



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES



ARNOLD SCHWARZENEGGER
GOVERNOR

June 23, 2010

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS
ALL IHSS PUBLIC AUTHORITIES

SUBJECT: **NOTICE TO IN-HOME SUPPORTIVE SERVICES (IHSS)
RECIPIENTS REGARDING COMPLETION OF ONE OF THE IHSS
ENROLLMENT REQUIREMENTS PRIOR TO JULY 1, 2010**

REFERENCES: ACL NO. 09-52, DATED OCTOBER 1, 2009; ACLs NO. 09-54 AND 09-63, DATED OCTOBER 28, 2009; ACL NO. 09-66, DATED OCTOBER 29, 2009; ACLs NO. 09-69 AND 09-70, DATED OCTOBER 31, 2009, ACL 09-78 DATED NOVEMBER 25, 2009; ACL 10-05 DATED FEBRUARY 17, 2010; AND ACL 10-33 DATED JUNE 15, 2010

The purpose of this letter is to inform counties of the notification that has been sent to those recipients whose current provider has not completed one of the IHSS provider enrollment requirements by mid-June. The letter transmits a copy of the recipient notice, a Frequently Asked Questions (FAQs) document to assist counties in responding to IHSS recipients' questions related to the notification of the IHSS provider requirements, and a County Declaration form to assist the counties in providing their position in the event a recipient requests an appeal.

The notification informs the recipient of the IHSS provider(s) that will be terminated as of July 1, 2010, if the IHSS provider(s) has not completed one of the following IHSS provider enrollment requirements.

1. Complete and sign an IHSS Provider Enrollment Form (SOC 426). The current provider must submit the form to the county in person and also present original documentation verifying his/her identity, (e.g., current photo identification and social security card) for photocopying by the county.
2. Complete a Provider Orientation. Between November 1, 2009 and June 30, 2010, all current providers may be sent the provider orientation material, or at his/her discretion, attend the orientation.

3. Complete and sign the Provider Enrollment Agreement, SOC 846. It must be signed and dated upon completion of the orientation for new/prospective providers or after the orientation materials are sent for current providers. The SOC 846 states that the provider understands and agrees to the rules of the IHSS program and the responsibilities of being an IHSS provider.
4. Submit fingerprints and pass a Department of Justice (DOJ) criminal background check or submit fingerprints and provide a receipt from the Live Scan agency indicating that the fingerprints were submitted for a DOJ criminal background check.

Additionally, the recipient notification informs the recipient of his/her right to a state hearing if the recipient believes his/her IHSS provider has completed one of the IHSS provider enrollment requirements and was incorrectly terminated. The notice advises the recipient that there is no right to a state hearing to dispute the change in law that established IHSS provider enrollment requirements. Hearing requests disputing the new law will be dismissed.

The Frequently Asked Questions (FAQs) document is intended to provide clarification to county and public authority staff responsible for addressing any county IHSS program related requirements or recipient questions related to the attached recipient notification. The questions and responses provide the processes for counties in the event the recipient contacts the county to verify his/her IHSS provider's enrollment status; if a recipient's provider is incorrectly terminated; or if a recipient pursues a request to appeal.

Questions or requests for clarification on the documents provided in this letter should be directed to the Policy Bureau at (916) 229-4000 or the State Hearing Division at (916) 229-5001.

Sincerely,

Original signed by
EILEEN CARROLL, CHIEF
Adult Programs Branch
Adult Programs Division

Enclosures

c: CWDA
CAPA

IN-HOME SUPPORTIVE SERVICES PROGRAM
Notice to Recipient of Provider Eligibility Requirements

Recipient's Name
Recipient's Address
XXXXXXX, CA XXXXXX

Notice Date:

Re: Provider Name

Your IHSS provider named above has NOT completed at least one of the four new provider enrollment requirements. If your IHSS provider does not complete at least ONE of these enrollment requirements listed below prior to July 1, 2010, he/she will be TERMINATED and NOT PAID by the IHSS program for any hours they work after June 30, 2010.

If your IHSS provider is terminated, you may have to choose a new IHSS provider. If you need help finding another provider, contact your county IHSS Office or IHSS Public Authority.

IF YOU CHOOSE TO RECEIVE SERVICES FROM A TERMINATED PROVIDER ON OR AFTER JULY 1, 2010, YOU WILL HAVE TO PAY FOR THOSE SERVICES FROM YOUR OWN MONEY.

