

Instructions for IHSS Applicants in a Skilled Nursing (SNF) Facility or Acute Care Hospital

In order to potentially qualify for IHSS the following criteria must be met:

- Be over the age of 65, disabled, and/or blind
- Receive full-scope Medi-Cal
- Reside in his/her own home within the County of Alameda
- Unable to live at home safely without care and assistance
- Submit a Health Care Certification from a licensed medical professional

Once the patient has been given an anticipated discharge date, s/he may proceed with the IHSS application process. **Note:** *The discharge date should be within thirty (30) days from the date of the application.*

Facility discharge staff (i.e., Social Worker, Nurse, or Case Manager), CCT Transition Coordinators, and/or the applicant's Authorized Representative (AR), Conservator or family members may assist in the coordination and completion of the following required documentation:

- Hospital Acute Care Discharge Pre-screening Tool ([Form 72-1](#))
- Application for In-Home Supportive Services ([SOC 295](#))
- IHSS Program Health Care Certification form ([SOC 873](#))

Additional forms may apply and must be requested, as needed:

- IHSS Designation of Authorized Representative (SOC 839)
- Authorization for Release of Information (Form 72-10)

The recipient may hire one or more people to provide his/her care. A friend or relative may serve as the provider, or a referral may be obtained through the Alameda County IHSS Public Authority Registry. In order to enroll as a provider, the following steps must be completed: **1) Complete the IHSS Provider Enrollment forms, 2) Attend a mandatory provider orientation, and 3) Be fingerprinted and complete a criminal background check.**

Submit applications one of the following ways:

****Please submit all required forms together in a single packet.***

Email	*For discharge applications ONLY , attach <u>all</u> required completed forms in one email to: ihssdischargeapps@acgov.org . Subject line: "SNF Discharge Application"
Mail	Mail <u>all</u> required completed forms in a single packet to: Alameda County Social Services Agency In-Home Supportive Services 6955 Foothill Blvd., Suite 300 Oakland, CA 94605-2409 A phone screening with the applicant or AR will follow.
In Person	Complete and/or drop off <u>all</u> forms together during regular business hours to: 6955 Foothill Blvd., Suite 143 A phone screening with the applicant or AR will follow.
*Phone	The <i>Application for Social Services</i> may be completed over the phone by calling: 510-577-1800 during regular business hours. Please identify yourself as a discharge patient (or discharge worker for referral applications). <i>*All other required forms must still be submitted one of the ways listed above.</i>

Note: All applications are subject to program eligibility requirements and approval is not guaranteed.

For more information, visit:

https://alamedasocialservices.org/public/services/elders_and_disabled_adults/in_home_support/ihss_app.cfm