|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The applicant or their representative calls **(916) 874-9471** to apply for IHSS.  An Eligibility Specialist will take the application. | | | | |
|  | | | | |
| The Eligibility Specialist will | | | | |
| Check if you are on Medi-Cal.  If you don’t have current Medi-Cal, a referral will be made for you to the Medi-Cal program and they will send you an application. A Medi-Cal eligibility determination must be completed or your IHSS application will be denied. | | **&** | | Mail a Health Care Certification (SOC 873) form to you. The SOC 873 must be returned within 45 days and must indicate a need for IHSS or your IHSS application will be denied. |
|  | | | | |
| Once your Medi-Cal eligibility is determined and the SOC 873 is returned indicating need for service, your case will be assigned to an Intake Social Worker. | | | | |
|  | | | | |
| The Intake Social Worker will contact you to schedule an intake assessment interview. This interview will be held at your home. | | | | |
|  | | | | |
| Once your need for IHSS is determined, a Notice of Action will be mailed to you informing you of your case approval or denial | | | | |
| **Denial** | **OR** | | **Approval** | |
| If denied, you will receive a Notice of Action of Denial informing you of the reason for denial. |  | | If approved, you will receive a Notice of Action of Approval informing you of the services and number of hours authorized. | |
|  |  | |  | |
| To maintain your IHSS eligibility, your Medi-Cal eligibility must remain active.  Please contact Medi-Cal at  (916) 874-3100 directly for annual renewal information. |  | | Upon receipt of your Approval Notice you will hire a provider. For assistance see the Provider Enrollment and Orientation Checklist or call the IHSS Caregiver Registry at **(916) 874-4411** | |
|  | |  | |
|  | | A reassessment interview will be conducted at your home every 12 months to determine your continued IHSS eligibility. | |