

CHAPTER 3

ASSESSMENT STANDARDS & AUTHORIZED SERVICES

PROGRAM SERVICES

Available IHSS Services

The services described on pages 3-4 through 3-23 are the only services authorized through IHSS. (30.757.1)

Domestic Services

Domestic services are the normal, usual, and routine chores related to every day living, performed in the home.

Included Services

Authorized services include the following:

- Sweeping, vacuuming, washing and waxing floors and surfaces.
- 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 linens
- Miscellaneous

Miscellaneous

Miscellaneous domestic services are authorized when the service is identified and documented by the Social Worker as necessary for the recipient to remain safely in his/her home.

EXAMPLES:

- Changing light bulbs.
- Wheelchair cleaning.
- Changing/charging wheelchair batteries.

Domestic Services - Time Guideline

The assessed time for “domestic services” will not exceed **6.0*** hours total per month per household unless the recipient’s needs require an exception. Any exceptions to the guidelines must be documented on the 12-42 Worksheet and in the narrative of the case file. (30.758.1.11)

Note: If the recipient **absolutely needs more than these hours to remain safely at home, with documentation, the hours may be increased.*

Heavy Cleaning

Heavy cleaning involves the thorough cleaning of the home because the recipient's living conditions constitute a substantial threat to his/her health or safety, or a recipient is at risk of eviction for failure to prepare his/her home or abode for fumigation as required by statute or ordinance. (30-757.12)

Services

Authorized services are limited to the following:

- Cleaning walls and ceilings
- Cleaning cupboards, interior and exterior
- Shampooing carpets or rugs
- Washing windows, interior and exterior
- Cleaning drapes, Venetian blinds/shutters
- Cleaning underneath and behind furniture

Limitations

Social Workers may only authorize this service on the occasions listed below:

- When IHSS is initially granted to enable the provider to perform continuous maintenance;
- If a lapse in eligibility occurs, eligibility is re-established, and IHSS has not been provided within the previous 12 months;
- At any time the recipient's living conditions result in a threat to his/her safety;
- A recipient is at risk of eviction for failure to prepare his/her home or abode for fumigation, when required by statute or ordinance.
- Institutionalized IHSS applicants that plan to return to his/her own homes, may receive heavy cleaning services if they are otherwise eligible for services, and the cleaning is necessary to prepare for the applicant's return home. (30-755.1.12)

The Social Worker will document the circumstances, justifying the service authorization for heavy cleaning.

Authorization

Authorization of heavy cleaning is governed by the following policies and procedures: (30-757.12)

- Heavy cleaning must be essential for health and safety reasons before authorization.
- The Social Worker must specify in the narrative the basis for authorizing heavy cleaning services.
- If the number of hours authorized would result in the total IHSS hours exceeding the State maximum, heavy cleaning will be spaced out over two or more months.

- For recipients already receiving maximum hours, other services will temporarily indicate unmet needs on the SOC 293 by CMIPS.
- The *maximum* for heavy cleaning is 20 hours a year, per household and only with supervisory approval. Requests for greater than 20 hours must be due to special circumstances, such as a major household disaster. The Supervisor must submit requests for more than 20 hours heavy cleaning, to the Program Manager for pre-approval.

Related Services

Related services are limited to meal preparation; a restaurant meal allowance; routine mending and laundry; and reasonable shopping and errands, as specified in the following pages. (30-757.13)

Note:
Time guidelines are for the total assessed need and are applied **prior** to any pro-ration of services.

Meal Preparation

This service includes planning a menu; removing food from the refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; trimming meat; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; re-heating food, cooking and safely operating the stove; setting the table and serving the meals; pureeing food; and cutting the food into bite-size pieces.

The time guidelines range for “Preparation of Meals” shall be as follows unless the recipient’s needs require an exception.

