

COVID-19 & IHSS Updates



1-800-776-5746

Presenters:

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Agenda

1. Overview of IHSS Program
2. COVID-19 Changes
 - a. Eligibility and Applying for IHSS
 - b. IHSS Services
 - c. IHSS Providers
 - d. IHSS Appeals
3. What's Next
4. Questions

Overview of IHSS

What is IHSS?

- **IHSS provides home care services people with disabilities need to remain in their own homes**
- **IHSS is administered by each County under the direction of the State of California, Department of Social Services (CDSS)**
- **IHSS is an alternative to out-of-home placement**

What Kinds of Services Does IHSS Pay for?

Services Categories include, but are not limited to:

- ▶ **Domestic and Related Services:** meal preparation, cleaning, laundry and taking out the garbage.
- ▶ **Personal Care Services/Non–Medical Care:** bathing, feeding, dressing, grooming and toileting.
- ▶ **Paramedical Tasks:** assistance with medications, injections, bowel and bladder care.
- ▶ **Protective Supervision:** monitoring persons with cognitive or mental impairments to prevent injury.
- ▶ **Transportation Services**
- ▶ **Accompaniment to medical appointments**

IHSS Program Priorities During COVID-19

In effect through June 30, 2020, counties must focus on applications and authorizing services.

Counties must prioritize:

- ▶ Initial assessments
- ▶ Requests for reassessment due to change in recipient condition or circumstances, including the loss of alternative resources due to COVID-19
- ▶ Enrollment of IHSS providers

Generally, counties should NOT take any action to:

- ▶ Terminate IHSS or
- ▶ Decrease IHSS services

IHSS social workers must also make sure they **answer and return phone calls** from providers and recipients as soon as possible.

March 24, 2020 CDSS All County Letter (ACL) 20-26:

https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/ACL_20-26.pdf

Overview of IHSS Application Process

1. Apply at County IHSS office

- Statewide IHSS county offices: <https://www.cdss.ca.gov/inforesources/county-ihss-offices>
- Monterey County Aging and Adult Services: <http://mcdss.co.monterey.ca.us/aging/>

2. Health Care Certification Form (SOC 823)

- <https://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/SOC873SP.pdf>

3. Prepare for intake assessment

- DRC Assessment Publication:

<https://www.disabilityrightsca.org/es/publications/autoevaluacion-y-guia-para-audiencias-imparciales-de-ihss>

4. In-person assessment with IHSS social worker at your home**

5. County mails Notice of Action approving or denying services

County Must Issue Determinations:

- Medi-Cal/Social Security Recipients – within 30 days
- No Medi-Cal – up to 90 days. Faster if there is an urgent need

Health Care Certification (SOC 873) Form During COVID-19

- Must be completed by medical provider and returned to the county before IHSS services begin
- Can get up to 90 days to submit to county, while receiving IHSS services

Extensions to submitting SOC 873:

- Individuals at risk for out of home placement can receive **IHSS services for up to 45 days**, while the **county waits for the form to be completed and returned**
- Can get **an additional 45 days to submit if individual has good cause**
 - MPP Section 30-754.641 defines “good cause” as “a substantial and compelling reason beyond the control of the applicant who has been granted an exception”

If you are having *problems obtaining a completed SOC 873* from your doctor,

1. Should contact the county and request 45 days to obtain and submit SOC 873
2. You should explain to the county why your doctor cannot complete the SOC 873 form

IHSS Initial Application In-Home Assessment During COVID-19

Initial IHSS assessments:

- May be conducted by video call (such as Skype or FaceTime)
- Assessments conducted by video call must be reviewed and approved by a supervisor before services are authorized

Initial In-Person IHSS Assessments:

