

Chapter 3 Eligibility for IHSS

Who Is Eligible for IHSS?

A person is eligible for IHSS who is a California resident who is living in his or her own home, and who meets one of the following conditions:

- (1) Currently receives SSI/SSP benefits¹.
- (2) Medically needy aged, blind or disabled. Cal. Welf. & Inst. Code §14132.95.
- (3) Meets all SSI/SSP eligibility criteria, except for income in excess of SSI/SSP eligibility standards.
- (4) Meets 94 SSI/SSP eligibility criteria including income, but does not receive SSI/SSP benefits.
- (5) Was once eligible for SSI/SSP benefits, but became ineligible because of engaging in substantial gainful activity, and meets all of the following conditions:
 - (a) The individual was once determined to be disabled in accordance with Title XVI of the Social Security Act (SSI/SSP)
 - (b) The individual continue to have the physical or mental impairments which were the basis of the disability determination
 - (c) The individual requires assistance in one or more of the areas specified under the definition of "severely impaired individual" Cal. Welf. & Inst. Code §12305.5
 - (d) The individual meets applicable share of cost obligations (MPP 30-755.1)
- (6) Is participating in one of California's HCBS Waivers through institutional deeming.

Eligibility is determined at the time of application, at twelve month intervals, and anytime information is received about changes in the individual's situation. MPP

⁴ A person who receives the SSI out-of home board and care rate does not qualify for IHSS. This is considered to be nonmedical out-of-home care. The SSI board and care rate includes care and supervision for that individual. MPP 30-701(o)(2); MPP 30-763.72.

30-755.21. An IHSS recipient has responsibility to report any change of eligibility status to the county IHSS office within 10 calendar days of any change. MPP 30-760.14 and 15.

What are the Income and Resources Eligibility Requirements?

You meet the financial eligibility requirements for IHSS if you receive SSI. If your income is too high to be eligible for any SSI, you may be eligible for IHSS with a share of cost representing the difference between your other income less \$20 and the applicable SSI/SPP grant level. Please refer to Chapter 6 for more information about meeting your share of cost.

Also, it may be possible for you to be eligible for zero share of cost Medi-Cal (and thus, zero share of cost IHSS) under the A & D FPL program, the 250% Working Disabled Program, 1619b, or the Pickle Program. For more information about the A & D FPL program, go to: <http://www.pai-ca.org/pubs/524401.pdf> and <http://www.pai-ca.org/PUBS/545001.pdf>, <http://www.healthconsumer.org/medical-cal.overview.pdf>

Generally, your personal property may not exceed \$2,000 for an individual or \$3,000 for a couple. Personal property that is not considered in determining your resources includes the home you own and in which you live and one automobile needed for transportation to medical appointments or work.

Am I Eligible for IHSS as an Immigrant?

If an applicant is an alien permanently residing legally in the U.S., he or she may be eligible for IHSS to the extent permitted by federal law. An alien is eligible for services only if he or she has been lawfully admitted for permanent residence, or is otherwise permanently residing in the United States under color of law (PRUCOL). No aid will be paid unless evidence as to eligible alien status is presented. [Cal. Welf. & Inst. Code §§ 11104, 12305.6; MPP 30-770.41; 20 CFR 416.1615(a); 20 CFR 416.1618(b)-(e).]

I Plan on Leaving the State for Some Time. Can I Continue to Receive IHSS?

If a person receiving IHSS is absent from the state for 30 days or longer, it is considered to be a possible change of residence that may affect eligibility. If a person leaves or is leaving the state for 30 days or longer, the county IHSS office must be notified. In some instances eligibility may continue until his or her return, or payment for IHSS may be made out of state. MPP 30-770.42. Also see MPP 30-770.44 and 45

Is it Possible to Begin Receiving IHSS Immediately?

If you meet the presumptive eligibility criteria, and you meet the other eligibility criteria, you can receive IHSS under PCSP or the IPW program immediately on an interim basis if you have yet to establish Medi-Cal eligibility. The presumptive eligibility means you do not have to wait until a final decision is made on your Medi-Cal eligibility before your IHSS can start. If, after you start receiving presumptive Medi-Cal, you are told you are not eligible, you can appeal and continue receiving IHSS (and Medi-Cal) during your appeal. The presumptive eligibility criteria for Medi-Cal are the same as those for SSI².

