

FREQUENTLY ASKED QUESTIONS ON THE IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER ENROLLMENT STATEMENT FORM (SOC 426)

1. WHO MUST FILL OUT THE SOC 426?

Anyone who:

- 1) Is already a provider of services to a recipient of the In-Home Supportive Services (IHSS) Program; or
- 2) Is applying to become a provider of services to a recipient of the IHSS Program.

2. WHAT QUESTIONS ON THE SOC 426 DO I HAVE TO ANSWER?

You must answer all of the questions on Pages 1 – 3. Some questions apply mainly to licensed or certified medical professionals, such as doctors, nurses, physical therapists, etc. You do not have to have a professional medical license or certificate to be an IHSS provider. Some questions may not apply to you but you have to answer them anyway. If a question does not apply to you, you should mark the "No" box and go on to the next numbered question.

The county will review the form to make sure it is complete. The county will keep the original form and give you a copy.

3. WHEN DO I HAVE TO FILL OUT THE SOC 426?

- ***If you are already enrolled as an IHSS provider***, and you have not already completed a copy of the most recent version of the SOC 426, you must fill out and submit the form when the county asks you for it. This may be when the recipient first chooses you to be his/her provider, when the recipient is reassessed, or when the recipient makes a change in his/her providers which involves you. If you do not submit the form when the county asks, you may not receive payment for any services you provide.
- ***If you are applying to become a new IHSS provider***, you must fill out and submit the form to the county before you can get paid for providing services to an IHSS recipient.

4. WHY DO I HAVE TO FILL OUT THE SOC 426?

You must complete the form to let the county know if you have been convicted of a crime that would disqualify you from becoming an IHSS provider. State law does not allow persons convicted of certain crimes to provide IHSS. Specifically, you are not allowed to be an IHSS provider if you have been convicted of one of the following crimes within the past ten years:

- 1) Fraud against a government health care or supportive services program, including Medi-Cal, Medicaid, Medicare, or services provided under Title V, Title XX, or Title XXI of the Federal Social Security Act, including the Medi-Cal, IHSS, CalWORKs, Food Stamps, and other assistance programs; or
- 2) Any crime covered under California Penal Code Sections 273a or 368, which includes abuse against children, elders, or dependent adults, either in California or another state.

5. WHAT HAPPENS IF I HAVE BEEN CONVICTED OF FRAUD OR ABUSE WITHIN THE LAST TEN YEARS?

If you have been convicted of any crime listed on the SOC 426 within the last ten years, you will be ineligible to be an IHSS provider and to receive payment for providing supportive services.

6. WHAT HAPPENS IF I'M CONVICTED OF ONE OF THE CRIMES LISTED ON THE SOC 426 AFTER I'M ENROLLED AS A PROVIDER?

You must let the county know if anything you reported on the form you completed changes. If you are convicted of one of the disqualifying crimes, you will no longer be eligible to get federal, State or county funds as payment for providing services to IHSS recipients. You will be disqualified from being an IHSS provider for ten years. After the ten-year period is over, your eligibility to provide services will not automatically resume. You will have to meet all eligibility requirements to re-enroll as a provider.

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7. WHAT HAPPENS TO THE INFORMATION I PROVIDE?

The county will review all of the information you provided on the form. They will also check to see if your name appears on the Med-Cal Suspended and Ineligible List. The list includes the names of persons who have been:

- 1) Convicted of a crime involving fraud or abuse of the Medi-Cal Program, or
- 2) Suspended from the federal Medicare program for any reason.

If your name is on the Suspended and Ineligible List, you will not be able to receive federal, State or county funds as payment for providing IHSS.

8. CAN I APPEAL IF MY NAME IS ON THE SUSPENDED AND INELIGIBLE LIST AND I'M FOUND INELIGIBLE TO PROVIDE SERVICES?

You may contact the California Department of Health Care Services and ask for an informal hearing.

9. WHAT KIND OF IDENTIFICATION (ID) DO I HAVE TO PROVIDE?

You must provide two original pieces of ID (photocopies are not acceptable):

- 1) A current (unexpired) and valid Driver's License or ID card issued by the California (or another state's) Department of Motor Vehicles, or some other unexpired ID issued by a government agency (e.g., military ID, passport, permanent resident card, etc.); and
- 2) A Social Security Card or other official correspondence from the Social Security Administration verifying your Social Security Number.

If you are under the age of 18, you also have to provide a valid Work Permit.

The county will make photocopies of your ID to keep them with the completed and signed SOC 426.

10. WHY DO I HAVE TO SIGN THE SOC 426?

By signing the form you are swearing that all of the information you provided on it is true and correct. Providing false information is against the law and you can be prosecuted under federal or State law. If you are convicted, you can be fined, jailed, and/or disqualified from providing services in the IHSS Program or PCSP for ten years.

Your signature also means that:

- 1) You understand that payment you get for work hours reported on timesheets is from State, county, and/or federal money and that any information you give that is not true and correct including turning in false timesheets or hiding information may be considered fraud; and
- 2) You agree to pay back the State for any overpayments you get that you were not supposed to get and that the money may be taken out of future paychecks for services you provide to recipients in the IHSS Program.