October 5, 2009

ALL-COUNTY INFORMATION NOTICE NO. I-69-09

TO: ALL COUNTY WELFARE DIRECTORS
IHSS PROGRAM MANAGERS

SUBJECT: INFORMATIONAL DOCUMENTS FOR IHSS RECIPIENTS AND PROVIDERS REGARDING NEW PROVIDER ENROLLMENT REQUIREMENTS

This All-County Information Notice (ACIN) transmits copies of informational documents, which the California Department of Social Services (CDSS) will send to all current In-Home Supportive Services (IHSS) program recipients and providers to inform them of expanded provider enrollment requirements being implemented to meet the mandates of recently passed legislation, Assembly Bill, Fourth Extraordinary Session (ABX4 4) (Chapter 4, Statutes of 2009), and ABX4 19 (Chapter 17, Statutes of 2009). ABX4 4 amended Welfare and Institutions Code (W&IC) section 12305.81 to require that the Provider Enrollment Form (SOC 426) be submitted to the county by all providers in person. In addition, ABX4 19 mandates that prospective providers take the following steps before they can be enrolled as providers and receive payment for providing services:

- Submit fingerprints and undergo a criminal background check;
- Attend a provider orientation which provides information about the rules and requirements for being an IHSS provider; and
- Sign a provider agreement stating that they understand and agree to the rules and requirements for being a provider under the IHSS program.

Current providers must also complete and sign the newly revised Provider Enrollment Form (SOC 426) as well as complete the above steps, by July 1, 2010, in order to continue to receive payment for providing services to IHSS recipients.

The two informational documents, one to recipients (TEMP 2236) and the other to current providers (TEMP 2237), outline the expanded provider enrollment requirements, the investigations and home visits that will be necessary to prevent fraud, and the consequences of committing fraud.
It is anticipated that these informational documents, which are attached for your information, will be sent to all current IHSS recipients and current providers starting Monday, October 5, 2009 through October 12, 2009. A blank SOC 426 will be attached, along with the informational documents, to assist all current providers in beginning the enrollment process.

CAMERA-READY COPIES AND TRANSLATIONS OF FORMS

Counties may access camera-ready versions of English forms referenced in this ACIN on CDSS’ Forms/Brochures web page at:


Questions about accessing the forms may be directed to Forms Management Unit, at FMUdss@dss.ca.gov.

We are in the process of translating the forms. Language Translation Services (LTS) will make available camera-ready copies of Spanish, Armenian, and Chinese translated as soon as they have been completed. You may access these translated forms and letters, at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

Your County Forms Coordinator should distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code section 7290 et seq.) and by state regulation (MPP Division 21, Civil Rights Nondiscrimination, section 115).

Should you have any questions regarding these informational documents, contact the Policy, Legislation and Litigation Unit, Adult Programs Branch, at (916) 229-4000.

Sincerely,

EVA L. LOPEZ
Deputy Director
Adult Programs Division

Attachments

c: CWDA
TO: IN-HOME SUPPORTIVE SERVICES (IHSS) RECEPIENTS

About you:

As you may already know, recent changes to California's budget have caused some changes in State law that may affect you.

In these hard fiscal times it has been essential for government to focus resources and increase attention to accountability and fraud prevention...The Budget Act included reforms to significantly strengthen efforts to reduce and prevent fraud in this fast-growing program. Specific reform measures include:

Implementation of rigorous anti-fraud efforts that require: (1) all providers (current and new applicants) to attend an orientation and be fingerprinted during 2009-10, (2) IHSS recipients to be fingerprinted, (3) timesheets to be signed under a statement acknowledging that false timesheets are subject to civil penalties, and (4) fingerprints of both the recipient and provider on timecards. In addition, this reform component would generally disallow provider checks from being sent to post office box addresses, and would authorize case reviews, targeted mailings, and un-announced home visits.

In order to promote program integrity within the IHSS Program, effective immediately, recipients may be subject to unannounced home visits from the county, the California Department of Health Care Services (DHCS) Audits and Investigations staff, and/or the California Department of Social Services (CDSS). Recipients and/or providers may also receive letters identifying program requirement concerns from DHCS, CDSS, and/or the county.

The purpose of the visits and letters is to ensure that program requirements are being followed and that the authorized services are necessary for you to remain safely in your home. The visit will also verify that the authorized services are being provided, the quality of those services is acceptable, and that your well-being is protected.

Therefore it’s important to know that if fraud is substantiated it will be prosecuted as Medi-Cal fraud. Please cooperate with the county or State staff conducting the unannounced home visit to avoid possible termination from the IHSS program.

About your provider(s):

There has also been a recent change in State law that affects your current IHSS provider(s). Any person who provides services, or who wants to provide services, to an IHSS recipient(s) must complete the following four steps by July 1, 2010 before he/she can receive payment from the IHSS Program for providing services.

1. Complete and sign the newly revised IHSS Program Provider Enrollment Form, and return it in person to the county.
2. Provide fingerprints and undergo a criminal background check by the California Department of Justice. Providers with felonies and serious misdemeanors will not be eligible to be an IHSS provider.

3. Attend an IHSS Program Provider Orientation presented by the county.

4. Sign an IHSS Program Provider Enrollment Statement.

Your current IHSS provider(s) must complete all of these steps by July 1, 2010. The county will notify you when your provider(s) has completed them.

