Item #11
7/14/2026 BOS Meeting

# Basis for Appeal

1) I (Nick Avila-Montes) brother of Anthony Jesse Avila, spoke with Regional Center Social Worker, Luis Valencia, via phone on June 26, 2026 at 3:26pm. He informed me that his new IHSS social worker contacted him on June 10, 2026 to inform him she was removing Anthony from IHSS Protective Supervision which would result in his hours being reduced from 283 to 168. The problem with this decision is that my brother did not meet with his doctor until June 15, 2026 for the IHSS Need for Protective Supervision Assessment to be completed (SOC 821). The assessment (SOC 821) was not mailed out to his IHSS Social Worker until June 19, 2026. Clearly, a premature decision was made on June 10, 2026 by this social worker without reviewing my brother's medical information. This was an incomplete and improper assessment that is out of compliance with state regulations (please see Exhibit A). As a Licensed Clinical Social Worker for approximately 10 years, I asked the Regional Center Social Worker, how can a newly assigned social worker, that is unfamiliar with a case, make such drastic changes without first reviewing the medical information and he responded by saying he did not know. My brother suffers from a medical condition (Down Syndrome) that is permanent. How can someone who is not a medical professional (IHSS social worker) come to the conclusion that his medical condition has improved and no longer requires 24 hour supervision?

2) Please see Exhibit B which includes the SOC 821 Form and letter from my brother's primary care physician. These documents are not consistent with the IHSS social worker's decision to remove IHSS Protective Supervision and strongly contradict the decision that was made by the social worker.

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

CONDADO DE Fresno

STATE OF CALIFORN
HEALTH AND HUMAN SERVICES AGENC
CALIFORNIA DEPARTMENT OF SOCIAL SERVICE

**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.**

Fecha de la notificación : 30 de junio de 202
Nombre del caso : ANTHONY AVILA
Número del caso : 014382
Nombre del trabajador s[redacted]
Número del trabajador social : B7CF
Teléfono del trabajador social :
Dirección del trabajador social :

P.O. Box 191
Fresno, CA 93718-191

(ADDRESSEE)

ANTHONY AVILA
[redacted]

***A partir de*** 08/01/2026 (MES, DÍA, AÑO) ***, han cambiado los servicios y/o la duración de los servicios que usted puede recibir.***

***La razón es la siguiente:***

**El total de horas:minutos de los servicios de IHSS que ahora puede recibir cada mes es:** 112:49 **. Esto significa un aumento/una reducción de** -170:11 .

Ahora usted recibirá los servicios indicados a continuación durante el tiempo que aparece en la columna "Cantidad autorizada de servicios que puede recibir". Esa columna indica las horas:minutos que recibía antes, lo que va a recibir de ahora en adelante, y la diferencia. Si va a recibir menos tiempo para un servicio, la explicación del motivo aparece en las siguientes páginas.

