

**COUNTY OF ORANGE SOCIAL SERVICES AGENCY**

**ADULT SERVICES POLICIES AND PROCEDURES MANUAL**

**Subject:** Payment of Share of Cost

**Number:** SH 40.5.2

**Approved:** Signature on File

**Date:** 12-31-2006

**POLICY**

Orange County Medi-Cal staff shall complete Medi-Cal eligibility determinations and re-determinations for all IHSS applicants and recipients who do not receive Supplemental Security Income/State Supplementary Payment (SSI/SSP) or other Medi-Cal linked cash-based assistance such as CalWORKs, Refugee Cash Assistance, Foster Care, or Adoption Assistance Program.

IHSS/PCSP and IHSS/IPW recipients who meet the criteria described above shall be eligible for a comparison between IHSS SOC and Medi-Cal SOC, and shall be responsible for paying the lower of the two in accordance with the information provided below.