



CDSS

JOHN A. WAGNER  
DIRECTOR

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



ARNOLD SCHWARZENEGGER  
GOVERNOR

December 8, 2009

ALL-COUNTY INFORMATION NOTICE NO. I-87-09

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY IN-HOME SUPPORTIVE SERVICES (IHSS)  
PROGRAM MANAGERS

SUBJECT: **REQUEST FOR COUNTY IHSS PROVIDER APPEALS CONTACT INFORMATION**

REFERENCE: ALL-COUNTY LETTERS NO. 09-52, 09-68, AND 09-70

This All-County Information Notice (ACIN) requests each county social services department designate two (2) contact persons for the new In-Home Supportive Services (IHSS) Provider Enrollment Appeals Unit (PEAU). Please complete the attached **COUNTY IHSS PROVIDER APPEALS CONTACT INFORMATION** form and return it within fifteen (15) days to:

California Department of Social Services  
Adult Programs Branch  
IHSS Provider Enrollment Appeals Unit, MS 19-04  
P. O. Box 944243  
Sacramento, CA 94244-2430

Accurate contact information is important as PEAU will be relying on this information when contacting the county and/or the county's public authority to obtain information used to deny the IHSS provider as part of the provider enrollment process. Counties are also encouraged to include its IHSS provider appeals contact information on the VIC (Very Important Contacts) website through its VIC site administrator.

All County Information Notice I-87-09  
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If you have any questions regarding this notice, please contact Pam Starsky, Manager, Litigation and Appeals Bureau, Provider Enrollment Appeals Unit, at (916) 229-5008.

Sincerely,

***Original Document Signed By:***

EVA L. LOPEZ  
Deputy Director  
Adult Programs Division

Attachment

### COUNTY IHSS PROVIDER APPEALS CONTACT INFORMATION

COUNTY: _____	DATE: _____
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**WHICH AGENCY IN YOUR COUNTY IS REVIEWING CRIMINAL HISTORY REPORTS AND DETERMINING IF A PROVIDER IS INELIGIBLE DUE TO HIS/HER CRIMINAL HISTORY?**

- COUNTY ONLY
- PUBLIC AUTHORITY (PA)/NON-PROFIT CONSORTIUM (NPC) ONLY
- BOTH COUNTY AND PA/NPC

**[PLEASE PROVIDE TWO CONTACT NAMES]**

CONTACT NAME AND TITLE: \_\_\_\_\_

NAME OF AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

FACSCIMILE NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CONTACT NAME AND TITLE: \_\_\_\_\_

NAME OF AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

FACSCIMILE NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_