

June 12, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-67

The purpose of this All-County Letter (ACL) is to provide information to counties regarding the extension of the temporary change in requirements and procedures relating to criminal background checks as part of the In-Home Supportive Services (IHSS) provider enrollment process due to the COVID-19 (also known as coronavirus) pandemic.



KIM JOHNSON
DIRECTOR

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

June 12, 2020

ALL COUNTY LETTER NO. 20-67

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

SUBJECT: **EXTENSION OF TEMPORARY CHANGE IN REQUIREMENTS
AND PROCEDURES RELATING TO CRIMINAL BACKGROUND
CHECKS FOR IHSS APPLICANT PROVIDERS**

REFERENCE: WELFARE AND INSTITUTIONS CODE SECTIONS
(WIC); [WIC SECTION 12305.81](#),
[WIC SECTION 12305.86](#), [WIC SECTION 12305.87](#),
[WIC SECTION 14132.95](#), [WIC SECTION 14132.952](#),
AND [WIC SECTION 14132.956](#);
ALL-COUNTY LETTERS [20-32](#) AND [20-50](#);
MANUAL OF POLICIES AND PROCEDURES
SECTIONS [\(MPP\)30-776.4](#), [MPP 30-776.5](#),
[MPP 30-776.7](#), and [MPP 30-778](#); EXECUTIVE
ORDERS [N-47-20](#), [N-52-20](#), AND [N-68-20](#).

The purpose of this All-County Letter (ACL) is to provide information to counties regarding the extension of the temporary change in requirements and procedures relating to criminal background checks as part of the In-Home Supportive Services (IHSS) provider enrollment process due to the COVID-19 (also known as coronavirus) pandemic.

BACKGROUND

Pursuant to Welfare and Institutions Code [\(WIC\) section 12305.86](#) and Manual of Policies and Procedures [\(MPP\) Section 30-776.44](#) et. seq., as part of the IHSS provider enrollment process, all applicant providers are required to submit fingerprints to the California Department of Justice (DOJ) for purposes of obtaining a criminal background check. The background check is necessary to determine if the applicant provider has been convicted of any crime set forth in [WIC sections 12305.81\(a\)](#) or [12305.87\(b\)](#) which would make the individual ineligible to be an IHSS provider.

On March 4, 2020, Governor Gavin Newsom proclaimed a [State of Emergency](#) in the State of California in response to the global COVID-19 outbreak and the increase in the number of positive cases throughout the State. Further, on April 16, 2020, Governor Newsom signed [Executive Order N-52-20](#) which provided for temporary changes to certain State-mandated requirements, including the suspension of fingerprinting requirements for criminal background checks of individuals attempting to enroll as IHSS providers.

On March 4, 2020, Governor Gavin Newsom proclaimed a [State of Emergency](#) in the State of California in response to the global COVID-19 outbreak and the increase in the number of positive cases throughout the State. Further, on April 16, 2020, Governor Newsom signed [Executive Order N-52-20](#) which provided for temporary changes to certain State-mandated requirements, including the suspension of fingerprinting requirements for criminal background checks of individuals attempting to enroll as IHSS providers.

Accordingly, [ACL 20-50](#) was released on May 4, 2020, which temporarily suspended the provider enrollment requirement that applicant providers be fingerprinted as part of the criminal background check performed by the DOJ and allowed applicant providers to complete the background check requirement by requesting a DOJ name-based criminal background check. This name check option was designed to allow applicant providers who were unable to locate a local live scan facility to submit fingerprints due to COVID-19 closures to be able to complete the name-based criminal background check and begin providing services in the IHSS program. [ACL 20-50](#) stated that the revised criminal background procedures would be in effect until June 15, 2020

On June 5, 2020, Governor Newsom signed [Executive Order N-68-20](#) which extended the suspension of the fingerprinting requirement of IHSS provider criminal background checks to July 31, 2020. Therefore, the policies provided in [ACL 20-50](#) remain in effect through July 31, 2020.

EXTENSION OF DEADLINE FOR CRIMINAL BACKGROUND NAME CHECKS

Notwithstanding the DOJ name-based criminal background check, in order to continue to be an IHSS provider after July 31, 2020, all providers enrolled pursuant to a name-based background check must complete the regular criminal background check requirements by July 31, 2020. This includes the county's receipt of Criminal Offender Record Information (CORI) based on fingerprints by July 31, 2020. County staff must inform applicant providers of this requirement and timeline at the time they submit the COVID-19 Request for Department of Justice Name Check (BCIA 9010-COVID-19) form to the county.

COUNTY RESPONSIBILITIES

All county procedures for criminal background checks through the use of name-based checks set forth in [ACL 20-50](#) will continue in effect until July 31, 2020.

PROVIDER ENROLLMENT PROCESS IN CMIPS

The procedures for the provider enrollment process for CMIPS outlined in ACL 20-50 and recently released CMIPS Informational Notices is still in effect until July 31, 2020.

REVISED FORMS AND NOTICES

The two forms included in this ACL, TEMP 3019—IHSS Program Request to Hire Provider with Department of Justice Criminal Background Check via Name Only; and TEMP 3020—Information Regarding Temporary Changes to the IHSS Provider Enrollment Process Due to the COVID-19 Pandemic, have been revised to reflect the new deadline date for the use of name check only criminal background checks as July 31, 2020.

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 these notices from the CDSS webpage at: [Forms/Brochures](#).