THE FOUR NEW PROVIDER ENROLLMENT REQUIREMENTS ARE:

1. Complete and sign a Provider Enrollment Form (SOC 426) and return it IN PERSON to the location designated by your county IHSS Program or IHSS Public Authority, and bring original documentation verifying identity.
2. Submit fingerprints and pass a criminal background check by the California Department of Justice, (or if he/she has submitted fingerprints and the county is waiting for the criminal background check DOJ report to show that he/she passed).
3. Complete a Provider Orientation.
4. Sign and submit to the county an IHSS Program Provider Enrollment Agreement (SOC 846), stating that he/she understands and agrees to the IHSS program rules and requirements to be an enrolled provider.

If your IHSS provider completes one of these steps prior to JULY 1, 2010, he/she will not be terminated and will be paid by the IHSS program. If he/she completes one of the steps, he/she has until December 31, 2010 to complete all four requirements and to remain your provider. If you believe that your provider has already completed one of the steps listed above, you may contact your county IHSS office to verify that your provider will not be terminated.

There is no right to a state hearing to dispute a change in the law. A new law requires all IHSS providers to complete four new requirements to qualify to provide IHSS services. If your IHSS provider does not complete at least one of the new requirements he/she is not eligible to be paid for IHSS services provided after June 30, 2010. If you request a state hearing for this reason, your hearing request will be dismissed.

If your provider completed at least one of the requirements, but was still terminated, you may request an appeal, by submitting the form that is enclosed with this notice. You must submit your appeal request within 90 calendar days from the date of this letter.

IF YOU HAVE QUESTIONS OR NEED MORE INFORMATION, CALL YOUR COUNTY IHSS OFFICE.

STATE HEARING REQUEST

To request a hearing, fill out this page, make a copy for your records and send the original to:

California Department of Social Services
 State Hearings Division
 744 P Street, M.S. 19-97
 Sacramento, CA 95814

Or call 1 866-513-5103; TTY: 1-800-952-8349

I want a state hearing to decide whether my IHSS Provider was correctly terminated. I believe he/she continues to be eligible because prior to July 1, 2010 he/she:

- Completed and signed a Provider Enrollment Form (SOC 426) and returned it IN PERSON to the county IHSS Program or IHSS Public Authority, with original documentation verifying identity.
- Submitted fingerprints and passed a criminal background check by the California Department of Justice (DOJ), or submitted fingerprints and the county is waiting for the criminal background check DOJ report to show that he/she passed.
- Completed a Provider Orientation.
- Signed and submitted an IHSS Program Provider Enrollment Agreement (SOC 846).

Attach a copy of your provider's proof to verify completion of one of the requirements.

RECIPIENT NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:	DATE OF BIRTH:	
SIGNATURE:	DATE:	

- I would like the following person to help me with my hearing:

AUTHORIZED REPRESENTATIVE:	TELEPHONE NUMBER:	
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:

- I need the state to provide me with a free interpreter. My language or dialect is _____.

To get help: You can ask about your hearing rights, or for a legal aid referral, at the toll free state numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

FREQUENTLY ASKED QUESTIONS (FAQs) FOR IHSS NOTICE TO RECIPIENT OF PROVIDER ELIGIBILITY REQUIREMENTS

The following questions and answers have been put together to assist IHSS program county staff in responding to IHSS recipients' questions related to the notification of the IHSS provider enrollment requirements.

INFORMATION AND PROCEDURES FOR RECIPIENT CALLS PRIOR TO JULY 1, 2010

1. WHY WAS THE NOTICE SENT TO RECIPIENTS AND NOT THEIR IHSS PROVIDERS?

The State has notified current providers of the IHSS provider enrollment requirements; additionally, some counties have contacted or sent reminder notices to current providers who have not yet completed the enrollment process. The most recent notice informs the recipient, as the employer, of the intended action (IHSS provider's ineligibility) as it may affect the manner in which the IHSS services are provided. This notice informs the recipient of the county's action finding his/her provider ineligible, the reason for the ineligibility, and any right to a state hearing the recipient may have.

2. WHAT SHOULD THE COUNTY DO IF THE RECIPIENT CALLS STATING THAT HIS/HER IHSS PROVIDER HAS COMPLETED ONE OF THE FOUR PROVIDER ENROLLMENT REQUIREMENTS?

The county should check the Case Management, Information, and Payrolling System (CMIPS) and other sources, including the Public Authority, to determine if the IHSS provider has completed one of the four provider enrollment requirements. If the county verifies that one of the four has been completed, inform the recipient that his/her provider will not be terminated, and enter the information into CMIPS if it has not already been entered.