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**<br>**Nota:** Una de las siguientes páginas tiene una breve descripción de cada servicio, | CANTIDAD TOTAL DE SERVICIOS QUE SE<br>HORAS: MINUTOS | AJUSTE POR OTRAS PERSONAS QUE VIVEN EN EL HOGAR<br>(PRORRATEO) | CANTIDAD DEL SERVICIO QUE USTED NECESITA<br>HORAS: MINUTOS | SERVICIOS QUE SE REHUSÓ A RECIBIR O QUE RECIBE DE OTROS | CANTIDAD AUTORIZADA DE SERVICIOS QUE PUEDE RECIBIR<br>HORAS: MINUTOS<br>AHORA | ANTES | +/- |
|---|---|---|---|---|---|---|---|
| **SERVICIOS DOMÉSTICOS (por MES):** | 02:15 | 00:00 | 02:15 | 00:00 | 02:15 | 02:15 | 00:00 |
| **SERVICIOS RELACIONADOS (por SEMANA):** | | | | | | | |
| Preparar alimentos | 07:00 | 00:00 | 07:00 | 00:00 | 07:00 | 07:00 | 00:00 |
| Limpiar después de los alimentos | 03:30 | 00:00 | 03:30 | 00:00 | 03:30 | 00:52 | +02:38 |
| Lavado rutinario de ropa | 01:30 | 00:00 | 01:30 | 00:00 | 01:30 | 01:30 | 00:00 |
| Compra de alimentos | 01:00 | 00:45 | 00:15 | 00:00 | 00:15 | 00:15 | 00:00 |
| Otras compras/mandados | 00:30 | 00:15 | 00:15 | 00:00 | 00:15 | 00:15 | 00:00 |
| **SERVICIOS PERSONALES NO MÉDICOS (por SEMANA):** | | | | | | | |
| Asistir en lo relacionado a la respiración (ayuda con la respiración) | 00:00 | | 00:00 | 00:00 | 00:00 | 01:00 | -01:00 |
| Asistir en la limpieza de evacuaciones intestinales y de la vejiga | 04:23 | | 04:23 | 00:00 | 04:23 | 04:23 | 00:00 |
| Alimentación | 01:10 | | 01:10 | 00:00 | 01:10 | 03:00 | -01:50 |
| Baños rutinarios en la cama | 00:00 | | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |
| Ayuda para vestirse | 02:20 | | 02:20 | 00:00 | 02:20 | 02:20 | 00:00 |
| Cuidado relacionado a la mestruación | 00:00 | | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |
| Ayuda para trasladarse (ayuda para caminar, incluyendo subir y bajarse de un vehículo) | 00:35 | | 00:35 | 00:00 | 00:35 | 00:35 | 00:00 |
| Ayuda para transferirse (ayuda para acostarse y levantarse de la cama, sentarse y levantarse de un asiento, etc.) | 00:00 | | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |
| Dar un baño, higiene de la boca, aseo personal | 04:03 | | 04:03 | 00:00 | 04:03 | 04:03 | 00:00 |
| Frotar la piel, cambiar de posición | 00:00 | | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |
| Ayuda con prótesis (miembros artificiales, aparatos para ver/oír) y/o preparación para medicamentos | 00:00 | | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |
| **ACOMPAÑAMIENTO (por SEMANA):** | | | | | | | |
| Ir a citas médicas y regresar | 00:31 | | 00:31 | 00:00 | 00:31 | 00:46 | -00:15 |
| Ir a lugares para recibir servicios en vez de servicios de IHSS y regresar | 00:00 | | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |
| **SUPERVISIÓN CON FINES DE PROTEGER (por SEMANA):** | 00:00 | | 00:00 | 00:00 | 00:00 | 36:10 | -36:10 |
| **SERVICIOS PARAMÉDICOS (por SEMANA):** | 00:00 | | 00:00 | 00:00 | 00:00 | 02:41 | -02:41 |

| | | |
|---|---|---|
| TOTAL DE HORAS :MINUTOS DE SERVICIOS QUE USTED PUEDE RECIBIR POR SEMANA: | 25:32 | |
| MULTIPLICADO POR 4.33 (número promedio de semanas por mes) PARA CONVERTIR A HORAS:MINUTOS POR MES: | x 4.33 | = |
| SUBTOTAL DE HORAS:MINUTOS DE SERVICIOS QUE USTED PUEDE RECIBIR POR MES : | 110:34 | |
| AÑADA LAS HORAS:MINUTOS DE SERVICIOS DOMÉSTICOS QUE USTED PUEDE RECIBIR (mencionada anteriormente): | 02:15 | |
| **TOTAL DE HORAS:MINUTOS DE SERVICIOS QUE USTED PUEDE RECIBIR POR MES :** | 112:49 | |

| **SERVICIOS DE TIEMPO LIMITADO (por MES) :** | | | | | |
|---|---|---|---|---|---|
| Limpieza profunda: | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |
| Eliminación de peligros en el patio/jardín | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |
| Eliminación de hielo, nieve | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |
| Instrucción y demostración | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |
| **TOTAL DE HORAS: MINUTOS DE SERVICIOS DE TIEMPO LIMITADO QUE USTED PUEDE RECIBIR POR MES:** | | | | | 00:00 |

**¿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. La siguiente página le explica cómo solicitarla.

## SU DERECHO A UNA AUDIENCIA

1. Usted tiene derecho a solicitar una conferencia con el Condado para hablar acerca de esta acción. En la [redacted]blar por sí mismo o alguien más (un abogado, un familiar, una amistad, u otra persona) puede hablar por usted. Si quiere una conferencia, comuníquese con el Condado.

