

March 30, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 21-36**

<p>This All-County Letter (ACL) provides information to counties about the California State COVID-19-related Supplemental Paid Sick Leave benefit.</p>
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**KIM JOHNSON**  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



**GAVIN NEWSOM**  
GOVERNOR

March 30, 2021

ALL COUNTY LETTER NO. 21-36

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

**SUBJECT: STATE COVID-19-RELATED SUPPLEMENTAL PAID SICK  
LEAVE**

**REFERENCE:** [ALL-COUNTY LETTER 18-01 \(JANUARY 9, 2018\);](#)  
[ALL-COUNTY LETTER 20-40 \(APRIL 14, 2020\);](#)  
[ALL-COUNTY LETTER 21-06 \(JANUARY 19, 2021\)](#)

This All-County Letter (ACL) provides information to counties about the California State COVID-19-related Supplemental Paid Sick Leave benefit.

### **BACKGROUND**

On March 18, 2020, President Trump signed House Resolution (HR) 6201, also known as the Families First Coronavirus Response Act (FFCRA), into law. Division E of the FFCRA, the Emergency Paid Sick Leave Act (EPSLA), which provides for two weeks of emergency paid sick leave when a covered employee is unable to work due to circumstances related to the COVID-19 pandemic. The emergency sick leave benefits under the EPSLA became effective on April 2, 2020, and In-Home Supportive Services (IHSS) providers can continue to use the EPSLA sick leave until March 31, 2021, as stated in ACL 21-06 (January 19, 2021).

Due to the continued crisis related to COVID-19, Governor Newsom signed Senate Bill (SB) 95 into law on March 19, 2021, which added section 248.3 to the Labor Code (LC), and which allows IHSS and Waiver Personal Care Services (WPCS) providers who are impacted by the COVID-19 pandemic up to an additional two weeks of supplemental paid sick leave if the requested sick leave involves circumstances related to COVID-19 (State supplemental paid sick leave). SB 95 becomes effective ten (10) days after its enactment, on March 29, 2021, and applies retroactively to January 1, 2021. The sick leave available pursuant to LC section 248.3 will remain in effect through

September 30, 2021. However, as stated in LC section 248.3(e), if a provider is taking this sick leave at the time of the expiration of the requirement, he/she shall be permitted to take the full amount of supplemental paid sick leave to which the provider otherwise would have been entitled even if the end date of the sick leave occurs after the September 30, 2021, expiration date (see Example 5 on page five of this ACL).

The up to 80 hours of State supplemental paid sick leave granted by SB 95 is in addition to the available hours of federal emergency paid sick leave granted by the EPSLA. Neither the federal emergency paid sick leave under the EPSLA nor the State supplemental paid sick leave will have any impact on the 16 hours of annual paid sick leave IHSS providers currently receive pursuant to LC section 246(a)(2).

## **STATE SUPPLEMENTAL PAID SICK LEAVE**

### **Allowable Reasons for State Supplemental Paid Sick Leave**

The State supplemental paid sick leave related to COVID-19 is only available if the provider is unable to work for one of the following reasons:

1. The provider is subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the State Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer who has jurisdiction over the workplace. If the provider is subject to more than one of these, the provider shall be permitted to use COVID-19 State supplemental paid sick leave for the minimum quarantine or isolation period under the order or guidelines that provide for the longest such minimum period.
2. The provider has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. The provider is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.
4. The provider is attending an appointment to receive a vaccine for protection against contracting COVID-19. IHSS providers are limited to claiming a maximum of four (4) hours total, i.e. two hours per dose if two doses are required, of State supplemental sick leave use for the purpose of obtaining vaccination(s) for COVID-19.
5. The provider is experiencing symptoms related to a COVID-19 vaccine that prevents the provider from being able to work.
6. The provider is caring for a family member, as defined under LC Section 245.5(c), who is subject to an order or guidelines of the State Department of Public Health, the federal Centers for Disease Control and Prevention, or a local

health officer who has jurisdiction over the workplace, or who has been advised to self-quarantine due to concerns related to COVID-19.

7. The provider is caring for a child, as defined under LC Section 245.5(c)(1), whose school or place of care has been closed or is determined otherwise unavailable for reasons related to COVID-19 on the premises.