- Face to face assessments/home visits may be done when needed
- Counties must first collect as much information as possible by phone when a face to face assessment is needed
- IHSS social workers may also ask if you have been exposed to COVID-19 before coming to your home
 - ❑ Your IHSS social worker cannot complete an in-home assessment if he/she has COVID-19 symptoms or may have been exposed to COVID-19
- During a home visit the IHSS worker must take precautions recommended by public health agencies, such as maintaining a 6 foot distance between the social worker and others in the home, and using Personal Protective Equipment (PPE) under certain circumstances (i.e. when in close contact for a long time with someone who is suspected of or has COVID-19)

March 24, 2020 CDSS All County Letter 20-26: https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/ACL_20-26.pdf

April 16, 2020 CDSS All County Letter 20-42: <https://mcusercontent.com/73901133dd7ea1a5581344daf/files/72845eda-e21c-480f-b16e>

IHSS Annual Reassessments During COVID-19

Annual Reassessments

- Most annual IHSS re-assessments will be suspended through June 30, 2020
- Annual reassessments may be completed by phone
 - ❑ Counties must **prioritize requests for reassessment** due to change in recipient condition or circumstances that would **result in an increase of IHSS**
- If a face-to-face assessments is needed, IHSS will collect as much information as possible over the phone before the home visit
- During this time reduction in hours, services or terminations cannot take effect until June 30, 2020

March 24, 2020 CDSS All County Letter 20-26: https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/ACL_20-26.pdf

April 16, 2020 CDSS All County Letter 20-42: https://mcusercontent.com/73901133dd7ea1a5581344daf/files/72845eda-e21c-480f-b16e-34c2ac6b8562/20_42.pdf

What Information is in a Notice of Action?

- Application Approved
 - Effective Date
 - Number of hours authorized per task
- Application Denied
 - Basis for decision
 - Regulations supporting the action
- Services reduced, terminated, or altered
 - At least 10 days before effective date (MPP 20-001(a)(1))
 - Reason for change
 - Difference from previous hours authorized

NOTIFICACIÓN DE ACCIÓN
APROBACIÓN DE LOS SERVICIOS DE
APOYO EN EL HOGAR (IHSS)

CONDADO DE _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación: _____
Nombre del caso: _____
Número del caso: _____
Nombre del trabajador social: _____
Número del trabajador social: _____
Teléfono del trabajador social: _____
Dirección del trabajador social: _____

NOTA: Esta notificación SOLAMENTE se refiere a IHSS. NO afecta lo que recibe del Programa de Ingresos Suplementales de Seguridad/Pagos Suplementarios del Estado (SSI/SSP), del Seguro Social, ni del Programa de Asistencia Médica de California (Medi-Cal). **MANTENGA ESTA NOTIFICACIÓN CON SUS DOCUMENTOS IMPORTANTES.**

(ADDRESSEE)

Total de horas:minutos de IHSS que usted puede recibir cada mes: _____

Basándose en la evaluación que se llevó a cabo en _____ MES, DÍA, AÑO _____, usted puede recibir los servicios indicados a continuación durante el tiempo que aparece en la columna "Cantidad autorizada de servicios que puede recibir".

1) Si un cero aparece en la columna "Cantidad autorizada de servicios que puede recibir" o la cantidad es menos que la columna "Cantidad total de servicios que se necesita", la explicación del motivo aparece en las siguientes páginas.
2) "No se necesita" significa que su trabajador social determinó que usted no requiere asistencia con esta tarea. (MPP* 30-756.11)
3) "Pendiente" significa que el Condado está esperando más información para ver si usted necesita ese servicio. Para mayor información, vea las siguientes páginas.

