ALL-COUNTY INFORMATION NO. I-35-18

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

SUBJECT: DISTRIBUTION OF IN-HOME SUPPORTIVE SERVICES PROVIDER AND RECIPIENT INFORMATIONAL NOTICES REGARDING THE NEW PAID SICK LEAVE PROGRAM

REFERENCE: SENATE BILL 3 (CHAPTER 4, STATUTES OF 2016); ALL-COUNTY LETTER (ACL) 15-60 (JULY 22, 2015); ACL 16-89 (OCTOBER 13, 2016); ACL 18-01 (JANUARY 9, 2018)

This All-County Information Notice is to inform counties about informational notices developed by the California Department of Social Services (CDSS) for In-Home Supportive Services (IHSS) providers and recipients regarding the new paid sick leave program and to transmit the new IHSS Program Provider Paid Sick Leave Request Form (SOC 2302) and the IHSS Program Notice to Provider of Incomplete Paid Sick Leave Request Form (SOC 2303).

Background

Senate Bill (SB) 3 was signed into law by Governor Brown on April 4, 2016. The bill allows IHSS providers to accrue eight hours of paid sick leave each year of employment, beginning July 1, 2018. The implementation of the provisions of SB 3 is set forth in All-County Letter (ACL) 18-01 (January 9, 2018). The implementation plan included the development and distribution of two informational notices to be sent to the currently enrolled provider and existing recipient populations so they are informed about their responsibilities as employee and employer regarding the new paid sick leave program.
Paid Sick Leave Informational Notices

Two informational notices providing detailed information about the new provider paid sick leave program, one for providers and one for recipients, will be mailed by the CDSS during the month of June 2018. Both mailers have been translated into the three threshold languages (Armenian, Chinese, and Spanish) which will be mailed to appropriate providers and recipients. Additionally, the CDSS has prepared the mailers in alternate formats, including 18-size font, Braille, CD Audio, and CD Data (Text), as discussed in ACL 15-60 (July 22, 2015) and ACL 16-89 (October 13, 2016) to be sent to providers and recipients who identify themselves as blind or visually impaired and have requested documentation in the given format.

The first mailer, “Important Information for In-Home Supportive Services Providers About the New Paid Sick Leave Program” (TEMP 3009), will inform IHSS providers of their responsibilities as employees as they relate to the paid sick leave program, including information about earning, accruing, and using paid sick leave and their duty to inform each recipient (employer) they work for about the time and duration of their use of paid sick leave. The TEMP 3009 will also include a blank IHSS Provider Paid Sick Leave Request form (SOC 2302) that providers can use for future paid sick leave requests and a sample pay warrant to show where the information regarding the provider’s earned, used, and remaining paid sick leave hours will be printed on the warrant.

The second mailer, “Important Information for In-Home Supportive Services Recipients About the New Paid Sick Leave Program” (TEMP 3010), will inform IHSS recipients of the details of provider paid sick leave, such as information regarding provider earning, accruing, and using of paid sick leave and their responsibilities as employers as they relate to the paid sick leave program, such as adjusting provider schedules as needed to ensure that all authorized services are provided and the utilization of a backup provider as needed. Additionally, the IHSS recipient is informed that the paid sick leave hours used by his/her provider will not be deducted from his/her monthly authorized hours.

Sick Leave Request Form (SOC 2302)

As stated in ACL 18-01, to request paid sick leave, an IHSS provider must complete the IHSS Program Provider Paid Sick Leave Request Form (SOC 2302) which the provider can obtain either through the CDSS website or through the county IHSS office. The SOC 2302 details the name and number of the provider, the name and case number of the recipient, and the date and times of the paid sick leave. However, the SOC 2302 no longer requires the signature of the recipient before submission of the form to the Sick Leave Processing Center, as was previously stated in ACL 18-01. This does not, however, alleviate the responsibility of the provider to inform his/her recipient of the day and time he/she needs to take the paid sick leave time within the timeframes set forth in
ACL 18-01, namely 48 hours (2 days) prior to use of the paid sick leave if the need is foreseeable or immediately or at least two hours prior to the expected start time of the workday if the need is unforeseeable. The IHSS Program Notice to Provider of Incomplete Paid Sick Leave Request Form (SOC 2303) will still be used by the Sick Leave Processing Center to inform providers in situations in which the SOC 2302 was not properly completed and needs to be returned to them for correction. Providers who submit an electronic timesheet (ETS) can record and submit paid sick leave hours directly using the online sick leave claim form.

**CAMERA-READY COPIES AND TRANSLATIONS OF FORMS**

Counties may access camera-ready versions of the English forms referenced in this ACL on CDSS' Forms/Brochures web page at: Camera Ready versions of the English forms.

Counties may access camera-ready versions of the Spanish, Armenian, and Chinese forms referenced in this ACL on CDSS' Forms/Brochures web page at: Camera Ready versions of the Non-English forms

Your county forms coordinator should distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code section 7290 et seq.) and by state regulation (Manual of Policies and Procedures, Division 21, Civil Rights Non-discrimination, section 115).

If you have any questions about accessing the forms, please contact the Forms Management Unit at FMUdss@dss.ca.gov, or via telephone, at (916) 916-651-5350.

If you have any questions regarding the information contained in this ACL, please call the Adult Programs Division, Policy and Operations Bureau, Provider Policy Unit, at (916) 651-5350.

Sincerely,

*Original Document Signed By:*

DEBBI THOMSON  
Deputy Director  
Adult Programs Division

Attachment

C: CWDA  
CAPA