



Consumer Handbook

IHSS ASSESSMENT, REASSESSMENT, & APPEAL PROCESS





Dear Consumers;

The IHSS Public Authority Advisory Board welcomes all new IHSS consumers, all current IHSS consumers, and all consumer family members and friends to the IHSS Program. We understand how complicated the IHSS system can be and are hopeful that this Consumer Handbook, along with the Consumer Training Materials offered by the IHSS Public Authority, will answer many of your questions and concerns.

The Public Authority Advisory Board feels strongly that a knowledgeable consumer can advocate for themselves, or with the help of family and friends, to effectively utilize the IHSS system to stay safely and comfortably in their own homes. This Consumer Handbook has the goal of helping you understand the IHSS system, and how you can assist in making it work for you.

The Public Authority Advisory Board makes recommendations to the Public Authority Governing Body, (the Santa Clara County Board of Supervisors), on all issues relating to IHSS and personal care / home care assistance. We are in essence the voice of the consumer and take our role as consumer advocates very seriously. We welcome your comments, suggestions and input regarding the IHSS system in Santa Clara County.

Enjoy the Consumer Handbook and we look forward to meeting your training needs in various ways throughout the year.

Sincerely

Janie Whiteford
Advisory Board Member



Becoming Your Own Advocate

As a consumer of the In-Home Supportive Services (IHSS) program it is very important that you, your supporting family members, friends, and involved professionals become strong advocates for you and your needs.



However, the primary responsibility, when possible, rests with you to become an informed, educated, pro-active advocate for you or your needs.

Being an ADVOCATE means:

- You learn about the IHSS Program and learn how it can work for you.
- You seek out help from Public Authority Services by Sourcewise, social workers, and professionals to get your needs met.
- You understand your own needs by doing a self-assessment and can explain those needs to a Social Worker. Be honest with yourself!
- You commit to being a good employer and manager/trainer of your independent care provider.
- If possible you become an advocate for others who have similar needs. Advocate for them individually and for system change.
 - Find out more about Santa Clara County elected officials by clicking the following link or copy and paste it into your browser's search bar:
<https://www.sccgov.org/sites/scc/gov/Pages/Elected-Officials.aspx>
 - Find out more about the California's elected officials by clicking on the following link or copy and paste it into your browser's search bar:
http://elections.mytimetovote.com/elected_officials/california.html
- You realize that no one knows more about your needs than you do—be honest, direct, and proactive in getting, whenever possible, these needs, met.



Assessment

After a consumer has been found eligible to receive IHSS services, you are assigned a Social Worker. It is the job of the Social Worker to make a home visit and determine which IHSS



services you are eligible for and how hours you will receive per month. The county should do the assessment within 30 days of your application.

The success of this process demands that the consumer be an integral part of it. Being knowledgeable and prepared helps both the Social Worker and the consumer obtain the required care hours to remain safely in their home and to establish and maintain an independent living arrangement. To help in this process the consumer should do a personal self-assessment to document what your needs are. [See Appendix A for a Self-assessment Worksheet](#). This log documents what tasks are done each day and how long it takes, from start to finish.

There are certain state guidelines but also lots of room for individual needs. The maximum number of hours for domestic services is 6 hours per month. The maximum number of hours for domestic and personal needs is 283 hours per month.

It is often helpful to have a family member and/or a friend present during the assessment visit. They might remember something that you forgot, or have a different perspective that is helpful. It is important to be frank and open and to not minimize your disability. Remember you are working together to let the Social Worker fully understand your situation.



Reassessment

The county is required to do a reassessment every year to determine if your needs have changed, if you need a different number of hours. You, the consumer, are again very important in this process. You, and your independent provider, know best what you require and must let the Social Worker know if there are changes.

A consumer can request a reassessment at any time if their needs have changed. Many things can occur to make this necessary; a change in your physical condition, a change in living arrangements, hospitalization, etc. Call your IHSS Social Worker if you want to request a reassessment.

“Having an independent provider allows me to have a better quality of life.”

-Richard, IHSS Consumer

Fair Hearing

Sometimes a consumer will challenge the number of hours they have been given, or challenge a reduction in awarded hours or a termination of services. The following process can be used to help resolve the problem.

1. Contact your IHSS Social Worker and ask for a conference to discuss your concerns with them. If you are not satisfied,
2. Contact your Social Worker’s supervisor and discuss the situation with them. If you are still not satisfied,
3. Ask for a Fair Hearing: this must be done within 90 days of the date that the county mailed your most recent Notice Of Action (NOA). If you ask for this hearing before the date on the cutback notice, or before the reduction goes into effect, you will continue receiving all your hours until the hearing is over. If you believe you have not been allowed enough hours, you may challenge the county’s decision at any time.
At a hearing, you can speak for yourself, or someone else (a lawyer, relative, friend, or other person) can speak for you.