SERVICIOS	CANTIDAD TOTAL DE SERVICIOS QUE SE NECESITA	AJUSTE POR OTRAS PERSONAS QUE VIVEN EN EL HOGAR	CANTIDAD DEL SERVICIO QUE USTED NECESITA	SERVICIOS QUE SE REHUSÓ A RECIBIR O QUE RECIBE DE OTROS	CANTIDAD AUTORIZADA DE SERVICIOS QUE PUEDE RECIBIR
<i>Nota: Una de las siguientes páginas tiene una breve descripción de cada servicio.</i>	HORAS:MINUTOS	(PRIORRATEO)	HORAS:MINUTOS		HORAS:MINUTOS
SERVICIOS DOMÉSTICOS (por MES):					
SERVICIOS RELACIONADOS (por SEMANA):					
Preparar comidas					
Limpiar después de las comidas					
Lavado rutinario de ropa					
Compra de alimentos					
Otras compras/mandados					
SERVICIOS PERSONALES NO MÉDICOS (por SEMANA):					
Asistir en lo relacionado a la respiración (ayuda con la respiración)					
Asistir en la limpieza de evacuaciones intestinales y de la vejiga					
Alimentación					
Baños rutinarios en la cama					
Ayuda para vestirse					
Cuidado relacionado a la menstruación					
Ayuda para trasladarse (ayuda para caminar, incluyendo subir y bajarse de un vehículo)					
Ayuda para transferirse (ayuda para acostarse y levantarse de la cama, sentarse y levantarse de un asiento, etc.)					
Dar un baño, higiene de la boca, aseo personal					
Frotar la piel, cambiar de posición					
Ayuda con prótesis (miembros artificiales, aparatos para ver/oir) y/o preparación de medicamentos					
ACOMPANIAMIENTO (por SEMANA):					
Ir a citas médicas y regresar					
Ir a lugares para recibir servicios en vez de IHSS y regresar					
SUPERVISIÓN CON FINES DE PROTEGER (por SEMANA):					
SERVICIOS PARAMÉDICOS (por SEMANA):					
TOTAL DE HORAS:MINUTOS DE SERVICIOS QUE USTED PUEDE RECIBIR POR SEMANA:					
MULTIPLICADO POR 4.33 (número promedio de semanas por mes) PARA CONVERTIR A HORAS:MINUTOS POR MES:					
SUBTOTAL DE HORAS:MINUTOS DE SERVICIOS QUE USTED PUEDE RECIBIR POR MES:					
AÑADA LAS HORAS:MINUTOS DE SERVICIOS DOMÉSTICOS QUE USTED PUEDE RECIBIR POR MES (mencionados anteriormente):					
TOTAL DE HORAS:MINUTOS DE SERVICIOS QUE USTED PUEDE RECIBIR POR MES:					
SERVICIOS DE TIEMPO LIMITADO (por MES):					
Limpieza profunda:					
Eliminación de peligros en el patio/jardín					
Eliminación de hielo, nieve					
Instrucción y demostración					
TOTAL DE HORAS:MINUTOS DE SERVICIOS DE TIEMPO LIMITADO QUE USTED PUEDE RECIBIR POR MES:					

¿Tiene preguntas? Por favor comuníquese con su trabajador social de IHSS. El número de teléfono aparece en la parte superior de esta página.

Audiencia con el Estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En la siguiente página se le explica cómo solicitarla.

NA 1250 (SP) (11/12) - IHSS APPROVAL *MPP = Manual de Prácticas y Procedimientos Page 1 of ____

Appealing IHSS/Medi-Cal Denials or Changes

Disagreeing with the County's Decision

- **Appeal Immediately by Requesting a Hearing!**
 - **Aid Paid Pending for current IHSS/Medi-Cal Recipients**
 - Must request BEFORE effective date of change **
 - If you do not request a hearing before the effective date of change, you still have 90 days to request for a hearing
 - If you receive the NOA late or do not receive a NOA, you should still appeal right away and ask for aid paid pending

New Applicants

Generally, you have 90 days to request a hearing on the denial of an application for IHSS or Medi-Cal or other disagreement from the date listed on NOA

Medi-Cal State Fair Hearings During COVID-19

The state will continue to have hearings

- ▶ Individuals for whom **the 90-day deadline would have occurred between March 1, 2020 to the end of the COVID-19 public health emergency**, are now **allowed up to a total of 210 days to ask for a Fair Hearing**
- ▶ This means that you have 90-days from the date of your Notice of Action, plus an additional 120 days to ask for a hearing

