

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



December 19, 2001

ALL-COUNTY LETTER NO. 01-87

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL
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- | |
|--|
| <input type="checkbox"/> State Law Change
<input type="checkbox"/> Federal Law or Regulation
Change
<input type="checkbox"/> Court Order or Settlement
Agreement
<input type="checkbox"/> Clarification Requested
by One or More Counties
<input checked="" type="checkbox"/> Initiated by CDSS |
|--|

**SUBJECT: 2002 IMPLEMENTATION SURVEY FOR ESTABLISHING AN
EMPLOYER OF RECORD FOR IN-HOME SUPPORTIVE SERVICES
PROVIDERS**

**REFERENCE: ALL-COUNTY LETTER 99-62, WELFARE AND INSTITUTIONS
CODE, SECTION 12302.25**

The purpose of this All-County Letter (ACL) is to request Assembly Bill (AB) 1682 (Chapter 90, Statutes of 1998).implementation status information from counties.

AB 1682

AB 1682 enacted Section 12302.25 of the Welfare and Institutions Code. This Section requires the State to develop a timetable for implementation of the AB 1682 requirement that counties act as or establish an employer of record for In-Home Supportive Services (IHSS) program providers by January 1, 2003. This letter is a follow-up to ACL 99-62, which required counties to periodically submit additional AB 1682 implementation status information to the Department until final certification of compliance from each county. An implementation status survey form is attached to this letter. Counties are requested to fully complete and submit the survey by January 1, 2002 to:

California Department of Social Services
Adult Programs Branch
Policy Development Unit
744 P Street, M.S. 19-96
Sacramento, California 95814

The next timetable date listed in ACL 99-62 is July 1, 2002. Prior to this counties will again be asked to assess their readiness for establishing an employer of record for purposes of the statute by January 1, 2003.

To assist counties in meeting the requirements of AB 1682, staff from the California Department of Social Services, Operations and Technical Assistance Unit (OTAU) are available to provide training to county staff on AB 1682 advisory committee matters upon request. The training will be provided during the 2002 calendar year and content will vary according to the needs and of the county requesting training. Priority will be given to those counties most in need of training (i.e. counties that have not yet begun the process of meeting the requirements of AB 1682).

Please direct any questions to the Adult Programs Branch, IHSS/PCSP Bureau, OTAU at (916) 229-4000.

Sincerely,

Original document

Signed By

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachment

JANUARY 2002 REPORT ON ESTABLISHING EMPLOYER OF RECORD
(For purposes of establishing employee/employer relations for IHSS program providers)

County _____ Date ____/____/____

1. Has your county certified to the establishment of an AB 1682 employer of record for purposes of establishing employee/employer relations for IHSS program providers?
_____Yes _____No

If your answer is yes, please state the mode(s) your county has established. (*Public Authority, contract, homemaker, Non-profit consortium, county-administered*).

Note: If your answer was yes, please skip the remainder of this questionnaire and return the signed attachment to the address provided.

2. Has your County Board of Supervisors enacted a resolution to establish an AB 1682 advisory committee? _____Yes _____No

If yes, when? Date ____/____/____

If not, by what date do you expect the county Board of Supervisors to enact a resolution? Date ____/____/____

3. What is the status of filling the membership of the advisory committee?
___ Will start on: Date ____/____/____
___ Will be completed on: Date ____/____/____
___ Was completed on: Date ____/____/____

4. Please list the composition of AB 1682 advisory committee members:

- a. Number of current/former providers: _____
b. Number of current/former recipients: _____
c. Number of "other category" committee members: _____
d. **Total** number of advisory committee members: _____

5. Has a date been set for a recommendation from the AB 1682 advisory committee to the Board of Supervisors to establish an employer of record for your county's IHSS providers? _____Yes _____No

If yes, what is that date? Date ____/____/____

6. If the AB 1682 advisory committee has already made a recommendation, or a decision is imminent regarding the mode, please state the mode(s) your committee has recommended.

Mode(s): _____ Date: ____/____/____

7. What issues or concerns have you encountered in establishing an employer of record?

Training Issues:

8. Would you like CDSS Operations and Technical Assistance Unit to provide training to your county or AB 1682 Advisory Committee?

____ Yes ____ No

9. If Yes, would a general overview of AB 1682 be helpful or would you prefer a more detailed training specific to the needs of your county and your AB 1682 Advisory Committee?

10. If you would prefer a more detailed training, what specific topics or issues would you like CDSS/OTAU to address?

11. Are there any documents (i.e. ACLs, CFLs, Pls, forms, etc.) that you would like CDSS/OTAU to bring to the training?

Completed by _____ Telephone () _____

Please return to:

California Department of Social Services
Adult Programs Branch
Policy Development Unit
744 P Street, M.S. 19-96
Sacramento, CA 95814