If your provider has not completed all of the steps by July 1, 2010, he/she will no longer be eligible to receive payment from the IHSS Program for providing services for you. If you have not received notice that your provider has completed all of the required steps by July 1, 2010, you will have to choose another person to provide your services. If you need help finding another provider, 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 July 1, 2010, you will have to pay for those services from your own money.**

Effective November 1, 2009, if you decide to have someone provide services for you who was not an IHSS provider before October 31, 2009, that person must complete the four enrollments steps and be approved by the County or Public Authority before they can receive payment from the IHSS Program for providing services. If you choose to receive services from someone who has not gone through the official approval process, you will have to pay for any services you get from that person with your own money.

If you have any questions about the new provider requirements, contact your 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.

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)

Եթե ձեզ չինձարկված է խաղաղական հավասարություն ստանալու համար, կարող կենտրոնացնեք կոմպետենտ ռազմական կազմակերպություն։
Համարվում է, որ ձեզ չի հանձնարարվել հավասարություն, որպեսզի զգում պահանջող կարգավիճակը

(Armenian)

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)
TO: CURRENT IN-HOME SUPPORTIVE SERVICES (IHSS) PROVIDERS

As you may already know, recent changes to California’s budget have caused some changes in State law that affect you as an IHSS provider, as well as anyone you provide IHSS for.

About you:
Any person who provides services to an IHSS recipient(s) must complete the steps outlined below before he/she can continue to receive payment from the IHSS Program for providing services.

You must complete all of the steps by July 1, 2010. If you have not completed all of them by July 1, 2010, you will no longer be eligible to receive payment from the IHSS Program for providing services.

STEP 1. Complete and sign the newly revised IHSS Program Provider Enrollment Form (SOC 426), and return it in person to the county IHSS Office or IHSS Public Authority.
   • A blank copy of the SOC 426 is enclosed with this notice.
   • You must report on the SOC 426 whether you have been convicted of certain crimes that would make you ineligible to receive payment from the IHSS Program for providing services.
   • It is important that you read the SOC 426 carefully and that all of your responses are complete and truthful because the information you provide will be verified by a criminal background check that you must also go through as part of the provider enrollment process (See Step 2.).

STEP 2. Be fingerprinted and go through a criminal background check by the California Department of Justice.
   • The county will give you instructions on how to get fingerprinted when you turn in the completed and signed SOC 426. Do not try to be fingerprinted until you have received instructions from the county.
   • You can get fingerprinted at some local law enforcement agencies (Police or Sheriff Department) or at businesses that offer digitally scanned fingerprinting (Live Scan) services. The county will give you a list of nearby locations.
   • State law requires that you pay the costs for fingerprinting and the criminal background check from your own money. Fees vary depending where you choose to get fingerprinted; however, the cost is about $70.
   • The background check will verify that you have not been convicted of any crimes that would make you ineligible to receive payment from the IHSS Program for providing services. For example, individuals with felonies and key misdemeanors will not be eligible to be IHSS providers.

STEP 3. Go to an IHSS Program Provider Orientation given by the county.
   • The county will tell you when and where you can attend an orientation session.
   • The orientation will present information about the IHSS Program and the rules and requirements for being a provider.

STEP 4. At the end of the Provider Orientation session, sign an 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 these steps and you have been approved by the County or Public Authority to be an IHSS provider, as long as you are an active provider and your criminal background check remains clear, you will continue to be eligible to provide services for any IHSS recipient.

About your recipient(s):
Recipients of IHSS services are receiving a similar mailer to provide information on budgetary and statutory changes.

In these hard fiscal times it has been essential for government to focus resources and increase attention to accountability and fraud prevention. The Budget Act included reforms to significantly strengthen efforts to reduce and prevent fraud in this fast-growing program. Specific reform measures include:

Implementation of rigorous anti-fraud efforts that require: (1) all providers (current and new applicants) to attend an orientation and be fingerprinted during 2009-10, (2) IHSS recipients to be fingerprinted, (3) timesheets to be signed under a statement acknowledging that false timesheets are subject to civil penalties, and (4) fingerprints of both the recipient and provider on timecards. In addition, this reform component would generally disallow provider checks from being sent to post office box addresses, and would authorize case reviews, targeted mailings, and un-announced home visits.

In order to promote program integrity within the IHSS Program, effective immediately, recipients may be subject to unannounced home visits from the county and/or the California Department of Health Care Services Audits and Investigations; and letters identifying possible concerns by the California Department of Social Services (CDSS), the California Department of Health Care Services (DHCS), or a combination of the three. Additionally providers may be subject to letters identifying possible concerns if program requirements are not being followed.

The purpose of the letters and visits is to ensure that program requirements are being followed and that the authorized services are necessary for that recipient to remain safely in his or her home. The visit will also verify that the authorized services are being provided, the quality of those services is acceptable, and that the well-being of the recipient is protected.

Therefore if fraud is substantiated it will be prosecuted as Medi-Cal fraud. Please cooperate with the county or State staff conducting the unannounced home visit to avoid possible termination from the IHSS program.

If you have any questions about the new provider requirements, contact your 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.

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)

Երբեմն հայտնելու սահմանամանական իրավիճակների կնոջ կրճատ մասին գրանցվածության հարցեր են լուծվում կանաչ գրանցման կազմակերպման մասին, որպեսզի այստեղ թրամբակություն չկան (Armenian)

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)