The state is **only holding phone hearings through May 15, 2020**

- ▶ You have a right to an in-person hearing, so contact State Hearings to request an in-person hearing
- ▶ In-person hearings will be postponed until they are allowed again

<https://www.dhcs.ca.gov/Documents/COVID-19/State-Fair-Hearing-Timeframe-Changes-Fee-For-Service-1135.pdf>

DHCS All Plan Letter 17-006 Supplement:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/COVID1135SFH.pdf>

How to Request a State Fair Hearing?

Requesting a Hearing

1. Fill out the back of the NOA and send to the address indicated; or
2. Send a written letter to:
IHSS Fair Hearing
State Hearings Division
Department of Social Services
744 P Street, Mail Station 9-17-37
Sacramento, CA 95814
3. Fax request to (916) 651-2789; or
4. Call (800) 743-8525 to request a fair hearing
5. Online at California's Department of Social Services ACMS Website at:
<https://acms.dss.ca.gov/acms/login.request.do?forceLogout=true&service=%2Fhome.do>

General IHSS Provider Requirements

IHSS Providers Must be:

- ▶ Legally allowed to work in the U.S. (Example, work permit issued by U.S. Citizenship and Immigration Services (USCIS) or other documents required in USCIS I-9 Form)
- ▶ Attend an orientation (Due to COVID-19: online)
- ▶ Provide original provider identification documents and signed SOC 846 (Due to COVID-19: mail or online)
- ▶ Complete a background check

For more information on how to enroll as an IHSS provider, please visit the Department of Social Services website: <https://www.cdss.ca.gov/inforesources/ihss/ihss-providers/how-to-become-an-ihss-provider>

IHSS Parents Providers for Children Under 18

In order to become an IHSS parent provider, the parent (provider) must have:

1. Left full-time employment or is prevented from obtaining full-time employment because no other **suitable provider** is available, **and**
2. the inability of the parent to perform supportive services may result in inappropriate placement or inadequate care. (MPP 30-763.451)

This means that if **you** left a full-time job or you cannot work full time because you must care for your child **and** there is no one else who can care for the child **and** without your care your child is at-risk of institutionalization, then you may be an IHSS parent provider.

IHSS Parent Provider in Two Parent Households for Children under 18

- ▶ If a parent provider leaves a full-time job or cannot work full time because the parent must care for their child **and** there is no one else who can care for the child **and** without the parent's care the child is at risk of institutionalization, then the parent may be an IHSS parent provider.
- ▶ In a two-parent household, the second parent is considered “unavailable” if the second parent works, attends an education or vocational program, is conducting employment searches or has a mental or physical disability which prevents them from providing IHSS services.
- ▶ In a two-parent household, IHSS parent providers can continue to be a paid IHSS provider if the second parent is no longer “unavailable” because the parent is not working, attending a school or vocational program due to COVID-19.
- ▶ IHSS parent providers will no longer be allowed to work as of July 1, 2020, if the second parent is still out of work or is not in an educational or vocational program or conducting job searches or is not prevented from providing the child with IHSS due to a physical or mental disability by June 30, 2020.

IHSS Provider Enrollment Requirements During COVID-19

Effective April 10, 2020 to June 30, 2020, CDSS is temporarily waiving the following IHSS provider enrollment requirements:

- County photocopying of original documentation verifying the IHSS provider's applicant's identity
 - Copies of identity documents verifying identity can be mailed to the county IHSS office
 - IHSS Providers can be enrolled while county waits to receive identifying documents and a provider attends an online orientation.
- Signing of Provider Enrollment Agreement SOC 846 can be submitted by mail or online
- The required in-person IHSS provider enrollment orientation can be completed online
- IHSS recipients are still required to complete Recipient Designation of Provider Form SOC 426A: <https://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC426A.pdf>.

