

SHARE-OF-COST

What is a Share-of-Cost?

Most people who receive In-Home Supportive Services (IHSS) are receiving them as a part of their Medi-Cal benefits. Some of these people must pay a certain amount each month toward their Medi-Cal expenses. A Share-of-Cost (SOC) is the amount of money that an IHSS recipient/employer must pay to his/her IHSS provider/employee every month. The SOC allows a person with a higher income to receive IHSS if he/she pays part of the cost. A SOC is similar to a private insurance plan's deductible. Your recipient/employer may pay you, or pay the SOC to a pharmacy, doctor's office, or when purchasing other Medi-Cal approved expenses.

How does Share-of-Cost affect me as an IHSS provider?

If your recipient/employer has a SOC, the amount will appear on your timesheet under "Share-of-Cost Liability." You may receive some of your wages from your recipient/employer and some of your wages from the State, or you may receive all of your wages from the State. The amount you receive from your recipient/employer and/or the State may change each pay period, depending on whether your recipient/employer pays their SOC for other medical expenses before your timesheet is processed each pay period. If your recipient/employer has more than one IHSS provider, they will not be able to choose which provider their SOC is paid to. Any SOC that they have not paid will be subtracted from the IHSS provider's timesheet that is processed first by the county.

Example:

Mrs. Smith has a SOC of \$200 for the month of June.	\$200
She sees her doctor on the 5 th and pays \$50 at the doctor's office.	-\$50
She fills a prescription on the 6 th and pays \$60 at the pharmacy.	-\$60
Her provider submits her timesheet on the 16 th .	
The total amount of Mrs. Smith's expenses are \$50 + \$60 =	\$110
Mrs. Smith will need to pay her IHSS provider/employee \$90 .	\$90

Example:

Mr. Lee has a SOC of \$100 for the month of June.	\$100
He sees his doctor on the 5 th and pays \$75 at the doctor's office.	-\$75
He fills a prescription on the 6 th and pays \$25 at the pharmacy.	-\$25
The total amount of Mr. Lee's expenses are \$75 + \$25 =	\$100
His provider submits her timesheet on the 16 th .	
Mr. Lee has met his SOC. The State will pay all of his IHSS.	\$0

Who do I contact for more information?

- ✓ The Department of Health Care Services at <http://www.dhcs.ca.gov/Pages/default.aspx>.
- ✓ California Medi-Cal Telephone Service Center at **(916) 636-1200**.
- ✓ Medi-Cal Automated Phone Center at **(800) 786-4346**.