

IHSO-DC-01

Managing the Three IHS Options

Participant Guide

Managers and Designated Coordinators

Aligned with the September 2026 CareCertify IHS course.



Illustrative AI-generated scene. Fictional people and situation.

Learning objectives

- Match each IHS option to age, setting, license type, and DD habilitation
- Distinguish enacted IHS limits from DHS implementation instructions
- Coordinate lead-agency authorization and bill supported IHS units
- Meet the 245D planning timelines for basic and intensive IHS
- Define the documentation the caregiver, the company, and the DC each must keep
- Prepare your agency for the 182.5-hour monthly limit

1. The three options

Without training. Support only - cueing, assistance, supervision to use current skills. Adults and children.

With training. Support plus training in at least one community living category. Adults only. Meets DD habilitation.

With family training. Support plus training for the person and/or family, in the family home. Children and adults. Meets DD habilitation.

All three. BI, CAC, CADI or DD waiver. Own/family home, subject to specified residential exceptions. No provider housing interest. Current in-person max: 16 hours/day.

2. Basic vs. intensive

Without training. Usually a 245D basic license, 144A home care license with HCBS designation, or AmeriCorps Senior Companion program. Limited individual-provider exclusions exist.

With training. 245D intensive support services license. Service planning follows 245D.071 as well as 245D.07.

With family training. 245D intensive support services license. Excludes families licensed for adult/child foster care or family/community residential services.

3. Choosing the right option

Is there a skill goal? Choose from assessed needs. Support may include reminders and instruction. Purposeful skill-building calls for a training option.

Who needs to learn? Adult needing training: consider IHS with training. Adult and family needing training in the family home: consider family training.

Is the person a child? Children cannot receive IHS with training. A child with a training need living with family is served through IHS with family training.

The option determines licensing and planning requirements. The lead agency authorizes services. Track DHS instructions for new limits.



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4. The 2026 law, exactly

The act. S.F. 4476, signed May 27, 2026. Section 31 took effect the next day. The billing limits have separate federal-approval conditions.

Paragraph (e): 3/6 rule. Older 3-consecutive/6-total-hour provision expires when (f) starts. DHS's June 30 notice says to await implementation instructions.

Paragraph (f): new limits. Jan. 1, 2027 or federal approval, if later: training 182.5 hours/month; family training 6 hours/day. Family limit already has federal approval.

Paragraph (g): no spillover. Paragraph (g) preserves other waiver services. DHS says same-provider IHS changes still await implementation. Coverage and nonduplication rules apply.

DHS implementation status: The June 30, 2026 notice says the family daily cap and same-provider changes received federal approval in March 2026, but implementation steps remained. It says the training monthly cap still needed approval and system updates. Check current instructions before changing authorizations.

5. Units and authorization today

15-minute units. In-person IHS in 15-minute units at a 1:1 or 1:2 ratio; remote support in 15-minute units at 1:1.

The daily unit. IHS with training only, 1:1, and only at exactly 24 units (6 hours). Never authorize it together with in-person 15-minute units.

16 hours per day. In-person IHS may not exceed 16 hours a day. Lead agencies do not default to the maximum.

Remote limits. Check-ins/consultation, normally 730 hours/year, with DHS exceptions. Schedule and offer in-person support weekly. Use separate remote authorization.

6. Planning without training

Abuse prevention first. Before or upon service initiation, develop and implement the person's abuse prevention plan (Minn. Stat. 245A.65).

15 calendar days. Complete a preliminary support plan addendum based on the person's support plan within 15 calendar days of service initiation.

60 calendar days. Review and revise as needed. Identify how, when and by whom services occur, and who oversees delivery and coordination.

Ongoing. Join service planning meetings on the support plan's timelines, and give written progress reports when requested.

7. Planning with training

15 days. Preliminary support plan addendum based on the person's support plan.

45 / 60 days. Assessments and initial planning meeting before 45 service days or 60 calendar days, whichever is first.