April 10, 2020 CDSS All County Letter (ACL) 20-32: <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/20-32.pdf?ver=2020-04-13-075546-460>

Emergency Back-Up Providers

- The state has instructed counties to create a back-up IHSS provider system
- The emergency back-up provider program is available now through June 1, 2020
- **IHSS recipients can be assigned an emergency back-up IHSS provider when their regular IHSS provider cannot work because of the COVID-19 public health emergency**
- Most counties will use their Public Authority as the emergency provider back-up system
- Contact (IHSS) Monterey County Aging and Adult Services:
<http://mcdss.co.monterey.ca.us/aging/> for information about how to get a back-up IHSS provider or your local Public Authority

March 30, 2020 CDSS All County Letter (ACL) No. 20-29: <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/20-29.pdf>

Make a Back-Up Plan

Make a back-up plan now. Here are tips:

- ▶ List things you need, like medication, medical equipment, service animals, and support services. Write them down.
- ▶ Think about ways to meet your needs if there are no services.
- ▶ If you get services from a family member, talk to your family about backup IHSS provider plans. If you know someone who wants to be a backup provider, they can become one right now. Information on becoming an IHSS provider may be found here - <https://www.cdss.ca.gov/inforesources/ihss/ihss-providers/how-to-become-an-ihss-provider>

CDSS has a sheet to help you create your own backup plan - <https://www.cdss.ca.gov/Portals/9/IHSS/Emergency/Personal-Emergency-Plan.pdf>.

Call agencies to determine ways to meet your needs:

- ▶ Call your county public authority to find some resources. Here is a list of social services offices: <https://www.cdss.ca.gov/county-offices>. If you get services through a different agency, call that agency for more information.
- ▶ Call your health plan and find out what services are covered and how to get them during an emergency.
- ▶ You may have already planned for an emergency with your social worker during your assessment. Look at your assessment paperwork or call the county to get a copy of it.

Loss of Alternative Resources Due to COVID-19, Part 1

Alternative resources are IHSS services provided for free. Some individuals may receive free IHSS services while at school, or in Community Based Adult Services (CBAS), or day program, work program, and transportation services

Alternative resources may be identified on the IHSS Notice of Action (NOA) located under the column entitled "SERVICES YOU REFUSED OR YOU GET FROM OTHERS."

If you need more IHSS services because the Free IHSS services you were getting through an alternative resource are not being provided, you can ask IHSS for the services you lost.

- Contact your IHSS social worker about your loss in alternative resources and
- Ask for the additional time you now need because of the change due to COVID-19

March 24, 2020 CDSS All County Letter (ACL) 20-26: https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/ACL_20-26.pdf

April 10, 2020 CDSS All County Letter (ACL) 20-32: <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/20-32.pdf?ver=2020-04-13-075546-460>

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COUNTY OF _____

**NOTICE OF ACTION
IN-HOME SUPPORTIVE SERVICES (IHSS)
CHANGE**

Notice Date: _____
Case Name: _____
Case Number: _____
Social Worker Name: _____
Social Worker Number: _____
Social Worker Telephone: _____
Social Worker Address: _____

NOTE: This notice relates ONLY to your In-Home Supportive Services. It does NOT affect your receipt of SSI/SSP, Social Security, or Medi-Cal. **KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.**

(ADDRESSEE)

As of _____ the services you can get and/or the amount of time you can get for services has changed.
Here's why: _____

Total Hours: Minutes of IHSS you can get each month is now: _____. This is a/an increase/decrease of _____.
You will now get the services shown below for amount of time shown in the column "Authorized Amount of Service You Can Get." That column shows the hours/minutes you got before, the hours/minutes you will get from now on, and the difference. If you are getting less time for a service, the reason(s) is shown on the next page.