When completed per [MPP Section 21-115.2](#), including Armenian, Chinese and Spanish forms and notices, the translations will be posted on our website. Copies of the translated forms and notices 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 notice along with the *GEN 1365-Notice of Language Services* and a local contact.

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If you have any questions or need additional guidance regarding the policy and requirements set forth in this ACL, you may contact the CDSS, Adult Programs Division, Policy & Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By

DEBBI THOMSON
Deputy Director
Adult Programs Division

Attachments

IN-HOME SUPPORTIVE SERVICES PROGRAM

REQUEST TO HIRE PROVIDER WITH DEPARTMENT OF JUSTICE CRIMINAL BACKGROUND CHECK VIA NAME ONLY

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

I, (*Recipient Name*) _____, completed the In Home Supportive Services (IHSS) Program Recipient Designation of Provider form (SOC 426A) to choose my IHSS provider.

I acknowledge that I have chosen, (*Provider Name*) _____, to serve as my IHSS provider and provide services authorized by the IHSS program. I am aware that because of the unavailability of public Live Scan fingerprinting locations due to the COVID-19 pandemic he/she has not completed fingerprinting for a criminal background check conducted by the California Department of Justice (DOJ) which is normally required. Instead, I understand he/she has received a DOJ name check only, which can be less accurate. I accept the responsibility for my decision, and the possible risks involved in allowing this person to work in my home as an IHSS provider.

AS THE IHSS RECIPIENT WHO WILL HIRE THIS PERSON TO PROVIDE IHSS, I UNDERSTAND AND AGREE TO THE FOLLOWING STATEMENTS AND ACTIVITIES LISTED BELOW:

- The person named above that I have chosen to be my IHSS provider must complete the fingerprinting requirement for a criminal background check and the County must receive the results and determine them eligible based on the results by July 31, 2020, or he/she will be ineligible to continue to work as my IHSS provider.
- The person named above that I have chosen to be my IHSS provider must complete all other IHSS provider enrollment requirements, including the provider

orientation and the provider enrollment agreement, before September 30, 2020, or he/she will be ineligible to continue to work as my IHSS provider.

- The county will send me a notice telling me if the person I have chosen to be my IHSS provider does not complete the fingerprinting requirement for a criminal background check and the County does not receive and determine them eligible based on the results by July 31, 2020.
- The county will send me a notice telling me if the person I have chosen to be my IHSS provider does not complete the provider orientation and completion of the provider enrollment agreement, by September 30, 2020.
- If, upon completion of the fingerprinting requirement for the criminal background check, the IHSS provider I have chosen is determined to be ineligible due to a criminal conviction, the county will send me a notice telling me of his/her ineligible status.
- If I choose to have the above named person provide services after he/she has been determined ineligible to be paid by the IHSS program, those services will not be part of the IHSS program and I will be responsible for paying him/her with my own money for any services he/she provides.

By signing this form, I accept the responsibility for hiring the person named on this form to work in my home. I understand and agree that the County and the State of California will not be liable for any potential harm because of my decision to hire him/her as my IHSS provider.

This document may only be signed by the recipient or by an authorized representative who is not the provider named on this form.

SIGNATURE OF RECIPIENT OR RECIPIENT'S AUTHORIZED REPRESENTATIVE

PRINT NAME OF RECIPIENT OR RECIPIENT'S AUTHORIZED REPRESENTATIVE DATE

You may submit this form by mail or in person to your IHSS county, Public Authority, or Non-Profit Consortium at the address at the top of the first page of this form.

INFORMATION REGARDING TEMPORARY CHANGES TO THE IN-HOME SUPPORTIVE SERVICES PROVIDER ENROLLMENT PROCESS DUE TO THE COVID-19 PANDEMIC

This notice is to inform you of several temporary changes that have been made to the In-Home Supportive Services (IHSS) provider enrollment process as a result of the current public health crisis involving the COVID-19 virus, in accordance with the Executive Orders issued by Governor Gavin Newsom in the months of March 2020, April 2020, and June 2020.

The following change is in effect until July 31, 2020:

- The applicant provider may request that the Department of Justice (DOJ) perform a name check criminal background check instead of a background check using fingerprints if the applicant provider is unable to locate an available Live Scan agency due to office closures related to the COVID-19 pandemic. Please note: If the applicant provider has their criminal background check performed using a DOJ name check, references to submission of fingerprinting to the DOJ in any of the enclosed notices refers instead to submission of DOJ name check form.

The following changes are in effect until September 30, 2020:

- The requirement that original documentation verifying the applicant provider's identity (State or federal government photo identification and social security card) must be photocopied by the county is temporarily waived; and
- The requirement that the applicant provider attend an in-person IHSS provider orientation at the county and sign the IHSS Program Provider Enrollment Agreement (SOC 846) is temporarily waived.

The applicant provider will be required to complete all regular provider enrollment requirements as follows:

- The regular background check requirements, including submitting his/her fingerprints via Live Scan to the DOJ for a criminal background check and receipt of the results and determination of eligibility by the County, by July 31, 2020;
- Providing his/her State or federal government issued photo identification and social security card to the county IHSS office or public authority to be photocopied and placed in the provider record by September 30, 2020; and
- Attending and completing in-person provider orientation provided by the county; and signing and submitting the IHSS Program Provider Enrollment Agreement (SOC 846) by September 30, 2020.

If the provider does not complete any of the above requirements by the required date(s), he/she will immediately be determined ineligible to work as an IHSS provider and cannot be paid by the IHSS program. Any recipient whose provider has been determined to be ineligible will have to choose a new provider until the provider becomes eligible.