10 working days. After the planning meeting, write the service outcomes and supports.

20 working days. Submit and obtain signatures within 20 working days of the meeting. Track the separate deemed-approval clock.

At least yearly. Annual assessments and review, or within 30 days of a qualifying written request. Discuss technology yearly.

After each review. Mail within 10 working days of review. Obtain signatures within 10 working days of mailing.

Deemed approval: Count ten working days from submission, without a returned signature or proposed written modifications. Keep evidence of submission. The initial signature deadline is twenty working days from the initial meeting.

Review details: Have a progress report ready at the review, or send it five working days beforehand if requested in the plan. Record the initial and annual technology discussion, decisions and further research. Mail the addendum within ten working days after review and obtain signatures within ten working days of mailing, subject to the statutory deemed-approval provision.

8. Three layers of records

The caregiver. Every shift: the billing elements in 256B.4912, subd. 12, plus what was delivered - support, outcome data, or learner and skill for family training.

The company. The service recipient record and personnel records in 245D.095, the admission and discharge register, and a billing trail that matches the notes.

The coordinator. For intensive services, the qualified DC oversees planning and delivery. For basic IHS, identify the person responsible for coordination.

If one layer is missing, the others cannot prove the service was delivered as authorized.

9. Note standards you enforce

- English and legible. Staff verification rules allow a designated verifier when multiple staff provide the service.
- Date the note was written, and the day, month, and year of service
- Minute-based: start/stop a.m./p.m. Daily-rate records still need both dates, service and staff identification.
- Service name - the exact IHS option authorized and billed
- Staff name, signature and title, if any
- Describe support or training, response and required outcome data. Remote records also need method, staff location and duration.
- Recommended agency practice: monthly note audits. Verify delivery, authorization, outcome data and claims.

10. Company records - 245D.095

Service recipient record. Admission form, service and health information, current support plan and addendum, abuse prevention plan, incidents, reviews and logs.

Personnel records. Hire date, qualifications, training details, background study and first supervised/unsupervised contact. Keep required billing attestations too.

Admission & discharge log. A chronological register of everyone admitted, discharged, or transferred, including license-holder terminations and deaths.

The billing trail. Service authorization, units billed, service notes, and EVV records that all agree. Claims must never exceed what the notes support.

11. DC documentation by option

Without training. Preliminary addendum within 15 calendar days. Review by day 60 and identify the coordinator. Reports when requested.

With training. Assessments, planning meeting, measurable outcomes with method and data, signed addendum, yearly progress report with rationale.

With family training. All intensive records, with the actual learner(s), skill and data. A family member need not be trained in every session.

Apply it: scenarios

Over the 2027 monthly cap

Leo receives 7 hours/day. In a 30-day month that is 210 hours. Once the 182.5-hour monthly limit takes effect, the difference is 27.5 hours.

Before implementation, calculate each calendar month. Even 6 hours/day totals 186 hours in a 31-day month.

Meet with the case manager. If part of Leo's need is support rather than training, another option or service may fit that part.

Track monthly hours and arrange an authorized plan for unmet needs before the limit starts. Do not abruptly stop needed support or relabel services.

Record the planning discussion and update the addendum on the 245D timeline, with dated signatures.

Training for a 12-year-old

A mother asks your agency to provide IHS with training so staff can teach her 12-year-old son, Eli, to ride the city bus. Eli lives at home with her.

IHS with training is for adults only, so it cannot be authorized for Eli.

Eli lives in the family home and needs training, so IHS with family training fits - training can go to Eli, his mother, or both.

Confirm the family is not licensed for foster or residential care of Eli, and that no other service duplicates this one.

Write Eli's measurable outcome and the teaching method. Track DHS implementation of the family-training daily cap rather than assuming a 2027 start.



