

IHSO-CG-01

The Three IHS Options: A Caregiver's Guide

Participant Guide

Direct Support Professionals

Aligned with the September 2026 CareCertify IHS course.



Illustrative AI-generated scene. Fictional people and situation.

Learning objectives

- Explain what Individualized Home Supports (IHS) is and name the four community living categories
- Tell apart IHS without training, IHS with training, and IHS with family training
- Describe what you actually do on a shift under each option
- Write a service note that meets the billing and 245D requirements for each option
- Explain current IHS limits and how DHS announces changes
- Know when to stop and call your Designated Coordinator

1. What IHS is

Support and/or training. IHS gives support, training, or both in community living categories so the person can live in their own home or family home.

Four waivers. People on the Brain Injury (BI), CAC, CADI, and Developmental Disabilities (DD) waivers can receive IHS.

Home and community. You work in the person's own home, the family home, or public community places - in person, or remotely within limits.

What IHS is not. Not mainly hands-on ADL care, not supervision while the person sleeps, and not a housing search. Those belong to other services.

2. One service, three options

IHS without training. Support only. You help the person use and keep the skills they have. Adults and children.

IHS with training. Support plus purposeful teaching to acquire, retain or improve skills. Adults only.

IHS with family training. Support plus teaching for the person and/or their family, in the family home. Children and adults.

3. Support, training, supervision

Support. Cueing, reminders, guidance, help with daily living tasks, help coordinating activities, or direct supervision - helping the person use skills they already have.

Training. Teaching so the person gains, keeps, or improves a skill. Training follows a written outcome with a method and a way to measure progress.

Direct supervision. Active oversight while the person is taking part in a covered service. Not general watching, and never while the person is asleep.

Training is purposeful instruction and practice. Support can include cueing and instruction too. Follow the plan.

4. Community living categories

Community participation. Getting around safely, using community resources, communicating with others, and planning leisure and social time.

Health, safety & wellness. Setting up appointments, cueing or teaching self-care, following health routines, and building healthy habits.

Household management. Budgeting and money, cooking and nutrition, chores and home safety, and keeping up the home or tenancy.

Adaptive skills. Problem-solving, coping and crisis-prevention skills, and positive support strategies from the person's plan.

5. IHS without training

What you do. Cue, remind, guide, assist, and supervise so the person can carry out tasks safely and use their current skills.

Who it serves. Adults and children who live in their own home or their family home.

Support-focused plan. Follow the support plan. This option focuses on assistance and current skills, rather than a program of skill-building.

What you write. The support you gave, the category it falls in, how the person did, and anything new your coordinator should know.

6. IHS with training

What you do. Teach toward the person's written outcomes, using the method in the plan - for example, a task list or planned prompt-fading steps.

Adults only. IHS with training is available to adults only. A child who needs training gets IHS with family training instead.

Follow the method. Follow the planned method and adapt to the person's choices and needs. Discuss needed changes with your coordinator.

Collect the data. Record the outcome data the plan requires and the person's response. Document honestly when training did not occur.

7. IHS with family training

Person and/or family. Training can go to the person, to family members, or to both.

Lives with family. The person lives in the family home. Covered activities may also occur in the community.

Coaching toward outcomes. Focus primarily on purposeful training. Provide planned, covered support when needed.

Model, practice, fade. Show it, let them try, give kind feedback, then step back.

Still the person's goal. The outcome is the person's result. Family training is the method.

One limit. Not covered for families licensed for adult or child foster care, family residential services or community residential services.

8. Your note, option by option

Support delivered. The support you gave, which category it was in, how the person did, and any change or concern. Use your agency's form.

Outcome + data. Name the outcome you worked on, the teaching method you used, the data the plan asks for, and how the person responded.

Learner + skill + data. Who was trained - the person, a family member, or both - the skill you coached, and progress data toward the person's outcome.

All three options need the same billing basics on every note - the details below.

9. The billing basics

- The date you wrote the note
- The day, month, and year the service was provided
- Start and stop times, with a.m. and p.m.
- The service name - the exact IHS option on the schedule
- Your name, signature and title, if any
- What you did and how the person responded, tied to the plan
- Write legibly in English. Complete promptly under agency policy. Use the approved correction process and preserve the original entry.

Daily-rate distinction: Daily-rate records still need both dates, service name/description and staff name/signature/title if any. The statute adds start/stop times for minute/hour billing. Multiple-staff services may use a designated verifier. Outcome and delivery records must support the billed service.

10. Remote support and EVV

Live, two-way only. Remote support is live phone, secure video, or secure back-and-forth messaging. A voicemail or unanswered text is not a service.

Remote note details. Include contact method, staff location (office or community), and service duration, plus dates, times and staff identification.

Remote has limits. Check-ins and consultation: normally 730 hours/year. Schedule and offer in-person support at least weekly. DHS may approve extra remote hours.

Clock at the real time. For services subject to EVV, record actual service times and reconcile errors with the note. Follow the agency's approved process.

11. Current limits and pending changes

Today. DHS says to follow current CBSM limits until implementation instructions. In-person IHS has a 16-hour daily maximum. Follow your authorized plan.

The 3/6 rule. The older 3-consecutive/6-total-hour rule remains in the statute until paragraph (f) begins. DHS says not to implement the pending changes yet.

New limits: timing matters. With training: 182.5 hours/month from Jan. 1, 2027 or federal approval, if later. Family training: 6 hours/day awaits DHS implementation.

Timing reminder: The June 30 DHS notice says the family-training daily cap received federal approval in March 2026 but awaited implementation steps. The monthly training cap has a January 1, 2027 or later federal-approval condition. A schedule alone does not establish coverage. Check with your coordinator.



Illustrative AI-generated scene. Fictional people and situation.