2. Ya sea que solicite una conferencia o no, también tiene derecho a pedir una audiencia si usted no está de acuerdo con cualquier acción del Condado. Solamente tiene 90 días para pedir una audiencia. Los 90 días empiezan el día después de que el Condado le entregó o le envió por correo esta notificación.

3. Si solicita una audiencia antes de que entre en vigor una acción en relación a sus beneficios del Programa de Servicios de Apoyo en el Hogar (IHSS), sus servicios continuarán hasta que se lleve a cabo la audiencia. Si solicita una audiencia (en buena fe), no tendrá que reembolsar cualquier cantidad de dinero que reciba por los servicios que reciba mientras se lleve a cabo la audiencia, aunque la decisión de la audiencia determine que el Condado estaba en lo justo al tomar esa acción.

4. Puede solicitar una audiencia en persona o por escrito. Tiene que decir que quiere una audiencia y tiene que decir cuál es la razón o razones que la solicita.

5. Puede solicitar una audiencia usted mismo o puede pedirle al Condado que le ayude a pedirla. De cualquier manera, debe decírselo a su trabajador lo más pronto posible.

6. En una audiencia, usted puede hablar por sí mismo o alguien más (un abogado, un familiar, una amistad u otra persona) puede hablar en su lugar. Puede recibir asesoramiento legal gratuito en la oficina local de asesoramiento legal o en la oficina de defensa de los derechos relacionados a la asistencia pública. Para obtener información acerca de asesoramiento legal, llame al número gratuito mencionado en esta página.

7. Si no quiere ir a la audiencia solo, puede traer a un familiar, una amistad u otra persona.

8. En su oficina local de IHSS puede repasar los ordenamientos acerca de las audiencias.

9. Divulgación de información: De acuerdo a la ley Estatal, la información que usted da para solicitar una audiencia es obligatoria para procesar su solicitud. Se establecerá un expediente para la audiencia y usted tiene el derecho de examinar la información en el expediente. Cualquier información que usted proporcione puede ser compartida con el Condado o con el Departamento de Salud y Servicios Humanos de los Estados Unidos.

## PARA SOLICITAR UNA AUDIENCIA

- Complete esta página.
- Haga una copia de ambos lados de esta página para sus expedientes. Si la pide, su trabajador le dará una copia de esta página.
- Envíe esta página a:

  California Department of Social Services,

  State Hearings Division,

  P.O. Box 944243
  Mail Station 8-16-5[redacted]

  Sacramento, CA 94244-2430
- O, llame gratuitamente al: 1-800-952-5253. Las personas con problemas de audición o del habla, que usan TDD*, pueden llamar al 1-800-952-8349.

## PETICIÓN PARA UNA AUDIENCIA

Deseo solicitar una audiencia porque no estoy de acuerdo con la acción del Condado relacionada a mis servicios sociales. La razón es la siguiente

_____

_____

_____

_____

_____

☐ Si necesita más espacio, marque la casilla y adjunte otra hoja.

☐ Necesito que el Estado me proporcione un intérprete gratuitamente. (Un familiar o un amigo no puede actuar como intérprete de usted en la audiencia.)

Mi idioma o dialecto es el: _____

_____
NOMBRE DE LA PERSONA A QUIEN LE NEGARON, CAMBIARON O PARARON LOS SERVICOS SOCIALES

_____
NÚMERO DE TELÉFONO FECHA DE NACIMIENTO

_____
DIRECCIÓN

_____
CIUDAD ESTADO CÓDIGO POSTAL

_____
FIRMA FECHA

_____
NOMBRE DE LA PERSONA QUE COMPLETA ESTE FORMULARIO

_____
NÚMERO DE TELÉFONO

☐ Quiero que la persona nombrada a continuación me represente en esta audiencia. Doy permiso para que esta persona vea mis expedientes o vaya a la audiencia por mí. (Esta persona puede ser un amigo o familiar, pero no puede actuar como su intérprete.)

