



CDSS

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DIRECTOR

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



ARNOLD SCHWARZENEGGER
GOVERNOR

October 28, 2010

ALL-COUNTY INFORMATION NOTICE NO.: I-82-10

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

SUBJECT: NOTICES TO REMIND IHSS PROVIDERS AND RECIPIENTS OF
THE UPCOMING DEADLINE FOR COMPLETING THE EXPANDED
PROVIDER ENROLLMENT REQUIREMENTS

REFERENCE: ALL-COUNTY LETTER (ACL) NO. 10-33, DATED JUNE 15, 2010

REASON FOR THIS TRANSMITTAL

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

This All-County Information Notice (ACIN) transmits copies of notices which will be sent to In-Home Supportive Services (IHSS) providers who have not yet completed all of the expanded enrollment requirements mandated by Assembly Bill, Fourth Extraordinary Legislative Session (ABX4) 4 (Chapter 4, Statutes of 2009), and ABX4 19 (Chapter 17, Statutes of 2009), and their respective recipients, to remind them of the upcoming deadline for completing the enrollment requirements.

The deadline for existing providers to complete the expanded enrollment requirements was originally June 30, 2010; however, providers and recipients were notified in mid-June 2010 that the deadline would be extended to December 31, 2010 for those individuals who completed at least one of the enrollment requirements by June 30, 2010. (Refer to the above-referenced All-County Letter for additional background on the enrollment requirements and extension of the deadline for completing them.)

The attached notices state that individuals who do not complete the enrollment requirements by December 31, 2010 will be terminated and will not be eligible to receive payment from the IHSS Program for authorized services provided to recipients after December 31, 2010. It is anticipated that the reminder notices will be released by the end of October 2010.

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Should you have questions regarding information in this ACIN, please contact the Adult Programs Policy Bureau, at (916) 229-4000.

Sincerely,

Original Document Signed By:

DEBRA L. THOMSON, CHIEF
Adult Programs Branch
Adult Programs Division

Attachments

TO: IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

You are receiving this reminder notice because the individual who provides your authorized services has not yet completed the IHSS provider enrollment requirements. Your provider must complete ALL of the steps shown below by December 31, 2010. If your provider does NOT complete ALL of these steps by December 31, 2010, he/she will be terminated and he/she will not be paid by the IHSS Program for any services he/she provides for you after December 31, 2010, until he/she completes ALL of the steps shown below.

To ensure that your provider completes ALL of the steps before the December 31, 2010 deadline, you should encourage him/her to start to complete them NO LATER THAN DECEMBER 1, 2010.

1. COMPLETE AND SIGN A PROVIDER ENROLLMENT FORM (SOC 426).

- Your provider must return the SOC 426 in person to the location designated by the county IHSS Office or IHSS Public Authority.
- When returning the SOC 426, he/she must present original documentation verifying his/her identity, such as an unexpired Driver's License or Identification Card, AND his/her original Social Security card.
- The individual should NOT return the SOC 426 to the State Department of Social Services because this will cause a delay in the processing of his/her information.

2. SUBMIT FINGERPRINTS AND UNDERGO AND PASS A CRIMINAL BACKGROUND CHECK BY THE CALIFORNIA DEPARTMENT OF JUSTICE (DOJ).

- Your provider must follow the instructions provided by the county IHSS Office or IHSS Public Authority for submitting his/her fingerprints at a Live Scan location.
- It can take several days (sometimes even longer) from the time the individual submits his/her fingerprints for the county IHSS Office or IHSS Public Authority to get the results of the criminal background check from DOJ. **To avoid the possibility of a break in your services because your provider is determined to be ineligible as the result of a delay in receipt of his/her information, your provider should complete this step AS SOON AS POSSIBLE.**
- If the results of the criminal background check show that the individual has been convicted of, or incarcerated for, one of the crimes listed below within the last 10 years, he/she is NOT eligible to be an IHSS provider:
 - Abuse of an elder or dependent adult,
 - Specified abuse of a child, or
 - Fraud against a government health care or supportive services program.

3. COMPLETE A PROVIDER ORIENTATION.

- Your provider may either attend an in-person orientation or receive the orientation materials from the county IHSS Office or IHSS Public Authority and review them on his/her own.