Under the IHSS-R, a disabled applicant's eligibility for IHSS may be presumed if the applicant is not employed and has no expectation of employment within the next 45 days, and if in the county's judgment the person appears to have a mental or physical impairment that will last for at least one year or end in death. MPP 30-759.31, MPP 30-759.8; MPP 30-761.11.

Am I Automatically Eligible for Medi-Cal if I Become Eligible to Receive IHSS?

No. Not any longer. Under the old system, if you applied for IHSS and were found eligible under the IHSS-R (residual) program, you automatically were found eligible for Medi-Cal. Now if you are one of the few people only eligible for IHSS under the original residual IHSS program, you will separately apply for Medi-Cal. The application will be handled by a County Medi-Cal eligibility worker, not by a County IHSS social worker.

Before, if you applied for IHSS covered by Medi-Cal and you were not already a Medi-Cal recipient, the County IHSS social worker would handle both your application for IHSS and your application for Medi-Cal. Now Medi-Cal applications are only handled by County Medi-Cal eligibility workers.

Before, if you qualified for IHSS with a share of cost you received only one notice of action about your share of cost under the IHSS program. Now you will receive

² Cal. Code Regs. 22 § 50167(a)(1)(C). Cancer which is expected to be terminal despite treatment; paraplegia or hemiplegia; severe mental retardation with an I.Q. less than 50; absence of more than one limb or amputation of a leg at the hip; total blindness or deafness; hemiplegia due to a stroke more than three months ago; cerebral palsy, muscular dystrophy or muscle atrophy with marked difficulty in walking requiring the use of two crutches or a walker or a wheelchair; diabetes with the amputation of one foot; Down's Syndrome with an I.Q. of 59 or below; end stage renal disease requiring chronic dialysis or transplant; or AIDS.

two notices of action: one notice of action will come from the Medi-Cal program to tell you your share of cost under the Medi-Cal ABD MN program; another notice of action will come from the IHSS program to tell you your share of cost as a recipient of IHSS. The IHSS share of cost is the amount you have to pay (or incur an obligation to pay) after the state pays the difference between the Medi-Cal maintenance need level and the higher applicable SSI/SSP grant level. DHS ACL 05-21; DSS ACL 05-05.

Once I am Eligible, How Far Back Can I Bill Medi-Cal For IHSS Services Already Provided?

Medi-Cal program rules allow applicants to request Medi-Cal coverage for the three months prior to the month of application, if the applicant incurred a cost for a covered health care service in that retroactive month.

One of the requirements of Medi-Cal's three-month retroactivity provisions [22 CCR §50197, §50148] is that the recipient actually receives health care services in the retroactive month. This requirement means the services must have been actually received. An unmet need supported by a subsequent assessment would not qualify for Medi-Cal reimbursement. In addition, because the PCSP program reimburses recipients directly for services received and paid for, proof of payment must be provided in the form of cancelled checks or such similar proof as DHS may require. No reimbursement will be made unless the recipient provides a statement of necessity from a medical provider.

Although it has not yet been made explicit, there is a presumption that the three month retroactive eligibility rule also applies to the IPW program because it too is a Medi-Cal program. Retroactive eligibility under the IHSS-R program is limited to the date of the application for IHSS services.

I Have Just Been Cut Off of SSI Due To Excess Income? Will I Lose My IHSS Too?

IHSS recipients under both the PCSP and IPW programs must not have their cases terminated solely because the recipient is terminated from SSI/SSP.

Medi-Cal benefits may not be terminated for recipients if their termination is based upon the discontinuance of their SSI/SSP eligibility (other than individuals discontinued due to death or incarceration.) The law requires, except in certain cases, that the counties evaluate every Medi-Cal case set for termination for possible eligibility on any other basis before any action to terminate Medi-Cal eligibility is taken. *Craig v. Bonta* (ACL 03-03)

This law is inapplicable to persons receiving services under the IHSS-R Program because those individuals would not be eligible for SSI/SSP in the first place.

What Does the State Mean by “Own Home?”

A person’s “own home” is defined as the place in which an individual chooses to reside. An individual’s “own home” does not include an acute care facility, skilled nursing facility/intermediate care facility, community care facility, or board and care facility. A person receiving an SSI/SSP payment for a nonmedical out-of-home living arrangement is not considered to be living in his or her own home. MPP 30-701(o)(2).

I Want to Live with My Best Friend who will be My Attendant but My Application Was Denied Due to “Licensing Restrictions.” Should I Appeal?

