

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



June 3, 2002

ALL-COUNTY LETTER NO.: 02-39

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS

**REASON FOR THIS TRANSMITTAL**

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

**SUBJECT: COUNTY STATUS REPORT ON ASSEMBLY BILL (AB) 1682 IMPLEMENTATION**

REFERENCE: AB 1682, ACL 99-62, ACL 01-87

The purpose of this All-County Letter (ACL) is to remind counties that the next county report on the status of county efforts to meet the requirements of Assembly Bill (AB) 1682 (Chapter 90, Statutes of 1998) is due to the California Department of Social Services (CDSS) on July 1, 2002. As you know, AB 1682 requires that each county, on or before January 1, 2003, act as, or establish, an employer for In-Home Supportive Services providers, for purposes of employer/employee relations. (See Welfare and Institutions Code, Section 12302.25.)

AB 1682 required the CDSS to develop a timetable for county implementation of the requirements established by the bill. The AB 1682 timetable along with county reporting milestones was communicated to counties in ACL 99-62. ACL 99-62 requires that each county submit to the CDSS by July 1, 2002 a description of the county's readiness to establish an employer for purposes of AB 1682 by the January 1, 2003 deadline. We have created and request that counties complete the attached survey form for that purpose.

To help in completing the survey, a county is considered in compliance with AB 1682 requirements if all the following conditions are met on or before January 1, 2003:

- The county has created and convened the Advisory Committee required by AB 1682.
- The County Board of Supervisors has adopted the decision as to which option(s) the county will utilize to meet the AB 1682 employer requirement taking into account the advice and recommendations of the Advisory Committee.

- The county can act as, or has established and has operational, an employer capable of fulfilling the requirements and functions set forth in Chapter 10 of the Government Code §3500 et seq., (Meyers, Milias, Brown Act) and other state and federal laws.

Please submit the required status report to:

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

If you have questions or concerns, you may contact your assigned Operations and Technical Assistance Analyst at (916) 229-4000.

Sincerely,

***Original Document Signed By  
Donna L. Mandelstam on June 3, 2002***

DONNA L. MANDELSTAM  
Deputy Director  
Disability and Adult Programs Division

Attachment

**JULY 2002 COUNTY REPORT: COUNTY READINESS TO COMPLY WITH AB 1682**

County \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

1. Will your county act as, or establish, an employer for purposes of employer/employee relations by January 1, 2003, as required by AB 1682?

YES\_\_\_ NO\_\_\_

If "YES", please answer items 2, 3 and 4 below.

If "NO", please answer items 5, 6, 7, 8 and 9 below.

2. Please indicate below the *employer* method(s) your county has established or will establish to be in compliance by January 1, 2003. Check all that apply.)

**Public Authority** \_\_\_\_\_  
**Homemaker** \_\_\_\_\_  
**County Administered** \_\_\_\_\_

**Contract** \_\_\_\_\_  
**Non-profit consortium** \_\_\_\_\_

3. Will the employer approach involve a joint agreement with another county?

YES\_\_\_ NO\_\_\_

If "YES", which counties? \_\_\_\_\_

4. Please describe the current timetable by which the county's AB 1682 employer(s) will be operational.

*(Please use additional sheets of paper if needed)*

5. If your county will not be in compliance with AB 1682 by January 1, 2003 please provide the month and year in which the county anticipates that it will reach compliance?

**MONTH/YEAR:** \_\_\_\_\_

6. Please describe the county's current timetable for reaching the compliance date described in item 4.

*(Please use additional sheets of paper if needed)*

7. If the county has selected its means of meeting the requirements of AB 1682 but will be delayed in making it operational, please indicate below the *employer* method(s) your county plans to establish.

**Public Authority**            \_\_\_  
**Homemaker**                \_\_\_  
**County Administered**    \_\_\_

**Contract**                    \_\_\_  
**Non-profit consortium**    \_\_\_

8. Will the employer approach involve a joint agreement with another county?

**YES**\_\_ **NO**\_\_

If "**YES**", which counties? \_\_\_\_\_

9. Please explain the reasons for the delay in meeting AB 1682 requirements.

*(Please use additional sheets of paper if needed)*

Signature \_\_\_\_\_ Title \_\_\_\_\_