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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

services for the following 12 IHSS program services that have corresponding HTGs: (1) Preparation of Meals; (2) Meal Clean-up; (3) Feeding; (4) Bowel and Bladder Care; (5) Routine Bed Baths; (6) Dressing; (7) Menstrual Care; (8) Ambulation; (9) Transfer; (10) Bathing, Grooming, and Oral Hygiene; (11) Rubbing Skin and Repositioning; and (12) Care and Assistance with Prosthetic Devices. The application of TPT in these 12 services is not allowed under existing program regulations [MPP §30-757.11 through MPP §30-757.14(k)]. However, social workers may still need to factor in the necessary frequency of need to determine the appropriate time, under certain circumstances for these 12 HTG services. Such circumstances include but are not limited to: HTG exceptions, assignment of Functional Index (FI) rank 2, the application of Alternative Resources, Refused Services, or Voluntary Services to the total time authorized, or the consideration of Age Appropriate Guidelines when assessing minors.

Note that a key provision of the QA Initiative was to develop HTGs with exception criteria to provide a standard guide and tool for social workers to accurately and consistently assess service authorizations on a statewide basis and authorize services and time more equitably throughout the State. The HTGs established a normal range of time for certain tasks and a guide for granting time inside and outside of the HTGs as appropriate to meet the unique needs of IHSS applicants/recipients. The HTGs further included factors to consider in authorizing services and examples of common reasons for exceptions to the time ranges. Such factors and reasons were not intended to limit considerations in authorizing services and were established to assist social workers in completing the assessment of need.

Correctly applying the FI rankings and HTGs is a critical component of the individualized assessment process. It is imperative that counties continue to conduct individualized needs assessments that ensure the health and safety of individuals to remain safely in their own homes and to avoid institutionalization. Counties will continue to assess needs based in part on an individual's functional level of impairment as specified in MPP §30-756 prior to authorizing services based on the HTGs.

The remaining 13 non-HTG services within the program may 1) have time guidelines without specific ranges for each FI ranking (e.g., Domestic Services at 6:00 hours/month), and may require time to be authorized beyond these guidelines, based on the applicant's/recipient's special needs or circumstances; 2) require calculations based on actual time needed (e.g., Accompaniment to Medical Appointments); and/or 3) require one-time limited services (e.g., Heavy Cleaning).

APPLICANT/RECIPIENT EDUCATIONAL FACT SHEETS

Social workers shall ensure that applicants/recipients understand the program rules and the assessment process when they initially apply for IHSS and at each annual reassessment thereafter, including the authorization of time in accordance with the HTGs. To assist with the applicant/recipient educational process, CDSS developed

new optional recipient educational fact sheets (see Attachment A) which social workers may use to help inform applicants/recipients about the IHSS assessment and authorization process during home visits. These fact sheets include information regarding the following:

1. FI Rankings and HTGs;
2. IHSS Program Services;
3. IHSS Recipient Right to File a State Hearing; and
4. IHSS Protective Supervision Services for Minor Children.

While social workers are not required to distribute copies of Attachment A to each applicant/recipient at the home visit, they must document in the case narrative that the program assessment and authorization process was discussed with each applicant/recipient during the home visit. Applicants/recipients should understand the assessment and authorization process, as it applies to their case, which will allow them to understand the contents of the Notice-of-Action (NOA) issued following the home visit.

The English version of these fact sheets are now available on CDSS' website at: http://www.cdss.ca.gov/inforesources/IHSS/Fact-Sheets. Also, as required by Government Code §7295.2, these fact sheets will also be available at this website in the State threshold languages for the IHSS population: Spanish, Armenian, and Chinese.

ROLE OF THE COUNTY SOCIAL WORKER

Assessment and Authorization

County social workers should conduct all intake assessments and annual reassessments in accordance with the clarifications outlined herein, including the use of the revised Annotated Assessment Criteria (AAC) (see Attachment B), in conjunction with the IHSS Needs Assessment Form (SOC 293), to complete the assessment using the following steps:

1. Determine the FI ranking and provide appropriate documentation for that rank, including information about the applicant's/recipient's functional abilities and limitations, and then authorize time per the program's regulatory time guidelines.
2. Explore any special needs and/or circumstances that assist in determining the time needed inside or outside the associated time range.
3. Consider the totality of the evidence, including but not limited to, the following: the applicant's/recipient's statement(s), the social worker's observations, IHSS Program Health Care Certification Form (SOC 873), Request for Order and Consent – Paramedical Services Form (SOC 321), Assessment of Need for Protective Supervision for IHSS Program Form (SOC 821), Regional Center services/reports, school reports, other social service/community/medical collateral contacts, use of Durable Medical Equipment, etc.

In alignment with current practice, social workers must conduct a thorough needs assessment during all intake assessments and annual reassessments. With annual

reassessments, once the social worker confirms the above-three steps have been completed, and determines there has not been any significant changes in the recipient's need for assistance in services and/or circumstances, the social worker may authorize the same hours as the prior year's assessment. If all three steps have been completed, and the recipient's needs and/or circumstances warrant an adjustment to the total hours authorized, the social worker should increase or decrease the hours accordingly. If any adjustment is made in the service authorizations, social workers should thoroughly document the reasons in the case file.

As discussed below, social workers may authorize time within or outside the HTG ranges, based on the applicant's/recipient's special needs and/or circumstances. When adjustments are needed above or below the middle of the range, the time authorized should be determined based on the applicant's/recipient's individual needs. In this situation, calculations should not be necessary as the focus is on the applicant's/recipient's unique needs or circumstances. Social workers may find it useful to review the frequency of need for a specific task to determine the appropriate time to authorize within or outside the range. As best practice, social workers should use their clinical and professional judgment, as well as their interviewing skills and the revised AAC, to determine whether the time is needed is within the HTGs or if an exception is required.

Exceptions

Pursuant to MPP §30-757.1(a)(3), exceptions to the HTGs are only allowed when necessary to enable a recipient to remain safely in his/her home. Exceptions only apply to time and do not allow the addition of any tasks not already identified under the service. Exceptions apply when the applicant's/recipient's total (not prorated) need for a service is determined to require some time, but not the time specified within the HTG range. Due to the unique nature of FI Rank 2 (verbal reminding or encouragement without hands-on help), in which there is no authorized time in most cases, social workers are not required to document an exception when time is not authorized. The reasons for each exception shall be documented in the case file.

The regulations which set for the HTGs for each service category identify examples of common circumstances where an exception to the HTG may be necessary. However, these examples are not exhaustive lists, and each applicant/recipient's specific circumstances must be assessed to determine whether an exception to the HTGs is necessary for him/her to remain safely in his/her home. Calculations may accompany exceptions, as needed, to justify the time authorized outside the HTGs. In such instances, calculations may factor in the time needed, as well as the frequency required. However, at their discretion, social workers may include only qualitative justification if calculations are not needed to justify the exception.

Domestic and Related Services

Social workers shall continue to assess the applicant's/recipient's household composition and living arrangement when assessing and authorizing time for all

Domestic and Related Services, in accordance with MPP §§30-763.3 – 30-763.322 and MPP §30-763.4.

Among the 12 HTG services, only Meal Preparation and Meal Clean-up may result in a prorated need. Social workers shall continue to assess the applicant's/recipient's individual need and consider when this need is met in common with other housemates who reside in the home (MPP §30-763.321 - .322). The other remaining ten HTG services fall under personal care, and therefore, proration does not apply to these services. See example three in the *Examples* section below.

Alternative Resources

Alternative Resources are IHSS-compensable supportive services, which may be available from other agencies or programs to meet the needs of the recipient, as assessed (MPP §30-763.61). Examples of Alternative Resources include, but are not limited to, adult or child day care centers, schools, community resource centers, Senior Centers, or respite centers [MPP §30-757.171(a)(2)]. Social workers shall continue to determine if Alternative Resources apply and subtract these hours from the applicant's/recipient's individual assessed need, as required by MPP §30-763.612.

Age Appropriate Guidelines

Additionally, the Age Appropriate Guidelines and extraordinary need should continue to be considered in determining the appropriate FI rank and time needed to perform each service in minor-applicant/recipient cases. See example one in the *Examples* section below.

Revised Annotated Assessment Criteria (Attachment B)

In consultation with counties, CDSS revised the AAC to provide social workers with a more streamlined tool to assist in the completion of assessments. CDSS consolidated the questions to allow for increased applicability to the interview process and updated the observations prompts for each service category. Additionally, CDSS provided sample case documentation in each specific FI rank within all service categories to assist counties in capturing the appropriate justification for FI rankings and time authorized, as well as to ensure consistency in overall case documentation. This revised AAC is in alignment with current regulations and supersedes the previous version released in All-County Letter (ACL) No. 06-34.

