



CDSS

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May XX, 2018

ALL COUNTY LETTER NO 18-XX

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

SUBJECT: UPDATE TO IMPLEMENTATION OF PROVISIONS OF SENATE
BILL 3 RELATING TO PAID SICK LEAVE FOR IN-HOME
SUPPORTIVE SERVICES PROVIDERS

REFERENCES: SENATE BILL 3 (CHAPTER 4, STATUTES OF 2016); [ALL-
COUNTY LETTER \(ACL\) 18-01](#) (January 9, 2018)

This ACL provides counties with information about changes made to the Case Management Information Payrolling System (CMIPS) to allow for the implementation of paid sick leave for In-Home Supportive Services (IHSS) providers.

BACKGROUND

On January 9, 2018, the California Department of Social Services (CDSS) issued ACL 18-01 which provided information and instructions for implementing new policies related to the accrual, tracking and use of paid sick leave hours. On July 1, 2018, existing IHSS providers who are currently actively working for IHSS recipients, will begin to accrue paid sick leave. Each provider, both existing and newly hired after July 1, 2018, will accrue eight (8) hours of sick leave after they have completed the one-time requirements of working 100 hours, on one or across multiple recipient cases. The provider can use his/her paid sick leave hours after either working an additional 200 hours, providing services to an IHSS recipient, or after 60 calendar days from the date on which the provider earned his/her paid sick leave hours has elapsed, whichever comes first.

These are one-time requirements that must be completed to accrue and use paid sick leave. A provider who completes the hours or time requirements will continue to accrue the full amount of sick leave hours on July 1 of each subsequent fiscal year, if he/she continues to work as an active IHSS provider. Any provider who is terminated for "No

Payroll Activity in 12 Months” shall be considered inactive, and will need to complete the one-time requirements again to earn and use paid sick leave should they become an active IHSS provider again.

REQUESTING PAID SICK LEAVE

Providers have the option to submit a request for paid sick leave electronically or through a paper form. Providers can only claim paid sick leave for a case that they are actively on, and must submit their sick leave claims by the end of the following month, after the period in which the sick leave is claimed. If the SOC 2302 is not received for processing by the end of the following month in which the sick leave is claimed, the provider’s claim cannot be processed.

Providers who have an account on the IHSS Electronic Services Portal (ESP), formerly known as the Electronic Timesheet System (ETS), will have the option to submit their sick leave claims electronically. All providers, regardless of how they submit their timesheets, can use the online system to claim sick leave.

Providers who do not want to submit their sick leave claims electronically, must complete an IHSS Program Provider Sick Leave Request Form (SOC 2302) and submit the form to the CMIPS vendor for processing. Providers can obtain the SOC 2302 form through the CDSS website, or through their county IHSS office. The mailing address for indicated on the SOC 2302 form. The SOC 2302 will not be available in CMIPS for printing and no return envelopes will be provided.

The SOC 2302 details the name and number of the provider, the recipient case for which the provider is claiming sick leave and the date and times of the paid sick leave being requested. Providers are not required to disclose on the SOC 2302 the specific reason for requesting paid sick leave hours. Providers are not able to claim paid sick leave on dates their recipient is on leave. Originally, ACL 18-01 established the requirement that the SOC 2302 must be signed by both the provider and the recipient to be processed. This ACL supersedes that direction; a recipient signature is no longer required and the only required signature on the SOC 2302 is that of the provider.

Each provider is responsible for submitting their completed SOC 2302 forms to the CMIPS Vendor. He/she must submit the form in a separate envelope when he/she submits his/her timesheet for processing. Timesheets that are inadvertently included with sick leave claim forms will be forwarded to the Timesheet Processing Facility. Delays can be expected in processing any timesheets that are inadvertently included with their sick leave claim form. The CMIPS vendor is responsible for all data entry of sick leave claim forms.

The SOC 2302 must be completed correctly in order to be processed. If a SOC 2302 is received not completed correctly, it will be returned to the provider with the IHSS Program Notice to Provider of Incomplete Paid Sick Leave Request Form (SOC 2303) with instructions to complete the SOC 2302 correctly.