_____
Nombre

_____
#Teléfono

_____
Dirección

_____
Ciudad Estado Código Postal

_____
*TDD: aparato de telecomunica-ciones que usan las personas sordas o con problemas del habla

Exhibit
A

CDSS
WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
**DEPARTMENT OF SOCIAL SERVICES**
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov

EDMUND G. BROWN JR.
GOVERNOR

December 5, 2017

REASON FOR THIS TRANSMITTAL
[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[X] Clarification Requested by One or More Counties
[X] Initiated by CDSS

ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-82-17

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) ASSESSMENT CLARIFICATIONS AND NEW OR UPDATED TOOLS

REFERENCES: ACIN I-20-15 (April 17, 2017); All County Letter (ACL) 14-60 (August 29, 2014); ACL 13-66 (September 30, 2013); ACL 12-36 (July 24, 2012); ACL 06-34E2 (May 4, 2007); ACL 06-34E1 (December 21, 2006); ACL 06-34E (September 5, 2006); ACL 06-34 (August 31, 2006); ACIN I-28-06 (April 11, 2006); ACL 80-30 (May 15, 1980); Manual of Policies and Procedures (MPP) §§30-700 – 30-765; MPP §22-000; Welfare and Institutions Codes (WIC) §12301.2

The purpose of this letter is to provide counties with clarification regarding the In-Home Supportive Services (IHSS) assessment process, transmit new and/or updated assessment tools, and ensure appropriate case documentation.

## BACKGROUND

As part of the California Department of Social Services' (CDSS) ongoing quality assurance and improvement efforts, it is necessary to clarify CDSS' expectations of the county social worker's role and responsibilities in assessing and authorizing IHSS program services. In accordance with the September 2006 enactment of Welfare and Institutions Code (WIC) §12301.2, or the Quality Assurance (QA) Initiative, and repeal of the Manual of Policies and Procedures (MPP) §30-758, or Time-Per-Task (TPT) and Frequency Guidelines, CDSS needs to reiterate the importance of correctly applying the Hourly Task Guidelines (HTGs) to assign time within service categories. TPT was the breakdown of need for service tasks which required the calculation of time or duration, and frequency, in each IHSS program service category.

Effective immediately, county social workers shall no longer use TPT in completing intake assessments and annual reassessments, when authorizing

services for the following 12 IHSS program services that have corresponding HTGs: (1) Preparation of Meals; (2) Meal Clean-up; (3) Feeding; (4) Bowel and Bladder Care; (5) Routine Bed Baths; (6) Dressing; (7) Menstrual Care; (8) Ambulation; (9) Transfer; (10) Bathing, Grooming, and Oral Hygiene; (11) Rubbing Skin and Repositioning; and (12) Care and Assistance with Prosthetic Devices. The application of TPT in these 12 services is not allowed under existing program regulations [MPP §30-757.11 through MPP §30-757.14(k)]. However, social workers may still need to factor in the necessary frequency of need to determine the appropriate time, under certain circumstances for these 12 HTG services. Such circumstances include but are not limited to: HTG exceptions, assignment of Functional Index (FI) rank 2, the application of Alternative Resources, Refused Services, or Voluntary Services to the total time authorized, or the consideration of Age Appropriate Guidelines when assessing minors.

Note that a key provision of the QA Initiative was to develop HTGs with exception criteria to provide a standard guide and tool for social workers to accurately and consistently assess service authorizations on a statewide basis and authorize services and time more equitably throughout the State. The HTGs established a normal range of time for certain tasks and a guide for granting time inside and outside of the HTGs as appropriate to meet the unique needs of IHSS applicants/recipients. The HTGs further included factors to consider in authorizing services and examples of common reasons for exceptions to the time ranges. Such factors and reasons were not intended to limit considerations in authorizing services and were established to assist social workers in completing the assessment of need.

Correctly applying the FI rankings and HTGs is a critical component of the individualized assessment process. It is imperative that counties continue to conduct individualized needs assessments that ensure the health and safety of individuals to remain safely in their own homes and to avoid institutionalization. Counties will continue to assess needs based in part on an individual's functional level of impairment as specified in MPP §30-756 prior to authorizing services based on the HTGs.

The remaining 13 non-HTG services within the program may 1) have time guidelines without specific ranges for each FI ranking (e.g., Domestic Services at 6:00 hours/month), and may require time to be authorized beyond these guidelines, based on the applicant's/recipient's special needs or circumstances; 2) require calculations based on actual time needed (e.g., Accompaniment to Medical Appointments); and/or 3) require one-time limited services (e.g., Heavy Cleaning).

