

# In-Home Supportive Services (IHSS)

## *Enrollment steps*

**Step 1** - Resident Service Coordinator will contact IHSS at **800-510-2020**

**Step 2** - Resident Service Coordinator will provide the IHSS Intake Coordinator the following info:

- Client’s medical insurance (e.g. Medi-Cal, Medicare, private pay)
- Client’s primary doctor’s name and phone number
- Client’s health conditions
- Client’s emergency contacts
- Client’s monthly or annual income (Supplemental Security Income, pension, etc.)

## *The process after initial enrollment*

1. In 7 to 10 days after enrollment, the client will receive a letter from the County’s Health and Human Services Agency and it will have the name and telephone number of the client’s assigned County IHSS Social Worker, who will be their case worker and their interviewer/evaluator. Enclosed with this letter will be a Health Care Certification form (SOC 873) that **must be completed by the client’s doctor and returned to their Social Worker within 45 days, or their application will be denied.**

2. **The client will be contacted by phone** or letter regarding a visit in his/her home to discuss his/her enrollment for services, then **the client’s Social Worker will go and evaluate his/her needs and also give him/her paperwork (form SOC 426A) for the care “Provider” he/she wishes to assign** (the client may request a listing of care providers, if he/she doesn’t already have one in mind.) If the client wants to change his/her care provider later, he/she must make the change with his/her case worker. The client should call them right away. **The case worker will not find a care provider, hire, or terminate their employment for the client.** The client may also get a listing by calling the Registry at: **1-866-351-7722. The client should have their information ready** (i.e. Case number).

### **The client’s Care Provider must do the following:**

- a. Complete an interview with Registry staff and/or attend an orientation for new providers
- b. Provide Social Security card or other proof of the right to work in the United States (U.S)
- c. Provide proof of citizenship or legal immigration
- d. Provide a valid Driver’s License or other government-issued photo identification
- e. Have three references: a non-relative personal reference and two from previous employers
- f. Provide documentation or certificates for any training he/she may have had
- g. Provide a completed application form SOC 426 and form SOC 426A (Recipient Designation of Provider)
- h. Grant the Public Authority permission to do a criminal background check to determine whether he/she has been convicted of any crimes that would prohibit his/her employment as a Registry provider. (Fingerprints)

3. **If the client is denied services, he/she will be notified by mail. The client may re-enroll or appeal.** If there are any changes in the client’s health condition, or if the client is admitted to the hospital, notify the case worker. **If the client is in need of more service hours, the client must contact the case worker and explain why he/she need more hours. If the case worker does not respond to the client’s needs, then the client’s case can be appealed for more hours.** The client may request an appeal from his/her case worker.

4. The client should elaborate and advocate for his/her needs (Activities of Daily Living and Instrumental Activities of Daily Living) clearly.

### **Examples:**

PERSONAL	DOMESTIC	PARAMEDICAL
<input type="checkbox"/> Showering	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Diabetic monitoring
<input type="checkbox"/> Skin care	<input type="checkbox"/> Errands	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Ambulation	<input type="checkbox"/> Shopping	<input type="checkbox"/> Medical appointments
<input type="checkbox"/> In/Out of vehicle	<input type="checkbox"/> Laundry	
	<input type="checkbox"/> Cooking	
	<input type="checkbox"/> Dishes	

## CAPA Survey on IHSS Wages as of August 22, 2012

<b>Name by County of Public Authority</b>	<b>CAPA Verified Hourly Wage as of 08/22/12</b>
Alameda	\$ 11.50
Alpine (not a PA county)	\$ 8.00
Amador	\$ 8.50
Butte	\$ 8.20
Calaveras	\$ 10.00
Colusa	\$ 8.00
Contra Costa	\$ 11.50
Del Norte	\$ 9.00
El Dorado	\$ 9.00
Fresno	\$ 10.25
Glenn	\$ 8.15
Humboldt	\$ 8.00
Imperial	\$ 9.00
Inyo	\$ 8.75
Kern	\$ 9.50
Kings	\$ 9.00
Lake	\$ 8.75
Lassen	\$ 8.00
Los Angeles	\$ 9.00
Madera	\$ 9.75
Marin	\$ 11.55
Mariposa	\$ 9.30
Mendocino	\$ 9.90
Merced	\$ 9.00
Modoc	\$ 8.00
Mono	\$ 8.00
Monterey	\$ 11.50
Napa	\$ 11.50
Nevada	\$ 8.56

<b>Name by County of Public Authority</b>	<b>CAPA Verified Hourly Wage as of 08/22/12</b>
Orange	\$ 9.30
Placer	\$ 10.00
Plumas	\$ 8.56
Riverside	\$ 11.50
Sacramento	\$ 10.40
San Benito	\$ 10.50
San Bernardino	\$ 9.25
San Diego	\$ 9.50
San Francisco	\$ 11.54
San Joaquin	\$ 9.45
San Luis Obispo	\$ 10.00
San Mateo	\$ 11.50
Santa Barbara	\$ 10.00
Santa Clara	\$ 12.20
Santa Cruz	\$ 11.50
Shasta	\$ 9.30
Sierra	\$ 8.56
Siskiyou	\$ 8.00
Solano	\$ 11.50
Sonoma	\$ 11.50
Stanislaus	\$ 9.38
Sutter	\$ 9.25
Tehama	\$ 8.40
Trinity	\$ 8.00
Tulare	\$ 9.00
Tuolumne (not a PA county)	\$ 8.00
Ventura	\$ 9.50
Yolo	\$ 10.50
Yuba	\$ 10.00

The information is as up-to-date as individual county Public Authorities provided.