Preparation of Meals Hours per Week Time Guidelines		
	Low	High
Rank 2	3.02	7.00
Rank 3	3.50	7.00
Rank 4	5.25	7.00
Rank 5	7.00	7.00

Factors to consider when assessing the amount of time needed include (but are not limited to):

- The recipient’s ability to assist with or perform the tasks safely
- The type of food the recipient normally eats for meals and snacks
- The amount of time needed to prepare the food (cooked meals versus meals that are not cooked)
- The recipient’s ability to reheat meals prepared in advance
- How often the recipient eats

- Time for universal precautions as appropriate

Exceptions to the time guidelines include (but are not limited to):

- Meals that need to be pureed or cut into bite size pieces.
- Special dietary requirements
- Meals that require less preparation time (e.g. toast and coffee for breakfast).

Meal Clean-up

This service includes loading and unloading a dishwasher; washing and drying the dishes, pots, 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.

The time guidelines range for “Meal Cleanup” shall be as follows unless the recipient’s needs require an exception:

Meal Cleanup Hours per Week Time Guidelines		
	Low	High
Rank 2	1.17	3.50
Rank 3	1.75	3.50
Rank 4	1.75	3.50
Rank 5	2.33	3.50

Factors to consider when assessing the amount of time needed include (but are not limited to):

- The recipient’s ability to assist with or perform the tasks safely.
- Types of meals requiring cleanup.
- The frequency that meal cleanup is necessary.
- If a dishwasher is available.
- Time for universal precautions as appropriate.

Exceptions to the time guidelines include (but are not limited to):

- If the recipient must eat frequent meals requiring additional cleanup.
- If the recipient eats light meals requiring less cleanup.

Restaurant Meal Allowance

Eligibility is limited to *only aged* or *disabled* recipients who have adequate cooking facilities at home but whose disabilities prevent their use. The restaurant meal allowance is not available to blind IHSS recipients. (30-757.134)

- The restaurant meal allowance is \$62.00 per month for an individual and \$124.00 for a couple.
- Restaurant meal allowance is provided in lieu of meal preparation, meal clean up, planning menus, and shopping for food.

- A recipient who receives a restaurant meal allowance as part of his/her SSI/SSP grant will not receive a restaurant meal allowance from IHSS.
- An aged or disabled IHSS SSI/SSP recipient requesting a restaurant meal allowance, without adequate cooking facilities at home, will be referred to the Social Security Agency for an evaluation of need for restaurant meals from that program.
- An individual requesting only IHSS restaurant meal allowance (no other services at all), and otherwise eligible, will be granted the restaurant meal allowance, per California Department of Social Services.

Routine Mending, Laundry

Routine mending and laundry includes washing and drying laundry, and is limited to sorting, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry if dryer is not routinely used, mending, or ironing, folding, and storing clothing on shelves, in closets or in drawers. (30-757.134)

- Laundry facilities are considered available in the home if, at a minimum, there is a washing machine and a way to dry clothes on the premises. (If an apartment complex has a laundry room, there are facilities on the premises.)
- The need for out-of-home laundry services exists when laundry facilities are not available and it is necessary to go outside the premises to accomplish this service. Included in out-of-home laundry is the time needed to travel to/from a locally available laundromat or other laundry facility.

Laundry - Time Guideline

- The time guidelines for laundry done in-home will not exceed **1.0** hour per week per household. (30.757.134)
- Time guidelines for laundry done out of the home will not exceed **1.5** hours per week per household.
- The time guidelines above apply unless the recipient's need requires an exception.
- In assessing time for in-home laundry services, it is expected that the provider will accomplish other tasks while the clothes are washing and drying.
- It is expected that the typical provider will use a local laundromat as necessary for efficient time utilization.
- An exception to the time guideline may be necessary for recipient's with incontinence.

Reasonable Shopping and Errands

Reasonable shopping and errands are limited to the nearest available stores or other facilities consistent with the recipient's financial resources and need. (30-757.136)

- No additional time will be authorized for the recipient to accompany the provider.
- Eligibility for this service is based upon the recipient's inability to perform the task and not the lack of transportation.

Food Shopping

Food shopping includes the tasks of making a grocery list; traveling to and from the store; shopping; loading/unloading and storing food.

