

IN-HOME SUPPORTIVE SERVICES
IHSS PERSONAL CARE SERVICES PROGRAM (PCSP) * IHSS INDEPENDENCE PLUS WAIVER (IPW) *
IHSS RESIDUAL PROGRAM (IHSS-R)

<i>Note: Look first for eligibility under PCSP, then IPW, then IHSS-R</i>	IHSS Medi-Cal Personal Care Services Program (PCSP), Welf. & Inst. Code § 14132.95	IHSS Independence Plus Waiver (IPW) Program, Welf. & Inst. Code § 14132.951	IHSS Residual (IHSS-R) Program, Welf. & Inst. Code § 12300 et seq.
<i>Eligibility?</i>	Beneficiary receives full-scope Medi-Cal with federal financial participation (FFP). Includes SSI beneficiaries; 1619 SSI beneficiaries (people who work even though disabled); Pickles; other Medi-Cal programs including A&D FPL; or Working Disabled; DD Waiver & NF Waiver people.	Beneficiary receives full-scope Medi-Cal with federal financial participation (FFP) <i>but</i> is not eligible for PCSP because of: <ol style="list-style-type: none"> 1. advance pay, or 2. parent or spouse provider, or 3. receiving restaurant meal allowance. 	Recipient does not receive full-scope Medi-Cal <i>or</i> Recipient does not receive Medi-Cal with FFP. Includes individuals who receive state-only Medi-Cal, primarily lawful permanent residents and persons residing in the United States under color of law (PRUCOL) who are <u>not</u> eligible for full-scope Medi-Cal with FFP
<i>Funding?</i>	Federal Medicaid 50%. Of remaining 50%, County pays 35% & State 65%	Federal Medicaid 50%. Of remaining 50%, County pays 35% & State 65%	County pays 35% & State 65% of total cost
<i>Services and Providers?</i>	<ul style="list-style-type: none"> • All Services except Restaurant Meal Allowance • All providers <u>except</u> spouses and parents of minor children. • No Advance Pay 	<ul style="list-style-type: none"> • All Services including Restaurant Meal Allowance • All providers <u>including</u> spouses and parents of minor children. • Advance Pay 	<ul style="list-style-type: none"> • All Services including Restaurant Meal Allowance • All providers <u>including</u> spouses and parents of minor children. • Advance Pay
<i>Severely/Nonseverely Impaired?</i>	Maximum 283 hours/month (except for Protective Supervision: 195 hours for nonseverely impaired, 283 hours for severely impaired)	283 severely impaired for severely impaired (needs 20 or more hours/week for personal care, paramedical and meal prep) or 195 nonseverely impaired	283 severely impaired for severely impaired (needs 20 or more hours/week for personal care, paramedical and meal prep) or 195 nonseverely impaired
<i>Can someone else supplement pay?</i>	No, but can pay for hours not covered such as time in between tasks if pay provider directly; others can pay provider directly for share of cost.	No, but can pay for hours not covered such as time in between tasks if pay provider directly; others can pay provider directly for share of cost.	Yes, if given directly to provider.

<i>Spouse provider?</i>	Not covered because relative provider. (If recipient has a spouse provider under the IPW or IHSS-R program, all the recipient's providers are paid under the IPW or IHSS-R program)	For nonmedical personal care services, paramedical services and, if prevented from working, protective supervision & transportation.	For nonmedical personal care services, paramedical services and, if prevented from working, protective supervision & transportation.
<i>Parent Provider for Minor?</i>	Not covered because relative provider. (If recipient has a parent provider under the IPW program, all the recipient's providers are paid under the IPW program)	All providers including spouses and parents of minor children.	Those eligible for full scope Medi-Cal but not with federal financial participation and therefore not eligible for IPW when the provider is spouse/parent.