Case Documentation in the Case Management, Information, and Payrolling System

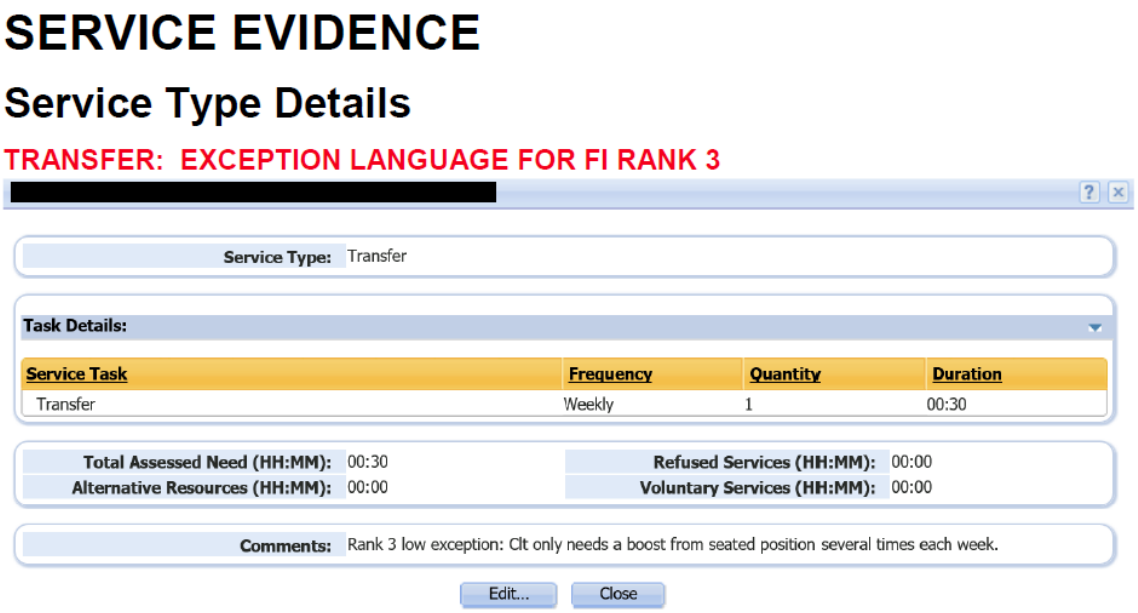
General Case Documentation

The basis of need for all services must be documented in Case Management, Information, and Payrolling System (CMIPS). This documentation must include the reason for assigning a specific FI rank for each service needed, and the justification for the rank should include a description of the applicant's/recipient's functional abilities/limitations. Additionally, the documentation must also include any applicable

special needs and/or unique circumstances that further impair or facilitate the applicant's/recipient's ability to perform certain tasks within each service category. The social worker should ensure there is adequate justification to explain the assigned FI rankings and authorized time.

Hourly Task Guideline Exception Documentation

Documentation must also include the basis for an HTG exception when one is necessary to meet the applicant's/recipient's needs. Information entered in the "Comments" field on the CMIPS *Service Type Details Screen* is limited to only HTG exception language (see below example). Effective December 15, 2017, the character limit for this field will expand to 1,000 characters. All other assessment and authorization documentation should be included in the CMIPS Assessment Narrative.



Entering Time into Service Type Details Screen

Social workers only need to enter the total weekly time assessed in each service category with a corresponding HTG on the CMIPS *Service Type Details Screen*. However, tasks can be added on a weekly or daily basis, or a combination of the two approaches.

For example, in the service categories of Preparation of Meals and Meal Clean-up, social workers may authorize hours in a variety of ways. Some social workers may use total weekly hours or daily hours, while others may break down each meal with time. Conversely, some social workers may use dinner to assign the weekly hours, and then indicate in the Assessment Narrative that time authorized is to prepare all meals during a day or within the week. Using a weekly time can effectively account for all meal preparation during the week; however, to help determine time, social workers can use the individual tasks in breakfast, lunch, and dinner.

Functional Index Rank 1 and Case Management, Information, and Payrolling System Documentation

If an applicant/recipient does not have a need for assistance in a service category, the social worker shall document this information in CMIPS by describing the applicant's/recipient's statements and/or the observations made by the social worker, and indicate an FI rank of 1. Social workers may input additional case notes outside of the Assessment Narrative in the case file, as needed. Additional details will be forthcoming regarding any changes to CMIPS.

Additional Assessment Clarifications/Tools

To assist social workers with these assessment clarifications, CDSS developed an *IHSS Social Worker Assessment Field Handbook* (see Attachment C) containing the following new and/or updated tools to help facilitate uniform assessments:

1. Steps to Completing the IHSS Needs Assessment;
2. HTGs Table;
3. IHSS Assessment Narrative Tool; and
4. FI Ranking/HTGs Quick Reference Tool.

Steps to Completing the In-Home Supportive Services Needs Assessment

This new tool was adapted from a tool used by Sacramento County and is intended to assist social workers in recognizing the appropriate steps needed to complete an IHSS needs assessment. The tool is intended to assist the social worker in preparing for the home visit, completing a thorough assessment, assigning FI rankings, determining authorized service hours using the HTGs, properly capturing case documentation, and ensuring the necessary program forms are filled out and placed in the case file.

Hourly Task Guidelines Table

This new tool was adapted from a tool used by San Joaquin County. It provides a one-page reference table of the HTGs and contains a middle range to assist social workers in determining where in the HTG range they are authorizing time. Although the social worker should not authorize time based on TPT, the social worker may still need to explore frequency and duration of tasks to determine where in the HTG range the applicants/recipients needs fall.

To guide in determining where within the range an applicant's/recipient's needs fall and to properly assign time, consider the following ranges as indicated on the tool:

1. Low – less time needed than typical based on the applicant's/recipient's functional abilities/limitations within the range of that rank in a service category.
2. Middle – typical time needed (i.e., average level of need for assistance) based on the applicant's/recipient's functional abilities/limitations within the range of that rank in a service category.
3. High – more time needed than typical based on the applicant's/recipient's functional abilities/limitations within the range of that rank in a service category.

Furthermore, current regulations define the HTGs in decimal format, e.g., **1.50 hours**. To align service assessments/authorizations with CMIPS data entry, CDSS re-formatted the time allocations in the assessment tools to **hours:minutes**. This change in format does not contradict current program regulations and is intended to reduce confusion regarding the entry of time into CMIPS [MPP §§30-757.11 – 30.757.14(k)].

In-Home Supportive Services Assessment Narrative Tool
This new tool was adapted from a tool used by Los Angeles County and provides a uniform case narrative template for social workers to record case documentation, following the completion of an intake assessment and/or annual reassessment. The tool contains the following sections: 1) Case Demographics and Social Worker Details; 2) General Information; 3) Medical Information; 4) Blindness/Visual Impairment; 5) Social Worker Observations (Observed and Reported); 6) Services Assessment (including Domestic Services, Related Services, Personal Care, Other Services); 7) Protective Supervision; 8) Alternative Resources; 9) Critical Incidents; 10) Additional Information; and 11) State Forms Reviewed/Discussed/Provided to Recipient. While the tool is not required, it does assist social workers in ensuring comprehensive case documentation practices.

The fillable version of this tool is available on CDSS' website at: http://www.cdss.ca.gov/inforesources/IHSS/Training-Academy. Social workers may use the information from this tool for documentation purposes.

Functional Index Ranking/Hourly Task Guidelines Quick Reference Tool
CDSS updated this tool to reflect the same tasks and time consideration factors in MPP §30-757 and further expanded the sample exception language to include additional justification language. Such language was adapted from San Bernardino County. This optional assessment tool can be utilized in applying the regulations and replaces the version that was issued with ACL No. 06-34.

Examples

The below examples illustrate the clarified assessment process and are intended to provide guidance in assessing a specific service category, assigning the FI ranking, and authorizing time within or outside the HTG ranges. These examples provide sample authorization of hours based on a hypothetical recipient's individual level of need for the appropriate rank. They are not definitive standards.

Example 1: 12-year-old male recipient

- Requires a lot of help with toileting needs due to poor motor skills and muscle contractures, and often wears diapers.
- Can urinate by himself on occasion when not wearing diapers.

Service Task	Bowel & Bladder Care
Functional Index Ranking	4
Special Needs/Circumstances	None

HTG Range	Low – 2:55 Mid – 4:23 High – 5:50
Age Appropriate Guidelines	Considered – 12-year-old child should be able to perform toileting needs independently.
Time Authorized	4:23 hours/week typical need, authorized at the middle of the range.
Sample Case Documentation	Due to poor motor skills and muscle contractures, recipient requires a lot of help with toileting needs and often wears diapers. On occasion when not wearing diapers, recipient urinate by himself. No special needs/circumstances apply.

Example 2: 45-year-old female recipient

- Requires complete assistance with selecting and putting clothes on/off, as well as socks and shoes due to global paralysis.

Service Task	Dressing
Functional Index Ranking	5
Special Needs/Circumstances	Frequently soils clothing from bowel and bladder accidents due to incontinence and requires frequent daily clothing changes.
HTG Range	Low – 1:54 Mid – 2:42 High – 3:30
Time Authorized	3:30 hours/week high need, authorized at the high end of the range, plus additional clothing changes, 2x/daily at 10 minutes each change = 10 min x 2 x 7 days/week = 2:20 hours/week = 5:50 hours/week TOTAL, authorized at above the range.
Exception High HTG	Time authorized at above-HTG due to recipient's special needs.
Sample Case Documentation	Due to global paralysis, recipient is unable to select and put on/take off clothes, including socks and shoes. She is also incontinent and requires additional clothing changes to remove soiled clothing. Due to special needs resulting in additional clothing changes, additional time granted above the HTG.

Example 3: 57-year-old male recipient

- Requires a lot of help with meals, especially lunch and dinner, due to poor vision and balance. Can make toast for breakfast.

