



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

September 6, 2016

ALL COUNTY LETTER (ACL) NO. 16-56

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS
ALL PUBLIC AUTHORITY EXECUTIVE DIRECTORS

SUBJECT: UPDATED WORKERS' COMPENSATION CLAIMS PROCESS FOR
WAIVER PERSONAL CARE SERVICES (WPCS) PROVIDERS

REFERENCE: W&I Code Section 14132.97 and In-Home Supportive Services v.
Workers' Comp. Appeals Board (1984) 152 Cal. App. 3d 720 & 727

The purpose of this All County Letter (ACL) is to provide new requirements regarding the process for Workers' Compensation claims filed by WPCS providers. If there are no WPCS providers in your county, this ACL does not apply.

The California Department of Health Care Services (DHCS) provides workers' compensation coverage to WPCS providers employed by WPCS participants or employed through a county In-Home Supportive Services (IHSS) Public Authority (PA).

Effective immediately, there will be a change in the WPCS Workers' Compensation claims process. A WPCS provider must file a Workers' Compensation claim by contact the following office:

**California Department of Health Care Services
In-Home Operations (IHO) Branch
Telephone number: (916) 322-3346**

County offices will no longer process any WPCS Workers' Compensation claims. County IHSS and/or PA offices must refer WPCS providers filing a workers' compensation claim to DHCS using the phone number above. County IHSS and PA offices must not file workers' compensation claims for WPCS providers. WPCS Workers' Compensation claims are for WPCS providers who have an injury that occurs

while performing a WPCS duty for the Nursing Facility/Acute Hospital (NF/AH) or In-Home Operations (IHO) Waiver participants during their assigned work schedule.

If a provider performs both IHSS and WPCS services in order to determine if a claim should be filed under WPCS or IHSS county IHSS office and/or PA employees must ask the provider if the injury occurred while providing WPCS services or IHSS services. If the injury occurred while performing WPCS services please refer the provider to the telephone number above. If the injury occurred while the provider was performing an IHSS service, the county IHSS and PA offices must continue to file workers' compensation claims (Form 5020) via Claims Connect.

Any claims filed prior to the date of this letter do not need to be adjusted.

If you have any questions regarding this process, please call 1-855-729-2383 or contact Anissa Hussman, Chief, Claims, Certification, and Appeals Bureau at Anissa.Hussman@dss.ca.gov.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division