Other Shopping/Errands

Other shopping and errands includes the tasks of making a shopping list; traveling to and from the store; shopping, loading/unloading and storing supplies and purchases; performing *reasonable* errands such as delivering a delinquent payment to avert an imminent shut-off; phoning in and picking up a prescription.

Shopping and Errands - Time Guideline

The time per task guidelines for grocery shopping are **1.0** hour per week per household. The time per task guidelines for errands are **0.5** per week per household. (30.757.135 [b] [c]) The time guidelines above apply unless the recipient’s need requires an exception.

Non-Medical Personal Care Services

Respiration

This service is limited to non-medical services such as assistance with self-administration of oxygen, assistance in the use of a nebulizer, and cleaning oxygen equipment. (30-757.14[b])

Bowel and Bladder Care

This includes 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 rubber gloves; wiping and cleaning recipient; assistance with getting on/off commode or toilet; and washing/drying recipients and providers hands. (30-757.14[a])

Bowel and Bladder Care *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”.

The time guidelines range for “Bowel and Bladder Care” shall be as follows unless the recipient’s needs require an exception:

Bowel and Bladder Care Hours per Week Time Guidelines		
	Low	High
Rank 2	0.58	2.00
Rank 3	1.17	3.33
Rank 4	2.91	5.83
Rank 5	4.08	8.00

Factors to consider when assessing the amount of time needed include (but are not limited to):

- The recipient’s ability to assist with or perform the tasks safely.
- The frequency of the recipient’s urination or bowel movements.

- The use of assistive devices that increase or decrease the need for assistance.
- Time for universal precautions as appropriate.

Exceptions to the time guidelines include (but are not limited to):

- Frequent urination or bowel movements.
- Frequent bowel or bladder accidents.
- Occasional bowel or bladder accidents requiring assistance from another person.
- Morbid Obesity requiring more time.
- Spasticity or locked limbs.
- If the recipient is combative.

Eating

Feeding includes assistance with consumption of food and assurance of adequate fluid intake. This consists of feeding or related assistance to recipients who cannot feed themselves or who require assistance with special devices in order to feed themselves or to drink liquids. (30-757.14[c])

Feeding tasks include assistance with reaching for, picking up, and grasping utensils and cup; cleaning recipients face and hands; and washing/drying hands; and washing/drying hands before and after feeding. (30-757.14[1])

Feeding tasks *do not* include cutting food into bite-sized pieces or pureeing food. These tasks are assessed in “Meal Preparation”.

The time guidelines range for “Feeding” shall be as follows unless the recipient’s needs require an exception:

Feeding Hours per Week Time Guidelines		
	Low	High
Rank 2	0.70	2.30
Rank 3	1.17	3.50
Rank 4	3.50	7.00
Rank 5	5.25	9.33

Factors to consider when assessing the amount of time needed include (but are not limited to):

- The recipient’s ability to assist with or perform the tasks safely.
- The amount of time the recipient takes to eat meals.
- The types of food consumed.
- The frequency of meals/liquid.
- Time for universal precautions as appropriate.

Exceptions to the time guidelines include (but are not limited to):

- Choking or other medical issues that require the provider to be present.
- Recipient’s need for prompting to feed themselves.
- Recipient’s requirement for frequent meals.
- Recipient’s preference for foods they can manage without assistance.
- If the recipient must eat in bed.
- If food must be placed in the mouth in a special way because of difficulty swallowing.
- If the recipient is combative.

Routine Bed Baths

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. (30-757.14[d])

The time guidelines range for “Bed Baths” shall be as follows unless the recipient’s needs require an exception:

Bed Baths Hours per Week Time Guidelines		
	Low	High
Rank 2	0.50	1.75
Rank 3	1.00	2.33
Rank 4	1.17	3.50
Rank 5	1.75	3.50

Factors to consider when assessing the amount of time needed include (but are not limited to):

- The recipient’s ability to assist with or perform the tasks safely.
- If the recipient is prevented from bathing in the tub or shower.
- If bed baths are needed in *addition* to baths in the tub or shower.
- Time for universal precautions as appropriate.

Exceptions to the time guidelines include (but are 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.