4. SIGN THE IHSS PROGRAM PROVIDER ENROLLMENT AGREEMENT (SOC 846).

- By signing the SOC 846 the individual is stating that he/she understands and agrees to the rules and requirements for being an IHSS provider.

If your provider is terminated, you will have to choose another person to provide your services. If you need help finding another provider, you may contact your county IHSS Office or IHSS Public Authority.

Be aware that if you choose to continue to receive services from an ineligible provider after December 31, 2010, you will have to pay for those services from your own money.

If you have any questions about the provider enrollment requirements, contact the county IHSS Office or IHSS Public Authority.

If you do not understand this information or notification, call your county worker. You have the right to interpreter services provided by the county at no cost to you.

TO: IN-HOME SUPPORTIVE SERVICES (IHSS) PROVIDERS

You are receiving this reminder notice because you have not yet completed the IHSS provider enrollment requirements. You must complete ALL of the steps shown below by December 31, 2010. If you do NOT complete ALL of these steps by December 31, 2010, you will be terminated and you will NOT be paid by the IHSS Program for any hours you work after December 31, 2010, until you complete ALL of the steps shown below.

To ensure that you complete ALL of the steps before the December 31, 2010 deadline, you should start to complete them NO LATER THAN DECEMBER 1, 2010.

1. COMPLETE AND SIGN A PROVIDER ENROLLMENT FORM (SOC 426).

- You must return the SOC 426 in person to the location designated by your county IHSS Office or IHSS Public Authority.
- When returning the SOC 426, you must present original documentation verifying your identity, such as an unexpired Driver's License or Identification Card, AND your original Social Security card.
- DO NOT return the SOC 426 to the State Department of Social Services because this will cause a delay in the processing of your information.

2. SUBMIT FINGERPRINTS AND UNDERGO AND PASS A CRIMINAL BACKGROUND CHECK BY THE CALIFORNIA DEPARTMENT OF JUSTICE (DOJ).

- You must follow the instructions provided by your county IHSS Office or IHSS Public Authority for submitting your fingerprints at a Live Scan location.
- It can take several days (sometimes even longer) from the time you submit your fingerprints for the county IHSS Office or IHSS Public Authority to get the results of the criminal background check from DOJ. **To avoid the possibility of termination resulting from a delay in receipt of this information, you should complete this step AS SOON AS POSSIBLE.**
- If the results of the criminal background check show that you have been convicted of, or incarcerated for, one of the crimes listed below within the last 10 years, you are NOT eligible to be an IHSS provider:
 - Abuse of an elder or dependent adult,
 - Specified abuse of a child, or
 - Fraud against a government health care or supportive services program.

3. COMPLETE A PROVIDER ORIENTATION.

- You may either attend an in-person orientation or receive the orientation materials from the county IHSS Office or IHSS Public Authority and review them on your own.

4. SIGN THE IHSS PROGRAM PROVIDER ENROLLMENT AGREEMENT (SOC 846).

- By signing the SOC 846 you are stating that you understand and agree to the rules and requirements for being an IHSS provider.

Once you have completed all of these steps and you have been enrolled as an IHSS provider by the county IHSS Office or IHSS Public Authority, you will continue to be eligible to get paid for providing authorized services for any IHSS recipient as long as you are an active provider and your criminal background check remains clear of all disqualifying crimes.

If you have any questions about this information or notification, contact the county IHSS Office or IHSS Public Authority.

Notice of Language Services

If you do not understand this information or notification, call your county worker. You have the right to interpreter services provided by the county at no cost to you.

(English)

Si no entiende la información o notificación, póngase en contacto con el trabajador social de su condado. El condado debe proporcionarle el servicio de interpretación en forma gratuita.