Paid sick leave will be mailed to providers in a separate warrant from their regular payment. The sick leave payment will not be included on a warrant for regular hours that may be processed on the same day. Sick leave payments are considered income for the purposes of Federal and State income taxes. However, if a Live-In Self-Certification Form (SOC 2298) has been processed for the provider, the income will be excluded from income taxation. Sick leave payments are excluded from FICA and Medicare taxes. If a provider is signed up for direct deposit, the sick leave payment will be delivered via direct deposit.

CMIPS MODIFICATIONS

CMIPS has been modified so that counties may view paid sick leave balance and history information for Providers. New screens have been added to the Person Timesheet & Payroll Content tab to give County staff access to Provider sick leave information.

Sick Leave Hours Screen

The *Sick Leave Hours* screen can be accessed in the Payroll & Timesheet content tab on the *Person Home* screen. This screen tracks sick leave hours by fiscal year. Each record in the list is created once a timesheet is paid for that fiscal year, and displays the number of hours accrued, used and the remaining balance. No records will exist for fiscal years prior to the July 1, 2018 implementation of paid sick leave.

The screenshot shows the 'Sick Leave Hours' screen for provider BILL OAKTREE. The provider's information includes: BILL OAKTREE, 123 Oak St, San Francisco, CA 12345-6789, Female, Born 05/17/1966, Age 51, 123-456-7890, and Not Recorded. Summary statistics include: Weekly Maximum (HH:MM): 70:45, Number of Active Cases: 1, Weekly Travel Hours (HH:MM): 00:00, Eligible: Yes, and Enrollment Effective Date: 08/22/2014. The 'Sick Leave Hours' section shows a table with the following data:

Action	Fiscal Year	Accrued Date	Eligible Date	Accrued Hours	Paid Hours	Remaining Hours
View	2018-2019	10/15/2018	12/1/2018	8:00	8:00	00:00

Figure 1 - Sick Leave Hours

The “Accrued Date” indicates the date the provider accrued sick leave hours. The “Eligible Date” is the day on which the provider is eligible to begin claiming sick leave hours. The “Accrued Hours” represent the number of hours of sick leave available to claim for the fiscal year. “Paid Hours” indicates the number of sick leave hours which have been claimed by and paid to the provider in the fiscal year. The “Remaining Hours” are the number of sick leave hours the provider has yet to claim in the fiscal year.

County users should select the “View” link to view details for Sick Leave Payments made in a specific fiscal year.

View Sick Leave Hours Details

When the View link is selected on the *Sick Leave Hours* screen, the *View Sick Leave Hours Details* screen displays.

The *View Sick Leave Hours Details* screen displays information for payments made in a fiscal year. A sick leave claim submitted by the provider either electronically or with the SOC 2302 is indicated as a “Sick Leave Claim” for the Time Entry Type. If a Sick Leave Claim is processed by CDSS, it will show as a “Special Transaction” for the Time Entry Type. The pay period, sick leave hours being requested, and the status of the claim request and payment is also displayed here.

Recipient	Claim Number	Time Entry Type	Program	Service Period Begin Date	Claimed Sick Leave Hours	Paid Sick Leave Hours	Sick Leave Claim Status	Payment Details	Warrant Status	Void Reason	Reissue
OAKTREE, JON	300000518	Sick Leave Claim	IHSS	10/1/2018	01:30	01:30	Processed	View Payment...	Void	Undeliverable	Reissue Sick Leave
OAKTREE, JON	300000520	Sick Leave Claim	IHSS	10/1/2018	01:30	01:30	Processed	View Payment...	Paid		
OAKTREE, JON	300000526	Sick Leave Claim	IHSS	10/1/2018	01:30	01:30	Processed	View Payment...	Paid		

Figure 2 – View Sick Leave Hours Details

The following hyperlink functionality is associated with the View Sick Leave Hours Details screen:

- View Payment – view the warrant details for the sick leave payment.
- Reissue Sick Leave – This link only displays when the Warrant Status is Void and the Void Reason is “Undeliverable”, the Transaction Type is Sick Leave Claim and the claim has not previously been reissued.