Dressing

This includes the washing/drying of hands; putting on and taking off, the fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments, undergarments,

corsets, elastic stockings and braces; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing. (30-757.14[f])

The time guidelines range for “Dressing” shall be as follows unless the recipient’s needs require an exception:

Dressing Hours per Week Time Guidelines		
	Low	High
Rank 2	0.56	1.20
Rank 3	1.00	1.86
Rank 4	1.50	2.33
Rank 5	1.90	3.50

Factors to consider when assessing the amount of time needed include (but are not limited to):

- The recipient’s ability to assist with or perform the tasks safely.
- The type of clothing and garments the recipient wears.
- If the recipient prefers other types of clothing or garments.
- The weather conditions.
- Universal precautions as appropriate.

Exceptions to the time guidelines include (but are not limited to):

- If the recipient frequently leaves his or her home requiring additional dressing/undressing.
- If the recipient frequently bathes or soils clothing, requiring additional changes of clothing.
- If the recipient has spasticity or locked limbs.
- If the recipient is immobile.
- If the recipient is combative.

Care/Assistance with Prosthesis & Medication

Assistance with Medication

Assistance with self-administering of medications consists of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken and setting up of medication sets. (30-757.14[k])

Please note that placing medications in the mouth, “administration of medication” is assessed/authorized under Paramedical services.

Care and Assistance with Prosthesis

This service includes help with taking off/putting on, maintaining and cleaning prosthetic devices; vision and hearing aids; and washing/drying hands before and after performing these tasks. (30-757.14[i])

The time guidelines range for “Care and Assistance with Prosthetic Devices” shall be as follows unless the recipient’s needs require an exception:

Care and Assistance with Prosthetic Devices Hours per Week Time Guidelines		
	Low	High
Functional ranking does not apply.	0.47	1.12

Factors to consider when assessing the amount of time needed include (but are not limited to):

- The recipient’s ability to manage medications and/or prosthetics independently and safely.
- The amount of medication prescribed for the recipient.
- Special preparations such as cutting tablets or putting medications into medi-sets.
- Cognitive difficulties contributing to the need for assistance.
- Universal precautions as appropriate.

Exceptions to the time guidelines include (but are not limited to):

- If medications are taken several times a day.
- If the pharmacy sets-up medications in bubble wrap or medi-sets.
- If the recipient has multiple prosthetic devices.
- If the recipient is combative.

Routine Menstrual Care

This 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 tasks.

(30-757.14[k])

In assessing “Menstrual Care” it may be necessary to assess additional time in other service categories specified in this section such as laundry, dressing, domestic, bathing, oral hygiene, and grooming.

In assessing “Menstrual Care”, if the recipient wears diapers, time for menstrual care should not be necessary. This time would be assessed as a part of “Bowel and Bladder Care”.

The time guidelines range for “Menstrual Care” shall be as follows unless the recipient’s needs require an exception.

Menstrual Care Hours per Week Time Guidelines		
	Low	High
Functional ranking does not apply.	0.28	0.80

Factors to consider when assessing the amount of time needed include (but are not limited to):

- The recipient’s ability to assist with or perform the tasks safely.
- If the recipient has a menstrual cycle.
- The duration of the menstrual cycle.
- If there are medical issues that require additional time.
- Universal precautions as appropriate.

Exceptions to the time guidelines include (but are not limited to):

- If the recipient has spasticity or locked limbs
- If the recipient is combative.

Ambulation

This service includes assisting the recipient with walking or moving (i.e., pushing wheelchair) 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, and washing/drying hands before and after performing these tasks. “Ambulation” also includes assistance to and from the front door to the car (including getting in and out of the car) for medical accompaniment and/or alternative resource travel.

Ambulation does not include movement solely for the purpose of exercise.
(See range of motion exercises.) (30757.14[k])

The time guidelines range for “Ambulation” shall be as follows unless the recipient’s needs require an exception.

Ambulation Hours per Week Time Guidelines		
	Low	High
Rank 2	0.58	1.75
Rank 3	1.00	2.10
Rank 4	1.75	3.50
Rank 5	1.75	3.50

Factors to consider when assessing the amount of time needed include (but are not limited to):

- The recipient’s ability to assist with or perform the tasks safely.