Service Task	Preparation of Meals
Functional Index Ranking	4
Special Needs/Circumstances	None
HTG Range	Low – 5:15 Mid – 6:08 High – 7:00
Proration	Resides with daughter/CP who shares meals divided by 2.
Time Authorized	6:08 hours/week typical need, authorized at the middle of the range and prorated by 2 = 3:04 hours/week.
Sample Case Documentation	Recipient is unable to cook his meals due to poor vision and balance, but states that he enjoys a light breakfast and can make toast each morning. Recipient also states that he lives with his daughter who cooks and shares all their other meals (lunch and dinner). Recipient's needs are met in common with daughter so the total time authorized is prorated by 2.

Example 4: 68-year-old female recipient

- Requires help each day with getting in/out of the tub and turning faucet on/off due to weakness in hands and unsteady gait/fall risk.
- Once seated in shower chair, cannot wash lower extremities due to hip pain.
- Needs occasional help some days with oral hygiene due to general fatigue.
- Can perform her own oral hygiene on certain days and overall grooming.

Service Task	Bathing, Oral Hygiene, and Grooming
Functional Index Ranking	4
Special Needs/Circumstances	Needs occasional help some days with oral hygiene due to general fatigue.
HTG Range	Low – 2:21 Middle – 3:13 High – 4:05
Time Authorized	3:25 hours/week typical need, with increased adjustment for special needs, authorized between the middle and high ranges.

Sample Case Documentation	Due to weakness in hands and unsteady gait/fall risk, recipient needs help each day with getting in/out of the tub and turning faucet on/off. Once she is seated in her shower chair, she can bathe herself but needs assistance washing her lower extremities due to hip pain. Although she can perform her own oral hygiene and overall grooming, she needs help on some days with oral hygiene due to general fatigue.

State Hearings

In addition to ensuring that applicants/recipients understand how FI rankings and HTGs are utilized in the assessment process, social workers should inform applicants/recipients of their right to file a state hearing during the home visit as required by MPP §22-070. Pursuant to MPP §22-004.211, county agencies shall assist the claimant in filing a request for a state hearing, as needed. Following the issuance of the NOA and as indicated on the back of the notice, applicants/recipients have the right to ask for a case conference with the county to discuss the action prior to requesting a hearing within the allowable ninety-day timeframe to file for a state hearing.

Counties may conduct these case conferences in-person, by telephone, or through other means at the county's discretion. In addition, social workers should review all program services as described on the back of the NOA with applicants/recipients at the assessment so they understand what services are available and how the FI rankings and HTGs have been applied to their case. Social workers must work with applicants/recipients to resolve case disputes at the lowest level possible.

NEXT STEPS

Immediately following the date of issuance of this letter, State QA Monitoring will review cases with a greater focus on the documentation of FI rankings, including information about the recipient's functional abilities and limitations, and the appropriate application of the guidelines to the 12 HTG services. An increased emphasis will also be placed on the proper use of HTG exception language and overall case documentation. Commencing fiscal year 2018-19, and thereafter, State QA Monitoring will review cases and determine findings in accordance with these requirements for all cases assessed July 1, 2018, and later. State QA Monitoring staff will also provide additional technical assistance and guidance, as needed, during county visits in the coming year.

Additionally, the IHSS Training Academy (IHSSTA) updated its core training curriculum in the *IHSS 101* and *Comprehensive Assessment Concepts* modules to reinforce the requirements outlined in this letter. CDSS has delivered six Training-for-Trainers (T4T) sessions statewide commencing October 2017 and will continue to deliver an additional four sessions through December 2017. The T4T training schedule was released on

September 27, 2017 and is available at the following CDSS' IHSSTA website: http://www.cdss.ca.gov/inforesources/IHSS/Training-Academy.

These T4T trainings are intended for county managers, supervisors, and trainers, to equip counties with the necessary toolkits to train their program staff on the clarified assessment process. The training curriculum is now available under the *Assessment Clarifications* module on the IHSSTA website. An e-Learning training option will also be made available to supplement the T4T trainings and will be accessible by all program staff in February 2018 on the IHSSTA website.

If you have any questions or comments regarding the contents of this letter, please contact the CDSS, Adult Programs Policy and Quality Assurance Branch, Training and Quality Assurance Bureau, Training and Development Unit at (916) 651-3494, or via email at: IHSS-Training@dss.ca.gov.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

Attachments

c: CWDA

IHSS IN-HOME SUPPORTIVE SERVICES

Attachment A

CDSS

Functional Index Rankings and Hourly Task Guidelines

As an In-Home Supportive Services (IHSS) applicant/recipient, it is helpful to know what IHSS Functional Index (FI) Rankings are and how they impact your assessment. The FI rankings range from 1-6 (see below description) and indicate the level of assistance you need to perform tasks safely. A county IHSS social worker will assign a rank to each service category to help determine the amount of assistance needed.

Rank 1: Independent. Able to perform function without human assistance.

Rank 2: Able to perform a function but needs verbal assistance, such as reminding, guiding, or encouragement.

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 with only substantial human assistance.

Rank 5: Cannot perform the function, with or without human assistance.

Prescribed by a licensed health care professional:

Rank 6: Requires Paramedical Services.

After assigning a rank in each service category and taking into consideration your individual needs, the social worker will authorize time within or outside the Hourly Task Guidelines. If time is needed outside the guidelines, this is called an *exception.* If you need more or less time outside the guidelines for a specific rank within a service, your social worker will review whether exceptions are needed, as appropriate.

For more information, contact your local IHSS office.

IHSS IN-HOME SUPPORTIVE SERVICES

Attachment A

CDSS

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).

Service Category	Rank 2 (Low)	Rank 2 (High)	Rank 3 (Low)	Rank 3 (High)	Rank 4 (Low)	Rank 4 (High)	Rank 5 (Low)	Rank 5 (High)
Preparation of Meals	3:01	7:00	3:30	7:00	5:15	7:00	7:00	7:00
Meal Clean-up	1:10	3:30	1:45	3:30	1:45	3:30	2:20	3:30
Bowel and Bladder Care	0:35	2:00	1:10	3:20	2:55	5:50	4:05	8:00
Feeding	0:45	2:18	1:10	3:30	3:30	7:00	5:15	9:20
Routine Bed Baths	0:30	1:45	1:00	2:20	1:10	3:30	1:45	3:30
Dressing	0:34	1:12	1:00	1:52	1:30	2:20	1:54	3:30
Ambulation	0:35	1:45	1:00	2:06	1:45	3:30	1:45	3:30
Transfer	0:30	1:10	0:35	1:24	1:06	2:20	1:10	3:30
Bathing, Oral Hygiene, and Grooming	0:30	1:55	1:16	3:09	2:21	4:05	3:00	5:06

Service Category	Low (Time Guidelines)	High (Time Guidelines)
Menstrual Care	0:17	0:48
Repositioning and Rubbing Skin	0:45	2:48
Care of and Assistance with Prosthetic Devices	0:28	1:07

Services with Time Guidelines:

Service Category	Time Guidelines
Domestic Services	6:00 total per month per household unless adjustments* apply
Shopping for Food	1:00 per week per household unless adjustments* apply
Other Shopping/Errands	0:30 per week unless adjustments* apply
Laundry	1:00 per week (facilities within home); 1:30 per week (facilities out of home); per household

*Adjustments refer to a need met in common with housemates.

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 regulations and reduces confusion regarding the entry of time into CMIPS [MPP sections 30-757.11 through 30-757.14(k)].

ATTACHMENT A

IHSS IN-HOME SUPPORTIVE SERVICES

CDSS

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

ATTACHMENT A

IHSS IN-HOME SUPPORTIVE SERVICES

CDSS

- **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.

ATTACHMENT A

IHSS IN-HOME SUPPORTIVE SERVICES

CDSS

In-Home Supportive Services (IHSS) Recipient Right to File a Hearing

As an In-Home Supportive Services (IHSS) applicant/recipient, you have a right to understand what is happening with your application and program services. The social worker is available anytime you have questions about your application or services.

You can ask for a state hearing if you disagree with a county's action on your benefits or services. You can also ask for a state hearing if the county is not giving you benefits or services which you think you should get. If you request a hearing prior to the effective date of the county's action you disagree with, your IHSS benefits will not change until there is a hearing and a decision is issued.

A state hearing is heard by a state Administrative Law Judge (ALJ). The county will have someone at the hearing to explain why they took their action.

A state hearing is not a court hearing. You have the right to have a representative with you. Free legal services are available in every county and are listed on the back of your county notices. You can bring witnesses. You have the right to a free interpreter; ask the county how to get one.

For more information, contact your local IHSS office.

ATTACHMENT A

In-Home Supportive Services (IHSS) Protective Supervision Services for Minor Children

The In-Home Supportive Services (IHSS) program provides Protective Supervision (PS) services to individuals who meet certain criteria. PS consists of observing recipient behavior and intervening as appropriate to safeguard the recipient against injury, hazard, or accident. This program service is available for observing the behavior of mentally impaired or mentally ill **and** nonself-directing, confused persons only.

Nonself-directing means an inability, due to a mental impairment/mental illness, for individuals to assess danger and the risk of harm, and therefore, the individuals would most likely engage in potentially dangerous activities.

It is important to note that Protective Supervision is not allowable under these circumstances:

- For friendly visiting or other social activities;
- When the need is caused by a medical condition and the form of the supervision required is medical;
- In anticipation of a medical emergency;
- To prevent or control anti-social or aggressive behavior; and
- To guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intents to harm himself/herself.