When to contact your coordinator

Ask before changing the IHS option, teaching method or scheduled hours. Report repeated refusal, new needs, a mismatch between the plan and assignment, or documentation and EVV errors. For an immediate safety concern, follow the person's emergency plan and agency reporting procedures.

Apply it: scenarios

Training shift, chores only

You are scheduled for IHS with training with Dana, an adult in her own apartment. Her outcome is learning to plan and cook two meals a week. Today she asks you to just clean the kitchen and cook for her, and you do it all.

Support can be part of IHS with training, but delivery should primarily focus on training. Check that this support is covered by Dana's plan.

Offer a teaching step that fits Dana's choices. Respect refusal, document what occurred, and tell the coordinator about repeated changes.

Write the note honestly: what you did, that the outcome was not worked on, and why. Never describe support as training.

If this keeps happening, tell your coordinator. The plan, the method, or the option may need a review.

Coaching a grandmother

Priya is 9 and lives with her grandmother. Priya's outcome is getting ready for school on time. The plan has you teach her grandmother to use a picture schedule to cue each step.

Model it: use the picture schedule with Priya while her grandmother watches.

Guided practice: next time, grandmother cues the routine while you coach from the side.

Feedback and fade: say what worked, adjust one thing, and do less each week.

Document: grandmother trained on picture-schedule cueing; Priya did 5 of 7 steps with her cues (up from 3).



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Key terms and recap

IHS	Individualized Home Supports - support and/or training in community living categories at home or in the community.
Support	Cueing, guidance, help with daily tasks, or supervision so the person uses the skills they have.
Training	Teaching toward a written outcome so the person gains, keeps, or improves a skill.
Family training	Training for a person living with family and/or their family. Covered activities may occur at home or in the community.
Community living categories	Community participation; health, safety & wellness; household management; adaptive skills.
Support plan addendum	Your agency's written plan for how IHS is delivered to this person - your instructions.
Remote support	Live two-way check-ins or consultation by phone, secure video, or secure messaging.
EVV	Electronic visit verification - records who, what service, when, where, and for whom.

What you learned

- IHS is support and/or training in four community living categories, at home or in the community
- Without training = support only; with training = teaching toward an outcome (adults); family training = teaching person and/or family
- Support includes assistance and cues. Training uses purposeful instruction and practice, with planned outcome data.
- Family training: coach the family - model, practice, feedback, fade - and keep the outcome the person's
- Every note: date written, date of service, start/stop a.m./p.m., service, what you did, name, signature, title
- Remote notes include method, staff location and duration. Reconcile EVV for services subject to EVV.
- Follow current CBSM until DHS implementation instructions. Pending limits: 182.5 hours/month with training and 6 hours/day family training.
- Next: talk with your Designated Coordinator about which IHS option each person you support receives.

Check your understanding

1. Individualized Home Supports (IHS) provides:

- A. Support and/or training in community living categories
- B. Skilled nursing care in the home
- C. Only transportation to appointments
- D. Only help finding new housing

Answer: A. IHS addresses assessed support and/or training needs in covered community living categories.

2. IHS without training is best described as:

- A. A purposeful skill-building program
- B. Training the family to care for the person
- C. Nursing care delegated by an RN
- D. Support to use current skills and carry out tasks safely

Answer: D. This option focuses on support. Follow the person's support plan.

3. The outcome calls for learning laundry skills. You teach planned steps, arrange practice and record prompt levels. This is:

- A. Support only
- B. General monitoring
- C. A housing search
- D. Training

Answer: D. Purposeful instruction and practice toward the planned outcome are training. A cue alone does not determine the service option.

4. On an IHS without training shift, the person seems ready to learn to shop alone. You should:

- A. Start a training program and change the billing yourself
- B. Ignore it
- C. Ask the family to pay privately
- D. Tell your coordinator so the team can review the plan

Answer: D. The team reviews the assessed need, outcome and authorization before changing the service.

Check your understanding

5. IHS with family training is excluded for families who:

- A. Are licensed for adult/child foster care or family/community residential services
- B. Live in the same county
- C. Speak a language other than English
- D. Have other children at home

Answer: A. The CBSM exclusion includes these licensed families, including extended family members.

6. You leave a voicemail as a remote check-in. Can you bill it as direct remote IHS?

- A. Yes, if it lasts five minutes
- B. Yes, if documented later
- C. No, live two-way contact is required
- D. Only if the family listens

Answer: C. A voicemail does not provide real-time two-way communication.

7. What should staff do about the pending six-hour daily family-training cap?

- A. Assume it first begins in 2027
- B. Change the schedule without the team
- C. Ignore all limits
- D. Follow current authorization and DHS implementation instructions

Answer: D. DHS says the cap received federal approval in March 2026, but implementation steps remained in its June 30 notice. Do not assume a 2027 start.

Legal and training basis

Sources checked September 26, 2026. Statutes, DHS coverage policy, the person's plan and the lead agency's authorization work together. Recheck DHS implementation instructions before using pending limits in authorization or billing decisions.

DHS CBSM: Individualized home supports

DHS: Upcoming changes to IHS, June 30, 2026

Laws 2026, chapter 121, article 9, section 31

Minn. Stat. 256B.4912: Billing and documentation

Minn. Stat. 245D.07: Basic planning

Minn. Stat. 245D.071: Intensive planning

Minn. Stat. 245D.081: Coordination

Minn. Stat. 245D.095: Records

DHS CBSM: EVV

Training and completion

Course assessment: 10 questions selected at random from a 30-question bank, with 8 of 10 required to pass. The seven practice questions in this guide support your preparation.

Retain this guide and your completion record according to agency policy. This guide supports training and does not replace the person's authorized plan, current DHS instructions or agency procedures.

Notes for your next team discussion