



CDSS

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October 31, 2009

ALL-COUNTY LETTER NO. 09-69

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: IHSS PROVIDER ENROLLMENT AGREEMENT, (FORM SOC 846),
AND REVISED IHSS RECIPIENT/EMPLOYER CHECKLIST, (FORM
SOC 332)

REFERENCE: ASSEMBLY BILL, FOURTH EXTRAORDINARY LEGISLATIVE
SESSION (ABX4) 19 (Chapter 17, Statutes of 2009) AND
ALL-COUNTY LETTER NO. 09-52

REASON FOR THIS TRANSMITTAL

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

The purpose of this All-County Letter (ACL) is to provide the counties a new form, the In-Home Supportive Services (IHSS) Provider Agreement (SOC 846), mandated by statutory changes resulting from the passage of recent legislation. Additionally, this ACL transmits the IHSS Recipient/Employer Checklist (SOC 332) which has been revised to provide information specific to the recipient's responsibilities.

BACKGROUND

Development of the new form SOC 846, Provider Enrollment Agreement, is necessary to implement provisions of AB X4 19, which requires all prospective providers and current providers to either attend a provider orientation or receive information regarding the new IHSS provider requirements, to be eligible to be enrolled or to receive payment for providing supportive services in the IHSS program. Upon the conclusion of the provider orientation or completion of the review of the IHSS provider requirements, the current/prospective providers must submit the signed agreement, specifying that they agree to the IHSS program provider requirements. This new requirement becomes effective November 1, 2009 for prospective providers. Current providers must submit the signed form by July 1, 2010.

USE OF FORM SOC 846

Form SOC 846 will be distributed to current/prospective providers by the counties and maintained by the counties. As required by AB X4 19, the form requires current and prospective providers to acknowledge receipt of the IHSS program requirements to be an eligible provider.

It also addresses timesheet issues such as recording time performing only authorized services for the recipient, the importance of the provider's signature to attest that the information reported is true and correct, and civil penalties that may apply if the provider is convicted of fraudulently reporting timesheet information. Additional anti-fraud measures presented on the form include the future requirement of the provider's fingerprint placed on each timesheet submitted and information on the Medi-Cal toll-free fraud hotline number and Internet Website for reporting suspected fraud or abuse in the IHSS program. (ACL 09-54, which details the content of the IHSS provider orientation, was released October 28, 2009.)

The California Department of Social Services (CDSS) has identified the SOC 846 as a "required" form. Forms in this category may not be modified, reconstructed, or substituted. Regulations regarding this new requirement, as well as the other provider enrollment responsibilities, will follow. These regulations shall address the required completion of form SOC 846 as part of the IHSS provider eligibility process.

County Responsibilities

To meet the requirements of the statute, counties must retain the SOC 846 for an indefinite period. It is advised that the county furnish a copy of the signed agreement form to the current/prospective provider.

In addition, form SOC 846 references completion of form I-9 by the provider, which documents the provider as authorized to work in the United States. The counties or Public Authorities that currently retain copies of the I-9, on behalf of the recipient, may continue to do so. A copy of this form may be maintained in the provider file. If a provider file has not yet been established, it may be maintained in the recipient's case file.

Forms W-4 and DE 4 are completed by providers if they wish to have federal and/or state income tax withheld from their wages. The counties may continue their practice of supplying these forms to the applicant providers at the time of enrollment. For your convenience, the forms are available at the links below.

[IRS Publication - Form W-4 \(2009\)](https://www.irs.gov/pub/irs-pdf/fw4.pdf?portlet=3)

<https://www.irs.gov/pub/irs-pdf/fw4.pdf?portlet=3>

[EDD State of California - DE 4 Rev. 36 \(4-09\)](https://www.edd.ca.gov/pdf_pub_ctr/de4.pdf)

https://www.edd.ca.gov/pdf_pub_ctr/de4.pdf

REVISION AND USE OF FORM SOC 332

The IHSS Recipient/Employer Checklist (SOC 332) addresses the recipient's responsibilities as the employer. Because this form previously included the provider's acknowledgement of information given to the provider by the recipient, its revision was necessary to avoid duplication of entries on the new SOC 846.

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As counties are aware, State regulation [Manual of Policies and Procedures (MPP) section 30-764.31] requires counties to ensure that all IHSS recipients understand their basic responsibilities as employers. Form SOC 332 notifies IHSS recipients of their responsibilities toward the social worker and the provider. This form is also a required form.

CAMERA-READY COPIES AND TRANSLATIONS OF FORMS

Counties may access camera-ready versions of English forms referenced in this ACL on CDSS' Forms/Brochures web page at [CDSS Forms/Brochures web page](#).

Questions about accessing the forms may be directed to Forms Management Unit at FMUdss@dss.ca.gov.

We are in the process of translating the IHSS Provider Enrollment Agreement form and the Recipient/Employer Responsibilities Checklist. Language Translation Services (LTS) will make available on the web site camera-ready copies of Spanish, Armenian, and Chinese translated forms as soon as they have been completed which should be prior to 11/10/09 and you may access these translated forms at [CDSS Translated Forms and Publication web page](#).

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 (MPP Division 21, Civil Rights Nondiscrimination, section 115).

For questions regarding the use of these forms, please contact the Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

EVA L. LOPEZ
Deputy Director
Adult Programs Division

Attachments: [SOC 846](#); [SOC 332](#)

c: CWDA