IN-HOME SUPPORTIVE SERVICES FACT SHEET (EFFECTIVE 1/14/11)	
WHAT IS IHSS?	In-Home Supportive Services (IHSS) helps pay for assistance in the home with activities of daily living and instrumental activities of daily living that allow aged, blind, or disabled residents of Santa Cruz County remain safely in their home. IHSS services are available in all 58 counties of California.
AM I ELIGIBLE?	 Fasic eligibility factors include: ✓ You must be a citizen of the United States or a qualified alien ✓ You must also be a California resident ✓ You must live at home or an abode of your own choosing (acute care hospital, long-term care facilities, and licensed community care facilities are not considered "own home"); AND ✓ Are a current recipient of Supplemental Security Income/State Supplementary Payment (SSI/SSP); OR ✓ You meet all the eligibility criteria for SSI/SSP except that your income is in excess of the SSI/SSP income levels; OR ✓ You meet all the eligibility criteria for SSI/SSP, including income, but do not receive SSI/SSP; OR ✓ You are a Medi-Cal recipient who meets SSI/SSP disability criteria; AND ✓ Can remain safely at home with in home care services ✓ You have functional limitations that prevent you from caring for yourself
WHAT SERVICES DOES IHSS PROVIDE?	Services offered by IHSS range from: ✓ Domestic and related (includes: meal preparation, meal clean-up, laundry, grocery shopping, and errands) ✓ Personal care (includes: ambulation, transfers, respiration, bathing/hygiene, rubbing skin/repositioning, paramedical services) ✓ Accompaniment to medical appointments ✓ Protective supervision for recipients with a cognitive impairment
WHAT IS THE IHSS APPLICATION PROCESS?	 ✓ A referral for IHSS is called in to the IHSS program at (831) 454-4101 ✓ Medi-Cal eligibility is confirmed by IHSS or referred to the Employment and Benefit Services Division ✓ An IHSS Social Worker conducts a home visit ✓ IHSS Social Worker reviews information obtained during home visit, from medical professionals, and other agencies involved in your care (if necessary) to assess services needed and the hours necessary to provide you with care. ✓ IHSS Social Worker sends you a notice of approval or denial. ✓ If you are found eligible, the notice lists the tasks approved and monthly hours authorized. ✓ If you were denied, the notice will indicate the reason(s).
HOW DO I PAY MY SHARE OF COST?	IHSS recipients who have a share of cost should not pay their IHSS independent provider any monies until they have received a letter from the California Department of Social Services (CDSS) instructing them to pay. This is because, if you have visited other Medi-Cal vendors earlier in the month, you may have encumbered your share of cost elsewhere. Once you have received a letter from CDSS, you are responsible for paying your caregiver for services provided. Letters are sent to both the recipient and provider following each IHSS pay period (twice a month).

IN-HOME SUPPORTIVE SERVICES FACT SHEET (EFFECTIVE 1/13/11) You are the employer of your independent provider and therefore can hire whomever you find suitable to perform the tasks authorized by IHSS with certain exceptions. **IHSS** providers must have: ✓ Legal right to work in the United States, ✓ Have valid identification (including a U.S. government issued picture i.d. and Social Security card.) WHO CAN BE ✓ Not be barred from IHSS employment by the California Department of Health MY Services (CDHCS). INDEPENDENT ✓ All IHSS providers must attend provider orientation and submit to LiveScan PROVIDER? fingerprinting by the Department of Justice (at a cost to them). Many serious convictions disqualify a person from being an IHSS provider, although IHSS recipients have the right to waive many of those. Contact the IHSS Public Authority at 831-454-4036 for more information. If you need assistance finding an independent provider, let your IHSS social worker know, IHSS also contracts with a Provider Registry that will help you look for a caregiver. To avoid an overpayment or delay in payment to your independent provider, you are responsible for calling your IHSS social worker immediately when: WHEN ✓ You are hospitalized and return from a hospitalization SHOULD I √ Have a significant change in your needs for in-home care CALL MY ✓ You hire or fire an independent provider SOCIAL ✓ You will be temporarily out of your home **WORKER?** ✓ There is a change in your home (someone moves in with you, someone leaves your home or you move) You are responsible for calling your social worker immediately upon hiring an independent provider. Your provider will need to contact the IHSS Public Authority to sign up for orientation. You need to complete and mail the following forms to your IHSS social worker: ✓ Provider Enrollment Agreement Form (SOC 426A) AND **HOW DOES** ✓ Employer Responsibility Checklist (SOC 332) MY Your provider will not receive time cards until these forms have been INDEPENDENT received by your IHSS social worker and they have completed enrollment **PROVIDER** requirements. Time cards and pay checks are mailed directly to your provider from Sacramento; it is your responsibility to monitor that your provider submits time cards **GET PAID?** to you twice a month for review and signature. Do not sign a blank time card, and make sure your provider has claimed the exact number of hours worked per day on his/her time card. You are also responsible for paying your share of cost, if you have one, directly to your provider in the amount indicated in the letters you receive from CDSS. Whether you are eligible or not, you have the right to be treated with dignity, respect, and courtesy when you apply for IHSS. The Human Services Department will not YOUR RIGHTS discriminate against anyone because of race, color, national origin, political affiliation, religion, age, sex, marital status, or condition of physical or mental disability. The Fair Hearings Office is responsible for processing and representing Human Services Department in all California Department of Social Services (CDSS) State Hearings. Recipients or applicants of the various aid and service programs who are STATE dissatisfied with any action or inaction of the County may request a hearing. Fair **HEARING** Hearings Officer – Joyce Germain @ 831-454-4117. We do encourage you to begin by speaking to your IHSS social worker if you have questions or disagree with any

action in your IHSS services. This may prevent a need for a hearing.

HOW DO I APPLY FOR IHSS SERVICES?

CALL IN-HOME SUPPORTIVE SERVICES AT (831) 454-4101.

THIS FACT SHEET IS NOT TO BE USED AS SUBSTITUTE FOR STATE IHSS REGULATIONS.