- The distance the recipient must move inside the home.
- The speed of the recipient’s ambulation.
- Any barriers that block the recipient’s ambulation.
- Universal precautions as appropriate.

Exceptions to the time guidelines include (but are not limited to):

- If the recipient’s home is large or small.
- If the recipient needs frequent help to the bathroom.
- If the recipient has a mobility device that decreases the need.
- If the recipient has Spasticity or locked limbs.
- If the recipient is combative.

Transfer, Repositioning/Rubbing Skin

Transfer

Transfer includes 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. (70-757.14[h])

Transfer does not include:

- Assistance on or off the toilet. This task is assessed as part of “Bowel and Bladder”. (30-757.14[a])
- Changing position to prevent skin breakdown. This task is assessed as part of “Repositioning and Rubbing Skin”. (30-757.14[g])

The time guidelines range for “Transfer” shall be as follows unless the recipient’s needs require an exception:

Transfer Hours per Week Time Guidelines		
	Low	High
Rank 2	0.50	1.17
Rank 3	0.58	1.40
Rank 4	1.10	2.33
Rank 5	1.17	3.50

Factors to consider when assessing the amount of time needed include (but are not limited to):

- The recipient’s ability to assist with or perform the tasks safely.
- The amount of assistance required.
- The availability of equipment, such as a Hoyer Lift.

- Universal precautions as appropriate.

Exceptions to the time guidelines include (but are 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 the condition of the recipient’s bones requires a more careful, slow transfer.
- If the recipient has Spasticity or locked limbs.
- If the recipient is combative.

Repositioning and Rubbing Skin

Repositioning and/or rubbing skin includes rubbing skin to promote circulation and prevent skin breakdown; turning in bed and other types of repositioning; and range of motion exercises.

Range Of Motion Exercises

Range of motion is limited to the general supervision of exercises which have been taught to the recipient by a licensed therapist or other health care professional. The purpose is to restore mobility restricted because of injury, disuse, or disease. Range of motion exercises will be limited to maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent with patient’s capacity and tolerance. Such exercises include the carrying out of maintenance programs, i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assisted walking. (30-757.14 [g][1] [2])

Repositioning and rubbing skin does not include:

- Care of pressure sores (skin and wound care). This task is assessed as a part of “Paramedical Services”. (30-757.19)
- Ultraviolet treatment (set up and monitor equipment) for pressure sores and/or application of medicated cream to the skin. These tasks are assessed as part of “Assistance with Prosthetic Devices”. (30-757.14[j])

The time guidelines range for “Repositioning and Rubbing Skin” shall be as follows unless the recipient’s needs require an exception:

Repositioning and Rubbing Skin Hours per Week Time Guidelines		
	Low	High
Functional ranking does not apply.	0.75	2.80

Factors to consider when assessing the amount of time needed include (but are not limited to):

- The recipient's ability to assist with or perform the tasks safely.
- If the recipient's movements are limited, the amount of time the recipient spends in a seated position or in bed.
- If the recipient has circulatory problems.
- Universal precautions as appropriate.

Exceptions to the time guidelines include (but are not limited to):

- If the recipient has a condition that confines them to bed.
- If the recipient has Spasticity or locked limbs.
- If the recipient is at risk of having decubitus ulcers, which requires frequent repositioning or turning.
- If the recipient is combative.

Bathing, Oral Hygiene and Grooming

Bathing

Bathing includes cleaning the body in a tub or shower; getting water and supplies and putting them away; managing faucets and adjusting water temperature; assistance with getting in and out of tub, or shower, reaching all parts of body for soaping, rinsing, drying and applying lotion, powder, deodorant; washing and drying hands.

Oral Hygiene

Oral hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing and drying hands.

Grooming

Grooming includes hair combing/brushing; hair trimming when the recipient can't get to the barber or salon; shampooing, applying conditioner and drying hair; shaving and fingernail and toenail care/filing (excludes cutting with scissors or clipping toenails).