If CMIPS shows that the IHSS provider has not completed at least one of the four enrollment requirements, the county should inform the recipient that the county has no documentation to indicate that his/her provider has completed any of the four requirements. The county should ask him/her (or ask that his/her IHSS provider) to submit documentation to demonstrate that one of the requirements was fulfilled in order to prevent the termination on July 2nd.

3. WHAT DOCUMENTATION IS REQUIRED TO VERIFY COMPLETION OF THE FOUR REQUIREMENTS?

1. Copy of the completed and signed Provider Enrollment Form (SOC 426) or a receipt for submitting it to the county.
2. A receipt from the Live Scan agency indicating that the IHSS provider submitted fingerprints for a California Department of Justice (DOJ) criminal background check or notification indicating that the IHSS provider passed the California DOJ criminal background check..
3. Verification from the county indicating the IHSS provider attended the IHSS provider orientation or that the county sent IHSS provider orientation materials.
4. Copy of the signed IHSS Provider Enrollment Agreement form (SOC 846) or a receipt for submitting it to the county.

4. HOW SHOULD THE COUNTIES TRACK CURRENT PROVIDERS WHO HAVE COMPLIED WITH THE "COMPLETION OF ONE REQUIREMENT" CRITERIA BY SUBMITTING FINGERPRINTS PRIOR TO JULY 1, 2010, WHILE THE RESULTS OF THE DOJ CRIMINAL BACKGROUND CHECK ARE STILL PENDING?

For clarification, the yes/no indication on the Provider Enrollment (ENRL) screen for Fingerprint/Background Investigation, is designed to track completion of the criminal background check process, not merely the completion of the Live Scan process. However, until July 1, 2010, for purposes of allowing providers who have not yet completed any other enrollment requirements to continue to be paid by the IHSS program for services rendered after June 30, 2010, the county may accept proof from the provider that he/she has submitted fingerprints for a DOJ criminal background check.

Pending the result of the DOJ criminal background check, the county shall indicate a "yes" in the ENRL screen to allow the payments to continue. In order to ensure these providers' enrollment records are appropriately updated upon receipt of the DOJ response, the county must track these cases by retaining the documentation to show that the fingerprints were submitted. The

provider's DOJ criminal background check must be completed before the county can change the provider's status to eligible or ineligible.

This process shall not be used after July 1, 2010. Additionally, counties shall not use this process for IHSS providers who have already completed one of the other three requirements. For example, if the IHSS provider has already completed the SOC 426, the county must not indicate a "yes" in the ENRL screen, until the completion of the DOJ criminal background check process, including receipt of the DOJ criminal background check to show he/she has passed.

5. WHAT ARE THE REASONS THAT AN IHSS RECIPIENT CAN APPEAL?

- A recipient only has a right to an appeal if he/she alleges his/her IHSS provider was terminated in error. The most recent notice informs the recipient, as the employer, of the intended action (IHSS provider's ineligibility) as it may affect the manner in which the IHSS services are provided.
- A recipient who requests an appeal on the sole basis that he/she disagrees with the IHSS provider enrollment requirements will have his/her hearing request dismissed.

INFORMATION AND PROCEDURES FOR RECIPIENT CALLS AFTER JULY 1, 2010

6. WHAT ARE THE STATE HEARING DIVISION (SHD) PROCEDURES TO RESPOND TO THESE SPECIFIC APPEAL REQUESTS?

1. Hearing requests about the termination of a recipient's IHSS Provider for failure to complete one of the four provider enrollment requirements should be sent directly to State Hearings and these cases will be tracked in a separate database. Only cases with a factual dispute about the IHSS provider's correct status will be input into the normal database.
2. Upon receipt of the hearing request, the State IHSS Program CMIPS staff will provide SHD with CMIPS data indicating whether the provider completed one of the IHSS provider enrollment requirements prior to July 1, 2010.

If CMIPS indicates the provider is not qualified, SHD will ask the county to provide a declaration, as described below, and the recipient to submit documentation showing that the provider completed one of the provider enrollment requirements. Any documents received will be scanned and sent to the county.

- SHD asks that counties promptly review the documents, compare them with their records and respond indicating they agree or disagree as soon as possible. If the county determines that the provider has not completed one of the requirements, the attached declaration form can be sent by fax to (916) 229-4160.

