

**County of Orange Social Services Agency
Family Self-Sufficiency & Adult Services Division**

Program/Area: Adult Services/In-Home Supportive Services
Title: Needs Assessment Policy
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Approved: Signature on file

PURPOSE To provide In-Home Supportive Services (IHSS) staff information regarding the Needs Assessment regulations.

POLICY An in-home needs assessment is conducted at every Intake, Reassessment (RA), and Inter-County Transfer (ICT). It assesses the applicant's/recipient's abilities and functional limitations to authorize the appropriate level of IHSS services that allow the recipient to remain safely in their own home.

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BACKGROUND Welfare and Institution Code (WIC) 12301.2 requires specifying a range of time for each supportive service task to ensure recipients' health, safety, and independence. On September 1, 2006, following Senate Bill (SB) 11104, Manual Policies and Procedure (MPP) 30-758, or Time-Per-Task (TPT) and Frequency Guidelines, was repealed, and amendments were made to MPP 30-757. Additionally, Hourly Task Guidelines (HTG), which provided a standard guide and tool to assess service authorization accurately and consistently, replaced the Time-Per-Task and Frequency Guidelines.

DEFINITIONS Able and Available Spouse

When an IHSS applicant/recipient is married, the spouse is presumed able and available to assist the recipient with specific IHSS services tasks without payment.

Alternative Resources

IHSS services are available from other agencies and programs that meet the recipient's needs.

Authorized Representative

An individual (18 years or older) designated by the applicant or recipient to accompany, assist, and represent them for specified purposes related to the IHSS program.

Critical Incident

An incident that presents an immediate threat to a recipient's health and safety and requires county intervention.

Extraordinary Need

A need beyond what would typically be expected of a minor of that age.

Functional Limitation

A limitation in a person's ability to perform daily activities or care for themselves.

Minor Child

Any person under eighteen (18) years of age who is not emancipated by marriage or other legal action.

Own Home

The place in which an individual chooses to reside. An individual's "own home" does not include an acute care hospital, skilled nursing facility, intermediate care facility, community care facility, or a board and care facility.

Protective Supervision

An adult or minor child IHSS recipient who is both nonself-directing and mentally impaired/mentally ill and requires monitoring and intervention as appropriate to safeguard the recipient from injury, hazard, or accident.

Provider

Any person (parent or non-parent) willing, able, and available to provide the needed IHSS and has been approved by Public Authority to be an IHSS provider.

Restaurant Meal Allowance

The Social Security Administration (SSA) provides eligible SSI recipients with a monthly allowance if they do not have an adequate cooking or food storage facility as part of their living arrangement.

Share of Cost

The amount of money an individual is responsible for paying towards medical-related services, supplies, or equipment before Medi-Cal begins to pay.

Statutory Maximums

A recipient's hours cannot exceed the limit of 195 hours per month for non-severely impaired cases and 283 hours per month for severely impaired cases.

Voluntary Services

Unpaid IHSS services provided by relatives, housemates, friends, or other appropriate individuals.

FUNCTIONAL INDEX

IHSS services assess an applicant's/recipient's physical, cognitive, and emotional impairment and their ability to perform daily activities or care for themselves. The assessment evaluates a recipient's abilities and functional limitations to authorize the appropriate level of IHSS services that allow a recipient to remain safe in their own home and avoid institutionalization. The Functional Index (FI), which is a five-point hierarchical scale, assesses a recipient's level of functioning:

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

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: Requires Paramedical Services.

Most functions are evaluated on the five-point scale; however, some use only two or three ranks, such as memory, orientation, judgment, and respiration. These ranking patterns exist because an applicant/recipient's ability or limitation to perform these tasks and the amount of human intervention do not significantly differ.

HOURLY TASK GUIDELINES

Combined with the FI rank, the IHSS program uses Hourly Task Guidelines (HTG) to determine the weekly time needed for each service category. HTGs provide a standard guide and tool for accurately and consistently assessing service authorization.

The 12 IHSS program services that have corresponding HTGs are:

1. Preparation of Meals
2. Meal Clean-up
3. Feeding

4. Bowel & Bladder Care
5. Routine Bed Baths
6. Dressing
7. Menstrual Care
8. Ambulation
9. Transfer
10. Bathing, Oral Hygiene, and Grooming
11. Rubbing Skin, Repositioning
12. Care and Assistance with Prosthesis

The 13 IHSS program services will have time guidelines, require calculations or a one-time limited service:

1. Domestic Services
2. Laundry
3. Shopping for Food
4. Other Shopping & Errands
5. Respiration
6. Accompaniment to Medical Appointments
7. Accompaniment to Alternative Resources
8. Protective Supervision
9. Paramedical Services
10. Heavy Cleaning
11. Yard Hazard Abatement
12. Removal of Snow, Ice
13. Teaching and Demonstration