Bathing, Oral Hygiene and Grooming does not include getting to and from the bathroom. These tasks are assessed as mobility under "Ambulation" services. (30 757.14[k])

Factors to consider when assessing the amount of time needed include (but are not limited to):

- The recipient's ability to assist with or perform the tasks safely.
- The number of times a recipient may need to bathe.
- If the recipient needs assistance in and out of the tub or shower.
- If the recipient needs assistance with supplies.
- If the recipient needs hands-on assistance with washing.
- If the provider must be present while the recipient bathes.
- If the recipient needs assistance drying, putting on lotion or powder after bathing.

- If the recipient showers in a wheelchair.
- Universal precautions as appropriate.

Exceptions to the time guidelines include (but are not limited to):

- If the providers constant presence is required.
- If the weight of the recipient requires more or less time.
- If the recipient has Spasticity or locked limbs.
- If a roll-in shower is available.
- If the recipient is combative.

The time guidelines range for “Bathing, Oral Hygiene and Grooming” shall be as follows unless the recipient’s needs require an exception:

Bathing, Oral Hygiene and Grooming Hours per Week Time Guidelines		
	Low	High
Rank 2	0.50	1.92
Rank 3	1.27	3.15
Rank 4	2.35	4.08
Rank 5	3.00	5.10

Assistance with Transportation

Assistance with transportation may be authorized only when the recipient’s physical or mental condition prohibits them from traveling alone. The availability of transportation is not a consideration. The narrative and IHSS worksheet must clearly document that the recipient is unable to travel unaccompanied. (30-757.15)

As a rule, medical transportation time for task is limited to actual time involved in transporting a recipient *to and from the medical resource*. Time authorized for waiting is not allowed unless:

- The medical resource is located more than 10 miles from the recipient’s home, and;
- The provider is not able to spend the waiting time doing other authorized chores for the recipient such as laundry, shopping, or errands.

NOTE: The provider may not provide services in the recipient’s home during the recipient’s absence as the potential for lawsuits regarding theft or damage increases with the recipient’s absence.

Limitations

Assistance by the provider is available for transportation when the recipient’s presence is required at the destination and such assistance is necessary to accomplish the travel, limited to:

- Transportation to and from appointments with physicians, dentists, and other health practitioners.
- Transportation necessary for fitting health related appliances/devices and special clothing.
- Transportation under points above may be authorized *only after* the Social Worker has determined that Medi-Cal will not provide transportation in the specific case.
- Transportation to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS. This accompaniment will be authorized *only after* the Social Worker has determined that neither accompaniment nor transportation is available by the alternative program.

SSI/SSP Includes Transportation Costs

The SSI/SSP grant level includes an allowance for necessary transportation costs. Therefore, any expense incurred is the recipient's responsibility. This includes taxi or bus fares and mileage reimbursement if any Individual Provider (IP) transports the recipient. The IP's time is compensated for by IHSS if included as an assessed need.

Emergency Medical Transportation

Please see chapter 4 of the IHSS Program Guide, and the Policy and Procedures Handbook for information on referral for Emergency Medical Transportation.

Yard Hazard Abatement

Yard hazard abatement is light work in the yard which may be authorized for:

- Removal of high grass, weeds, and rubbish when this constitutes a fire hazard.
- Removal of ice, snow, or other hazardous substances from entrances and essential walkways when access to the home is hazardous. (30-757.16)

Authorization/Limitations

The following regulations and policies govern the authorization of yard hazard abatement:

- Does not include regular grass cutting and yard maintenance.
- Is limited to a maximum of 8 hours, twice a year. Exceptions require approval of the Program Manager.
- Will not be assessed in shared living arrangements, unless all housemates are physically/mentally unable to provide such service.
- Yard hazard abatement may not be authorized when the recipient is a tenant and has moved into a relative's home primarily for the purpose of receiving services. (30-763.421)
- Yard hazard abatement will only be authorized when essential for health and safety reasons.
- If the number of hours would result in the total IHSS hours exceeding the State maximum, the yard hazard abatement will be spaced over two or more months.
- If the recipient is already at maximum hours, other services will be temporarily reflected as an unmet need on the SOC 293.
- The recipient is responsible for providing any equipment or tools needed to perform this activity.