## APPLICANT/RECIPIENT EDUCATIONAL FACT SHEETS

Social workers shall ensure that applicants/recipients understand the program rules and the assessment process when they initially apply for IHSS and at each annual reassessment thereafter, including the authorization of time in accordance with the HTGs. To assist with the applicant/recipient educational process, CDSS developed

new optional recipient educational fact sheets (see Attachment A) which social workers may use to help inform applicants/recipients about the IHSS assessment and authorization process during home visits. These fact sheets include information regarding the following:

1. FI Rankings and HTGs;
2. IHSS Program Services;
3. IHSS Recipient Right to File a State Hearing; and
4. IHSS Protective Supervision Services for Minor Children.

While social workers are not required to distribute copies of Attachment A to each applicant/recipient at the home visit, they must document in the case narrative that the program assessment and authorization process was discussed with each applicant/recipient during the home visit. Applicants/recipients should understand the assessment and authorization process, as it applies to their case, which will allow them to understand the contents of the Notice-of-Action (NOA) issued following the home visit.

The English version of these fact sheets are now available on CDSS' website at: http://www.cdss.ca.gov/inforesources/IHSS/Fact-Sheets. Also, as required by Government Code §7295.2, these fact sheets will also be available at this website in the State threshold languages for the IHSS population: Spanish, Armenian, and Chinese.

## ROLE OF THE COUNTY SOCIAL WORKER

### Assessment and Authorization

County social workers should conduct all intake assessments and annual reassessments in accordance with the clarifications outlined herein, including the use of the revised Annotated Assessment Criteria (AAC) (see Attachment B), in conjunction with the IHSS Needs Assessment Form (SOC 293), to complete the assessment using the following steps:

1. Determine the FI ranking and provide appropriate documentation for that rank, including information about the applicant's/recipient's functional abilities and limitations, and then authorize time per the program's regulatory time guidelines.
2. Explore any special needs and/or circumstances that assist in determining the time needed inside or outside the associated time range.
3. Consider the totality of the evidence, including but not limited to, the following: the applicant's/recipient's statement(s), the social worker's observations, IHSS Program Health Care Certification Form (SOC 873), Request for Order and Consent – Paramedical Services Form (SOC 321), Assessment of Need for Protective Supervision for IHSS Program Form (SOC 821), Regional Center services/reports, school reports, other social service/community/medical collateral contacts, use of Durable Medical Equipment, etc.

In alignment with current practice, social workers must conduct a thorough needs assessment during all intake assessments and annual reassessments. With annual

reassessments, once the social worker confirms the above-three steps have been completed, and determines there has not been any significant changes in the recipient's need for assistance in services and/or circumstances, the social worker may authorize the same hours as the prior year's assessment. If all three steps have been completed, and the recipient's needs and/or circumstances warrant an adjustment to the total hours authorized, the social worker should increase or decrease the hours accordingly. If any adjustment is made in the service authorizations, social workers should thoroughly document the reasons in the case file.

As discussed below, social workers may authorize time within or outside the HTG ranges, based on the applicant's/recipient's special needs and/or circumstances. When adjustments are needed above or below the middle of the range, the time authorized should be determined based on the applicant's/recipient's individual needs. In this situation, calculations should not be necessary as the focus is on the applicant's/recipient's unique needs or circumstances. Social workers may find it useful to review the frequency of need for a specific task to determine the appropriate time to authorize within or outside the range. As best practice, social workers should use their clinical and professional judgment, as well as their interviewing skills and the revised AAC, to determine whether the time is needed is within the HTGs or if an exception is required.

**Exceptions**

Pursuant to MPP §30-757.1(a)(3), exceptions to the HTGs are only allowed when necessary to enable a recipient to remain safely in his/her home. Exceptions only apply to time and do not allow the addition of any tasks not already identified under the service. Exceptions apply when the applicant's/recipient's total (not prorated) need for a service is determined to require some time, but not the time specified within the HTG range. Due to the unique nature of FI Rank 2 (verbal reminding or encouragement without hands-on help), in which there is no authorized time in most cases, social workers are not required to document an exception when time is not authorized. The reasons for each exception shall be documented in the case file.

