

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER NOTIFICATION OF RECIPIENT AUTHORIZED HOURS AND SERVICES
AND MAXIMUM WEEKLY HOURS**

Notification Date: _____

Provider Name: _____

You are receiving this notice because you are a provider of IHSS for _____.

This notification is to inform you of your recipient's monthly authorized hours and the services you are allowed to perform for your recipient.

Your recipient's monthly authorized hours are _____.

Your recipient's maximum weekly hours are his/her monthly authorized hours divided by 4.0, _____.

The chart on page 2 lists the services that have been authorized for your recipient (which have been marked with an X), along with a brief description of the types of work that may be performed as part of each service. You will only be paid for providing the authorized services that have been marked.

Your recipient is responsible for creating a work schedule with you to accommodate his or her maximum weekly hours and monthly authorized hours. Please note, if your recipient has more than one provider, you may be limited in the amount of the services you provide as your recipient may schedule other providers for these services. The total hours worked by all the providers cannot be more than the recipient's maximum weekly hours and authorized monthly hours. You will not be paid by the IHSS program for any hours that exceed your recipient's authorized monthly hours.

If you are working for more than one recipient, you will be able to work up to 66 hours per week. You are responsible for informing each of your recipients of the hours you will be available to work for him/her, taking into account hours you may be working for other recipients to make sure you do not exceed the 66 hours per week. If you work more than your recipient's authorized weekly hours without your recipient receiving county approval, you may incur a violation. However, your recipient may adjust the weekly authorized hours in specific circumstances without county approval.

If you are the only provider for your recipient, you will be able to work up to your recipient's maximum weekly hours and monthly hours.

Auth	Service Types	Description of Services
	Domestic Services	Household chores to maintain the cleanliness of the home including sweeping, vacuuming, washing and waxing of floor surfaces, dusting, and picking up. MPP 30-757.11
	Meal Preparation	Planning menus, preparing food, cooking and serving meals. MPP 30-757.131
	Meal Clean-Up	Cleaning up the cooking area and washing, drying and putting away cookware, dishes and utensils. MPP 30-757.132
	Laundry	Washing, drying, folding and putting away clothes and linens. If in-home laundry facilities are not available, this service will include travel to an out-of-home laundromat. MPP 30-757.134
	Shopping for Food	Making a grocery list, traveling to/from the store, shopping, loading, unloading and storing food purchased. MPP 30-757.135(b)
	Other Shopping and Errands	Includes, 1) Shopping for other necessary supplies, and 2) Performing small and necessary errands, e.g., picking up prescription. MPP 30-757.135(c)
	Respiration Assistance	Assisting recipient with nonmedical breathing related services such as self-administration of oxygen and cleaning breathing machines. MPP 30-757.14(b)
	Bowel and/or Bladder Care	Assisting the recipient with using the toilet, bed pans/bedside commode or urinal; emptying/cleaning ostomy, enema and/or catheter receptacles; applying diapers, disposable undergarments and disposable barrier pads, wiping/cleaning recipients; washing/drying recipient's hands. MPP 30-757.14(a)
	Feeding	Assisting the recipient to eat meals, including cleaning his/her face and hands before and after meals. MPP 30-757.14(c)
	Routine Bed Baths	Giving a recipient who is confined to bed a routine sponge bath. MPP 30-757.14(d)
	Dressing	Assisting the recipient to put on and take off his/her clothes as necessary. MPP 30-757.14(f)
	Menstrual Care	Assistance with the external placement of sanitary napkins and barrier pads. MPP 30-757.14(j)
	Ambulation	Assisting the recipient with walking or moving about the home, including to/from the bathroom and to/from and into/out of the car for transporting to medical appointments and/or alternative resources. MPP 30-757-14(k)
	Transfer	Assisting recipient from standing, sitting, or prone position to another position and/or from one piece of furniture or equipment to another. MPP 30-757.14(h)
	Bathing, Oral Hygiene and Grooming	Assisting the recipient with: bathing or showering, brushing teeth, flossing, and cleaning dentures; shampooing, drying, combing/brushing hair; shaving; applying lotion, powder and deodorant. MPP 30-757.14(e)
	Rubbing Skin and Repositioning	Rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and supervising range of motion exercises. MPP 30-757.14(g)
	Care and Assistance w/Prosthetics & Medication	Taking off/putting on and maintaining and cleaning prosthetic devices, including vision/hearing aids; reminding the recipient to take prescribed and/or over-the-counter medications, and setting up medi-sets. MPP 30-757.14(i)
	Accompaniment to Medical Appointments	Accompanying the recipient during necessary travel to and from health related appointments. If you are required to stay to provide authorized services for your recipient during the appointment, you will be paid for the time that you are "engaged to wait" for the services that must be provided. MPP 30-757.151
	Accompaniment to Alternative Resources	Accompanying the recipient during necessary travel to and from alternative resources. MPP 30-757.154
	Heavy Cleaning	Thorough cleaning of the home to remove hazardous debris and dirt. (One time only) MPP 30-757.12
	Yard Hazard Abatement	Light work in the yard to remove high grass or weeds, and rubbish when these materials pose a fire hazard. MPP 30-757.16
	Removal of Ice and Snow	Light work in the yard to remove ice and snow or other hazardous substances from entrances and essential walkways when these materials make access to the home hazardous. MPP 30-757.162
	Protective Supervision	Observing the behavior of a non-self-directing, confused, mentally impaired or mentally ill recipient and intervening as appropriate to safeguard the recipient against injury, hazard or accident. MPP 30-757.17
	Teaching and Demonstration	Teaching and demonstrating services handled by the IHSS provider to help the recipient perform these services on his or her own. MPP 30-757.18
	Paramedical Services	Services meeting the following conditions: 1) Activities which recipients would normally perform themselves if they did not have functional limitations, 2) Activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health, and 3) Activities which include the administration of medications, puncturing the skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or requiring judgment based on training given by a licensed health care professional. MPP 30-757.19

Important Things to Remember:

- If you need any additional information regarding the services that have been authorized for your recipient and the work you must provide to him/her beyond what has been provided in the chart included in the previous page, you may view the Manual of Policies and Procedures (MPP) sections referenced in the chart on the CDSS website at <http://www.cdss.ca.gov/ord/PG310.htm> or contact your local county IHSS office.
- It is your responsibility to follow the workweek schedule created by your recipient.
- If your recipient's monthly hours change, you will receive another notification of your recipient's weekly authorized hours reflecting the change in hours.
- The hours you can claim on your timesheet will be reduced if you start or stop work in the middle of a month.
- It is the responsibility of the recipient to make payment to you of any share of cost deducted from your paycheck.
- **If more than the recipient's authorized monthly hours are worked, those services are not considered IHSS and it is the responsibility of your recipient to provide payment for those additional hours. The IHSS program only pays for IHSS program authorized hours and services.**
- Contact your county IHSS office immediately if your recipient is hospitalized or passes away. Without county approval, you cannot claim hours for work done while the recipient is hospitalized or after the date-of-death.
- Social Security taxes and State Disability are automatically deducted from your paycheck. To have State or Federal income tax withholding deducted from your paycheck, you must complete and turn in a W-4 and/or DE-4 to your county IHSS office.
- If the recipient for whom you work is your parent, spouse, or child, you may not be eligible for withholding of Social Security or Medicare taxes or unemployment taxes.
- If you are injured while providing IHSS services, contact your county IHSS or Public Authority office immediately.

Should you have any questions regarding any of the information provided on this notice or if you are no longer working as an IHSS provider, please contact your county IHSS office.