Non-Medical Protective Supervision

This consists of observing the recipient's behavior in order to safeguard the recipient against injury, hazard, or accident. (30-757.17) Please see page 3-47 for details on protective supervision.

Limitations

Protective supervision is available **only** for monitoring the behavior of non-self-directing, confused, mentally impaired, or mentally ill persons.

This service does not include:

- Friendly visiting or other social activities.
- Monitoring of needs caused by a medical condition and the form of supervision required is medical.
- Anticipation of a medical emergency.
- Prevention or control of anti-social or aggressive recipient behavior.
- Provision of an alternative to psychiatric commitment described in Welfare and Institutions Code section 5150. Therefore, protective supervision is not available to prevent potential suicide or other self-destructive behavior.

Authorization

Protective Supervision is authorized under the following conditions:

1. The Social Worker has made a determination that a need for 24-hour non-medical protective supervision exists and that the recipient can remain at home safely if protective supervision is provided. (30-757.172)
2. The Social Worker must determine that the entire 24-hour need for supervision can be met through any of the following or combination of the following:
 - a) IHSS
 - b) Alternative resources
3. After identifying a potential need for protective supervision, the Social Worker *must* request that the form SOC 821 "Assessment of Need for Protective supervision for In-Home Supportive Services Program" be completed by a physician or other appropriate medical professional to certify the need for protective supervision.
 - a) "Appropriate Medical Professional" shall be limited to those who specialize, or whose scope of practice, is in the areas of memory, orientation, and judgment.
 - b) The form SOC 821 will be used in combination with other pertinent information, such as assessment interviews completed by the Social Worker and/or Staff Nurse.
 - c) The form SOC 821 will not be final, but considered as one indicator of the need for protective supervision.
 - d) If the form is not returned, or is incomplete then the Social Worker must make his/her determination based on other available information.
 - e) At the time of reassessment the Social Worker will determine if there is a need to renew the form SOC 821. If necessary a new form will be requested and the basis for the need documented in the case file by the Social Worker.
3. Protective supervision may not be authorized for a partial day, if supervision cannot be arranged for the remaining hours. It must be documented in the case file how the entire need for protective supervision is being met. (30-757.172[b])

4. The Social Worker must discuss with the recipient, or the recipient's guardian or conservator, the appropriateness of out-of-home care as an alternative to protective supervision. (30-757.173)
5. Preventive intervention must be undertaken by the recipient's guardian or conservator as an alternative to protective supervision (for example, modifying the recipient's environment, medication, appropriate restraints, etc.). (30-757.17)

Total Need for Protective Supervision

The total need for protective supervision (i.e., 168 hours a week) will be assessed based on the recipient's individual need provided that:

1. When two (or more) IHSS recipients are living together and both require protective supervision the total need will be treated as a common need and prorated accordingly.
2. For service authorization purposes, no need for protective supervision exists during periods when a provider is in the home to provide other services.
3. A PCSP-eligible non-severely impaired individual receiving IHSS from a PCSP-enrolled provider and also assessed as needing protective supervision is eligible for a maximum of 195 hours of protective supervision as part of the IHSS Residual program.
4. Hours for domestic, related, and personal care services will be calculated first. Hours for residual protective supervision will be calculated next, up to a combined maximum of 283 hours. In no case will the protective supervision authorization exceed 195 hours.

Protective Supervision for Minors

Please refer to Assessment of Children/Related Issues for instructions on assessing protective supervision for minors. (Page 3-43)

Teaching and Demonstrating

These services may be authorized to enable recipients *to perform for themselves* those services that they currently receive from IHSS. (30-757.18)

Limitations

Teaching and demonstration services are limited to domestic services, related services, non-medical personal services, and yard hazard abatement services.