Voided Sick Leave Payments

Counties can reissue sick leave payments that become void due to being undeliverable to the addressee. When a warrant for sick leave is voided, the sick leave time is credited back to the fiscal year in which it was accrued. The county staff must verify and update the provider’s mailing address before an attempt is made to reissue a voided warrant.

To reissue a voided sick leave payment, a county worker must access the View *Sick Leave Hours* screen, select the “View” link beside the appropriate fiscal year for the voided warrant and select the “Reissue Sick Leave” link for the voided warrant. If the previously claimed hours remain available, then the payment will be processed and a new warrant will be reissued. If the originally paid hours exceed the providers remaining sick leave hours, the reissued warrant will only pay up to the provider’s remaining sick leave hours.

Counties must use the Duplicate Controller’s Warrant/Stop Payment Form (STD 435) in any other scenario where the provider did not receive their sick leave payment, lost their payment, or hands the county a damaged warrant that is un-cashable. Counties must also initiate the replacement process using the STD 435 to replace sick leave payments that aren’t in void status due to being undeliverable.

Payment Details Screen

The Payment Details screen will include the amount of Sick Leave hours paid and Sick Leave hours not paid.

The screenshot shows a software interface with a navigation bar at the top containing tabs: Payment Details (selected), History, Void/Reissue/Replacement Activity, Cashed Warrant Copies, and Forged Endorsement Affidavits. Below the navigation bar is a 'Payment' section with three expandable panels:

- Warrant Information:**

Warrant Number:	21000005	EFT:	No
Issue Date:	04/27/2018	Funding Source:	IPO
Pay Status:	Paid	Status Date:	04/17/2018
- Pay Event:**

Pay Type:	Sick Leave	Pay Period:	04/01/2018 - 04/15/2018
Case Hours Paid (HH:MM):	00:00	Case Hours Not Paid (HH:MM):	00:00
Travel Hours Paid (HH:MM):	00:00	Travel Hours Not Paid (HH:MM):	00:00
Sick Leave Hours Paid (HH:MM):	04:00	Sick Leave Hours Not Paid (HH:MM):	00:00
Total Hours Paid (HH:MM):	04:00	Hours Paid as Overtime (HH:MM):	00:00
Pay Rate:	\$14.00	Overtime Pay Rate:	0.000
- Earnings Statement:**

	Current	Year-to-Date
Total Gross	\$56.00	\$2,260.06
Pay Regular	\$0.00	\$2,204.06
Dues	\$0.00	\$80.28
Pay Sick Leave	\$56.00	\$56.00
Net Pay	\$56.00	\$2,179.78

Figure 3 - Payment Details

The Sick Leave Hours accrued and a remaining balance are also included on the remittance advice printed by the State Controller’s Office (SCO) and mailed with the sick leave warrant or separately for a direct deposit payment.

Modifications to CMIPS Reports

The following reports will be modified to include information about sick leave:

Paid Case Summary and Detail

The report will be modified to change references to “Training” to “Sick Leave”.

Payment Voucher Summary

The report will be modified to change references to “Training” to “Sick Leave”.

Special Transaction Summary

The report will be modified to include the new special transaction type “Sick Leave”.

Warrants Issued Report

The report will be modified to ensure that Sick Leave payments are reported.

Warrant Redeposit Listing Summary

The report will be modified to add a “Sick Leave” section.

Modifications to CMIPS Data Download Files

The following CMIPS Data Download files will be updated to include the data listed below:

Provider Management & WPCS Provider Data

The Provider Management Data Download (DATAWLDPROV) and WPCS Provider Data Download (WPCSDATADWLDPROV) will be modified to include the following data associated with Sick Leave: Accrued Date, Eligible Date, Accrued Hours, Claimed Hours, and Remaining Hours.

Column Name	Description
SICK_ACCRUED_DT	Sick Leave Accrued Date – The last day of a pay period in which the provider met the criteria to accrue sick leave hours for the current fiscal year.
SICK_ELIG_DT	Sick Leave Eligible Date – The first day of the pay period in which the provider is eligible to claim the accrued sick leave for the current fiscal year.