1) If there is a zero in the "Authorized Amount of Service You Can Get" column or the amount is less than the "Total Amount of Service Needed" column, the reason is explained on the next page(s).
2) "Not Needed" means that your social worker found that you do not require assistance with this task. (MPP 90-756.11)
3) "Pending" means the county is waiting for more information to see if you need that service. See the next page(s) for more information.

SERVICES	TOTAL AMOUNT OF SERVICE NEEDED	ADJUSTMENT FOR OTHERS WHO SHARE THE HOME	AMOUNT OF SERVICE YOU NEED	SERVICES YOU REFUSED OR YOU GET FROM OTHERS	AUTHORIZED AMOUNT OF SERVICE YOU CAN GET		
	HOURS: MINUTES	(PRORATION)	HOURS: MINUTES	HOURS: MINUTES	NOW	WAS	±
DOMESTIC SERVICES (per MONTH):							
RELATED SERVICES (per WEEK):							
Prepare Meals							
Meal Clean-up							
Routine Laundry							
Shopping for Food							
Other Shopping/Errands							
NON-MEDICAL PERSONAL SERVICES (per WEEK):							
Respiration Assistance (Help with Breathing)							
Bowel, Bladder Care							
Feeding							
Routine Bed Bath							
Dressing							
Menstrual Care							
Ambulation (Help with Walking, including Getting In/Out of Vehicles)							
Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)							
Bathing, Oral Hygiene, Grooming							
Rubbing Skin, Repositioning							
Help with Prosthesis (Artificial Limb, Visual/Hearing Aid) and/or Setting up Medications							
ACCOMPANIMENT (per WEEK):							
To/From Medical Appointments							
To/From Places You Get Services in Place of IHSS							
PROTECTIVE SUPERVISION (per WEEK):							
PARAMEDICAL SERVICES (per WEEK):							
TOTAL WEEKLY HOURS: MINUTES OF SERVICE YOU CAN GET:							
MULTIPLY BY 4.33 (average # of weeks per month) TO CONVERT TO MONTHLY HOURS: MINUTES:					x 4.33 =		
SUBTOTAL MONTHLY HOURS: MINUTES OF SERVICE YOU CAN GET:							
ADD MONTHLY DOMESTIC HOURS: MINUTES OF SERVICE YOU CAN GET (from above):							
TOTAL HOURS: MINUTES OF SERVICE YOU CAN GET PER MONTH:							
TIME LIMITED SERVICES (per MONTH):							
Heavy Cleaning:							
Yard Hazard Abatement							
Remove Ice, Snow							
Teaching and Demonstration							
TOTAL HOURS: MINUTES OF TIME LIMITED SERVICES YOU CAN GET PER MONTH:							

Questions?: Please contact your IHSS social worker. See top of page for phone number.
State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

NA 1253 (11/12) IHSS CHANGE Page 1 of _____

Loss of Alternative Resources Due to COVID-19, Part 2

If you cannot reach your worker, you should document your request, and adjust your hours. You can follow these steps in order to identify and document which free IHSS services you are no longer getting and what additional IHSS services you now need.

- Identify the alternative resource program or free IHSS services lost
- Identify IHSS tasks in which time was reduced in your NOA due to the receipt of an alternative resource. **Counties may not always document alternative resources as part of your IHSS assessment/NOA.**
- Identify IHSS tasks you now need help with because of an elimination of an alternative resource. This should include both alternative resources identified in your IHSS NOA and those the county failed to identify.

NOTICE OF ACTION
IN-HOME SUPPORTIVE SERVICES (IHSS)
CHANGE

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date: _____
Case Name: _____
Case Number: _____
Social Worker Name: _____
Social Worker Number: _____
Social Worker Telephone: _____
Social Worker Address: _____

NOTE: This notice relates ONLY to your In-Home Supportive Services. It does NOT affect your receipt of SSI/SSP, Social Security, or Medi-Cal. **KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.**

(ADDRESSEE)
[] []

As of _____ the services you can get and/or the amount of time you can get for services has changed.
Here's why: WMOYYYYY
Total Hours:Minutes of IHSS you can get each month is now: _____. This is a/an increase/decrease of _____.
You will now get the services shown below for amount of time shown in the column "Authorized Amount of Service You Can Get." That column shows the hours/minutes you got before, the hours/minutes you will get from now on, and the difference. If you are getting less time for a service, the reason(s) is shown on the next page.

