



# In-Home Supportive Services

## What is IHSS?

The In-Home Supportive Services (IHSS) program helps low-income Californians remain safely in their own homes by providing personal care and domestic services. By helping individuals continue to live in their homes, IHSS allows recipients to maintain independence, remain in their community, and avoid more costly services, such as nursing homes and board and care facilities.

## Who can receive IHSS services?

To qualify for IHSS, individuals must be 65 years of age or older, or disabled, or blind, and meet the Medi-Cal income eligibility requirements. IHSS recipients must also reside in their own home, which does not include hospitals, community care facilities, or long-term care facilities. In 2025-26, there are approximately 772,000 IHSS recipients in California.

## What is an IHSS provider and how does someone become a provider?

IHSS providers are paid to provide authorized services to individuals who qualify for the IHSS program. In order to be employed as an IHSS provider, an individual must meet certain requirements. This includes completing a provider enrollment form, attending an IHSS provider orientation, and going through a criminal background check. There are over 500,000 IHSS providers in California. IHSS providers are often a family member or relative, with an estimated 70% of IHSS recipients hiring a family member as their provider.

## What is the county role in IHSS?

Counties have a variety of responsibilities within the IHSS program. County social workers perform eligibility determinations, conduct needs assessments for IHSS recipients, and provide ongoing IHSS case management for recipients. County administrations manage the complex fiscal arrangements and ensure that program requirements are met. County boards of supervisors, serving as the governing body for the public authority, approve wage and benefit increases for IHSS providers.

## What are public authorities and what is their role in IHSS?

Public authorities perform a variety of crucial functions that facilitate access between IHSS recipients and IHSS providers. This includes fulfilling requirements related to wage and benefit negotiations for IHSS providers, investigating the qualifications and background of potential providers, hosting provider orientations, maintaining a registry of IHSS providers for recipients to utilize, managing a backup provider registry for urgent situations, offering skills training for providers, and incorporating input from IHSS advisory committees into the operation of each county's IHSS program.



As an additional resource, CSAC has developed an **[IHSS Wages and Bargaining Brief](#)** that provides a detailed explanation of all of the bargaining responsibilities, wage tools, and cost sharing.

### Spotlight: IHSS Services

IHSS recipients may be eligible for a variety of services, including:

- Personal care and hygienic services, such as dressing, bathing, and feeding;
- Paramedical services, such as assisting with the administration of medication, wound care, and catheter care;
- Accompaniment to and from medical appointments; and
- House cleaning, laundry, grocery shopping, meal preparation, and cooking

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## Who employs IHSS providers?

The employer responsibilities for IHSS providers are shared by the IHSS recipient, the state, and counties. IHSS recipients have the authority to hire and terminate the provider of their choice and direct their work for the provision of the authorized IHSS services. Counties, public authorities, and the state are given limited employment roles in the IHSS program under state law.

Counties and public authorities retain employer responsibilities as it relates to collective bargaining with IHSS providers for wages and benefits. The state maintains employment responsibility for payroll functions. The IHSS recipient is the employer of the IHSS provider for other aspects of the employment relationship.

## What is the process for enrolling in IHSS and receiving services?

### Step 1:

To apply for IHSS, an individual or a person acting on their behalf must contact the IHSS program in the county in which they reside to receive an application.

### Step 2:

Once an application is submitted, the IHSS program will provide the applicant with a health care certification form to be completed by a licensed health care professional. A county social worker will schedule a home visit to determine IHSS eligibility and need, including the types of authorized services and number of hours for each service based on the applicant's needs. The applicant may also be directed to apply to the Medi-Cal program.

### Step 3:

Once an applicant is approved and a needs assessment is completed, the IHSS recipient is responsible for hiring and supervising a paid IHSS provider to provide services.

## How does the funding for IHSS work?

As a Medi-Cal benefit, the cost to administer the IHSS program is shared among the federal government, the state, and counties. On average, the federal government covers about half of the cost of the IHSS program and the state and counties share responsibility for the remaining costs.

Counties pay their portion through a mechanism called a maintenance of effort (MOE). The overall statewide county MOE amount (more than \$2.2 billion in 2024-25) is divided up among all 58 counties and represents the

amount that every county is required to pay for IHSS in that fiscal year. There have been several iterations of the county MOE in the past decade. The current MOE was negotiated as part of the 2019-20 state budget. County IHSS MOE costs grow every year by a 4% inflation factor. The state is responsible for covering the remaining non-federal IHSS costs. However, if a county has greater IHSS administration spending needs in a given year and exceeds the amount estimated and budgeted by the state, it must pay the difference.

## How are IHSS provider wages and benefits determined and who pays for increases?

All counties must meet state law requirements to act as or establish an employer of record for purposes of collective bargaining for IHSS, and to meet and confer pursuant to the Meyers-Milias-Brown Act. Most counties have established a public authority to fulfill these requirements related to wage and benefit negotiations. Each individual county negotiates with IHSS provider unions related to the hourly wage, health benefits, and other benefits that providers will receive in that county.

Counties pay their share of costs through a permanent addition to their county MOE, referred to as an MOE adjustment. The costs for these increases are paid every year and grow by a 4% inflation factor.

There is a complicated set of requirements and tools that determines the specific division of nonfederal costs between the state and counties for locally negotiated increases. The state will cover 65% of the cost of increases in wages and health benefits up to the state participation cap, which is \$1.10 above state minimum wage. Once a county's total hourly wages and health benefits goes above that amount, the county can utilize a tool to secure continued state participation of 65% of the nonfederal share in a defined amount of increases over a three-year period. For any increases that are above that amount or if the county has utilized that tool the maximum number of times, the county is then responsible for 100% of the additional nonfederal costs.