



CDSS

JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street, MS 19-96, Sacramento, CA 95814



ARNOLD SCHWARZENEGGER
GOVERNOR

DRAFT

Date

ALL- COUNTY LETTER NO:

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: **IHSS PROVIDER APPEALS PROCESS**

REFERENCE: **WELFARE AND INSTITUTIONS CODE (WIC) SECTION
12301.6 (E)(2)(b)(ii) AND ALL COUNTY LETTER (ACL) 09-52**

Assembly Bill, Fourth Extraordinary Legislative Session (ABX4) 19 (Chapter 17, Statutes of 2009) added a new requirement for the California Department of Social Services (CDSS) to develop a written appeal process for prospective and current providers who are determined ineligible to receive payment for the provision of In-Home Supportive Services (IHSS). This All-County Letter (ACL) provides information to counties regarding the new provider appeal process available to prospective and current IHSS providers, whom the county determines are ineligible to serve as IHSS providers.

The county social services department's review of an IHSS applicant will ensure:

- The applicant has completed the Provider Enrollment Form (SOC 426) and provided the required original identification documents for photocopying and retention by the county;
- The prospective provider has attended a Provider Orientation session, or a current provider has received the appropriate provider orientation information/materials provided by the county social services department;
- The Provider Orientation and Provider Agreement Form (SOC 846) has been completed and signed by an applicant before enrollment as a provider, or by a current provider on or before June 30, 2010.

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

Counties must:

- Review the findings of the criminal background check and determine if the applicant is ineligible to be a provider in the IHSS program due to any exclusionary crimes noted on the applicant's criminal records documents. (See ACL #_____ for more information.)
- Review the California Department of Health Care Services (CDHCS) Medicaid/Medi-Cal list of ineligible providers resulting from suspension as a licensed health care provider or surrender of his/her license or certificate to provide health care services. The Medi-Cal Suspended and Ineligible Provider List can be found at: www.Medi-Cal.ca.gov.

If a prospective or current provider, as a result of the Provider Enrollment Process, disagrees with the county decision which finds them ineligible to be paid for providing IHSS services, the provider may appeal to the CDSS for review of the county's denial. From the day the county advises the prospective or current provider that he or she is ineligible to be an IHSS provider, any appeal must be mailed using the attached **APPEAL REQUEST** form (SOC 856), to:

California Department of Social Services
Adult Programs Branch
IHSS Provider Enrollment Appeals Unit, MS 19-04
P O Box 944243
Sacramento, CA 94244-2430
(916) 556-1156

Upon receipt of a valid request for appeal, the PEAU will notify the applicant and county that the request for appeal has been received and accepted for review.

The PEAU may request additional information from the county and applicant. The PEAU will request the county forward all information used to support its finding of ineligibility to the PEAU via secured mail within 30 days of receipt of PEAU's notice. The PEAU may also request additional information from the prospective or current provider or any other pertinent agency. A finding regarding the appeal will be completed by PEAU within 90 days of the receipt of the individual's request for appeal.

The final decision by PEAU will either uphold or overturn the findings of the county. A final notice will be mailed to the applicant and the county social services department advising them of the State's decision. If the decision to deny the provider applicant was upheld by the State and the applicant is ineligible to be a provider within IHSS, the applicant will also be notified they have a right to further appeal through civil litigation via the local superior court system (Code of Civil Procedure, Section 1085).

If the State's decision is to overturn the findings of the county, the county will be instructed to approve the applicant as a valid provider and make the required necessary changes to their records to reflect that decision.

Should you have any questions regarding information in this ACL, please contact the Appeals Unit at (916) 556-1156.

Sincerely,

EVA L. LOPEZ
Deputy Director
Adult Programs Division

Attachments

DRAFT

DRAFT