When a provider submits a claim for paid sick leave related to COVID-19 that was taken prior to March 31, 2021, county IHSS staff should verify if a previous claim has been submitted. If a previous claim has not been submitted, the 80 hours of federal emergency paid sick leave available under the EPSLA should be used first (unless the hours are not usable under federal regulations, i.e. if the purpose of the usage was to obtain a COVID-19 vaccination or due to side effects from the COVID-19 vaccination). If the federal emergency paid sick leave under the EPSLA has already been claimed by the provider or if the hours claimed are for vaccination or side effects from vaccination, the claimed hours should be used under the State supplemental paid sick leave program.

Unlike the EPSLA, where any provider claiming emergency paid sick leave for themselves (i.e., for reasons 1-3 on the list on page two of this ACL) is placed on leave for the entire two-week period, providers taking State supplemental paid sick leave may claim this leave in hourly increments up to the amount they are entitled. The county will determine based on the reason for the leave if the provider is unable to work and for how long the provider should be placed on leave.

All claims of paid sick leave due to COVID-19 related conditions that occur after March 31, 2021, will be assessed using the hours available to the provider under the State supplemental paid sick leave program.

**Example 1:** Provider A submits a claim to the county requesting 80 hours of paid sick leave, from March 10, 2021, to March 24, 2021, due to developing symptoms related to COVID-19. The county conducts a search of Provider A's case to determine if he/she has already used any of his COVID-19 related emergency sick leave hours granted by the EPSLA. The county determines that Provider A has 80 hours of federal emergency paid sick leave and 80 hours of State supplemental paid sick leave available. Because the claim was for dates prior to March 31, 2021 and for a reason allowable under the federal paid sick leave, the county deducts the leave from Provider A's available leave under the EPSLA. Provider A still has 80 hours of State supplemental paid sick leave available should he/she need it for other allowable COVID-19 related reasons through September 30, 2021.

**Example 2:** Provider B submits a claim to the county requesting two hours of paid sick leave due to obtaining a COVID-19 vaccination from a local clinic on March 19, 2021. The county conducts a search of Provider B's case to determine if he/she has already used any of his/her federal COVID-19 related emergency sick leave hours. The county determines that Provider B has 80 hours of federal emergency paid sick leave and 80

hours of State supplemental paid sick leave available. Although the claim was submitted for a date prior to March 31, 2021, the county should assess the two hours of paid sick leave against the State supplemental paid sick leave instead of the federal emergency paid sick leave because the EPSLA does not allow COVID-19 emergency paid sick leave to be used for purposes of obtaining COVID-19 vaccinations, but the State does allow for the use of supplemental paid sick leave for that purpose.

**Example 3:** Provider C submits a paid sick leave claim for 80 hours due to issues related to COVID-19 exposure and self-quarantine between the dates of April 2, 2021, to April 16, 2021. Because the claim is submitted for a series of dates after March 31, 2021, the county needs only to conduct a search of Provider C's case to determine if he/she has already used any of his/her COVID-19 State supplemental paid sick leave. The county determines that Provider C has 80 hours of State supplemental paid sick leave available. Provider C is permitted to claim the full 80 hours of State supplemental paid sick leave for his/her COVID-19 related issue.

**Example 4:** The child care center where Provider D, who provides IHSS for two recipients on a regular basis for a total of 40 hours per workweek, takes his/her child is closed due to COVID-19. Provider D submits a paid sick leave claim of 16 hours for the dates of May 14, 2021, to May 15, 2021, due to the child needing to remain at home until he/she finds a suitable alternative for childcare. Because the provider worked an average of 80 hours per two week period over the prior 6 months, the county determines that Provider D is entitled to the full 80 hours of State supplemental paid sick leave. Later, on June 9, 2021, Provider D submits another paid sick leave claim for two hours to obtain a COVID-19 vaccination. Because Provider D submitted the claim for 16 hours of paid sick leave after March 31, 2021, and is submitting an additional two-hour claim for obtaining a vaccination, he/she is able to use the State supplemental paid sick leave for both of these claims and is able to use the paid sick leave in an incremental manner. The county would deduct the 18 hours of paid sick leave Provider D used for these two incidences, and Provider D would still have 62 hours of State supplemental paid sick leave to use for COVID-19 related issues as needed through September 30, 2021.