1) If there is a zero in the "Authorized Amount of Service You Can Get" column or the amount is less than the "Total Amount of Service Needed" column, the reason is explained on the next page(s).
2) "Not Needed" means that your social worker found that you do not require assistance with this task. (MPP 30-756.11)
3) "Pending" means the county is waiting for more information to see if you need that service. See the next page for more information.

SERVICES	TOTAL AMOUNT OF SERVICE NEEDED	ADJUSTMENT FOR OTHERS WHO SHARE THE HOME	AMOUNT OF SERVICE YOU NEED	SERVICES YOU REFUSED OR YOU GET FROM OTHERS	AUTHORIZED AMOUNT OF SERVICE YOU CAN GET
	HOURS:MINUTES	(PRORATION)	HOURS:MINUTES	HOURS:MINUTES	HOURS:MINUTES
DOMESTIC SERVICES (per MONTH):					
RELATED SERVICES (per WEEK):					
Prepare Meals					
Meal Clean-up					
Routine Laundry					
Shopping for Food					
Other Shopping/Errands					
NON-MEDICAL PERSONAL SERVICES (per WEEK):					
Respiration Assistance (Help with Breathing)					
Bowel, Bladder Care					
Feeding					
Routine Bed Bath					
Dressing					
Menstrual Care					
Ambulation (Help with Walking, including Getting In/Out of Vehicles)					
Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)					
Bathing, Oral Hygiene, Grooming					
Rubbing Skin, Repositioning					
Help with Prosthesis (Artificial Limb, Visual/Hearing Aid) and/or Setting up Medications					
ACCOMPANIMENT (per WEEK):					
To/From Medical Appointments					
To/From Places You Get Services in Place of IHSS					
PROTECTIVE SUPERVISION (per WEEK):					
PARAMEDICAL SERVICES (per WEEK):					
TOTAL WEEKLY HOURS:MINUTES OF SERVICE YOU CAN GET: _____					
MULTIPLY BY 4.33 (average # of weeks per month) TO CONVERT TO MONTHLY HOURS:MINUTES: _____ x 4.33 = _____					
SUBTOTAL MONTHLY HOURS:MINUTES OF SERVICE YOU CAN GET: _____					
ADD MONTHLY DOMESTIC HOURS:MINUTES OF SERVICE YOU CAN GET (from above): _____					
TOTAL HOURS:MINUTES OF SERVICE YOU CAN GET PER MONTH: _____					
TIME LIMITED SERVICES (per MONTH):					
Heavy Cleaning					
Yard Hazard Abatement					
Remove Ice, Snow					
Teaching and Demonstration					
TOTAL HOURS:MINUTES OF TIME LIMITED SERVICES YOU CAN GET PER MONTH: _____					

Questions?: Please contact your IHSS social worker. See top of page for phone number.
State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

NA 1253 (11/12) IHSS CHANGE Page 1 of _____

CDSS All County Letter 20-26 on March 24, 2020 & CDSS All County Letter 20-32 on April 10, 2020

Sample Letter to Request More IHSS Services Due to Loss of Alternative Resources

Date

X County IHSS Program
Address or Email:
Attention: IHSS Social Worker

Name of IHSS Recipient: _____, Case No.: _____

Dear IHSS Social Worker:

I am sending you this letter to request approval and to document my child's need for more IHSS hours because of a loss of alternative resources. I am my child's parent provider.

Before Covid-19 social distancing requirements, my child had been attending a school program for five hours during the day. My child's school program is no longer available because of COVID-19 public health emergency.

