



**Virginia Department of Medical Assistance Services (DMAS)**  
**In Home Support Services Guidance Document**

The purpose of this document is to provide guidance on the use of In Home Support Services (IHSS) as a Medicaid funded support option through the Developmental Disability Waivers

**12VAC30-122-410. In-home support service (IHSS);** In-home support service means a residential service that takes place in the individual's home, family home, or community settings that typically supplement the primary care provided by the individual, family, or other unpaid caregiver and is designed to ensure the health, safety, and welfare of the individual. The individual shall be living in his own home or his family home. This service shall include a skill building component, along with the provision of supports that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills required for successfully living in his community. In-home support service shall be covered in the Family and Individual Supports (FIS) and Community Living (CL) waivers.

**Allowable activities:**

1. Skill Building and routine supports for completion of activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
2. Skill building, routine, and safety supports for accessing the community
3. Supporting the Individual in replacing challenging behaviors with positive, accepted behaviors in the home and in the community
4. Monitoring health and safety, assistance with taking medications
5. Transportation to community events
6. General supports

**Limitations:**

**What this means:**

1. IHSS is provided in the Individual's home or family home	IHSS is not available in a group residential setting.
2. Supplements the care of the Primary Care Giver	The unpaid primary caregiver remains actively involved in the Individual's life and provides some natural supports; the Individual may be their own primary caregiver in some situations.
3. Must include skill building	The purpose of IHSS is to build skills. The plan must include measurable outcomes and progress should be demonstrated.
4. Cannot be used to provide general support overnight	Billable hours for IHSS are based on direct support. The service is only billable when the Direct Support Professional (DSP) is actively working with the Individual. If the Individual is not provided direct support overnight, the hours are not billable. There must be documented health and/or safety issues that require <b>active</b> monitoring. *
5. Cannot occur at the same time as another Waiver service	Respite, Personal Assistance (PA) and Companion services are not permitted to be provided/billed at the same time as IHSS although the Individual may have them authorized for different hours in their Individualized Support Plan (ISP).
6. Must have a backup plan	A backup plan is required to ensure the Individual's safety in case their DSP cannot come for their shift or is late.



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7. IHSS cannot be used to support others in the home (siblings, children of the Individual) but may be used to support another Individual with IHSS.	IHSS is a 1:1 service unless there is more than one Individual in the home authorized for the service (up to a max of 3 people) and the provider bills the appropriate modifier.
8. IHSS may be authorized for brief periods to provide 24-hour support.	With justification, IHSS may be provided 24 hours for a short time to provide support due to a significant short-term event. *

**Billing for IHSS (H2014)**

IHSS is an hourly service and reimbursed according to the number of Individuals served. The modifier is used in conjunction with H2014 according to the proposed staffing:

UA-used to bill when →	1 Individual with 1 staff
U2-used to bill when →	2 Individuals supported by 1 staff
U3- used to bill when →	3 Individuals supported by 1 staff
H2014 (no modifier)-this is how the service is authorized.	If more than one Individual residing in the home has a IHSS authorization with the same agency, H2014 (no modifier) may be used when service delivery alternates between more than one Individual. <b>See examples below</b>

**Examples of H2014 without a modifier:**

-Joe and Jane are siblings that reside in the same home, both have IHSS authorizations. The DSP is in the home from 2pm-8pm during the week. Joe gets home from school at 2pm. Jane gets home from school at 4pm. The DSP/provider will bill the UA modifier from 2pm-4pm, then switch to the U2 modifier at 4pm when Jane gets home. The DSP supports both Joe and Jane until 8pm.

-Jack and Diane are two adults living together as roommates. Jack receives IHSS every day from 12pm-6pm because he needs support at home and the community. Diane is independent at home but needs support in the community. Jack and Diane like to go out to eat and go shopping together. The DSP/provider uses the UA modifier while in the home working with Jack, but switches to the U2 modifier when taking Jack and Diane into the community together.

**\*Examples of brief periods of 24-hour support:**

-Jill is excited about moving into her own apartment. Even though she is very independent, she is anxious about being alone. IHSS is authorized 24 hours/day for the first week she is in her new apartment to ease her anxiety.

-Ted lives alone and is independent, but he recently got a concussion. His doctor wrote a protocol which requires someone to wake him up periodically overnight for two weeks. Jack was authorized for two weeks of 24-hour support to implement the doctor’s protocol.

Providers are required to maintain documentation as per 12VAC30-122-410 (<https://law.lis.virginia.gov/admincode/title12/agency30/chapter122/section410/>), including signed and dated documentation. Data collected to determine if the strategies are effective are summarized, then clearly documented in the progress notes, or supports checklist. Providers must also maintain attendance logs that includes the time, date, number of hours and (if applicable) number of Individuals served.