As the parent or legal guardian of a minor applicant or recipient in the IHSS program, your child's county social worker will explain to you what PS is and who is eligible to receive it.

Minor Applicants/Recipients and PS

Below are reminders which will help the social worker determine whether PS is an appropriate service for your child.

ATTACHMENT A

IHSS IN-HOME SUPPORTIVE SERVICES

CDSS

The county social worker will:

- assess all IHSS eligible minors for a mental impairment/mental illness, and request the parent/legal guardian obtain available information and documentation about the existence of a minor's mental impairment/mental illness.
- evaluate a mentally ill/mentally impaired minor in the functions of memory, orientation, and judgment, on an individualized basis.
- assess a mentally ill/mentally impaired minor for PS regardless of age.
- assess whether the minor needs more supervision because of his/her mental illness/mental impairment than a minor of the same age without such an illness/impairment; more supervision can mean more time, more intensity, or both.
- evaluate a mentally ill/mentally impaired minor even if the minor can be left home alone for a fixed period of time.
- review any relevant information provided by the parent.
- not presume that services, which are otherwise compensable, will be provided voluntarily by a parent or guardian or anyone else.

Parents/legal guardians should provide any available information and documentation about the existence of a minor's mental impairment/mental illness to the county social worker. Parents/legal guardians may want to create a log to document their child's accidents/injuries or near accidents/injuries during the time leading up to the assessment for PS. Additionally, the below questions will help you better understand PS services and whether your child qualifies for this service.

STOP AND THINK:

1. Is my child non-self-directing due to his/her mental impairment/mental illness?
2. Is my child likely to engage in potentially dangerous activities due to his/her mental impairment/mental illness? Consider whether your child retains the physical ability to put him/herself at risk of harm.
3. Does my child need more supervision than another child of the same age who is not mentally impaired/mentally ill? More supervision can refer to supervision that lasts longer or is more intense than supervision provided to children the same age as your child.
4. Is 24 hour-a-day supervision needed for my child to remain at home safely?

If you answered yes to any of these questions, PS services should be discussed with your county IHSS social worker.

To learn more about PS services, contact your local county IHSS office.

ATTACHMENT B

ANNOTATED ASSESSMENT CRITERIA

The Annotated Assessment Criteria (AAC) is designed to assist you in the application of rankings specified in the Manual of Policies and Procedures (MPP) section 30-756, which are applied to evaluate a recipient's capacity to perform certain In-Home Supportive Services (IHSS) tasks safely. The AAC describes each Functional Index (FI) ranking in more detail as it applies to an individual's capacity to perform certain types of tasks specified in MPP section 30-757, and it provides sample observations you might make for each ranking, characteristics of a recipient who might be ranked at each level, and questions which might elicit the information needed to determine the appropriate rank. These samples contain lists of possible indicators and are not definitive standards.

General

The following are general questions social workers may ask recipients to help determine whether the need exists:

- How often do you visit your doctor?
- 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?
    - If either of these providers calls in sick, how would you manage?
- How much has your health/condition changed in the past year?
- How long do you feel you will need this service?
- What does your typical day look like?
- What does a good/bad day look like?

Information to be given to the recipient and reinforced periodically:

- 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, 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 their home, shakes your hand when you arrive, shows you around their home, presents to you all his/her medications, obtains his/her Medi-Cal card, and signs the application. Observations and questions may apply to multiple FI rankings 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 above are not all-inclusive, nor does the presence of one behavior in the observations necessarily create the basis for the ranking. All senses are involved in gaining cues 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/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 needed. **(ALL** authorized services in the task are met by Paramedical).

Variable Functioning

If the recipient's functioning varies throughout the month, the ranking 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 time outside the range for that chosen rank, the social worker is required to document an exception for the additional time allotted.

Domestic Services

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 cleanliness, or lack thereof, 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 makes it difficult for you to keep your home clean?
- What limits 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 rankings specific to Domestic Services with suggestions that may help determine the appropriate ranking needed:

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 that s/he does not overexert her/himself.

- **Example Documentation:** Although recipient moves slowly, he is able to complete his own house chores without assistance from another person.

Rank 2: Physically able to perform tasks but only needs verbal direction or encouragement from another person.

- **Example Documentation:** Recipient's 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: 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 domestic tasks listed in regulations.

Meal Preparation/Meal Clean-up

Meal Preparation 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?
- Does recipient need reminders or guidance when it comes to eating a balanced meal or snack?
- 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 his/her 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 parts of cooking is the hardest for you?
- What is limiting your ability to cook or clean up?
- If you cannot make yourself a meal, what would you do?
- What does your dishwashing routine look like?
- Who is helping you make and clean up your meals?
- Have you ever hurt yourself while cooking?
- Have you developed special processes in cooking your meals?
- 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 meal prep/clean-up?

The following is the application of functional rankings specific to Meal Preparation/Meal Clean-up with suggestions that may help determine the appropriate ranking needed:

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 minimal assistance from another person to prepare and clean up main meals (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., on less than a daily basis).

- **Example Documentation:** Recipient can reheat meals, make a sandwich, and get snacks from the package. Recipient has impaired grasping ability and is unable to wash dishes because she cannot hold onto dishes.

Rank 4: Requires substantial assistance from another person to prepare and clean up main meals.

- **Example Documentation:** Recipient is unable to cook due to limited ROM, poor balance, and weakness. Recipient stated that she is able to use the microwave and she can retrieve items that are already prepared. Authorized time is prorated as needs are met in common with household members.

Rank 5: Totally dependent on another person to prepare and clean up all meals.

- **Example Documentation:** Recipient is unable to stand longer than one minute at a time; he is bedridden. He has limited use of both arms and hands and is unable to grip/grasp objects. His provider states he makes all three meals for recipient and that recipient cannot prepare even simple meals. Provider leaves water and snacks right beside the recipient when he leaves because the recipient is not able to get his own snacks.

Rank 6: **ALL** authorized services in the task are met by paramedical services.

- **Example Documentation:** Recipient is exclusively G-tube fed.

Laundry

Gaining access to machines, sorting laundry, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry, folding and sorting laundry, mending, and ironing. (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? Why?
- Has the doctor suggested that you limit specific tasks?

The following is the application of functional rankings specific to Laundry services with suggestions that may help determine the appropriate ranking needed:

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).

- **Example Documentation:** Due to physical limitations, client has difficulty

carrying and lifting clothes into and out of the washer/dryer. Client can sit and fold/hang clothes.

Rank 5: Cannot perform any task, is totally dependent on assistance from another person.

- **Example Documentation:** Recipient lacks ability to carry, lift, and bend due to joint issues, therefore unable to perform laundry activities.

Other Shopping/Errands

Compiling list; bending, reaching, lifting, and managing cart or basket; identifying items needed; transferring items to home and putting items away; telephoning in and picking up prescriptions; and buying clothing. (Note: Ranks 2 and 4 are not applicable to determine functionality for this task.)

Observations:

- Does the recipient's range of motion limit his/her ability to safely perform the tasks listed above?
- To what extent is the recipient's movement and mental functioning limiting his/her ability to perform the tasks safely?
- Can the recipient walk long distances?
- Is the recipient able to lift or carry various items from shelf to cart, cart to car, and/or car to home?
- Is there limited food in the refrigerator or cupboards?
- Are there empty medication bottles that need to be re-filled?
- Does the recipient display an unsteady gait?

Questions:

- How do you get your shopping done now?
- What kinds of difficulty do you have with shopping?
- What are the heaviest items you can lift?
- Do you make a shopping list before going to the store?
- When you are at the store, do you get confused about what to buy?
- Who is helping you get your shopping done now?
- How do you get your medications?

The following is the application of functional rankings specific to Other Shopping/Errands with suggestions that may help determine the appropriate ranking needed:

Rank 1: Independent: Can perform all tasks without assistance.

- **Example Documentation:** Recipient reports no need. Although movement is slow, it appears s/he can accomplish this task.

Rank 3: Requires the assistance of another person for some tasks (e.g., recipient needs help with major shopping needed but can go to nearby store for small items,

or the recipient needs direction or guidance in performing tasks).

- **Example Documentation:** Recipient is able to write a shopping list but overall needs help with locating and retrieving items on grocery shelves.

Rank 5: Unable to perform any tasks for self.

- **Example Documentation:** Needs complete assistance due to his severe developmental delay. He could not manage any part of this task.

Respiration

Respiration is limited to non-medical services such as assistance with self-administration of oxygen and cleaning oxygen equipment. (Note: Ranks 2, 3, and 4 are not applicable to determine functionality for this task.)

Observations:

- Is there oxygen equipment present?
- Does therecipient cough or wheeze excessively?
- When the recipient ambulates, does s/he have difficulty with breathing or is his/her breathing laborious?
- Are the recipient's medications related to his/her breathing problems?
- Does the recipient have weakness or immobility in conjunction with breathing problems?
- Is there a referral from an oxygen supplier indicating the recipient is not taking care of the equipment properly?
- Does the recipient smoke?
    - If so, does s/he smoke inside the residence with the oxygen tank nearby?
- How is the air quality within the home?

Questions:

- Are you able to breathe without any assistance?
- What kind of breathing equipment do you use?
- What type of help do you need to use and maintain your devices?
- What is limiting your ability to keep up your breathing machines?
- Who is helping you now?
- If you were unable to complete your maintenance routine, what would you do?