**Example 5:** Provider E worked an average of 60 hours per two week period over the prior 6 months, and is entitled to 60 hours of State supplemental paid sick leave. Provider E learns that he/she was exposed to COVID-19 by a family member and is directed by his/her doctor to quarantine for ten days, beginning on September 25, 2021. Provider E can claim the full ten days of supplemental paid sick leave, even though the availability of the State supplemental paid sick leave expires on September 30, 2021. This is due to his/her requesting of his/her available State supplemental paid sick leave prior to the time it expired.

## **COUNTY RESPONSIBILITIES**

When the county IHSS office receives the request for paid sick leave due to COVID-19 sick leave taken on or before March 31, 2021, staff from that office must determine if the provider making the request has emergency paid sick leave available under the EPSLA and ensure those hours are used prior to granting a request to use State supplemental paid sick leave hours. Because SB 95 allows providers to submit retroactive claims for State supplemental paid sick leave back to January 1, 2021, county IHSS office staff must verify that the provider did not submit any timesheets indicating that he/she worked during the hours being claimed for emergency paid sick leave. If timesheets were submitted, the only allowable sick leave on those days would be for vaccination (up to two hours) or issues related to the side effects of the vaccination which are allowed by the State supplemental paid sick leave.

The process for documentation of a provider's use of State supplemental paid sick leave will be a manual procedure. Once the county IHSS staff has received the request for paid sick leave usage from the provider, the county staff member must document in the provider's Person Notes in the Case Management, Information, and Payrolling System (CMIPS) any information related to the claim (i.e. which benefit was used (federal or State), number of claimed hours, date of claimed hours, amount of remaining supplemental paid sick leave usage for the State benefit).

## **Process to Determine and Issue Payment for State Supplemental Paid Sick Leave**

The California Department of Social Services (CDSS) has created a new special transaction in CMIPS for the county to process the State supplemental paid sick leave requests. This special transaction will be used to pay providers with payment for up to 80 hours of sick leave, consistent with their entitlement to State supplemental sick leave as described above.

The county shall review the provider's monthly paid hours data located on the Monthly Provider Paid Hours screen. The Monthly Provider Paid Hours screen is accessed on the "Payroll & Timesheet" tab from the provider Person Home screen. In the left navigation bar, select the "Monthly Provider Paid Hours" link.

If the Monthly Provider Paid Hours screen shows that the provider has worked an average of 160 or more hours per month for the last 6 months, the provider is eligible for up to 80 hours of COVID-19 sick leave. If the provider works less than 160 hours per month, the county must calculate an average of monthly paid hours for the previous six (6) months, for all the recipients for whom the provider works, and divide the number of hours in half, which results in the average hours for a two-week period. If a provider has less than six months of employment history, the county staff shall use the hours available in the payment history in CMIPS for the calculation.

For providers that have been newly assigned to a recipient and do not have any payroll history, or less than two weeks of payroll history, counties will divide the recipient's monthly authorized hours in half to determine the number of hours of State supplemental paid sick leave the provider is eligible to receive. If the provider is scheduled to work for more than one recipient, all of the recipient's hours should be combined to determine the number of hours the provider is eligible to receive. Once the county determines the provider's entitlement to paid hours, they must verify the reason the provider selected on the form for claiming sick leave. If the provider did not select a reason, the sick leave claim cannot be processed. County staff must obtain the reason for requesting the COVID-19 sick leave before they can pay the provider.