If the CMIPS system shows the IHSS provider is qualified, even if he/she was not at the time the notice was sent, SHD will inform the recipient that his/her provider is now qualified.

3. SHD will schedule hearings only for those cases that remain contested.

7. IF THE IHSS PROVIDER WAS TERMINATED BY CMIPS AS OF JULY 1, 2010, AND THE IHSS RECIPIENT REQUESTS AN APPEAL, WHAT ACTIONS ARE REQUIRED BY THE COUNTY?

The county should first review any provider files that may have been awaiting entry into CMIPS as there may be records to indicate that the IHSS provider completed one of the requirements prior to July 1, 2010.

If the county has documentation to indicate the IHSS provider completed one of the enrollment requirements prior July 1, 2010, the county should complete Provider Reinstatement Request form and fax it to the State IHSS Program CMIPS staff at (916) 229-3155, attention: Jodi McBroom. Once received, the staff will make the necessary change into CMIPS to allow the IHSS provider to receive payments for services provided. If the recipient has already filed a request to appeal, the State will also contact the State Hearings Division to inform them of the correction in CMIPS.

If the county has no documentation to indicate that the IHSS provider completed one of the enrollment requirements, the county must state that fact in a declaration. The county need only complete a declaration form indicating that the provider had not complied with at least one provider enrollment requirement prior to July 1 2010. The recipient will then be asked to show why his/her IHSS provider was incorrectly terminated.

8. WILL AID PAID PENDING (APP) BE GRANTED TO A RECIPIENT WHO HAS FILED AN APPEAL ON THE BASIS THAT HIS/HER PROVIDER WAS INCORRECTLY TERMINATED?

Yes. If the recipient files a timely request to appeal (by July 2, 2010) alleging an incorrect termination of his/her IHSS provider, the State Hearings Staff will contact the State IHSS CMIPS staff to make the change to CMIPS to allow the IHSS provider to receive payments for services provided, pending the hearing decision.

- Once the State CMIPS staff has reactivated the provider into CMIPS, the county can continue the usual processes, including the distribution and collection of timesheets, and approval of payments to the recipient's existing IHSS provider, until the case is heard.
- State Hearings Staff will notify the State CMIPS staff once the hearing decision has been made; the State CMIPS staff will update the system based upon the hearing decision.

If the recipient requests an appeal because he/she contests the IHSS provider enrollment requirements, he/she is not entitled to APP. No changes will be made to CMIPS to reactivate the recipient's provider to allow counties to continue to approve payments to the provider.

DECLARATION

I, _____, make this statement and declaration upon personal knowledge following a diligent and thorough search of the records of _____ (name of Department) that the following facts set forth below are true and correct to the best of my knowledge:

I am employed by the County Department of _____ as a _____. One of my responsibilities is to ensure that all IHSS providers are informed of the new enrollment, orientation, and background check requirements, and assist them by providing opportunities to comply. I am also responsible for ensuring that provider enrollment steps are recorded by the county in the Case Management, Information, and Payrolling System (CMIPS).

As to IHSS Case number: _____, the County of _____ has no information, documentation or records that in any way indicate that the IHSS provider, _____, employed by the IHSS recipient, _____, completed one of the four IHSS provider enrollment requirements by July 1, 2010. [Optional: I have reviewed the document submitted by the beneficiary and find that it is not reliable because _____.]

DATED this ____ day of _____, 2010, at _____ City, _____ County, in the State of California.

Signature of declarant



Provider Reinstatement Request Form

County _____ Date _____

County Requestor _____ PA Requestor _____

Phone/Fax _____ Phone/Fax _____

Complete table below with the terminated provider's social security number, name and identify what provider enrollment requirement they completed prior to July 1, 2010 that should be marked as completed on the ENRL screen. Email requests to CDSS at Jodi.McBroom@dss.ca.gov or fax to CMIPS Systems Unit at (916) 229-0323. **All requests must have authorized approval signature from the County Welfare Department or Public Authority.** Requests will be processed within 5 business days.

Provider SSN	Provider Name	Provider Enrollment Step Completed

By completing this form the below signed County or Public Authority representative is certifying that the above terminated provider(s) had completed the necessary steps prior to the June 30, 2010 deadline to be eligible for continued payment by the IHSS program. The information was **not** included in CMIPS prior to the deadline due to County / Public Authority workload or error and at no fault of the provider.

Authorized Public Authority Approver Title Signature

Authorized County Approver Title Signature

Authorized County Approver Phone Fax Email Address