At my child's school program, my child received assistance with the following IHSS tasks:

XX hours: Meal preparation, feeding and meal clean up. Lunch which takes approximately 20 minutes to complete all tasks.

XX hours: Paramedical services. Physical therapy (PT) session at school twice per week for a ½ hour each session. I have been training by my child's PT to provide my child with this service at home. I am in the process of obtaining an SOC 321 form completed by child's PT.

XX hours: Assistance with diaper changes approximately twice per day. Each diaper change takes approximately 15 minutes to complete.

XX hours: Repositioning in wheelchair. My child needs to be repositioned in their wheelchair once per hour about five times per day. It takes about 3 minutes each time they are repositioned.

Since my child's school program ended on Month, Day, 2020, I have been providing my child with the IHSS tasks above. I am asking that IHSS grant my child approval of the XX hours of IHSS tasks my child now needs because of COVID-19 related loss of their educational program as required in All County Letter 20-26, https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/ACL_20-26.pdf. This is in addition to the other IHSS services they are currently getting.

Thank you,

Parent

Temporary Removal of IHSS Overtime Violations

Due to COVID-19, counties may be flexible with IHSS recipients assigning weekly service hours to their IHSS providers so that:

- ▶ IHSS recipients may receive the services they need when they need them
- ▶ If IHSS providers incur overtime violations while performing services that are “in critical need,” then the violations will be removed.

March 19, 2020 CDSS All County Program Managers Letter:
https://www.cdss.ca.gov/Portals/13/Homepage/IHSSPML_GovEO_031920.pdf

April 10, 2020 CDSS All County Letter 20-32: <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/20-32.pdf?ver=2020-04-13-075546-460>

IHSS & WPCS Provider Sick Leave during COVID-19

Effective April 2, 2020 to December 31, 2020, IHSS and Waiver Personal Care Services (WPCS) providers are entitled to paid COVID-19 related sick leave:

- ▶ Providers who works 40 or more hours per week can get 80 hours of sick leave.
- ▶ Providers who work less than 40 hours per week can get the average number of hours worked over two weeks.

The provider can get COVID-19 sick leave if:

- ▶ Are in quarantine or has been told by a doctor to quarantine
- ▶ Has COVID symptoms and is seeking doctors help
- ▶ Is caring for someone with COVID or has been told by a doctor to quarantine
- ▶ Is caring for a child who school or childcare has closed or has another COVID related problem

COVID-19 paid sick leave benefits do not affect existing IHSS paid sick leave benefits

If the IHSS recipient needs a back up IHSS provider, you can contact IHSS for help

April 14, 2020 CDSS All County Letter on 20-40: https://mcusercontent.com/73901133dd7ea1a5581344daf/files/247cd18d-a00e-4bce-822e-fe3cfba6cef7/20_40.pdf

IHSS paid sick leave benefits pursuant to Labor Code (LC) 246(a), and as described in All County Letter (ACL) 18-01: <https://www.cdss.ca.gov/Portals/9/ACL/2018/18-01.pdf?ver=2018-01-12-112939-430>

IHSS Provider and Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) should be available to IHSS providers who care for individuals with **suspected or tested positive for COVID-19**

- ▶ A set of PPE consists of a face mask and a pair of gloves.
- ▶ Contact the Public Authority (PA) office in your county for a mask and pair of gloves

April 17, 2020 CDSS All County Letter (ACL) 20-41:

<https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/20-41.pdf>

DRC COVID-19 FACT SHEETS

- ▶ IHSS Fact Sheet: <https://www.disabilityrightsca.org/post/coronavirus-rights-of-people-who-get-ihss-and-caregivers>
- ▶ Medi-Cal Fact Sheets: <https://www.disabilityrightsca.org/post/coronavirus-medi-cal-applications-and-eligibility-during-the-covid-19-public-emergency>
- ▶ All DRC Fact Sheets: <https://www.disabilityrightsca.org/post/announcement-coronavirus-and-how-disability-rights-california-can-help-you>

Questions?