

August XX, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY INFORMATION NOTICE NO. XX-XX

The purpose of this All-County Information Notice (ACIN) is to inform the counties of an update to the In-Home Supportive Services (IHSS) Program Provider Enrollment Agreement (SOC 846) which has been revised to include additional requirements and clarifying language.

DRAFT



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

August XX, 2019

ALL COUNTY INFORMATION NOTICE (ACIN) NO.

TO: ALL COUNTY WELFARE DIRECTORS
ALL IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
MANAGERS

SUBJECT: REVISION OF IHSS PROGRAM PROVIDER ENROLLMENT
AGREEMENT (SOC 846)

REFERENCE: ASSEMBLY BILL, FOURTH EXTRAORDINARY LEGISLATIVE
SESSION (ABX4) 19 (CHAPTER 17, STATUTES OF 2009); ALL-
COUNTY LETTER 09-69 (OCTOBER 31, 2009); MANUAL OF
POLICIES AND PROCEDURES SECTION 30-776.43;
GOVERNMENT CODE SECTION 6253.2; LABOR CODE
SECTION 246(a)(2); WELFARE AND INSTITUTIONS CODE
SECTIONS 12301.24(b) AND 15630

The purpose of this All-County Information Notice (ACIN) is to inform the counties of an update to the In-Home Supportive Services (IHSS) Program Provider Enrollment Agreement (SOC 846) which has been revised to include additional requirements and clarifying language.

BACKGROUND

Assembly Bill, Fourth Extraordinary Legislative Section (ABX4) 19 (Chapter 17, Statutes of 2009) added Welfare and Institutions Code (WIC) section 12301.24(b) which requires all applicant providers to sign a provider enrollment agreement following the completion of the provider orientation. The SOC 846 was created as a result of this statutory requirement and released via All-County Letter 09-69 (October 31, 2009). The SOC 846 allows the applicant provider to acknowledge that he/she attended the provider orientation and that he/she understands the information provided to him/her within the provider orientation. The statute was set forth in regulations under Manual of Policies and Procedures (MPP) section 30-776.43 which became operative on January 1, 2017.

REVISED SOC 846

The SOC 846 has been revised by the California Department of Social Services (CDSS) to ensure the applicant provider acknowledges his/her full understanding of all the necessary information presented in the provider orientation. Language regarding the workweek and travel time limits has been consolidated as much of the information contained in the SOC 846 is covered more extensively in the provider orientation. Other language on the form has been revised for sake of clarity.

Further, language has been added to the SOC 846 in regards to the following.

- Earning and usage of paid sick leave for IHSS providers, which became effective on July 1, 2018, pursuant to Labor Code section 246(a)(2);
- Responsibility of recipient, if he/she has a share of cost, to pay this amount of the provider's wages directly to the provider as the share of cost amount would not be included on the provider's paycheck;
- Responsibility of provider as a mandated reporter, pursuant to WIC section 15630;
- IHSS Program requirement to provide the IHSS provider's personal information (name, address, telephone number, email address) to local labor organization for purposes of seeking representation, pursuant to Government Code section 6253.2.

FORM ACCESS

Upon release of this ACIN, each county will be required to use the revised form SOC 846 for all IHSS applicant providers as described in this ACIN. The form, which is designated as "Required—No Substitutes Permitted," has also been translated into the three threshold languages: Armenian, Chinese, and Spanish.

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain this form from the CDSS webpage at: [Forms/Brochures](#).

When translations are completed per MPP Section 21-115.2, including Spanish form, they are posted on our website. Copies of the translated forms can be obtained at: [Translated Forms and Publications](#).

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the *GEN 1365-Notice of Language Services* and a local contact.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient.

In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

If you have any questions regarding this notice, please contact the Adult Programs Policy and Quality Assurance Branch, Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

ATTACHMENT