Yes. Under the Community Care Facilities Act, any facility, place, or building that provides care and supervision or that accepts residents who demonstrate a need for care and supervision must be licensed. Cal. Health and Safety Code § 1500 *et seq.* The Act recognizes that family members who care for physically disabled relatives do not fall within the purview of the Act. Cal. Health and Safety Code § 1505(k). The licensing process is also not required if the housing and “care and supervision is provided by a “close friend” or “significant other.” Grimes v. State Department of Social Services. 70 Cal.App.4th 1065, 1073-4. An otherwise eligible person may not be disqualified for IHSS because he or she chooses to live in the home a friend.

I am Married. Can My Spouse be My Attendant?

If the person with a disability is living with a spouse, the spouse or anyone else may be the paid IHSS provider of nonmedical personal care services (see category 4 on the enclosed worksheet form) and paramedical services. If the spouse leaves full-time employment or is prevented from obtaining full-time employment because no other suitable provider is available and, as a result, there is a risk of inappropriate, out-of-home placement or inadequate care, the spouse also may be paid to provide protective supervision and to accompany the disabled recipient as necessary to medical appointments. If the spouse is not able or available, these and the other IHSS services may be provided by others. "Not available" includes time when the spouse is out of the home because of work or for other necessary reasons, or when the spouse is sleeping or meeting the needs of other family members. MPP 30-763.4

IHSS FOR CHILDREN

1. Which IHSS Services May Children Receive?

- a. Personal care services (bathing, toileting, dressing, feeding, assistance

with ambulation, etc.).

- b. Related services (meal preparation, planning and cleanup, laundry, food shopping).
- c. Paramedical services if prescribed by a doctor (injections, catheters, tube feeding, suctioning).
- d. Protective Supervision (24-hour monitoring and supervision to prevent injury). *See* Chapter 5 for further information.
 - Not routine child care or supervision.
 - Must show difference between disabled child and other children of same age.
- e. Assistance with travel.

MPP 30-763.454

Theoretically, if the parents are not IHSS providers, they can be authorized at least 8 hours per week of respite when parents are shopping, doing errands, or doing other things for the family.

2. When May Children Receive IHSS?

- a. When disabled and low-income (receipt of SSI means automatic eligibility)
- b. If income too high for SSI, may qualify with share of cost³.
- c. If parents are out of the house working, school, training⁴.
- d. If parents are unable to provide care due to disability or illness.
- e. If parents are sleeping or caring for other family members.

MPP 30-763.44

³ See if the child would be eligible for zero share of cost Medi-Cal under the A & D FPL program or through institutional deeming under one of the state's HCBS Waiver programs, particularly the DD Waiver if the child is a regional center client.

⁴ *Exception:* Under PCSP, a non-parent provider may provide services to an institutionally deemed child even if the parent is present in the home. (ACL 00-83; ACIN I-28-06.) This is not possible under the IPW, unless the parent of the institutionally deemed child is physically or mentally unable to perform services. MPP 30-763.44; ACIN I-28-06. However, there would be very few (if any) cases of non-parent providers of minor recipients under the IPW as advance payment election would be the only basis for the minor recipient falling within that category.

3(a) When Can a Parent be Paid as an IHSS provider?

- a. If the parent quit a full-time job or can't get a full-time job because he or she must care for the disabled child, AND
- b. If no other suitable care provider is available (willing and able), AND
- c. If services are not received, the child will be at risk of out-of-home placement or inadequate care.

MPP 30-763.451

3(b) What about Parent Providers with Two Parent Households?

IHSS regulations impose additional requirements on parent providers for minors when there are two parents in the household. MPP 30-763.453. Under the regulations, a parent may receive a payment for as an IHSS provider under a two parent household only when all of the following conditions are met:

- (1) the parent provider leaves, or is prevented from obtaining, full-time employment because no other suitable provider is available and the inability of the parent provider to provide services may result in inappropriate placement or inadequate care,
- (2) the non-provider parent is unable to provide the services because he/she is absent because of employment or in order to secure education, or is physically or mentally unable to provide the services, and
- (3) If the non-provider parent is unable to provide the services due to employment or educational purposes, payment shall be made to the parent provider only for services which are normally provided during the periods of the non-provider parent's absence as indicated above.

There have been reported cases where this regulation has been ruled invalid because it exceeds the scope of the statute, which only requires that rule (1) above be met. The cases reason that if the legislature intended to deny payment for services to a child to a parent in a two-parent family, the legislature would have inserted language so providing.