The following is the application of functional rankings specific to Respiration with suggestions that may help determine the appropriate ranking needed:

Rank 1: Does not use respirator or other oxygen equipment or is able to use and clean independently.

- **Example Documentation:** Recipient uses nebulizer, but condition does not impede his ability to use, maintain, and clean equipment independently.

Rank 5: Needs help with self-administration and/or cleaning.

- **Example Documentation:** Recipient able to use and administer nebulizer treatment; however, needs assistance in cleaning and maintaining the equipment.

Rank 6: ALL authorized services in the task are met by paramedical services.

- **Example Documentation**: Recipient does not have physical capability to self-administer nebulizer treatment and task is authorized under paramedical services.

Bowel, Bladder, and Menstrual Care

Bowel, Bladder, and Menstrual Care: Assisting with using, emptying, and cleaning bedpans/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; assisting with getting on/off commode or toilet; and washing/drying recipient's and provider's hands. Menstrual care is limited to the external application of sanitary napkins and external cleaning and positioning for sanitary napkin changes, using and/or disposing of barrier pads, managing clothing, wiping, cleaning, and washing/drying hands.

Note: This task does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program, or colostomy irrigation. These tasks are assessed as paramedical services. In assessing Menstrual Care, it may be necessary to assess additional time in other service categories such as Laundry; Dressing; Domestic Services; or Bathing, Oral Hygiene, and Grooming. Also, if a recipient wears diapers, time for Menstrual Care should not be necessary. This time would be assessed as part of Bowel and Bladder Care.

Observations:

- What is the extent of the recipient's movement(s)?
- Is there a urine odor present in the home?
- Does the recipient seem disoriented or confused?
- Is the furniture covered with barrier pads or plastic?
- Are there adult diapers in the recipient's bedroom or bathroom?
- Is the recipient's clothing stained, indicating there is an incontinence problem?
- Is there limitation of use of the recipient's hands?
- Does the recipient need a boost to transfer, or is s/he able to transfer unassisted?
- Are there any medications such as stool softeners visible?
- Is the recipient able to make his/her needs known?

Questions:

- Are you able to use the restroom by yourself?
- What is limiting your ability to take care of your restroom needs?
- How often do you have trouble using the restroom?

- What help do you need from someone else to use the restroom?
- What devices or modifications could make it easier to use the restroom?
- What is making it hard for you to get to the restroom on time?
- Who is helping with your restroom needs?
- Does your ability to use the restroom require any special planning or affect your social life?
- Do you feel like you can clean yourself after using the restroom?

The following is the application of functional rankings specific to Bowel, Bladder, and Menstrual Care with suggestions that may help determine the appropriate ranking needed:

Rank 1: Independent: Able to manage Bowel, Bladder, and Menstrual Care with no assistance from another person.

- **Example Documentation:** Recipient has no functional limitations and can complete independently.

Rank 2: Requires reminding or direction only.

- **Example Documentation:** To prevent accidents, recipient needs reminders to use the bathroom. Recipient also needs verbal prompts to appropriately adjust clothing after toileting.

Rank 3: Requires minimal assistance with some activities but the constant presence of the provider is not necessary.

- **Example Documentation:** Due to incontinence and difficulty bending, recipient needs assistance with getting disposable undergarments off only.

Rank 4: Unable to carry out most activities without assistance.

- **Example Documentation:** Recipient can wash her hands but is unable to transfer on/off the toilet alone, reach around herself to wipe, and pull clothing up/down.

Rank 5: Requires total assistance in all areas of care.

- **Example Documentation:** Recipient has limited mobility and range of motion and is incapable of performing any bowel and bladder tasks.

Rank 6: **ALL** authorized services in the task are met by paramedical services.

- **Example Documentation:** Due to recipient's limitations with digestion, he requires catheter care and colostomy irrigation under paramedical.

Feeding

Assisting with consumption of food and assurance of adequate fluid intake consisting of eating or related assistance to recipients who cannot feed themselves or who require other assistance with special devices to feed themselves or to drink adequate liquids. Tasks include 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 tasks are assessed in Meal Preparation services.

Observations:

- Does the recipient have any impairment in grasp indicated when the recipient signs the application or handles medicine bottles?
- Observe how the recipient takes a drink if there is a beverage nearby.
- Are the recipient's clothes too large or loose on him/her, indicating possible recent weight loss?
- Are there any signs of cooking?
- Do you see straws or cups with spill-proof lids?
- Does the recipient have severely limited eyesight?
- Are there food stains on the recipient's clothing?
- Is s/he experiencing shakiness of hands?
- Does the recipient have a deformity of the hands which limits his/her ability to grasp or hold trays, towels, bibs?
- Does the recipient have any use of his/her upper extremities?

Questions:

- How would you describe your ability to feed yourself?
- What is limiting your ability to eat independently?
- Does someone need to tell you when it is time to eat?
- How consistent is your appetite?
- What types of food are easier for you to eat?
- How long does it take you to eat a meal?
- Are there any foods you avoid because they are too much trouble?
- What kinds of help do you need for eating?
- What directions has your doctor given you for eating?

The following is the application of functional rankings specific to Feeding with suggestions that may help determine the appropriate ranking needed:

Rank 1: Independent: Able to feed self.

- **Example Documentation:** He appeared well-fed and reported no need for assistance.

Rank 2: Able to feed self, but needs verbal assistance such as reminding or encouragement to eat.

- **Example Documentation:** Provider states recipient has a history of eating too quickly, often causing her to choke; therefore, she requires intermittent monitoring and verbal prompts during meals.

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Rank 3: Assistance needed during the meal (e.g., to apply assistive device such as

a modified utensil, holding beverage to mouth or pushing more food within reach, etc.), but constant presence of another person is not required.

- **Example Documentation:** Although recipient has difficulty using utensils, most of recipient's foods are selected and prepared to be eaten with his hands. Needs assistance re-filling cup with liquids and with foods requiring a spoon (e.g., pudding).

Rank 4: Able to feed self some foods, but cannot hold utensils, cups, glasses, etc., and requires constant presence of another person.

- **Example Documentation:** Recipient's severely-limited fine motor skills enable her to only manage finger-foods by herself; all other foods, especially liquids, require the provider's assistance.

Rank 5: Unable to feed self at all and is totally dependent upon assistance from another person.

- **Example Documentation:** Recipient is unable to grip utensils or pick up any foods due to limitations in grasping/gripping. He needs complete assistance with eating all meals/ drinking beverages.

Rank 6: **ALL** authorized services in the task are met by paramedical services.

- **Example Documentation:** Recipient receives all nourishment via G-tube feedings.

Routine Bed Baths

The ranking for this service category, for all intents and purposes, is the same as "Bathing, Grooming, and Oral Hygiene."

Dressing:

Dressing/Prosthetic Devices: Putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments, undergarments, corsets, elastic stockings, braces, and prosthetic devices; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.

Observations:

- Is the recipient appropriately dressed?
- Does s/he have difficulty with fine/gross motor skills as demonstrated by his/her ability to sign the application or handle medicine bottles?
- Observe if his/her clothing is buttoned, zipped, or laced correctly. Is the recipient alert and aware of his/her appearance?
- Does the recipient have limited range of motion, grasping, or small hand movement?
- Is the recipient in need of special clothing (e.g., braces and/or prosthetics)?
- Does s/he already own special clothing?
- Is the recipient capable of voluntary movement?

Questions:

- Are you able to dress yourself?
- What dressing help do you need from a provider?
- Do you get too hot/cold in your clothes during the day?
- How often do you not get fully dressed? Why?
- What parts of dressing can you do by yourself?
- What limits your ability to get dressed?
- What concerns do you have about your ability to get dressed independently?
- Do you have any tools to help you get dressed?
- Have you ever hurt yourself getting dressed?

The following is the application of functional rankings specific to Dressing/Prosthetic Devices with suggestions that may determine the appropriate ranking needed:

Rank 1: Independent: Able to put on, fasten, and remove all clothing. Dresses self appropriately for health and safety.

- **Example Documentation:** Recipient does not have any reported or observed limitations which impede ability to dress him/herself.

Rank 2: Able to dress self but requires reminders or direction.

- **Example Documentation:** Recipient is physically able to dress herself, but requires verbal reminders and insistence (especially in the morning).

Rank 3: Unable to dress self completely without the help of another person (e.g., tying shoes, buttoning, zipping, putting on pantyhose, brace, etc.).

- **Example Documentation:** Needs some assistance with pants, socks, and shoes because of weakness and balance issues. Able to put on robe and slippers, which is her usual attire.

Rank 4: Unable to put on most clothing items by self and requires substantial assistance. Without assistance, the recipient would be inappropriately or inadequately clothed.

- **Example Documentation:** Stroke severely impacted recipient's left side; can assist with some articles but provider must help with most clothing items to complete the task.

Rank 5: Unable to dress self at all, requires complete assistance from another.

- **Example Documentation:** Recipient is unable to accomplish any part of dressing without provider's assistance, due to cognitive impairments and severe nerve damage.

Menstrual Care

The ranking for this service category, for all intents and purposes, is the same as "Bowel and Bladder Care".

Ambulation

Assisting the recipient with walking or moving from place to place inside the home, including to and from the bathroom; climbing or descending stairs; moving and 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.

Note: Assistive walking outside of the home is not covered under Ambulation. It may be considered under Repositioning and Rubbing Skin as a Range of Motion exercise that is required to maintain function, improve gait, maintain strength, or endurance.