- See [Appendix B](#) to find out more about fair hearing, or by clicking the following link or copy and paste it into your browser’s search bar:
<http://www.cdss.ca.gov/Hearing-Requests>

To Request a Hearing:

- a. Fill out the back of the Notice of Action (NOA) form and send to the address indicated,

OR
- b. Send a letter containing your full name, address, telephone number, the name of the county that took the action against you (Santa Clara), the aid program(s) involved (In-Home Supportive Services), and a detailed reason why you want a hearing to:

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

Or Fax letter to: (916) 651-5210 or (916) 651-2789

OR

- c. Call the toll free number to request a fair hearing: (800) 743-8525 or TDD (800) 952-8349

For additional help and information on the fair hearing process contact the IHSS Program at (408) 792-1600



Appendix A - Self-Assessment Worksheet

SERVICES	DAYS							WEEKLY TOTAL
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
<p>* Domestic Services: For adults only. Children are not eligible to receive domestic service hours.</p> <p>Domestic services are usually limited to 6 hours per month per household and divided by the number of people in the household. If you need more hours of domestic services because of the recipient's disability (e.g., more frequent bathroom cleaning due to incontinence, frequent dusting due to asthma, etc.), then mark the time needed in the columns below. See section II of the Fair Hearing and Self-Assessment Packet for more information.</p>								
<u>I. DOMESTIC SERVICES</u>								
a. Sweeping and Vacuuming								
b. Washing kitchen counters								
c. Cleaning oven and stove								
d. Cleaning and defrosting refrigerator								
e. Cleaning bathroom								
f. Storing food and supplies								
g. Taking out garbage								
h. Dusting and picking up								
i. Bringing in fuel for heating or cooking purposes from a fuel bin in yard, miscellaneous								
j. Changing bed linens								
k. Miscellaneous								
Total Domestic Services								

Updated 4/09

ASSESSMENT, REASSESSMENT, APPEALS

ASSESSMENT, REASSESSMENT, APPEALS

SERVICES	DAYS							WEEKLY TOTAL
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
*** If you need more than the time allowed for these services due to the recipient's disability (i.e., daily shopping for fresh food, frequent laundry due to spilling food, etc.), then mark the time needed in the columns.								
<u>2. RELATED SERVICES</u>								
a. Preparing meals, serving meals, cutting up food *								
1. Breakfast								
2. Lunch								
3. Dinner								
4. Snacks ~ tally throughout day								
Enter daily total								
b. Meal clean up and menu planning **								
1. Breakfast								
2. Lunch								
3. Dinner								
4. Snacks ~ tally throughout day								
Enter daily total								
c. Laundry, mending, ironing, sorting, folding and putting away clothes (60 minutes per week allowed if in-home, 90 minutes per week if laundry is out-of-home) ***								
d. Shopping for food (60 minutes per week maximum) ***								
e. Other errands (30 minutes per week maximum) ***								
Total Related Services								

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SERVICES	DAYS							WEEKLY TOTAL
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
<u>3. HEAVY CLEANING</u>								
<u>4. NONMEDICAL PERSONAL SERVICES</u>								
a. Respiration								
b. Bowel/bladder care (including help on/off commode) *								
c. Feeding and drinking *								
d. Bed baths *								
e. Dressing *								
f. Menstrual care *								
g. Ambulation *								
h. Moving into and out of bed *								
i. Grooming, bathing, hair care, teeth and fingernails *								
j. Rubbing skin to aid circulation, turning in bed, repositioning in wheelchair, help in and out of vehicles *								
k. Care and help with prosthesis (including wheelchair) *								
Total Personal Care Services								

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SERVICES	DAYS							WEEKLY TOTAL
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
<u>5. MEDICAL TRANSPORTATION</u>								
a. To medical appointments								
b. To alternative resources								
<u>6. YARD HAZARD ABATEMENT</u>								
<u>7. PROTECTIVE SUPERVISION</u>								
<u>8. TEACHING AND DEMONSTRATION</u>								
<u>9. PARAMEDICAL SERVICES</u> * (i.e., catheterization, injections, range of motion exercises, etc., specify)								
a.								
b.								
Total Weekly Services (Everything except Domestic Services)								
Multiply by 4.33 to get monthly total								
Plus Domestic Services (6 hours per month maximum unless more needed hours can be shown on page 1 above)								
TOTAL MONTHLY SERVICES								

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Appendix B –Back of the Notice Of Action (NOA)

IN-HOME SUPPORTIVE SERVICES (IHSS)

STATE OF CALIFORNIA

YOUR HEARING RIGHTS

1. You have the right to ask for a conference with the county to talk about this action. At the conference you can speak for yourself, or someone else (a lawyer, relative, friend, or other person) can speak for you. If you want a conference, contact the county.
2. Whether or not you ask for a conference, you also have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.
3. If you ask for a hearing before an action on your In-Home Supportive Services (IHSS) takes place, your services will continue until the hearing. If you make your request in good faith, you will not have to repay any money you receive for services you get pending the hearing, even if the hearing decision says the county's action was right.
4. You can ask for a hearing in person or in writing. You have to say that you want a hearing and tell the reason(s) you want one.
5. You can ask for a hearing on your own or you can ask the county for assistance. Either way, you should tell your worker as soon as possible.
6. At a hearing, you can speak for yourself, or someone else (a lawyer, relative, friend, or other person) can speak for you. You can get free legal help at your local legal aid or welfare rights office. For a legal aid referral, call the toll-free number listed on this page.
7. If you do not want to go to the hearing alone, you can bring a relative, friend, or other person with you.
8. You can review the regulations about hearings at your local IHSS office.
9. Information Practices: The information you give to ask for a hearing is required to process your request according to state law. A case file will be made up for the hearing and you have the right to look at the information in the file. Any information you give may be shared with the county or the United States Department of Health and Human Services.