4. I was Told that my Child does not Qualify for IHSS Services Because He is Too Young. Is this True?

No. Age cannot be a controlling factor in determining whether a particular personal care or related service should be authorized. The sole IHSS service limited in this respect is protective supervision, where it is authorized "only as needed because of the functional limitations of the child." Cal. Welf. & Inst. Code § 12300(d)(4). Had the Legislature sought to extend this limitation to personal

care and related services for children, it would have included this limiting language as part of those services' descriptions under the statute.

“The starting point for interpretation of a statute is the language of the statute itself. Absent a clearly expressed legislative intention to the contrary, that language must ordinarily be regarded as conclusive.” Kaiser Aluminum & Chemical Corp. v. Bonjorno, 494 U.S. 827, 835 (1990). Therefore, children are entitled to be evaluated for personal care and related services just like any other applicant, irrespective of age, under MPP § 30-756.1.

5. I was Told that My Child does not Qualify for Related Services. Is this True?

No. The only limitations regarding IHSS provision for individuals under 18 years old are found at MPP § 30-763.454. While this regulation does, indeed, omit domestic services, it specifically includes provision of related services at subsection (a). Perhaps the county is confusing its actual term “services related to domestic services” under the statute (Cal. Welf. & Inst. Code § 12300(e)(1)) outright with “domestic services” itself.

6. I was Told that My Child does not Qualify for Services Because it is My Responsibility as a Parent to Provide these Services to my Child. Is this True?

Only if your circumstances fall within the description of what the legislature defined as the expected parental responsibility towards the care of a child with IHSS needs. That definition requires parents to care for their children unless the parent provider leaves, or is prevented from obtaining, full-time employment because no other suitable provider is available and the inability of the parent provider to provide services may result in inappropriate placement or inadequate care. Cal. Welf & Inst. Code § 12300(e).

7. Will the Payments A Parent Receives for Providing IHSS Affect the Child's SSI or the Family's Medi-Cal?

No. Payments will not affect a child's SSI because this is considered exempt income under SSI rules. POMS SI 01320.175. When IHSS rules changed to allow Medi-Cal funding for parent providers under the IPW, these payments became income and property exempt under all of the State's Medi-Cal programs for IHSS provided to children under 21. (ACWDL 05-29, 06-04, 06-19). However, receiving these payments still may affect the family's welfare grant.

8. Can I Get IHSS and Still Get Respite From the Regional Center?

Yes. Respite services from the regional center are different from IHSS. You should be able to receive IHSS, including protective supervision, without losing any respite hours. Call DISABILITY RIGHTS CALIFORNIA if the regional center tries to cut your respite because you receive IHSS.

IHSS FOR PEOPLE WITH PSYCHIATRIC DISABILITIES

1. Can People with Psychiatric Disabilities Get IHSS?

Yes. IHSS is not just for people with physical or developmental disabilities. People with psychiatric disabilities may also qualify if they need help in order to live in their own home¹ or in the home of a relative.

2. How Can I Show that IHSS is Needed?

Here are some of the reasons why a person with a disability may need help through IHSS or personal care services in order to live in their own home or in the home of a relative or friend:

- a. Need for “prompts”² to get up in the morning and go through tasks such as bathing, grooming, dressing, taking medication, eating. Prompts and assistance in sequencing are terms to describe the help people need in starting a task and in going from one step to another. Because of a person’s disability or the side effects of medication, the person may not be able to do that consistently without someone present to step them through the process.
- b. Similarly, “prompts” may be needed to assist the person in going through the various tasks leading to going to bed at night.
- c. Preparation of meals which a person may not be able to do consistently

¹ “Home” may include an apartment you share with other people or a hotel room. You are not eligible for IHSS or personal care services if you live in a board and care or residential facility. *However*, these services may help you move from a board and care to your own apartment or hotel room.

² “Prompts” and “Cuing” and “sequencing” are physical and verbal interventions to overcome a disability barrier to beginning a task, to going through the steps necessary to complete a task, to following the correct sequence in completing tasks or a task. Functional limitations that provide a basis for finding a mental impairment for purposes of qualifying for SSI include “[d]eficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner. . . .” This is from one of the “B” criteria under mental impairment listings 12.01, Appendix 1, Subpart P, 20 CFR Part 404. Other “B” criteria include “[m]arked restriction of activities of daily living” and “...deterioration of adaptive behaviors.”

and safely alone.