Observations:

- Is the recipient steady on his/her feet or able to maneuver around the furniture, etc., on their own?
- Does recipient need to grab furniture or hold onto walls for support?
- Does the recipient use an assistive device and/or do you see a visible assistive device nearby?
- How well is the recipient able to move with the assistive device?
- Are there any architectural barriers in the home?
- Was the recipient able to answer the door?
- Is the recipient experiencing obvious fatigue or heavy breathing?
- Are there bruises, scabs, bumps, or burns (signs of falls) on the recipient?
- Has the home been modified in any way to promote easier movement for the recipient (e.g., wheelchair ramp or grab bars)?
- Are there any fears related to being moved? Is the recipient able to make his/her needs known?

Questions:

- How do you get around your house?
- How often do you trip or fall?
- How often do you have close calls with falling?
- Do you need anything to help you walk, like a cane or walker?
- What areas of your house are difficult to walk in?
- What is limiting your ability to move around your home?
- What can we do to make you feel safer moving around inside your home?
- Who is helping you now?
- Are certain times of day easier for you than others?

The following is the application of functional rankings specific to Ambulation with suggestions that may help determine the appropriate ranking needed:

Rank 1: Independent: Requires no physical assistance though recipient may

experience some difficulty or discomfort. Completion of the task poses no risk to his/her safety.

- **Example Documentation:** Although recipient moves slowly, observed walking around independently and stated feeling safe walking alone.

Rank 2: Can move independently with only reminding or encouragement (e.g., needs reminding to lock a brace, unlock a wheelchair, or to use a cane or walker).

- **Example Documentation:** Recipient able to move around in wheelchair by himself; however, needs reminding to lock/unlock wheelchair.

Rank 3: Requires physical assistance from another person for specific maneuvers (e.g., pushing wheelchair around sharp corner, negotiating stairs, or moving on certain surfaces).

- **Example Documentation:** Recipient able to push his wheelchair on a straight path and smooth surface; however, needs some hands-on assistance around sharp corners.

Rank 4: Requires assistance from another person most of the time and is at risk if unassisted.

- **Example Documentation:** Recipient able to take a few steps from bed to bedside commode; however, easily gets short of breath and needs physical assistance ambulating most of the time.

Rank 5: Totally dependent upon others for movement. Must be carried or pushed in a wheelchair or gurney at all times.

- **Example Documentation:** Recipient uses a wheelchair and does not have any physical capability to push the wheelchair around.

Transfer

Transfer: 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 assistive device generally occurring within the same room.

Note: Transfer does not include assistance on/off toilet. This task is assessed as part of Bowel, Bladder, and Menstrual Care. Care of pressure sores (skin and wound care) is assessed as part of paramedical services.

Observations:

- Is the recipient able to get out of the chair unassisted?
- How long does it take the recipient to answer the door?
- Do you hear any sounds as the recipient comes to the door?
- Does the recipient use an assistive device for mobility? How well are they able to use the device?
- Does s/he have a great deal of difficulty getting up?

- Is s/he constantly shifting weight while sitting? Does the recipient seem confused when getting out of a chair or bed?
- Does the recipient spend the majority of time in bed on bad days, and if so, how often?
- Are there bruises, scabs, or burns (signs of falls) on the recipient?
- Does s/he have any fears related to being moved?
- Is the recipient able to make his/her needs known?

Questions:

- How often do you need help to get out of a chair or bed?
- How much pain or discomfort do you feel when shifting your weight?
- How long do you usually stay in one spot?
- If you tried but could not get out of a chair, what would you do?
- Who is helping you transfer now?
- Do you have trouble lowering yourself in a sitting or lying position?
- Have you had pressure wounds before?

The following is the application of functional rankings specific to Transfer with suggestions that may help determine the appropriate ranking needed:

Rank 1: Independent: Able to transfer safely without assistance from another person though recipient may experience some difficulty or discomfort. Completion of task poses no risk to his/her safety.

- **Example Documentation:** Observed recipient transfer in/out of chair on her own with no difficulty when retrieving medication bottles and identification card.

Rank 2: Able to transfer, but needs encouragement or direction.

- **Example Documentation:** Recipient exhibits frequent confusion and requires heavy verbal prompting to slowly transfer out of seated position to prevent falling.

Rank 3: Requires some help from another person (e.g., routinely requires a boost).

- **Example Documentation:** Recipient is often dizzy when standing from seated position. Requires boost on bad days.

Rank 4: Unable to complete most transfers without physical assistance. Would be at risk if unassisted.

- **Example Documentation:** Due to chronic pain and unsteady gait in lower body, recipient requires physical guidance from provider in/out of bed daily. Recipient has fallen multiple times when attempting to get out of bed on his own this month.

Rank 5: Totally dependent upon another person for all transfers. Must be lifted or mechanically transferred.

- **Example Documentation:** Recipient has no use of lower body extremities. Hoyer Lift must be used for all transfers in/out of bed and operated by another person.

Bathing, Oral Hygiene, and Grooming/Routine Bed Baths

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 tub or shower; assistance with reaching all parts of the body for washing, rinsing, 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 combing/brushing hair; hair trimming when the recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care (excluding toenail clipping) when these services are not assessed as paramedical services for the recipient; and washing/drying hands.

Note: Bathing, Oral Hygiene, and Grooming does not include getting to/from the bathroom. These tasks are assessed as mobility under Ambulation services.

Routine Bed Baths includes cleaning basin or other materials used for bed sponge baths and putting them away; obtaining water and supplies; washing, rinsing, and drying body; applying lotion, powder, and deodorant; and washing/drying hands before and after bathing.

Observations:

- Is the recipient clean or well-groomed?
- Is the recipient displaying a lack of oral hygiene or poor grooming habits (e.g., body odor, unwashed hair, dirt or grime on the body, unmanicured nails, etc.)?
- Is the recipient unaware of his/her appearance?
- Does s/he need reminders or guidance?
- Is there assistive equipment in the bathroom (e.g., grab bars, shower chair, tub bench, etc.)?
- Does the recipient have poor range of motion, weakness, poor balance, unsteady gait, or fatigue?
- Is there any voluntary movement from the recipient? If so, where?
- How accessible and modified is the bathroom?
- Does the bathroom appear to be used regularly?

Questions:

- Can you bathe yourself?
- Which parts of bathing are difficult for you?
- Is there any equipment which would help you bathe?
- How often do you come close to falling during your bathing routine?
- Who is helping you with your bathing?
- Are there any grooming tasks you skip because they are too difficult?
- Has your doctor given you any specific directions regarding bathing and grooming?

- What parts of your morning routine can you do by yourself?
- Are you OK with how often you bathe?
- What is limiting your ability to bathe?

The following is the application of functional rankings specific to Bathing, Oral Hygiene, and Grooming/Routine Bed Baths with suggestions that may help determine the appropriate ranking needed:

Rank 1: Independent: Able to bathe, brush teeth, and groom self safely without help from another person.

- **Example Documentation:** Although recipient moves slowly, he is able to bathe and groom without assistance from another person.

Rank 2: Able to bathe, brush teeth, and groom self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.

- **Example Documentation:** Due to the recipient's inability to remember and ongoing confusion, she needs prompts and reminders to ensure body and hair are washed appropriately.

Rank 3: Generally able to bathe and groom self, but needs assistance with some areas of body care (e.g., getting in and out of shower or tub, shampooing hair, or brushing teeth).

- **Example Documentation:** Recipient has a shower chair and can bathe his body and wash hair, but due to mobility issues, needs assistance getting into/out of the shower.

Rank 4: Requires substantial direct physical assistance with all aspects of bathing, oral hygiene, and grooming. Would be at risk if left alone.

- **Example Documentation:** Recipient can move right hand back and forth to assist in bathing chest and brushing teeth, but needs physical help with all other tasks.

Rank 5: Totally dependent on others for bathing, oral hygiene, and grooming.

- **Example Documentation:** Recipient has severe limitations with mobility and ROM and is incapable of performing any tasks.

Repositioning and Rubbing Skin:

The ranking for this service category, for all intents and purposes, is the same as "Transfer."

Care of and Assistance with Prosthetic Devices:

The ranking for this service category, for all intents and purposes, is the same as "Dressing."

MENTAL FUNCTIONING

In the following three areas, specifically, it may be appropriate or necessary to pay special attention to input from the recipient and others present at the assessment.

Memory

Recalling learned behaviors and information from distant and recent past.

Observations:

- Do the recipient's responses to your questions indicate that s/he has good recall?
- Is the recipient capable of following through on activities of daily living?
- Is s/he able to maintain a clear thought process and stay on track during a conversation?
- Does the recipient appear forgetful and have difficulties remembering important dates, friends, close relatives, addresses, etc.?
- Does the recipient forget to take medication and/or remember the last time s/he took her/his medication?
- Does s/he become moderately confused when her/his daily routine is altered?
- Does s/he start an activity and forget to finish it?
- Does the recipient have a history of leaving stove burners on or the water running in the sink and/or tub causing overflows?
- Can the recipient remember the last time s/he ate?
- Is there loss of verbal activity?

Questions:

- What is your birthday?
- How long have you lived in this home?
- How long have you lived in California?
- Can you tell me about your spouse/child(ren)?
- What medications are you taking?
- What surgeries or treatments have you had in recent years?
- Do you often find yourself forgetting things?
- Do you have any systems in place to help you remember things?

