

IN-HOME SUPPORTIVE SERVICES PROVIDER NOTIFICATION

Provider Number:
Effective Date:

- You are receiving this information because you are a provider of IHSS for:
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- Below are the monthly services authorized for the IHSS Recipient named above. The hours you can claim on your timesheet will be reduced if you start or stop work in the middle of a month.
 - These are the services that are authorized by the IHSS Program. It is the responsibility of the Recipient to set a schedule within authorized monthly hours.
 - If the Recipient has more than one provider, it is the responsibility of the Recipient to set a schedule for each provider so that the total hours worked by all providers does not exceed monthly authorized.
 - If more than the authorized hours are worked, it will be the responsibility of the Recipient to provide payment for those hours.
 - Contact your County IHSS Office if the Recipient is hospitalized. You cannot claim hours for periods when the Recipient is hospitalized or after the date-of-death.
 - It is the responsibility of the Recipient to make payment of any share of cost deducted from the provider's paycheck.
 - Social Security taxes and State Disability insurance will be deducted from your check automatically if you qualify. To have State and Federal withholding deducted you must fill out a W-4 and/or DE-4 and submit it to your County IHSS Office.
 - If the recipient you are working for is your parent, spouse or minor child, you may not be eligible for withholding social security or medicare taxes.
 - If you are injured while providing IHSS services contact your County IHSS Office immediately.

Auth	Service Types
	Domestic Services
	Meal Preparation
	Meal Clean-Up
	Routine Laundry
	Shopping for Food
	Other Shopping and Errands
	Respiration
	Bowel and/or Bladder Care
	Feeding
	Routine Bed Baths
	Dressing
	Menstrual Care
	Ambulation

Auth	Service Types
	Transfer
	Bathing, Oral Hygiene and Grooming
	Rubbing Skin and Repositioning
	Care and assistance w/prosthetics
	Accompaniment to Medical Appointments
	Accompaniment to Alternative Resources
	Heavy Cleaning
	Yard Hazard Abatement
	Removal of Ice and Snow
	Protective Supervision
	Teaching and Demonstration
	Paramedical Services

***X = Authorized services you can be paid for**

Should you have any questions regarding the above information or are no longer a provider, please contact your County IHSS Office at _____ .

DESCRIPTION OF SERVICES

DOMESTIC SERVICES: General household chores to maintain the cleanliness of the home. MPP 30-757.11

RELATED SERVICES:

- Meal Preparation: Planning menus, preparing foods, cooking and serving meals. MPP 30-575.131
- Meal Clean-up: Cleaning up the cooking area and washing, drying, and putting away cookware, dishes, and utensils. MPP 30-757.132
- Routine Laundry: Washing, drying, folding, and putting away clothes and household linens. MPP 30-575.134
- Shopping for Food: Making a grocery list, travelling to/from the store, shopping, loading, unloading, and storing food purchased. MPP 30-757.135(b)
- Other Shopping/Errands: Includes, 1) Shopping for other necessary supplies, and 2) Performing small and necessary errands, e.g., picking up a prescription. MPP 30-757.135(c)

NON-MEDICAL PERSONAL SERVICES:

- Respiration Assistance: Assisting recipient with nonmedical breathing related services such as self-administration of oxygen and cleaning breathing machines. MPP 30-757.14(b)
- Bowel and/or Bladder Care: Assisting the recipient with using the toilet (including getting on/off), bedpan/bedside commode or urinal; emptying and cleaning ostomy, enema and/or catheter receptacles; applying diapers, disposable undergarments, and disposable barrier pads; wiping and cleaning recipient; and washing/drying recipient's hands. MPP 30-757.14(a)
- Feeding: Assisting the recipient to eat meals, including cleaning his/her face and hands before and after meals MPP 30-757.14(c)
- Routine Bed Bath: Giving a recipient who is confined to bed a routine sponge bath. MPP 30-757.14(d)
- Dressing: Assisting the recipient to put on and take off his/her clothes as necessary throughout the day MPP 30-757.14(f)
- Menstrual Care: Assistance with the external placement of sanitary napkins and barrier pads. MPP 30-757.14(j)
- 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. MPP 30-757.14(k)
- 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. MPP 30-757.14(h)
- Bathing, Oral Hygiene, and/or 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, deodorant. MPP 30-757.14(e)
- Rubbing Skin and Repositioning: Rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and supervising range of motion exercises. MPP 30-757.14(g)
- Care of/Assistance with Prosthesis and Help Setting Up Medications: Taking off/putting on and maintaining and cleaning prosthetic devices, including vision/hearing aids; reminding the recipient to take prescribed and/or over-the-counter medications, and setting up Medi-sets. MPP 30-757.14(i)

ACCOMPANIMENT SERVICES: Accompanying the recipient during necessary travel to and from health-related appointments and/or alternative resource sites.

HEAVY CLEANING: Thorough cleaning of the home to remove hazardous debris and dirt. Authorized one time only and only under certain circumstances. MPP 30-757.12

YARD HAZARD ABATEMENT: Light work in the yard to: 1) Remove high grass or weeds, and rubbish when these materials pose a fire hazard (authorized one time only), or 2) Remove ice, snow, or other hazardous substances from entrances and essential walkways when these materials make access to the home hazardous. MPP 30757.16

PROTECTIVE SUPERVISION: Observing the behavior of a non-self-directing, confused, mentally impaired or mentally ill recipient and assisting as appropriate to guard recipient against injury, hazard, or accident. Certain limitations apply. MPP 30-757.17

TEACHING AND DEMONSTRATION SERVICES: Teaching and demonstrating services handled by the IHSS provider to help the recipient perform these on his or her own. Certain limitations apply. MPP 30-757-18

PARAMEDICAL SERVICES: Services meeting the following conditions: 1) Activities which recipients would normally perform themselves if they did not have functional limitations, 2) Activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health, and 3) Activities which include the administration of medications, puncturing the skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or requiring a judgment based on training given by a licensed health care professional. Special limitations apply. MPP 30-757.19

FOR A MORE DETAILED DESCRIPTION OF SERVICES, YOU MAY VIEW THE MANUAL OF POLICY AND PROCEDURES (MPP) SECTIONS REFERENCED ABOVE ON THE CDSS WEBSITE AT <http://www.dss.cahw.net.gov/ord/PG310.htm> OR YOUR LOCAL IHSS COUNTY OFFICE.