Once eligibility, number of hours, and applicable pay rate of COVID-19 sick leave the provider is entitled to are confirmed, county users will enter the following information on the Create Special Transaction screen:

- From/To Date: The From /To date on the form submitted by the provider. These dates should be the same as those entered on the form by the provider.  
Please Note: Due to funding source limitations, CMIPS will not allow a user to enter a "COVID Sick leave State" special transaction that spans multiple months. County users will have to enter two transactions in these instances and divide the number of COVID-19 sick leave hours between the two transactions.
- Payee Name: Select the name of the provider claiming the hours
- Program: Select "IHSS"
- Type: Select "COVID Sick Leave State"
- Hours: The number of State supplemental paid sick leave hours, up to 80 hours, based on the average number of hours the provider worked in a two-week period during the last 6 months

Once the information is entered, the county user will select the "Save" button and then submit for approval. The "COVID Sick Leave State" special transaction, like all special transactions in CMIPS, requires a second level of approval. Once the transaction is saved, it will be routed for approval before a warrant is issued. Upon final approval, the request will be in pending payroll status and the payment will be sent to the provider by their preference payroll method as indicated in CMIPS.

Once the special transaction is completed the county user must enter notes on the provider record that states the date of the claim, how many hours were paid, the maximum number of hours the provider is entitled to claim under the State supplemental paid sick leave benefit and the remaining hours. Any hours claimed on subsequent forms should be deducted from the most recent number of remaining hours.

### **REVISION OF TEMP 3021**

The CDSS has revised COVID-19 Only Paid Sick Leave Request Form for IHSS/WPCS Providers (TEMP 3021) to allow providers to request emergency paid sick leave based on federal or State requirements.

If a provider submits a request on an original TEMP 3021 form that has not been revised to include the ability to request supplemental paid sick leave based on the new State requirements, that form can still be accepted by the county. If such a form is received, the county should accept the form and the IHSS staff may contact the provider to obtain additional information if needed to accurately process the claim. It is not necessary to request the provider to submit an updated form. Any additional information collected by the county to process the claim should be annotated on the form and initialed by the county IHSS staff person.

### **PROVIDER AND RECIPIENT NOTICES OF STATE SUPPLEMENTAL PAID SICK LEAVE**

The CDSS has prepared two notices, one for providers and one for recipients, to inform them of the new State supplemental paid sick leave. The provider notice will inform providers of their ability to submit claims for the additional State supplemental paid sick leave and under what circumstances they may claim the State supplemental paid sick leave. The recipient notice will inform recipients of the additional State supplemental paid sick leave and will also inform recipients about the ability to request an emergency back-up provider should their primary provider need to claim federal emergency or State supplemental paid sick leave related to the COVID-19 pandemic.

For those IHSS/WPCS recipients and providers who are registered on the Electronic Services Portal website, the notice will be sent via email. The recipient notice will be translated into the three threshold languages (Armenian, Chinese, and Spanish) and will also be sent as soon as they are available.

### **CAMERA READY COPIES AND TRANSLATIONS**

For camera-ready copies of the notices referenced in this ACL in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access you may obtain this notice from the CDSS webpage at: Forms/Brochures.

When completed per Manual of Policies and Procedures (MPP) section 21-115.2, including Armenian, Chinese and Spanish forms, the translations will be posted on our website. Copies of the translated notices can be obtained at: Translated Forms and Publications.

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 notice along with the *GEN 1365-Notice of Language Services* and a local contact.

Your county forms coordinator should distribute translated notices 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 Nondiscrimination, section 115).

If you have any questions regarding the policy and requirements set forth in this ACL, you may direct them to the CDSS, Adult Programs Division, Policy & Operations Bureau at (916) 651-5350.

Sincerely,

***Original Document Signed By:***

DEBBI THOMSON  
Deputy Director  
Adult Programs Division

Attachment

## **COVID-19 ONLY – IHSS/WPCS Provider Sick Leave Request Form**

**The State Coronavirus benefit is now available and provides sick leave benefits for COVID-19 ONLY between January 1, 2021 and September 30, 2021.**

**If you meet one of the requirements below, please complete this form and submit it to your local county IHSS office. For WPCS providers please return your form to the Department of Health Care Services.**

### **PROVIDER REQUIREMENTS:**

The Sick Leave allows full-time worker (40 hours or more per week) to receive 80 hours of paid leave, and part-time workers receive the average number of hours they work in a 2-week pay period. COVID-19 sick leave may **only** be claimed if you meet one or more of the following criteria:

1. You are subject to a quarantine or isolation order;
  2. You have been advised by a health care provider to self-quarantine;
  3. You are having symptoms of COVID-19 and are seeking a medical diagnosis;
  4. You are caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine by a health care provider;
  5. You are caring for your child who's school or childcare facilities has been closed due to COVID-19 precautions and there is no one else available to care for your child;
  6. You are experiencing any other substantially similar concerns;
  7. You had a medical appointment to receive a COVID-19 vaccination;
  8. You are experiencing COVID-19 vaccination related side effects.
- You can submit one claim for your entire eligible sick leave benefit, or multiple claims incrementally up to the total hours you are eligible for depending on your individual reason(s) for the leave.
  - You can submit a claim for up to 2 hours per COVID-19 vaccination appointment.
  - You can claim actual time away from work if you experience any side effects related to the COVID-19 vaccine you receive.
  - **By claiming this COVID-19 sick leave, you are attesting that you meet one or more of the criteria above and must select one of the boxes on the form. If you are sick with, potentially sick with, or have been exposed to COVID-19, you should not be providing IHSS/WPCS services for any recipient as specified by the Department of Public Health.**
  - Your completed TEMP 3021 (3/21) form should be returned to your county IHSS office. For WPCS providers, please return your form to the Department of Health Care Services.

# CALIFORNIA COVID-19 ONLY PAID SICK LEAVE REQUEST FORM FOR IHSS/WPCS PROVIDERS

## Provider Information:

Provider Name (Print):									
Street Address:									
City, State:					Zip Code:		Phone Number: (     )		
Provider Number (9 digits):									

## Recipient Information: Recipient the provider is out sick from:

Recipient Name:

Recipient Case Number (7 digits):

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I am requesting 2-weeks of paid sick leave for the following time:

**Start Date (MM/DD/YY):** \_\_\_\_\_ **End Date (MM/DD/YY):** \_\_\_\_\_

I am requesting paid sick leave for the date(s) and time (hours and minutes) listed below:

Date (MM/DD)	/	/	/	/	/	/	/
Sick Time (HH:MM)	__:__	__:__	__:__	__:__	__:__	__:__	__:__

I am claiming sick leave for the following reasons (**check box(es) below, if left empty this form cannot be processed**):

- ☐ I am subject to a quarantine or isolation order, have been advised by my health care provider to self-quarantine, or am having symptoms of COVID-19 and seeking medical diagnosis.
- ☐ I am caring for a person who is subject to quarantine or isolation order, has been told to self-quarantine by a health care provider, and/or am caring for my child whose school or childcare facility has been closed due to COVID-19 or other COVID-19 concern.
- ☐ I had a medical appointment to receive a COVID-19 vaccination, or, I am experiencing COVID-19 vaccination related side effects.

**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 took sick leave on the dates indicated above.

Provider's Signature:

Date:

**Please submit this completed form to your county IHSS Office for processing. WPCS providers should return their form to the Department of Healthcare Services.**



KIM JOHNSON  
DIRECTOR

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**DEPARTMENT OF SOCIAL SERVICES**  
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GAVIN NEWSOM  
GOVERNOR

March 30, 2021

TO: IN-HOME SUPPORTIVE SERVICES (IHSS) AND  
WAIVER PERSONAL CARE SERVICES (WPCS)  
RECIPIENTS

SUBJECT: INFORMATION ABOUT STATE **COVID-19 ONLY** –  
IHSS/WPCS PROVIDER PAID SICK LEAVE BENEFIT

A new State law provides sick leave benefits for COVID -19 ONLY, for In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers.

The California COVID-19 Sick Leave benefit is now available and provides sick leave benefits for COVID-19 ONLY between January 1, 2021 and September 30, 2021.

Your provider can only claim State COVID-19 sick leave if they meet one or more of the following criteria:

1. They are subject to quarantine or have been given an isolation order;
2. They have been advised by a health care provider to self-quarantine;
3. They are having symptoms of COVID–19 and seeking a medical diagnosis;
4. They are caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine by a health care provider;
5. They are caring for their child whose school or childcare facilities has been closed due to COVID-19 precautions and there is no one else available to care for their child;
6. They are experiencing any other substantially similar concerns;
7. They had a medical appointment to receive a COVID-19 vaccination;
8. They are experiencing COVID-19 vaccination related side effects.