The regulations which set for the HTGs for each service category identify examples of common circumstances where an exception to the HTG may be necessary. However, these examples are not exhaustive lists, and each applicant/recipient's specific circumstances must be assessed to determine whether an exception to the HTGs is necessary for him/her to remain safely in his/her home. Calculations may accompany exceptions, as needed, to justify the time authorized outside the HTGs. In such instances, calculations may factor in the time needed, as well as the frequency required. However, at their discretion, social workers may include only qualitative justification if calculations are not needed to justify the exception.

**Domestic and Related Services**

Social workers shall continue to assess the applicant's/recipient's household composition and living arrangement when assessing and authorizing time for all

**30-761 NEEDS ASSESSMENT STANDARDS** (Continued) **30-761**

.26 Social service staff shall determine the need for services based on all of the following:

.261 The recipient's physical/mental condition, or living/social situation.

(a) These conditions and situations shall be determined following a face-to-face contact with the recipient, if necessary.

.262 The recipient's statement of need.

.263 The available medical information.

.264 Other information social service staff consider necessary and appropriate to assess the recipient's needs.

.27 A needs assessment and authorization form shall be completed for each case and filed in the case record. The county shall use the needs assessment form developed or approved by the Department. The needs assessment form shall itemize the need for services and shall include the following:

.271 Recipient information including age, sex, living situation, the nature, and extent of the recipient's functional limitations, and whether the recipient is severely impaired.

.272 The types of services to be provided through the IHSS program, the service delivery method and the number of hours per service per week.

.273 Types of IHSS provided without cost or through other resources, including sources and amounts of those services.

.274 Unmet need for IHSS.

.275 Beginning date of service authorization.

**30-761 NEEDS ASSESSMENT STANDARDS** (Continued) **30-761**

.28 Services authorized shall be justified by and consistent with the most recent needs assessment, but shall be limited by the provisions of Section 30-765.

.3 IHSS staff shall be staff of a designated county department.

.31 Classification of IHSS assessment workers shall be at the discretion of the county.

.32 IHSS assessment workers shall be trained in the uniformity assessment system.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 12301.1 and 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

**30-763 SERVICE AUTHORIZATION** **30-763**

.1 Services staff shall determine the need for only those tasks in which the recipient has functional impairments. In the functions specified in Section 30-756.2, a functional impairment shall be a rank of at least 2.

.11 The applicant/recipient shall be required to cooperate to the best of his/her ability in the securing of medical verification which evaluates the following:

.111 His/her present condition.

.112 His/her ability to remain safely in his/her own home without IHSS services.

.113 His/her need for either medical or nonmedical out-of-home care placement if IHSS were not provided.

.114 The level of out-of-home care necessary if IHSS were not provided.

**Social workers cannot legally reduce or terminate IHSS protective supervision without providing an advance Notice of Action (NOA) and considering all medical evidence, including the SOC 821**. Counties are required to consider the totality of the evidence before making a decision. California D... +1

Gmail

Nick Avila <nickavilapsychology@gmail.com>

# Assessment of Need for Protective Supervision for IHSS

1 message

**navila@cal.berkeley.edu** <nickavilapsychology@gmail.com> Fri, Jun 26, 2026 at 4:09 PM
Reply-To: navila@cal.berkeley.edu
To: lvalencia@cvrc.org

Hi Luis,

Thanks for your call earlier today. Attached you will see the Assessment of Need for Protective Supervision for IHSS completed by my brother's doctor of 10 years. This was completed on 6/15/26 and his new IHSS social worker came to see him on 6/10/26. The form was mailed to her on 6/19/26 so not sure if she has received it yet. As you can see, based on the doctor's assessment she has him severely impaired in memory, orientation, and judgment--across the board in all categories for a condition that is permanent.

Appreciate all your help.