The following is the application of functional rankings specific to Memory with suggestions that may help determine the appropriate ranking needed:

Rank 1: No problem: Memory is clear. Recipient can give accurate information about his/her medical history; can talk appropriately about comments made earlier in the conversation; has good recall of past events. The recipient can give detailed information in response to questions.

- **Example Documentation:** Recipient able to remember significant dates, persons, and events.

Rank 2: Memory loss is moderate or intermittent: Recipient shows or reports evidence of some memory impairment, but not to the extent where s/he is at risk.

Recipient needs occasional reminding to do routine tasks or help recalling past events.

- **Example Documentation:** Recipient able to remember past events, birthdays and significant people; however, has difficulty with recent events. For example, he forgets date and time, what he had for breakfast, or who attended his last birthday party. During the interview, his wife occasionally prompts him in responding to questions.

Rank 5: Severe memory deficit: Recipient forgets to start or finish activities of daily living that are important to his/her health and/or safety. Recipient cannot maintain much continuity of thought in conversation.

- **Example Documentation:** Recipient does not remember his birthdate and names of his children. During the interview, he went towards the kitchen to get drinking water, however, came back to the living room stating he was thirsty.

Orientation

Awareness of time, place, self, and other individuals in one's environment.

Observations:

- Does the recipient appear unkempt or disheveled?
- Does the recipient appear comfortable and familiar with his/her surroundings?
- Is the recipient aware of time and place?
- Is s/he fully aware of the reason for your visit?
- Is the recipient physically able to leave home unassisted and find his/her way back without getting lost?
- Does the recipient shuffle aimlessly throughout the house?
- Does s/he appear to be disoriented, experience hallucinations, and/or display a dazed and confused state of mind?
- Is s/he able to answer questions appropriately?
- Is the recipient's sleep-wake cycle abnormal?
- Does the recipient confuse living relatives with deceased relatives?

Questions:

- Do you ever get lost or confused when you are running errands?
- Can you tell me about your relatives living close by?
- Can you tell me about your neighborhood/family?
- How do you get to medical appointments?
- Which room do you like to be in the most?
- What TV shows are you watching now? What movies have you seen lately?
- Who has been helping you around the house?
- What do you do in your spare time?

The following is the application of functional rankings specific to Orientation with

suggestions that may help determine the appropriate ranking needed:

Rank 1: No problem: Orientation is clear. Recipient is aware of where s/he is and can give you reliable information when questioned about activities of daily living, family, etc.; is aware of passage of time during the day.

- **Example Documentation:** Recipient is ready and waiting for your visit. She initiates social amenities such as offering coffee, a chair to sit on, etc. The recipient introduces family members and/or can identify family pictures when asked and has the documents ready that you asked her to provide for the visit. Recipient is dressed appropriately for season, recognizes social worker, and stated she can go to the grocery store by herself.

Rank 2: Occasional disorientation and confusion is apparent but recipient does not put self at risk: Recipient has general awareness of time of day and can provide limited information about family, friends, age, daily routine, etc.

- **Example Documentation:** Twice in the past year the recipient has called her daughter at 2:00 a.m. and was not aware that it was the middle of the night. When told what time it was, the recipient apologized and went back to bed. When you enter the recipient's apartment, she asks, "Why are you here today? You said you'd be here Tuesday." You respond, "This is Tuesday." The recipient seems unprepared for your visit and has difficulty settling down for the interview. She participates with some difficulty. She states she is not comfortable outside of her immediate environment and rarely ventures out. Her mail is left unopened occasionally, and her clothing and some perishable food items are not properly stored.

Rank 5: Severe disorientation which puts recipient at risk: Recipient wanders off; lacks awareness or concern for safety or well-being; is unable to identify significant others or relate safely to environment or situation; has no sense of time of day.

- **Example Documentation:** Family member or friend must answer door, as recipient is unable to maneuver in home without wandering. The recipient must be directed to chair. The recipient exhibits no awareness of the purpose of the social worker's visit. The recipient is unable to concentrate; she either does not respond to questions or speaks unintelligibly.

Judgment

Making decisions so as not to put self or property in danger. Recipient demonstrates safety around stove. Recipient has capacity to respond to changes in the environment (e.g., fire, cold house). Recipient understands alternatives and risks involved and accepts consequences of decisions.

Observations:

- Is the home properly maintained and in safe repair?
- Do the recipient’s responses show that his/her decision-making ability is intact?
- Is the recipient appropriately dressed?
- Is the recipient capable of making independent decisions and is s/he able to

interact with others?
- Is the food supply inadequate or inedible?
- Is the recipient able to recognize alternatives/options and able to select among them?
- Is s/he able to plan or foresee consequences of decisions?
- If the recipient is a pet owner, is there animal feces smeared on the floor?
- Is s/he able to assess dangerous situations?
- Has someone from the community called to report that the recipient is defecating or urinating on the front yard?

Questions:
- What would you do if there was a fire?
- How do you decide what to wear in morning?
- What would you do if a water pipe started leaking?
- How do you know if your dinner is done cooking?
- Who would you call in case of an emergency?
- How do you know when it is time to get groceries/medication refills?
- How would you clean and tend for a cut or scrape?
- What do you do if a stranger comes to the door at night?
- Can you tell me about how you budget your funds for the month?

The following is the application of functional rankings specific to Judgment with suggestions that may help determine the appropriate ranking needed:

Rank 1: Judgment unimpaired: Able to evaluate environmental cues and respond appropriately.
- **Example Documentation:** Recipient did not require representation and answered all questions with no issues. She was aware of her environment and was mentally alert. She stated that she handles all her personal affairs appropriately.

Rank 2: Judgment mildly impaired: Shows lack of ability to plan for self; has difficulty deciding among alternatives, but is amenable to advice; social judgment is poor.
- **Example Documentation:** Recipient lives on his own but has issues making sound financial decisions and keeping up his apartment. Recipient hoards items and home is cluttered but there are clear pathways in the home and recipient is safe. Recipient's main issue is social interaction.

Rank 5: Judgment severely impaired: Recipient fails to make decisions or makes decisions without regard to safety or well-being.
- **Example Documentation:** Recipient is often paranoid and has auditory and visual hallucinations. He is unaware of the strong odor and feces in his home from garbage and pets. He does not shower or keep up with his hygiene. There are many observable hazards and unsafe living conditions in the home.

Attachment C

In-Home Supportive Services (IHSS) Social Worker Field Assessment Handbook

California Department of Social Services
Adult Programs Division
Policy & Quality Assurance Branch
Training & Quality Assurance Bureau
Training & Development Unit
November 2017

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.

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/risks
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) ✓ Frequency (normal range of need; good days and bad days) ✓ 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

Step	Task	Checklist
		o Number of unmet need hours (can be found by checking eligibility under Authorization Tab in CMIPS) o List resources if already in place o Any safety concerns and referrals made to appropriate agency, if applicable ✓ Forms o 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*

IHSS IN-HOME SUPPORTIVE SERVICES

CDSS

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)

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	1:18	2:00	1:10	2:16	3:20	2:55	4:23	5:50	4:05	6:03	8:00
Feeding	0:45	1:32	2:18	1:10	2:20	3:30	3:30	5:15	7:00	5:15	7:18	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	1:00	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)	High (Time Guidelines)
Menstrual Care	0:17	0:48
Repositioning and Rubbing Skin	0:45	2:48
Care of and Assistance with Prosthetic Devices	0:28	1:07

Services with Time Guidelines:

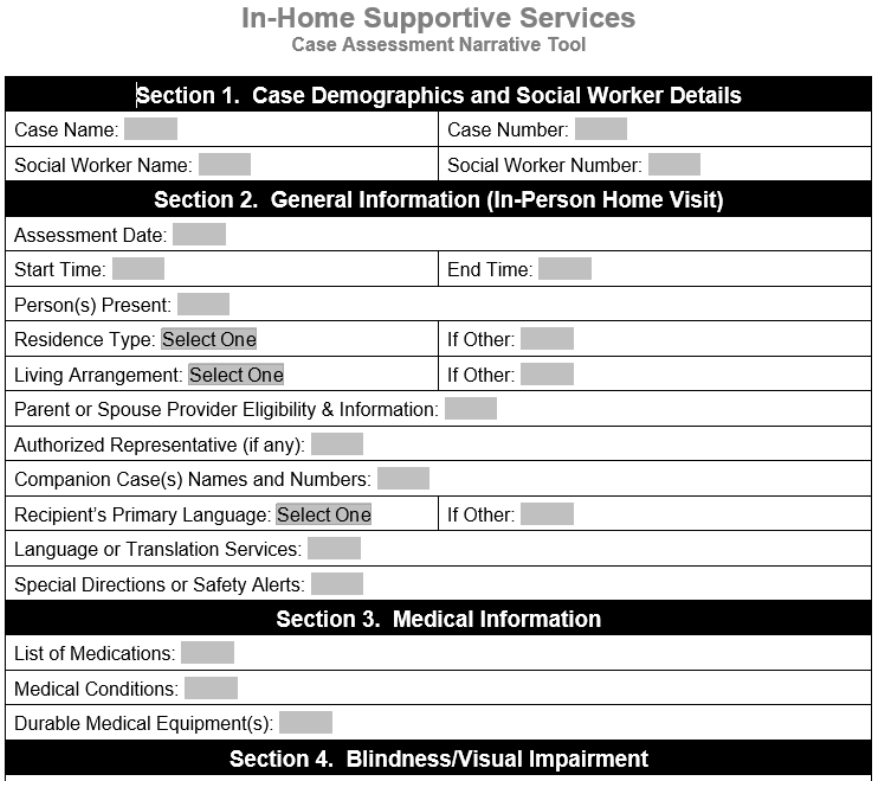
Service Category	Time Guidelines
Domestic Services	6:00 total per month per household unless adjustments* apply
Shopping for Food	1:00 per week per household unless adjustments* apply
Other Shopping/Errands	0:30 per week unless adjustments* apply
Laundry	1:00 per week (facilities within home); 1:30 per week (facilities out of home); per household

*Adjustments refer to a need met in common with housemates.