- d. Reminders to eat and drink water.
- e. Shopping, cleaning, laundry, menu planning.
- f. Accompaniment to medical and mental health appointments because the person cannot safely drive due to the disability or side-effects of medication, or because the person has problems following through on appointments without assistance.
- g. Need for monitoring and intervention as “protective supervision” because a person may see a harmless, benign situation as one which is personally threatening and one which the person believes requires a response which could cause self injury. In such a case the person may need his attention diverted or redirected, help to see there is no threat, or action to prevent injury.

3. How Can I Document the Need for IHSS?

Workers from the County Welfare Department who process applications for IHSS or personal care services work primarily with people with physical disabilities (in a wheelchair or can't do things because of severe arthritis) or cognitive disabilities (mental retardation or a senior with Alzheimer's). They are not used to applications from people with psychiatric disabilities. That means the county worker will need more help from you and the people helping you in order to understand why you need attendant care help in your home. You will need a letter from your psychiatrist or the social worker at the clinic you go to or the psychologist you see or your case manager -- or anyone else who helps you and knows your needs. The letter should explain the following:

- a. The things you need help with and the kind of help you need.
- b. Why you need that help because of your disability. For instance, the psychiatrist or social worker or psychologist you see can explain that your medications plus your disability make it hard for you to get up on time and go through the other morning steps without help.
- c. How not getting the help you need could mean you are not able to continue living on your own in your own home or hotel room or apartment.
- d. How not getting the help you need could make your condition worse. For instance, without help in getting up regularly every day and in keeping your apartment in order, your day-to-day life could feel chaotic and lead you into a crisis. Without help in providing structure and order in your

life, you are at risk of a crisis which could even mean a visit to the emergency room.

4. Where Can I Go for Help Getting IHSS?

If you or the people helping you run into problems getting the attendant care services you need, call Protection & Advocacy at 1-800-776-5746. Ask for an appointment with an Advocate. The right of people with psychiatric disabilities to get the IHSS or personal care services they need to live in their own home is a priority with us.

What are Alternative Resources?

Social services staff must explore alternative IHSS which may be available from other agencies and programs to meet the needs of the recipient. MPP §30-763.61.

While counties may offset the total number of hours authorized to you due to alternative resources, counties are required to consider your alternative resources when assessing your overall need. MPP §30-763.273. This could make a difference in you being categorized as “severely impaired” instead of “non-severely impaired.”

What are Voluntary Services?

If a need for services is assessed and authorized, then with certain exceptions, an individual can legally be paid to perform the services. Any individual who could legally be paid to provide IHSS services can volunteer not to be paid to provide those services. Regulations require counties to obtain a signed Voluntary Services Certification Form from individuals who agree to render voluntarily any compensable services. (ACL 00-28)

If an organization provides a portion of the authorized service, it must be considered as an Alternative Resource rather than a provider. Organizations are funded by other sources and therefore, cannot be paid via the receipt of IHSS funds.

Are Regional Centers & Supportive Living Arrangements considered Alternative Resources?

No. Regional center clients may not be denied IHSS because they receive supported living or independent living services funded by the regional center. Regional center funded services that support consumers in their own homes, such as supported living and independent living services, which are different from or in

addition to IHSS, cannot be used as a basis to deny eligibility for or reduce the number of hours of IHSS at any time. (ACLs 98-53 & 98-79.)

The county may not deny eligibility for or reduce the number of hours for IHSS to regional center consumers who receive interim emergency regional center funded services, which are similar to IHSS, on the grounds that the regional center services are “alternative resources,” if the regional center reports that the regional center funded services are being provided until IHSS begins, and the interim regional center services will end when the county begins funding IHSS. The county must fund IHSS back to the date of application, unless the interim services have been provided at no cost to the consumer.

Both IPP’s and ISP’s should clearly state which services are interim emergency services that the regional center will fund until IHSS begins and which are supported living or independent living services that the regional center will continue to fund.

Is EPSDT an Alternative Resource?

No, EPSDT should not be considered an alternative resource, and IHSS/PSCP authorized recipient hours should not be reduced because the recipient receives EPSDT services. EPSDT provides supplemental services that are prescribed by medical professionals who established the medical necessity of the services, which is considered distinct from IHSS/PSCP services. (ACL 02-43E.)

Can I Get Multipurpose Senior Services Program (MSSP) Services if I Am Getting IHSS?

Yes. You can get both. If you are currently getting the maximum number of IHSS hours, these hours cannot be reduced if you get some in-home help through MSSP. If you are not getting the maximum number of IHSS hours, any in-home help through MSSP will not affect your IHSS hours. (ACL 03-11.)