Nick

**Assessment of Need for Protective Supervision for IHHS Program.pdf**
3196K

Exhibit
B

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

# ASSESSMENT OF NEED FOR PROTECTIVE SUPERVISION FOR IN-HOME SUPPORTIVE SERVICES PROGRAM

☐ Release of Information Attached

| | | |
|---|---|---|
| | PATIENT'S NAME: ANTHONY AVILA | PATIENT'S DOB: 06/22/1993 |
| | MEDICAL ID#: (IF AVAILABLE) | COUNTY ID#: |
| | IHSS SOCIAL WORKER'S NAME: [redacted] | |
| | COUNTY CONTACT TELEPHONE #: (559) 600-6666 | COUNTY FAX #: (559) 600-5400 |

Your patient is an applicant/recipient of **In-Home Supportive Services** (IHSS) and is being assessed for the need for Protective Supervision. Protective Supervision is available to safeguard against accident or hazard by observing and/or monitoring the behavior of non self-directing, confused, mentally impaired or mentally ill persons. This service is not available in the following instances:

(1) When the need for protective supervision is caused by a physical condition rather than a mental impairment;
(2) For friendly visitation or other social activities;
(3) When the need for supervision is caused by a medical condition and the form of supervision required is medical;
(4) In anticipation of a medical emergency (such as seizures, etc.);
(5) To prevent or control antisocial or aggressive recipient behavior.

Please complete this form and return it promptly. Thank you for your assisting us in determining eligibility for Protective Supervision.

(Welfare and Institutions Code §12301.21)

| | |
|---|---|
| DATE PATIENT LAST SEEN BY YOU: 6/15/2026 | LENGTH OF TIME YOU HAVE TREATED PATIENT: SINCE 10/18/2016 |
| DIAGNOSIS/MENTAL CONDITION: DOWN SYNDROME | PROGNOSIS: ☑ Permanent ☐ Temporary - Timeframe: |

## PLEASE CHECK THE APPROPRIATE BOXES

**MEMORY**

☐ No deficit problem ☐ Moderate or intermittent deficit (explain below) ☑ Severe memory deficit (explain below)

Explanation: _____

**ORIENTATION**

☐ No disorientation ☐ Moderate disorientation/confusion (explain below) ☑ Severe disorientation (explain below)

Explanation: _____

**JUDGMENT**

☐ Unimpaired ☐ Mildly Impaired (explain below) ☑ Severely Impaired (explain below)

Explanation: _____

1. Are you aware of any injury or accident that the patient has suffered due to deficits in memory, orientation or judgment? ☐ Yes ☑ No
   If Yes, please specify: _____
2. Does this patient retain the mobility or physical capacity to place him/herself in a situation which would result in injury, hazard or accident? ☐ Yes ☑ No
3. Do you have any additional information or comments? _____
   NONE

## CERTIFICATION

I certify that I am licensed to practice in the State of California and that the information provided above is correct.

| | | |
|---|---|---|
| SIGNATURE OF PHYSICIAN OR MEDICAL PROFESSIONAL: | MEDICAL SPECIALTY: Family Medicine | DATE: 6/15/26 |
| ADDRESS: | LICENSE NO.: | TELEPHONE: |

Maritess G. Fuentes, M.D.
Lic A111637 DEA FF1907825
NPI 1932307485
B7CR

**RETURN THIS FORM TO:** *COUNTY'S MAILING ADDRESS, CITY, CA, ATTN: STAFF NAME*

IHSS
[redacted]
P.O. Box 1912
Fresno CA 93718-1912

Valley Health Team, Inc.
Firebaugh Community Health Center
689 N Street Firebaugh CA, 93622
(559) 659-3037

SOC 821 (3/06)

Valley Health Team, Inc.
Firebaugh Community Health Center
689 N Street Firebaugh CA, 93622
(559) 659-3037

July 2, 2026

To Whom It May Concern:

I am writing on behalf of Anthony Jesse Avila, whom I have cared for as his primary care physician for more than 10 years now

Anthony has Down syndrome with severe cognitive impairment, is nonverbal, and requires 24-hour supervision for his safety. He lacks the ability to recognize and respond appropriately to dangerous situations, including traffic hazards, household dangers, emergencies, and other activities that place him at risk of serious injury. He also experiences nighttime wandering and impaired safety awareness.

Anthony's condition is permanent and necessitates continuous supervision. In my medical opinion, discontinuation of IHSS Protective Supervision would place him at significant risk of harm. I strongly recommend that these services be continued.

Please contact me at (559) 659-3037 if additional information is needed.

Sincerely,

Maritess Fuentes MD
689 N St
Firebaugh, CA 93622

Maritess G. Fuentes, M.D.
Lic A111637 DEA FF1907825
NPI 1932307485

Nick Avila-Montes
can be contacted
at (415)518-6708