



CDSS

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

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EDMUND G. BROWN JR.
GOVERNOR

October 3, 2014

ALL-COUNTY LETTER NO.: 14-68

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

SUBJECT: IHSS ADVANCE PAY AND PROVIDER ENROLLMENT
REQUIREMENTS

REFERENCES: Welfare and Institutions Code (WIC) §12300(a); WIC §12304;
Manual of Policy and Procedures (MPP) §30-701(d)(3); 30-
701(s)(1); §30-767.133; §30-769.737; All-County Letter (ACL) No.
09-52, dated October 1, 2009.

This All-County Letter (ACL) provides instruction to counties on the prohibition of using Advance Pay money to pay Individual Providers who have not completed the IHSS provider enrollment process and have not enrolled as IHSS providers.

Background

Advance Pay is an option available to only Severely Impaired IHSS recipients [Welfare and Institutions Code (WIC) 12300(a)] in the In-Home Supportive Services Residual (IHSS-R), In-Home Supportive Services Plus Option (IPO), and Community First Choice Option (CFCO) programs.

Recipients enrolled in the Advance Pay option receive a direct monthly payment for the purchase of IHSS, in order to pay providers at the time services are rendered [WIC §12304; MPP §30-701(d)(3)].

Pursuant to MPP §30-769.737, it is the responsibility of the Advance Pay recipient, legal guardian or conservator, to submit their provider's time sheets at the end of each authorized service month to the appropriate county social services office.

If the Advance Pay recipient fails to submit the provider's time sheets, within 90 days from the date of payment, the county shall have the right to change the recipient's payment delivery method from payment in advance to payment in arrears (MPP §30-

REASON FOR THIS TRANSMITTAL

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

767.133). This regulation gives counties discretion to change the recipient's payment delivery method.

Provider Enrollment Requirements

All providers, regardless of whether or not they provide services to a recipient receiving Advance Pay money, must complete the provider enrollment process before they can receive payment through the IHSS program.

As specified in [ACL No. 09-52](#), dated October 1, 2009, an individual is not eligible to receive payment through the IHSS program before he/she has completed all of the IHSS provider enrollment requirements and is enrolled as an IHSS provider. This rule also applies to individuals providing services to Advance Pay recipients.

Service Payment Responsibilities for Advance Pay Recipients

If an Advance Pay recipient chooses to receive services from an individual not enrolled as an IHSS provider, it is the recipient's responsibility to pay, out-of-pocket (that is, not using IHSS Advance Pay funds), for any services they receive from that individual. Once an individual is enrolled as an IHSS provider, the Advance Pay recipient can receive retroactive payment to reimburse him/her for out-of-pocket payments made for services.

To ensure Advance Pay recipients have sufficient enrolled providers, to whom they can make payment when services are received using IHSS Advance Pay funds, counties should assist these recipients with choosing currently enrolled providers from the IHSS program registry list to serve as back-up providers. Additionally, Advance Pay recipients can choose individuals, such as family members or friends, to serve as back-up providers following their completion of the provider enrollment process.

For questions regarding this ACL, please contact the Adult Programs Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

c: CWDA