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
TRAINING ACADEMY
A PROJECT OF SAN DIEGO STATE UNIVERSITY SCHOOL OF SOCIAL WORK

FI Ranking/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 30-757.11 through 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

SAN DIEGO STATE UNIVERSITY

October 2017

Service Definition	Factors/Exemptions Examples
Meal Preparation **(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 client eats meals that require less preparation time (e.g., toast and coffee for breakfast). • **Exception High**: The client must have meals pureed or cut into bite-sized pieces. • **Exception High**: The client has special dietary requirements

Service Definition	Factors/Exemptions Examples
	that require longer preparation times or preparation of more frequent meals.

Meal Preparation (Hourly Task Guidelines)

Rank	Low	High
Rank 2	3:01	7:00
Rank 3	3:30	7:00
Rank 4	5:15	7:00
Rank 5	7:00	7:00

Service Definition	Factors/Exemptions 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	**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

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

Meal Clean-up (Hourly Task Guidelines)

Rank	Low	High
Rank 2	1:10	3:30
Rank 3	1:45	3:30
Rank 4	1:45	3:30
Rank 5	2:20	3:30

Service Definition	Factors/Exemptions 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
	Factors for consideration include, 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.

Service Definition	Factors/Exemptions Examples
"paramedical services" (MPP §30-757.19).	**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. • 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 assist 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 client. • **Exception High**: Client has frequent bowel movements and/or urination. • **Exception High**: Client has occasional bowel and bladder accidents that require assistance from another person. • **Exception High**: Client's morbid obesity requires more time. • **Exception High**: Client has spasticity or locked limbs so it takes longer to assist.

Service Definition	Factors/Exemptions Examples
	• **Exception High**: The client is combative.

Bowel and Bladder Care (Hourly Task Guidelines)

Rank	Low	High
Rank 2	0:35	2:00
Rank 3	1:10	3:20
Rank 4	2:55	5:50
Rank 5	4:05	8:00

Service Definition	Factors/Exemptions 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.	**Factors for consideration include, 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:**

Service Definition	Factors/Exemptions Examples
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).	• If the constant presence of the provider is required due to the danger of choking or other medical issues. • If the recipient is mentally impaired 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**: Client is mentally impaired and only requires prompting to begin feeding him/herself and can be left unattended once feeding has begun. • **Exception Low**: Client 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**: Client requires frequent meals. • **Exception High**: Food must be placed in the client's mouth in a special way due to difficulty swallowing or other reasons. • **Exception High**: The client is combative.

Feeding (Hourly Task Guidelines)

Rank	Low	High
Rank 2	0:45	2:18
Rank 3	1:10	3:30
Rank 4	3:30	7:00
Rank 5	5:15	9:20

Service Definition	Factors/Exemptions 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 include, 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.

Service Definition	Factors/Exemptions Examples
	• **Exception High**: The client is confined to bed and sweats profusely requiring frequent bed baths. • **Exception High or Exception Low**: The weight of the client requires more time or less time. • **Exception High**: The client is combative.

Routine Bed Baths (Hourly Task Guidelines)

Rank	Low	High
Rank 2	0:30	1:45
Rank 3	1:00	2:20
Rank 4	1:10	3:30
Rank 5	1:45	3:30

Service Definition	Factors/Exemptions 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;	**Factors for consideration include, 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.

Service Definition	Factors/Exemptions Examples
changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.	• 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, client only needs assist with shoes and socks. • **Exception Low**: Due to limited fine motor skills, only needs assist with zippers, typing shoes, and buttons. • **Exception High**: The client 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 client is immobile. • **Exception High**: Heavy cycle every month and requires more changing. • **Exception High**: The client has spasticity or locked limbs.

Service Definition	Factors/Exemptions Examples
	• **Exception High**: The client is combative.

Dressing (Hourly Task Guidelines)

Rank	Low	High
Rank 2	0:34	1:12
Rank 3	1:00	1:52
Rank 4	1:30	2:20
Rank 5	1:54	3:30

Service Definition	Factors/Exemptions 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	**Factors for consideration include, 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:**

Service Definition	Factors/Exemptions Examples
the front door to the car (including getting in and out of the car) for medical accompaniment and/or alternative resource travel.	• 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. **Exception Documentation Examples:** • **Exception Low**: Only needs assist retrieving walker. • **Exception High**: The distance the client must move inside their home. • **Exception High**: The client requires frequent help getting to/from the bathroom. • **Exception High**: The client has a mobility device, such as a wheelchair that results in a decreased need. • **Exception High**: The client has spasticity or locked limbs. • **Exception High**: The client is combative.

Ambulation

Rank	Low	High
Rank 2	0:35	1:45
Rank 3	1:00	2:06

Rank	Low	High
Rank 4	1:45	3:30
Rank 5	1:45	3:30

Service Definition	Factors/Exemptions 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 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).	**Factors for consideration include, 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**: Only needs a boost from seated position. • **Exception High**: The client gets in and out of bed frequently during the day or night due to naps or use of the bathroom.

Service Definition	Factors/Exemptions Examples
	• **Exception High**: The weight of the client and/or condition of his/her bones requires more careful, slow transfers. • **Exception High**: The client has spasticity or locked limbs. • **Exception High**: The client is combative.

Transfer

Rank	Low	High
Rank 2	0:30	1:10
Rank 3	0:35	1:24
Rank 4	1:06	2:20
Rank 5	1:10	3:30

Service Definition	Factors/Exemptions 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	**Factors for consideration include, 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/Exemptions Examples
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)].	**Exceptions include, but not limited to:** • If the recipients 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 client requires more or less time. • **Exception High**: The client has spasticity or locked limbs. • **Exception High**: The client is combative.

Bathing, Oral Hygiene, and Grooming (Hourly Task Guidelines)

Rank	Low	High
Rank 2	0:30	1:55

Rank	Low	High
Rank 3	1:16	3:09
Rank 4	2:21	4:05
Rank 5	3:00	5:06

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

Menstrual Care

* Functional rank does not apply

Time Range
0:17 – 0:48

Service Definition	Factors/Exemptions 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	**Factors for consideration include, 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 client has a condition that makes him/her

Service Definition	Factors/Exemptions Examples
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 Assistance with Prosthetic Devices" at MPP §30-757.14(i).	confined to bed. • **Exception High**: The client has spasticity or locked limbs. • **Exception High**: The client has or is at risk of having decubitus ulcers, which require the need to turn the client frequently. • **Exception High**: The client is combative.

Repositioning and Rubbing Skin (Time Guidelines)

* Functional rank does not apply

Time Range
0:45 – 2:48

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

Service Definition	Factors/Exemptions Examples
	• Exception High: The client is combative.

Care of and Assistance with Prosthetic Devices and Assistance with Self Administration of Medications (Time Guidelines)

* Functional rank does not apply

Time Range
0:28 – 1:07

Service Definition	Factors/Exemptions Examples
Domestic 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	**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

Service Definition	Factors/Exemptions Examples
charging/recharging wheelchair batteries).	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 Services (Time Guidelines)

* Functional rank does not apply

Time Range
6:00 total per month per household maximum unless adjustments apply

Service Definition	Factors/Exemptions 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 include, 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.

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

Shopping for Food (Time Guidelines)

* Functional rank does not apply

Time Range
1:00 per week per household maximum unless adjustments apply

Service Definition	Factors/Exemptions Examples
Other Shopping/Errands [MPP §30-757.135(c)] Making a shopping list; travel to/from the store;	**Factors for consideration include, but not limited to:** • Whether other shopping and errands is done for the entire household.

Service Definition	Factors/Exemptions Examples
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.	• Whether the other errands are completed when the food shopping is done. **Exception Documentation Example:** • **Exception High**: Closest store is far from client's home.

Other Shopping/Errands (Time Guidelines)

* Functional rank does not apply

Time Range
0:30 per week per household maximum unless adjustments apply

Service Definition	Factors/Exemptions Examples
Laundry **(MPP §30-757.134)** Washing and drying laundry, mending, ironing, folding, and storing clothes on shelves or in drawers.	**Factors for consideration include, 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.

Service Definition	Factors/Exemptions Examples
	Exceptions include, but not limited to: • If the recipient has incontinence or other issues which create extra laundry. **Exception Documentation Examples:** • **Exception High**: Client has incontinence that results in more loads of laundry than usual. • **Exception High**: Closest laundromat is far from client's home.

Laundry (Time Guidelines)

* 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

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
Edmund G. Brown Jr., Governor

HEALTH AND HUMAN SERVICES AGENCY
Diana S. Dooley, Secretary

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
Will Lightbourne, Director