(Spanish)

إذا لم تفهم هذه المعلومات أو هذا الإشعار فعليك الاتصال بموظف الإقليم. ويحق لك الحصول على خدمات مترجم يقدمها لك الإقليم بالمجان

(Arabic)

Եթե այս ինֆորմացյան չեք հասկանում հաճեցեք կապվել ձեր գավառի պաշտոնյային. իրավունք ունեք առանց վճարման թարգմանիչի ծառայությանց, որ ձեզ կտրվի գավառի կողմից

(Armenian)

ប្រសិនបើអ្នកមិនយល់ព័ត៌មាន ឬការជូនដំណឹងនេះទេ សូមទូរស័ព្ទទៅកាន់បុគ្គលិកធ្វើការក្នុងខោនធីរបស់អ្នក ។ អ្នកមានសិទ្ធិ
ក្នុងការទទួលសេវាបកប្រែដែលផ្តល់ដោយខោនធីដោយមិនគិតថ្លៃពីអ្នកឡើយ ។

(Cambodian)

如果您對此份資訊或通知的內容不瞭解，請與貴縣的工作人員聯繫。您有權利要求貴縣所提供的免費口譯人員服務。

(Chinese)

اگر این اطلاعات یا اطلاعیه را نمیفهمید، با کارمند بخش خود تماس بگیرید. شما قانوناً حق دارید از خدمات ترجمه که بطور مجانی توسط بخش فراهم میشود بهره مند شوید.

(Farsi)

Yog koj tsis to taub cov ntaub ntawv lossis daim ntawv no, hu rau koj tus kws khiav ntaub ntawv nyob koj cheeb tsam. Koj muaj cai siv kev pab txhais lus pub dawb uas los ntawm cheeb tsam koj nyob ko.

(Hmong)

この情報やお知らせが理解できない時には、カウンティワーカーにご連絡下さい。あなたにはカウンティから通訳サービスを提供してもらい権利があり、料金は無料です。

(Japanese)

여기 실린 정보 또는 통지서의 내용을 잘 이해 못하시면, 카운티 담당 직원에게 연락하시기 바랍니다. 당신은 카운티로부터 통역 서비스를 무료로 받을 권리를 갖고 있습니다.

(Korean)

ຫາກວ່າທ່ານບໍ່ເຂົ້າໃຈຂໍ້ມູນຫລືໃບແຈ້ງຄວາມນີ້ ໃຫ້ໂທໂປໄທາພະນັກງານຄາວຕີ້ (county) ຂອງທ່ານ. ທ່ານມີສິດທິຈະຮັບບໍລິການນາຍພາສາທີ່ຈັດໃຫ້ໂດຍຝ່າຍຄາວຕີ້ (county) ໂດຍທ່ານບໍ່ເສັຽຄ່າ.

(Lao)

Se gorngv meih maiv bieqꝑ hnyouv naaiv deix mbuox mengh fiex fai mbuox hiuv fiex nor, heuc lorz meih nyei Nquenc zaange nyei goux sou-gorn mienh. Meih maaih leiz duqv Nquenc zaange baeqꝑ bun tih waac mienh tengx meih nyei oc

(Mien)

ਜੇਕਰ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਜਾਂ ਸੂਚਨਾਂ ਨੂੰ ਨਹੀਂ ਸਮਝਦੇ, ਤਾਂ ਆਪਣੇ ਕਾਉਂਟੀ ਵਰਕਰ ਨੂੰ ਕਾਲ ਕਰੋ। ਤੁਹਾਨੂੰ ਕਾਉਂਟੀ ਦੁਆਰਾ ਪ੍ਰਦਾਨ ਕੀਤੀ ਜਾ ਰਹੀ ਦੁਭਾਸ਼ੀ ਦੀ ਸੇਵਾਵਾਂ ਲੈਣ ਦਾ ਹੱਕ ਹੈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਦੇ ।

(Punjabi)

Если вы не понимаете эту информацию или уведомление, позвоните своему окружному работнику. Вы имеете право на услуги переводчика, которые округ окажет вам бесплатно.

(Russian)

Kung hindi ninyo na-iintidihan ang information (kabatiran) o notification (patalastas), tawagan ang county worker (manggawa) ninyo. May karapatan kayo sa serbisyo ng translator (tagasalin) na ilalaan ng county na wala kayong babayaran.

(Tagalog)

Якщо ви не розумієте цю інформацію або повідомлення, зателефонуйте свому окружному працівнику. Ви маєте право на послуги перекладача, які округ надасть вам безкоштовно.

(Ukrainian)

Nếu quý vị không hiểu thông tin hoặc thông báo này, xin vui lòng gọi cho nhân viên quận. Quý vị có quyền sử dụng các dịch vụ thông dịch miễn phí của quận

(Vietnamese)