



COYOTE VALLEY

Band of Pomo Indians

HEALTH AND HUMAN SERVICES DEPARTMENT IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM (Elder Care Assistance)

The IHSS Program will help pay for services provided to you so that you can remain safely in your own home. To be eligible, you must be *an enrolled member of the Coyote Valley Band of Pomo Indians*, over 65 years of age and disabled. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities.

The types of services which can be authorized through IHSS are housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired.

ELIGIBILITY CRITERIA FOR ALL IHSS APPLICANTS:

- You must physically reside in the United States.
- You must have a Medicare eligibility determination.
- 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”)
- You must submit for approval to the Coyote Valley Tribal Health and Human Services Department a completed IHSS Elder Care Assistance Qualification Form, IHSS Application for Elder Care Assistance and an IHSS Elder Care Recipient Designation of Provider Form.

HOW THE PROGRAM WORKS

- The Tribe’s IHSS Worker will determine your eligibility for assistance. This assessment will include information given by you and your physician or other licensed health care professional.
- All required forms and applications must be received and approved by Tribe prior to authorization of services. It is the Applicant’s responsibility that all required documentation be submitted to the Tribe.
- You will be notified if IHSS has been approved or denied. If denied, you will be notified of the reason for the denial. If approved, you and your provider will be notified of the dollar amount of assistance to be provided as well as the start date of assistance.
- You are considered your provider’s employer and, therefore, it is your responsibility to hire, train, supervise and fire this individual.

- Providers are compensated at an hourly rate of \$8.50 (max), with a cap of 28 hours per pay period (two week interval) *for unemployed recipients.*
- *Employed recipients may qualify for up to 10 hours per month.*