**It is important for you to know that if your IHSS provider becomes sick with COVID-19, needs to be diagnosed or is quarantined due to COVID-19, they cannot provide IHSS or WPCS services.**

If your provider is unable to come to work due to COVID-19, please continue to follow the guidelines to protect yourself from getting sick by washing your hands for at least 20 seconds, avoiding touching your face and following public health guidance and stay at home orders.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

If your provider is impacted by COVID-19 and is unable to come to work, they are required to tell you with as much notice as possible. If you need help with finding a new care provider during your provider's absence, please contact your local county IHSS office or public authority for assistance. WPCS recipients should contact their In-Home Operations office.



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GAVIN NEWSOM  
GOVERNOR

March 30, 2021

TO: IN-HOME SUPPORTIVE SERVICES (IHSS) AND WAIVER  
PERSONAL CARE SERVICES (WPCS) PROVIDERS

SUBJECT: STATE **COVID-19 ONLY** – IHSS/WPCS PROVIDER PAID SICK  
LEAVE BENEFIT

A new State law provides sick leave benefits for COVID -19 ONLY, for In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers.

The California COVID-19 Sick Leave benefit is now available and provides sick leave benefits for COVID-19 ONLY between January 1, 2021 and September 30, 2021. If you meet one of the requirements below please complete the enclosed, California COVID-19 Only Paid Sick Leave Request Form for IHSS/WPCS Providers (TEMP 3021) and submit it to your local county IHSS office. For WPCS providers please return your form to the Department of Health Care Services.

The California COVID-19 Sick Leave allows a full-time worker (40 hours or more per week) to receive 80 hours of paid leave, and part-time workers receive the average number of hours they work in a 2-week pay period. COVID-19 sick leave may only be claimed if you meet one or more of the following criteria:

1. You are subject to quarantine or have been given an isolation order;
2. You have been advised by a health care provider to self-quarantine;
3. You are having symptoms of COVID–19 and seeking a medical diagnosis;
4. You are caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine by a health care provider;
5. You are caring for your child whose school or childcare facilities has been closed due to COVID-19 precautions and there is no one else available to care for your child;
6. You are experiencing any other substantially similar concerns;
7. You had a medical appointment to receive a COVID-19 vaccination; or
8. You are experiencing COVID-19 vaccination related side effects.

To claim the California COVID-19 Sick Leave, you must fill out the attached

TEMP 3021 (3/21) form and return it to your local county IHSS office for processing.

For providers who only provide WPCS services (**not IHSS**), please return your form to the Department of Health Care Services, Integrated Systems of Care Division, at 1515 K Street, 4th Floor Sacramento, CA 95814 - Attention: WPCS Requests.

You can submit one claim for your entire eligible COVID-19 sick leave benefit, or multiple claims incrementally up to the total hours you are eligible to claim, including:

- Claim each day of COVID-19 sick leave you are requesting on the Temp 3021 (3/21) form
- Full-time workers can claim 80 hours of sick leave, and part-time workers receive the average number of hours they work in a 2-week pay period
- You can claim up to 2 hours per COVID-19 vaccination appointment
- You can claim actual time away from work if you experience any side effects related to the COVID-19 vaccine you receive

By claiming this COVID-19 sick leave, you are attesting that you meet one or more of the criteria above and must select one of the boxes on the form.

Providers are still eligible to use the California COVID-19 Sick Leave benefit even if you have already used the one-time federal Emergency Paid Sick Leave Act (EPSLA) benefit, which became effective on April 2, 2020 and provides two weeks of emergency paid sick leave for providers who meet the eligibility criteria, until March 31, 2021.

Please remember, if you are sick, potentially sick or have been exposed to COVID-19, **you cannot provide IHSS/WPCS services for any recipient as specified by the Department of Public Health.** You should contact your IHSS recipient(s) and let them know you are unavailable, so they can contact their local county office to request assistance with finding another provider until you are well.

**Please be advised, if you are not experiencing symptoms and have not been exposed to COVID-19, you should continue to provide services to your IHSS/WPCS recipient.**