- This service is to be provided only when the provider has the necessary skills to effectively and safely teach and demonstrate.
- This service shall be provided by persons who ordinarily provide IHSS.
- The person providing this service is to be compensated at the same rate as that paid to other IHSS providers in the County for the delivery method used.
- This service may not be authorized for more than three months.
- Services may be authorized only when there is a reasonable expectation that there will be a reduction in the need for the specific IHSS funded service as a result of the service authorized under this category, and:
 - The reduction in cost is equivalent to the full cost of service authorized under this part and is recovered within six months after the end of the training period.

- Within seven months after completion of the teaching and demonstrating service in a specific case, the Social Worker must submit a report to the IHSS Program Manager on the results of the service. The report will include:
 - The task(s) taught or demonstrated;
 - A description of the method of instruction used;
 - The service delivery method used (Individual Provider or private agency);
 - The frequency and duration of the instruction;
 - The total need for each service affected both before and six months after the instruction;
 - The results of instruction, including the number of hours per month of each authorized service involved in the teaching/demonstrating both before and six months after the end of instruction; and
 - The hourly rate paid to the provider.

The Social Work Supervisor is responsible for maintaining proper controls and ensuring that the required report is submitted by the end of the seventh month.

Documentation of Expectation

The provision of teaching and demonstrating services does not automatically exclude their continuation or provision of these services again at a later date. There must, though, be a reasonable expectation documented in the case record that the recipient will assume these tasks after the instructional period

Paramedical Services

Paramedical services are activities recipients would normally perform themselves, but are unable to because of his/her functional limitations, and are necessitated due to the recipient's physical or mental condition, to maintain the recipient's health. (30-757.19)

Paramedical V. Rehabilitative Services

Paramedical services are maintenance services as opposed to rehabilitation services. Paramedical services include, but are not limited to, the administration of medications, puncturing the skin or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional.

Authorization and Supervision of Paramedical Services

- Paramedical services may be provided only when ordered by a licensed health care professional who is lawfully authorized to do so. IHSS Paramedical services may not be included as authorized services until the Social Worker has received a completed form, signed by the licensed health care professional. Request for Order and Consent - Paramedical Services SOC-321 is the form used. (See Policy and Procedures Handbook Chapter 3) The licensed health care professional will be selected by the recipient. The recipient may select a licensed health care professional who is not a Medi-Cal provider, but in that event will be responsible for any fee payments required by the professional.

- The authorized Paramedical services will be provided under the direction of the health care professional prescribing the service. (30-757.193)
- The authority of the health care professional to order Paramedical services does not give them the authority to order or assess the need for any other IHSS service described in this chapter.

Policies and Procedures

- Paramedical services may not be allowed as an IHSS need until the Social Worker receives a signed and dated Request for Order and Consent – Paramedical Services, Form SOC 321.
- The health care professional is responsible for advising the recipient of any risks associated with the provision of the services prescribed. The “Patient’s Informed Consent” section of the form (SOC 321) must be signed and dated by the recipient, or the Legal Guardian/Conservator.
- The health care professional must indicate on the SOC 321 the time necessary to perform the prescribed activity, the frequency it is to be provided and the duration of the service(s).
- Paramedical services will be provided by persons who ordinarily provide IHSS. The hourly rate of provider compensation will be the same as that paid to other IHSS providers in the County for the delivery method used.
- Upon receipt of the SOC 321, the Social Worker will authorize Paramedical services on form SOC 293.
- The provision of other IHSS services is not to be delayed pending receipt of the SOC 321. Social services staff should issue a Notice of Action authorizing other services upon completion of the eligibility determination and needs assessment process. A subsequent Notice of Action, Approval or Denial of Paramedical Services, will be sent upon receipt of the SOC 321.
- In no event are Paramedical Services to be authorized on form SOC 293 prior to the receipt of the SOC 321 from the health care professional, or beyond the period authorized. However, the cost of Paramedical Services received may be reimbursed retroactively, if they are consistent with what was ordered and the services were provided on or after the date of eligibility.
- Supervisors are to review every case in which Paramedical Services are authorized at the time of initial authorization, and at each subsequent authorization. The review is to make certain that the SOC 321 covers the services and time period authorized by the SOC 293.