Can I Get Services under the Office of Aids’ Medi-Cal Waiver Program (MCWP) and Case Management Program (CMP) if I Am Getting IHSS?

Yes. You can be served under all three programs. If you are currently getting the maximum number of IHSS hours, these hours cannot be reduced if you get some in-home help through MCWP and CMP. If you are not getting the maximum number of IHSS hours, any in-home help through MCWP or CMP will not affect your IHSS hours. (ACL 04-16.)

Are Foster Care Payments Considered an Alternative Resource?

Maybe. There have been reported cases where counties have denied eligibility for IHSS because the recipient is receiving a specialized foster care rate payment. The case decisions require the county social workers to conduct needs assessments of the clients and then determine what services the basic and specialized foster care rates benefits are intended to cover before reducing or denying IHSS services based on alternative resources.

Are Adoption Assistance Program (AAP) Benefits Considered an Alternative Resource?

AAP provides a cash benefit to families that adopt special needs children. The purpose of AAP is to remove financial barriers to adoption of children who would not otherwise have the security and stability of permanent homes, while simultaneously achieving substantial savings to the state in foster care costs by reducing foster home care. The amount of the cash benefit is based upon the needs of the child and the circumstances of the family. The latter term includes “the family’s ability to incorporate the child into the household in relation to the lifestyle, standard of living, and . . . the overall capacity to meet the immediate and future plans and needs, including education, of the child.” But AAP benefits are not earmarked to pay for any specific service. Welf. & Inst. Code § 16119(d)(1) and (2). Because AAP funds are not designated for any particular purpose, adoptive parents have broad discretion to spend or retain the funds. In fact, California Code of Regulations, title 22, section 35333, subdivision (f)(2), provides that once the adoption is final, “the adoptive parents shall have the right to use the AAP benefit to meet the child’s needs as they deem appropriate without further agency approval.” Therefore, counties should not consider AAP benefits an alternative resource when authorizing IHSS services.

What about Veterans’ Administration Aid and Attendance Payments?

Pursuant to a court order, VA Aid and Attendance payments cannot be counted as income or treated as an alternative resource. (*Clift v. McMahan*)

Can I receive IHSS in the Workplace?

Yes. All IHSS recipients are eligible to transfer a portion of their current authorized service hours to the workplace if they choose to do so. This includes recipients in all three modes of service delivery for IHSS Residual/PCSP/IPW.

The personal care services are limited to those that are currently authorized for you in your home and those services are to be utilized by you at your place of

employment to enable you to obtain, retain, or return to work. Authorized services you use at your work must be services that are relevant and necessary in supporting and maintaining your employment. Work place services shall not replace any reasonable accommodations required of your employer by the Americans with Disabilities Act or other legal entitlements or third-party obligations. Cal. Welf. & Inst. Code § 14132.955(a); 12300(d).

In addition, income and resource limits under all IHSS programs have not changed, so income you make could affect your program eligibility. If your earnings affect your eligibility or cause you to have a share of cost, counties should evaluate your eligibility for the Medi-Cal 250% Working Disabled Program (WDP) or other Medi-Cal coverage. The 250% WDP allows an individual to earn countable income up to 250% of the federal poverty level while still maintaining eligibility for Medi-Cal benefits. (ACL 04-43.) For more information about the 250% WDP, please refer to: <http://www.healthconsumer.org/cs032WorkingDisabled.pdf>

What are Waiver Personal Care Services (WPCS)?

Additional IHSS hours may be authorized under a Home & Community Based Waiver (HCBS) for persons who would otherwise qualify for care in a nursing facility or subacute nursing facility. If you qualify, you can receive more IHSS hours even if you are already receiving the maximum 283 per month to reduce your unmet need. Also, you do not need to be authorized for the maximum amount of hours (195 or 283) in order to receive WPCS.

You may receive WPCS if:

- (1) You have been approved by DHCS to receive services through a HCBS Waiver for persons who would otherwise require care in a nursing facility;
- (2) You have doctor's orders that specify that you require waiver personal care services in order to remain in your home;
- (3) You choose to receive waiver personal care services in order to remain in your home.
- (4) Your waiver personal care services and all other waiver services do not exceed the fiscal limit established under the HCBS Waiver.

(ACL 03-24)

For more information about qualifying for supplemental waiver personal care services, go here: <http://www.pai-ca.org/pubs/539201.htm>. If you are temporarily

in a hospital or nursing facility, your providers of supplemental waiver services will be paid for up to 7 days.