

## Alameda County Medical Home Project



## Family Resource Network of Alameda County



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of Alameda County

### ***ALERT FOR PARENTS:*** **IN-HOME SUPPORTIVE SERVICES (IHSS) NOW REQUIRES A LETTER FROM A MEDICAL PROFESSIONAL THAT SAYS YOUR CHILD NEEDS TO CONTINUE SERVICES**

Do you have a child with a significant disability? Do they receive In-Home Supportive Services (IHSS), which pays for help with their personal and medical needs at home? If so, you should know there are some changes in the information you have to provide to the program:

- To continue IHSS or to be eligible for IHSS service, you will have to get a letter or form from his/her **physician** that says that your child "*needs assistance with some activities of daily living to remain safely at home*" and that in the physician's opinion, "*these services are needed to avert/prevent out-of-home placement.*"
- This letter or form has to be filled out after a checkup or other medical visit within 45 days of when IHSS assesses your child. This letter has to be done **both** when you apply for IHSS and when the service is renewed during the year.

Here are two forms that can help with this:

- One is a letter for you to give to your child's physician to let him/her know what you need. Fill in your child's name, doctor's name and the date of your visit with IHSS.
- Attach the sample letter for your child's physician to complete and give to you to provide to IHSS.
- Make sure you get this done for your child, or s/he can lose IHSS services.

**For more information on applying for IHSS for your child, please contact the Family Resource Network of Alameda County at 510-547-7322.**

DATE

Dear Dr. \_\_\_\_\_,

As I'm sure you are aware, \_\_\_\_\_(child's name) has a significant disability that entitles him/her to In-Home Supportive Services (IHSS) which pay for personal care/paramedical services as well as protective supervision in the home. I recently received notice from my SSI/IHSS caseworker that written **Physician Certification** following a scheduled medical evaluation is required to continue receiving IHSS for my child. This requirement took effect as of July 1, 2011 for all **new** IHSS consumers and must be met at the time of annual assessment for current consumers. My child is a current IHSS consumer and is scheduled for his/her annual IHSS assessment on \_\_\_\_\_(date).

This required medical evaluation by you as my child's pediatrician/family practitioner must take place within 45 days of this assessment date. We must obtain a licensed health care professional's written certification that my child "*needs assistance with some activities of daily living to remain safely at home*" and that in the physician's opinion, "*these services are needed to avert/prevent out-of-home placement.*" **Please see the following template for the letter I will need for submission to IHSS.**

Any applicant or current consumer who is not able to obtain physician certification will be deemed ineligible for IHSS services. It would be devastating for our family to lose In-Home Supportive Services (IHSS) which are vitally necessary in the care of our child, and without which we would be forced to consider out-of-home placement or institutionalization. I cannot even fathom having my child live anywhere but with us at home, but without IHSS services, I don't know how we could adequately provide for our child's needs. Please assist us in our request for continued IHSS funding to keep \_\_\_\_\_ safely at home with us.

Sincerely,

Parent(s)' Name(s)

**Letter Template (put on physician letterhead)**

Date

RE: Certification of Need for IHSS

To:

I am writing to certify that \_\_\_\_\_ (child's name) requires In-Home Supportive Services (IHSS) assistance for many necessities of daily living in order to remain safely at home. These include protective supervision, personal and paramedical care, and help with access to medical appointments. In my opinion, IHSS services are required in order to prevent this child's out-of-home placement or institutionalization.

Please feel free to contact me if you have questions about this certification of need for IHSS.

Sincerely,

Physician Signature