.

However, there are situations where IHSS must approve overtime hours.

IHSS recipients must obtain county approval to adjust their providers' weekly work hours under the following conditions:

- When the change requires the IHSS provider to work more than 40 hours in a workweek and the recipient's maximum weekly hours are 40 hours or less, or
- the IHSS provider works more overtime hours in the month than they normally would.

If additional time is needed, the recipient may apply for an exemption when specific circumstances apply.

### **Exemption 1** (Live-In Family Care Providers)

A higher number of hours may be authorized when the provider:

- Provides IHSS services to two or more IHSS recipients;
- Lives in the same home as all of the IHSS recipients for whom they provide services; and
- Is related to the IHSS recipients to whom they provide care as his/her parent, step-parent, adoptive parent, grandparent, legal guardian or conservator.

IHSS providers who meet the conditions of this Exemption may be allowed to work up to 90 hours per week or 360 hours per month.

### **Exemption 2** (Extraordinary Circumstances Exemption)

The provider must work for two or more IHSS recipients whose circumstances put them at risk for placement out of their home.

All IHSS recipients that the provider works for must meet at least one of the following conditions:

- Have complex medical and/or behavioral need/s that must be met by the provider who lives in the same home as the recipient(s); or
- Live in a rural or remote area where available providers are limited; or
- Are unable to find/hire a provider who speaks their same language so there is a barrier to direct care.

IHSS providers who meet the conditions of this Exemption may be allowed to work up to 360 hours per month.

For a one-time exception or to ask about an exemption to the overtime rules, you may contact the IHSS Helpline at 1-888-822-9622.



## WILL IHSS INCOME AFFECT MY CHILD'S SSI?

IHSS income is not countable for parents who are the paid provider for their minor child on SSI. When the child turns age 18, the IHSS income is countable toward the family's income.

## WILL IHSS INCOME AFFECT MY TAXES?

For IHSS providers who live with their family member or IHSS recipient, you may submit a **Provider Self-Certification (SOC 2298) form** and IHSS wages should not be taxable. Ask your tax preparer for advice, as needed.

## MARRIED COUPLES AND IHSS

When the IHSS recipient is married, the spouse may be the paid provider when the person needs help with non-medical personal care services such as dressing, bathing or paramedical services. IHSS will generally not provide time for domestic and related services when the spouse is able or available to provide this.

If the spouse is out of the home due to employment or unavailable for other reasons, including their own disability, then the person may hire another IHSS provider during this time.

## FINDING AN IHSS PROVIDER

### HOW DO I FIND A CERTIFIED IHSS PROVIDER?

You may select a relative or friend who can provide IHSS services for you/your family member, as long as the person successfully completes the **Provider Orientation** and background check and is willing to accept the rate of payment established by the IHSS program.

In Los Angeles County, you may be able to locate candidates to interview as potential IHSS providers through the Personal Assistance Services Council (PASC) Homecare Registry. PASC does outline that the Registry does not train, supervise or guarantee the quality of these service providers. You must make your own decisions regarding the prospective provider's skills, character, and compatibility. For information on whether the PASC Homecare Registry may be able to help you find a provider, go to their web site at <https://www.pascla.org/homecare-registry/> or call 1-877-565-4477



## **CAN YOU/YOUR FAMILY MEMBER HAVE MORE THAN ONE IHSS PROVIDER?**

It is possible to use IHSS funds to pay for services from more than one caregiver when necessary. For example, a parent may be the primary IHSS provider, but a different IHSS provider may perform services when the parent needs to be out of the home. Or in the case when an adult recipient receives maximum hours, they may choose to split the hours between two different IHSS providers.

## **WHAT ARE MY RESPONSIBILITIES FOR DOCUMENTING HOURS?**

In most cases, payments are made directly to the IHSS provider, twice a month, after the provider has submitted their electronic time sheet. Certain individuals who receive IHSS that have been designated as severely impaired may choose to receive direct monthly payments (known as “advance pay”) which are then used to pay their IHSS provider.

As noted, the person/family is responsible for keeping track of the number of hours an IHSS provider works each day and checking to make sure that the correct number of hours are reported on the timesheet. If you have multiple providers, it is important to make sure the IHSS providers do not work more than the total number of hours you have been assigned.

## HOW DO I FIND HELP OR MORE INFORMATION?

### HARBOR REGIONAL CENTER

Contact your HRC Service Coordinator to discuss any questions that you may have. S/he will discuss the issues with you and may refer you to an expert for specific questions.

HRC also offers workshops on IHSS, for more information go to HRC's web site at: <https://www.harborrc.org/calendar>.

### CONTACT IHSS

IHSS Helpline: 1-888-822-9622

Call the **IHSS Helpline for assistance with IHSS hours** and/or to leave a message for your IHSS Social Worker.

IHSS Service Desk for Providers & Recipients: 1-866-376-7066

Call the **IHSS Service Desk for assistance with time sheets** and other administrative questions.

## **PERSONAL ASSISTANCE SERVICES COUNCIL (PASC)**

The Personal Assistance Services Council (PASC) is the public authority for IHSS in Los Angeles County. PASC was established by the County Board of Supervisors and its goal is to enhance the IHSS program.

For more information about PASC, or the Back-Up Provider program, go to their web site at: <https://www.pascla.org/> or call 1-877-287-6789.

## **DISABILITY RIGHTS CALIFORNIA**

Disability Rights California offers information about IHSS and other programs on their web site and publications page at: <https://www.disabilityrightsca.org/>.



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