SICK_ACCRUED_HRS	Sick Leave Accrued Hours – The total number of Sick Leave Hours the provider has accrued for the current fiscal year.
SICK_CLAIMED_HRS	Sick Leave Claimed Hours – The total number of Sick Leave Hours the provider has claimed and been paid for in the current fiscal year.
SICK_REMAINING_HRS	Sick Leave Remaining Hours – The total number of Sick Leave Hours the provider has remaining for the current fiscal year.

Special Transaction Data

The Special Transaction Data Download (DATADWLDSPEC) will be modified to include the Sick Leave Special Transaction.

Column Name	Description
TRANS_TYPE	Added SKLV – Sick Leave

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: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

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: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

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.

COUNTY RESPONSIBILITIES

County IHSS office staff will be responsible for working with IHSS providers and recipients to educate them on the new paid sick leave policy and requirements and to

respond to payroll issues that may arise regarding paid sick leave. The information provided should be consistent with the policy set forth within this ACL. If the county delegates responsibility for informing and educating providers on the IHSS program requirements to the Public Authority (PA), then the county can similarly delegate responsibility for educating providers on the paid sick leave policy and requirements to the PA.

Provider orientation materials will be updated by CDSS to include information on paid sick leave requirements and the process of earning and using paid sick leave hours. The county IHSS office should inform providers during the provider orientation about the paid sick leave process in the interim between the implementation of the paid sick leave requirements (July 1, 2018) and the release of the updated materials.

If you have any questions regarding the modifications described in this ACL, you may direct them to the CDSS, Adult Programs Division, System Operations & Data Analysis Bureau at (916) 651-1003.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER PAID SICK LEAVE REQUEST FORM****PROVIDER REQUIREMENTS:**

- You can only request paid sick leave if you have earned paid sick leave. Your sick leave balance is shown on your pay warrant.
- You can use paid sick leave for yourself or to care for a family member who is sick or has a medical appointment.
- If you are going to be using paid sick leave for a planned medical appointment, you must notify your recipient(s) at least **48 hours prior** to using the sick leave.
- If you need to use paid sick leave for an unplanned medical need, you must notify your recipient **immediately or within two (2.0) hours prior** to your start time.
- You must determine how many hours of paid sick leave you need to take for each occurrence; the minimum amount of paid sick leave that may be used for each occurrence is one (1.0) hour with additional time used in increments of 30 minutes.

INSTRUCTIONS:

- This form must be completed, signed, and dated by the provider.
- You must complete a separate Provider Sick Leave Request Form for each recipient you work for during the sick leave hours you are requesting.
- You must submit the completed second page of the Provider Sick Leave Request Form to the address indicated on the form prior to or at the same time as your submission of the timesheet for the pay period during which you requested the paid sick time.
- Failure to sign and/or timely submit a Sick Leave Request Form may result in your sick leave pay being delayed.
- Use black ink only and press firmly. Numbers must be readable.

Figure 4 - SOC 2302 Page 1

MAY 07 2018

SAMPLE

State of California – Health and Human Services Agency

California Department of Social Services

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER PAID SICK LEAVE REQUEST FORM**

Provider Information:

Provider Name (Print):		
Street Address:		
City:	State:	Zip Code:

Provider Number (9 digits):

Recipient Information: Recipient the provider works for during the sick leave time.

Recipient Name: _____ **Recipient Case Number (7 digits):**

The minimum amount of paid sick leave that may be used for each occurrence is one (1.0) hour with additional time used in increments of 30 minutes. I am requesting paid sick leave for pay period _____ for the following date(s):

Absence Date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Total Hours Requested:	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Absence Date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Total Hours Requested:	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Absence Date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Total Hours Requested:	<input type="text"/>	:	<input type="text"/>	<input type="text"/>

I hereby acknowledge that

- The information provided above is true and correct.
- I have spoken to my recipient(s), and he/she/they know that I will be taking sick leave on the dates and for the amount of time indicated above.

Provider's Signature:	Date:
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Please submit this completed form to the following address for processing:

**Sick Leave Processing Center
P.O. Box 1700
West Sacramento, CA 95691**

Figure 5 - SOC 2302 Page 2