



CDSS

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June 15, 2010

ALL-COUNTY LETTER NO. 10-33

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) PROVIDER
ENROLLMENT REQUIREMENTS FOR SPECIFIED PROVIDERS IN
PENDING STATUS ON JUNE 30, 2010

REFERENCE : ALL COUNTY LETTER (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; AND ACL NO. 09-69 AND 09-
70, DATED OCTOBER 31, 2009, AND, ACL 09-78 DATED
NOVEMBER 25, 2009

Assembly Bill, Fourth Extraordinary Legislative Session (AB) X4 4 (Chapter 4, Statutes of 2009), and ABX4 19 (Chapter 17, Statutes of 2009) expanded IHSS provider enrollment requirements. These new requirements were implemented November 1, 2009 through instruction and information from the above-referenced ACLs. Providers who were enrolled prior to the effective date of these requirements were allowed until June 30, 2010 to complete the requirements. This ACL addresses circumstances under which these providers may continue as eligible providers and receive payment beyond June 30, 2010. This ACL and the policies detailed herein should be considered the most current and valid information.

BACKGROUND

The legislation referenced above mandated four requirements for IHSS provider enrollment with which new/ prospective and current providers must comply in order to be an eligible IHSS Provider:

REASON FOR THIS TRANSMITTAL

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

Welfare and Institutions Code (W&IC) section 12305.81 (a) requires:

1. The person applying to provide supportive services complete and sign an IHSS Provider Enrollment Form (SOC 426). The prospective 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.

W&IC section 12301.24 governs provider orientation and requires the following two elements:

2. Effective November 1, 2009, all prospective providers must complete a provider orientation at the time of enrollment. Between November 1, 2009 and June 30, 2010, all current providers are to receive the provider orientation material, or at his/her discretion attend the orientation.
3. The Provider Enrollment Agreement, SOC 846, must be signed and dated upon completion of the orientation for new/prospective providers and after receipt of the orientation materials by existing 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.

W&IC section 12301.6 (e) and 12305.86 requires:

4. Fingerprinting and Department of Justice criminal background checks for all prospective providers effective November 1, 2009 and all current providers by July 1, 2010.

EXTENSION OF TIME FOR CURRENT PROVIDERS TO COMPLETE PROVIDER ENROLLMENT REQUIREMENTS

Since November 1, 2009, the counties and Public Authorities/Non-Profit Consortia (PA/NPC) have made tremendous progress towards completing the enrollment of the active IHSS providers. As of June 9, 2010, approximately 225,000 have completed the provider enrollment requirements described above and another 104,000 have completed at least one of the four enrollment requirements and are in pending status in Case Management, Information and Payrolling System (CMIPS). This is a significant accomplishment given the short timeframes within which the provider enrollment requirements were implemented and the delays that were caused by court litigation.

Although the rate of enrollment completions has been rapidly increasing, the volume of provider enrollment forms, orientations, and criminal background checks are more than can be processed by June 30, 2010. Current providers who meet one of four specified conditions outlined above will be allowed until December 31, 2010, to complete the mandated enrollment requirements.

As a reminder to counties and for purposes of the four requirements above, a current provider is defined as a provider enrolled in the CMIPS system after January 1, 2001 and prior to November 1, 2009.

- Current providers who have completed at least one of the four required steps outlined above by June 30, 2010 will continue to be eligible and receive payment after June 30, 2010 for their current recipient relationships **only**, and will have until December 31, 2010 to complete all the enrollment requirements. "Current recipient relationship" is defined as any current provider who is actively providing services to that recipient prior to July 1, 2010. Current providers who do not complete all the enrollment requirements by December 31, 2010 will be terminated.
- Current providers hired to work by a recipient after June 30, 2010 must complete all of the four required steps outlined above and be determined an eligible IHSS provider before being enrolled and paid as a provider for the recipient. If they begin working for the recipient prior to completing the requirements, they may be enrolled and paid retroactively for recipient authorized hours they provided if they are determined eligible.
- **Current providers who have not completed at least one of the four required steps outlined above by June 30, 2010 will have all their recipient relationships terminated by CMIPS and no longer be eligible as an IHSS provider or to receive payment from the IHSS program.** If these providers wish to be reinstated as an IHSS provider, they will need to complete all four required steps and be determined an eligible IHSS provider. Current providers who continue working for the recipient after June 30, 2010 and who, at a later date, complete all four enrollment requirements and are determined an eligible provider may be paid retroactively to July 1, 2010, for recipient authorized hours they provided. However, if the provider is found ineligible, the recipient will be responsible for payment of any services provided.

During the first week of June 2010, the California Department of Social Services (CDSS) issued a reminder notice to providers who had not completed at least one of the above outlined requirements, and also to their associated recipients. The letter stated that as of June 30, 2010 if the provider had not completed one of the requirements the provider would be terminated and no longer be paid by the IHSS program. In addition, CDSS will be issuing a final notification to recipients whose provider has not completed one of the requirements by mid-June. This final notification will inform the recipient of the provider(s) that will be terminated as of June 30, 2010, if the provider(s) does not complete one of the new provider enrollment requirements prior to that date.

Provider completion of requirements will be determined by the indicators on the CMIPS provider enrollment screen. Therefore, **counties must ensure Provider Enrollment screens accurately reflect what each provider has completed by June 30, 2010.** After close of business on June 30, 2010, CMIPS will run an automated batch process to terminate all providers who have not completed one of the new provider enrollment requirements from every recipient case on which they are active.

The week of July 6, 2010 CDSS will issue a report to each county (with their monthly download) of all providers and their associated recipient(s) who were terminated by this process. Counties should have plans in place to assist recipients whose current provider(s) is terminated and is no longer eligible to be paid for providing services. Additionally, counties should anticipate that some providers will only respond and start the enrollment process after they are terminated.

If a provider is terminated erroneously due to inaccurate information on the Provider Enrollment screen a process for correction has been developed. This process will be issued to counties by Program Manager Letter.

Questions or requests for clarification on policies included in this ACL should be directed to the appropriate Bureau within the Adult Programs Branch, as follows:

- Criminal Background Check,
Provider Enrollment Requirements Policy Bureau at (916) 229-4000
- Provider Orientation,
Inter-County TransfersOperations & Quality Assurance Bureau at (916) 229-3494
- CMIPS IssuesFiscal, Administrative & Systems Bureau at (916) 229-4002
- Provider AppealsLitigation & Appeals Bureau at (916) 229-4003

Sincerely,

Original Document Signed By:
Eileen Carroll

EVA L. LOPEZ
Deputy Director
Adult Programs Division

c: CWDA
CAPA