**NEEDS
ASSESSMENT**

An in-person needs assessment is completed at every Intake, RA, and ICT and will include the following:

- A scheduled visit to the applicant/recipient's own home.
- Review and explanation of Medi-Cal eligibility and Share of Cost (if applicable).
- Review of case information.
- Observations of the applicant/recipient, including, but not limited to, physical appearance, physical environment, movement, available durable medical equipment, resources, safety hazards, and communication.
- Observation of the home, including, but not limited to, the type of home, conditions/safety, household members, relationships, and contacts.
- Assessment of physical and mental functional abilities and limitations.
- Applicant/recipient's level of need.
- Exploring any special needs, circumstances, or extraordinary needs.
- Ensuring an applicant/recipient understands:
 - FI rank
 - HTGs
 - IHSS Program Services
 - IHSS Recipient Right to file a State Hearing
 - IHSS Protective Supervision
 - IHSS Minor Child and age-appropriate guidelines
- Applicant/recipient rights and responsibilities, including but not limited to:

- Completing all documents required to determine eligibility and need for services.
- Cooperating with county fraud detection, prevention, and quality assurance activities, including case reviews and home visits.
- Reporting all known facts to determine IHSS eligibility and level of need.
- Reporting within ten calendar days of any changes, including an out-of-county change of address for the recipient.
- Reporting all information necessary to assure timely and accurate payment to service providers.
- Reporting all information necessary for the timely and accurate payment to providers.
- Provider information, including but not limited to authorized services to be performed, enrollment information, eligibility status, general information about the provider enrollment process, and how to contact the Public Authority (PA).

A needs assessment may also assess the following areas, if applicable:

- Able and Available Spouse
- Alternative Resources
- Authorized Representative
- Minor Child
- Protective Supervision
- Restaurant Meal Allowance
- Voluntary Resources

INTERPRETER SERVICES

Applicants and recipients are entitled to free interpretive services in their primary language. These services must be offered in a timely manner and apply regardless of whether the county provides an interpreter or the applicant or recipient chooses to provide their own interpreter.

EXCEPTIONS

Exceptions to the HTG weekly time are only allowed to enable applicants/recipients to remain safe in their homes. No exception can be granted that would result in a recipient's hours exceeding statutory maximums. Exceptions only apply to time and do not allow for the addition of tasks not already identified under the service. Exceptions apply only when some time is needed for a specific service category (non-prorated) but not the time specified within the HTG range.

For example, an applicant/recipient may require assistance in Ambulation but only to get from the front door to the car (including getting in/out of the car) for medical appointments. If the applicant/recipient only needs assistance with medical appointments a few times per year, the time authorized in Ambulation may fall below the HTG level due to minimal assistance needed.

UNMET NEEDS

Applicants/recipients are assessed for all IHSS services regardless of statutory maximums to ensure the assessment process accurately determines care needs. The funding sources dictate a statutory maximum and level of impairment for an applicant/recipient; it refers to the maximum number of hours an applicant/recipient can receive for the IHSS program. Below are the four funding sources, two types of impairments, and the corresponding statutory maximums.

Funding Sources	If considered Severely Impaired (SI) up to:	If considered Non-Severely Impaired (NSI)- up to:
PCSP- Personal Care Services Program	283 hours/month	283 hours/month
IPO- IHSS Plus Option	283 hours/month	195 hours/month
IHSS-R- IHSS Residual	283 hours/month	195 hours/month
CFCO- Community First Choice Option	283 hours/month	283 hours/month

Unmet need occurs when an applicant/recipient's individually assessed service needs exceed the statutory maximums. An applicant/recipient is not considered to have documented unmet needs if their authorized non-Protective Supervision hours are less than the statutory maximum.

CRITICAL INCIDENT

Documentation, reports, or referrals are made for critical instances at an in-home needs assessment. Critical incidents include, but are not limited to, serious injuries caused by accident, medication error/reaction, physical, emotional, or financial abuse or neglect. In addition, this includes any potentially harmful natural or human-caused events that threaten an applicant/recipient's life, health, or the ability to remain safely in their home, such as fire, earthquake, flood, extreme weather conditions, power outages, and hazardous material spills.

REFERENCES

All County Information Notice 1-10-16 Defining, Documenting, and Reporting Critical Incidents in the In-Home Supportive Services Program

All County Information Notice 1-82-17 In-Home Supportive Services (IHSS) Assessment Clarifications and New or Updated Tools

All County Letter 6-20 Interpretive Services

All County Letter 13-66 Documented Unmet Need

All County Letter 24-28 Clarification of In-Home Supportive Services Desk and County Responsibilities

CDSS Manual of Policies and Procedures MPP 30-756 through 30-757

ATTACHMENTS Hourly Task Guidelines