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Key terms and recap

Basic support services	245D license category that covers IHS without training (245D.07 planning rules).
Intensive support services	245D license category required for IHS with training and with family training (245D.071).
Support plan addendum	The provider's plan describing how the service is delivered to meet the person's needs and outcomes.
CSSP	Case-manager support plan identifying assessed needs and services. The lead agency completes service authorization.
Deemed approval	After submission, no returned signature or proposed written modifications within 10 working days. Keep evidence of submission.
Daily unit	IHS with training only, 1:1, for exactly 24 units (6 hours) in a day.
Paragraph (e)	Older 3-consecutive/6-total-hour provision. Expires when (f) begins. Apply DHS implementation guidance.
Paragraph (f)	Jan. 1, 2027 or federal approval, if later: 182.5 hours/month training; 6 hours/day family training. Check DHS implementation.

What you learned

- Without training = support (basic license); with training = adults (intensive); family training = family home (intensive)
- Choose the option from the assessed need: skill goal, who must learn, and the person's age
- 2026 law: new training monthly limit. Family daily limit already federally approved. Follow DHS implementation instructions.
- Today: 15-minute units, a daily unit only for with training at exactly 6 hours, 16 hours/day, 730 remote hours/year
- Basic: 15-day and 60-day addendum. Intensive: 15 days, 45/60 days, 10 and 20 working days, yearly review
- Three layers of records - caregiver notes, company records under 245D.095, and the DC's plan and reviews
- Recommended practice: audit monthly so delivery, authorization, documentation and billing agree.
- Next: share IHSO-CG-01 with your field staff, and set up a 182.5-hour monthly tracker for IHS with training.

Check your understanding

1. Which IHS option is available to adults only?

- A. IHS with training
- B. IHS without training
- C. IHS with family training
- D. All three options

Answer: A. The other two options can serve eligible children.

2. The IHS provider's owner owns the rental unit where services would occur. What applies?

- A. Allowed if rent is below market
- B. Allowed with a family waiver
- C. Allowed if the case manager agrees
- D. The provider financial-interest restriction bars IHS there

Answer: D. The provider cannot have a direct or indirect financial interest in the housing where IHS is delivered.

3. An adult needs consistent assistance to use current skills safely, rather than a purposeful training program. Consider:

- A. IHS with training
- B. IHS with family training
- C. Remote support as a standalone service
- D. IHS without training

Answer: D. The lead agency selects the option from assessed needs and applicable eligibility rules.

4. How should the agency handle pending 2025/2026 IHS changes?

- A. Enforce all limits immediately
- B. Assume every change is federally approved
- C. Apply them only to IHS without training
- D. Follow current CBSM until DHS announces implementation instructions

Answer: D. This is the June 30, 2026 DHS direction. The older paragraph (e) expires when paragraph (f) takes effect. Approval status differs by change.

Check your understanding

5. The IHS daily unit may be authorized:

- A. For IHS with training only, at 1:1 and exactly six hours
- B. For every option at any duration
- C. For remote support
- D. With overlapping in-person 15-minute authorization

Answer: A. At exactly 24 units, either the daily unit or 15-minute units may be used. Their in-person authorizations cannot overlap.

6. Ten working days after submission, the assessment/addendum has neither been signed and returned nor received proposed written modifications. What applies under 245D.071?

- A. Services automatically stop
- B. The plan must always be rewritten
- C. The statutory deemed-approval provision may apply
- D. The DC is automatically cited

Answer: C. Keep evidence of submission. The initial 20-working-day deadline runs from the meeting; deemed approval has a separate clock from submission.

7. Leo is scheduled seven hours daily in a 30-day month. Once the 182.5-hour monthly limit applies, what must the team plan for?

- A. Billing all 210 training hours
- B. Changing to daily units to bypass the cap
- C. Stopping all services
- D. 27.5 hours above the training cap, with an authorized plan for unmet needs

Answer: D. $7 \times 30 = 210$. The difference is 27.5 hours. Even $6 \times 31 = 186$, or 3.5 hours above the cap. Other services must meet their own coverage rules.

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