

FREQUENTLY ASKED QUESTIONS (FAQ'S) ABOUT THE IHSS PROGRAM PROVIDER ENROLLMENT FORM (SOC 426)

******PLEASE READ THIS INFORMATION CAREFULLY BEFORE YOU
BEGIN TO COMPLETE THE SOC 426******

1. WHO MUST COMPLETE THE PROVIDER ENROLLMENT FORM (SOC 426)?

An IHSS provider is someone who gets paid from the IHSS program for providing supportive services for an IHSS recipient (someone who gets services through the IHSS program).

Any person who is already an IHSS provider OR who wants to become an IHSS provider has to complete and sign the SOC 426.

2. WHEN DO I HAVE TO COMPLETE THE SOC 426?

If you are already an IHSS provider, you have to complete, sign and return the SOC 426 BY JULY 1, 2010. If you do not submit the SOC 426 BY JULY 1, 2010, you will no longer be eligible to be an IHSS provider.

If you want to become an IHSS provider, you have to complete, sign and return the SOC 426 BEFORE you can be enrolled as an IHSS provider and get paid for providing services.

3. WHERE DO I RETURN THE SOC 426?

After you have completed and signed the SOC 426, you must return it IN PERSON to the county IHSS office or county Public Authority.

You will have to show identification (ID) when you return the SOC 426. See Question #7 on this page for information about what kind of ID is required.

4. WHAT ITEMS ON THE SOC 426 DO I HAVE TO COMPLETE?

You have to complete all of the items in PART A and you must also answer all part of #9 (a., b. and c.) in PART B. If you answer "YES" to any part of item #9 (a., b., or c.) in PART B., you must also answer all the remaining questions in PART B (#'s 10, 11, 12 and 13). You have to read and sign the declaration in PART C. If you do not answer all of the required questions and sign the SOC 426, you will not be eligible to be enrolled as an IHSS provider.

5. WHY DO I HAVE TO SIGN THE SOC 426?

You have to sign the SOC 426 to show that you fully understand and agree to all of the statements listed in the declaration in PART C. You are signing the SOC 426 under penalty of perjury.

6. WHAT DOES "UNDER PENALTY OF PERJURY" MEAN?

The words, "under penalty of perjury," mean that you swear that all of the information you are giving is true and correct. If you intentionally give false information or hold back information so you can get a benefit or payment that you are not entitled to, you can be prosecuted for fraud under federal and state law. If you are convicted of fraud, you can be fined, jailed and/or disqualified from becoming an IHSS provider.

As part of the provider enrollment process, you will also have to be fingerprinted and go through a criminal background check. The criminal background check will show whether you have provided any false information on the SOC 426.

7. WHAT KIND OF ID DO I HAVE TO PROVIDE?

You must provide two original pieces of ID. Photocopies of ID are not acceptable. You must provide:

- An unexpired Driver's License or ID card issued by the California (or another state's) Department of Motor Vehicles, OR
- Some other unexpired ID issued by a government agency (e.g., military ID, passport, permanent resident card, etc.); AND
- A Social Security Card; OR
- Other official correspondence from the Social Security Administration verifying your Social Security Number.

If you are under the age of 18, you also have to provide a valid Work Permit.

8. WHY DO I HAVE TO COMPLETE THE SOC 426?

You have to complete the SOC 426 to let the county know if you have been convicted of OR in prison for a crime that would disqualify you from being an IHSS provider.

9. WHAT CRIMES WOULD MAKE ME INELIGIBLE TO BE AN IHSS PROVIDER?

Under state law, any person WHO WITHIN THE LAST 10 YEARS has been convicted of OR in prison for one of the following crimes is not eligible to be an IHSS provider or to receive payment from the IHSS program for providing supportive services:

- A crime involving fraud against a government health care or supportive services program; or
- Abuse of a child, elder or dependent adult.

Also, any person who has EVER been convicted of or in prison for a felony crime OR certain serious misdemeanor crimes is not eligible to be an IHSS provider or to receive payment from the IHSS program for providing supportive services.

Generally, misdemeanor crimes involving violence or threats of violence would disqualify a person from being an IHSS provider.

Minor infractions, such as traffic violations, would not disqualify a person from being an IHSS provider.

10. WHAT HAPPENS IF I'M CONVICTED OF A CRIME AFTER I'M ENROLLED AS AN IHSS PROVIDER?

You must let the county know of any changes to the information you reported on the SOC 426 within 10 calendar days of the change. If you get convicted of one of the disqualifying crimes, you will no longer be eligible to be an IHSS provider. The county will receive information about any criminal convictions through the criminal background check process that you must also go through to be enrolled as a provider.

11. WHAT HAPPENS TO THE INFORMATION I PROVIDE?

The county will review the information you provide on the form to make sure it is complete, and will determine whether you are eligible to be an IHSS provider. They will also check to see if your name appears on the Medi-Cal Suspended and Ineligible (S&I) Providers list, which includes the names of persons who have been:

- 1) Convicted of a crime involving fraud or abuse of the Medi-Cal Program, or
- 2) Suspended from the federal Medicare program for any reason.

If your name is on the S&I Providers list, you will not be able to be an IHSS provider. The county will send you a letter informing you that you are ineligible to be an IHSS provider.

If you are determined to be ineligible to be an IHSS provider, and your name is not already on the S&I Providers list, the county will ask to have your name added to the list.

12. CAN I APPEAL IF I'M FOUND INELIGIBLE TO BE AN IHSS PROVIDER?

Yes. The letter the county sends you if you are found ineligible to be an IHSS provider will tell you how to request an appeal. You will need to ask for an appeal IN WRITING WITHIN 60 DAYS OF THE DECISION. You must send your request for appeal to the following address:

California Department of Social Services
Adult Programs Branch
IHSS Provider Enrollment Appeals, MS 19-04
PO Box 944243
Sacramento, CA 94244-2430

If you have questions about an appeal, call (916) 556-1156.

If you have any other questions about the SOC 426, ask your county IHSS Office or IHSS Public Authority.