

## CHAPTER 5 INDIVIDUAL PROVIDERS

### IHSS CLERICAL AND PUBLIC AUTHORITY RESPONSIBILITIES

IHSS Clerical and Public Authority duties and responsibilities for Individual Provider paperwork and timesheet processing are designated as follows:

POSITION & DUTIES	IHSS STAFF	PUBLIC AUTHORITY STAFF
<p><b>CMIPS Clerks</b></p>	<ul style="list-style-type: none"> <li>• Assist social workers with CMIPS trouble documents.</li> <li>• Enter SOC 293 and SOC 311 documents into CMIPS each day for one-day turnaround.</li> <li>• Give priority to “10-day” documents.</li> <li>• Reconstruct documents, which consists of correcting previous segments.</li> <li>• Assist social workers with problem documents or questions.</li> <li>• Distribute mail and monthly reports.</li> </ul>	<ul style="list-style-type: none"> <li>• Assist providers with problem timesheets, by phone and in office.</li> <li>• Process timesheets. Assist clients on the phone and in the lobby.</li> <li>• Sort and distribute daily mail from EDS. Process approx. 45,000 timesheets monthly.</li> <li>• Process duplicate timesheets and retroactive timesheets.</li> <li>• Verify void payment of checks to providers and recipients.</li> <li>• Process stop payments as soon as possible.</li> <li>• Staff payroll phone line.</li> <li>• Consult with EDS in requesting copies of warrants.</li> <li>• Assist in opening mail during busy times.</li> <li>• Batching and sorting timesheets.</li> </ul>
<p><b>Overpayment Advance Pay &amp; Lien Duties</b></p>	<ul style="list-style-type: none"> <li>• Initiate advance pay process with clients. Establish advance pay files per advance payees.</li> <li>• Establish direct deposit (EFTs) accounts for new advance payees.</li> <li>• Coordinate with fiscal on overpayment accounts.</li> <li>• Generate IHSS overpayment notices of action.</li> <li>• Prepare monthly overpayment report for program manager, which documents fraud, non-fraud and admin error overpayments by dollar amount and number of incidents.</li> <li>• Maintain an IHSS accounts receivable report of overpayment</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain advance pay files for each advance payee. Maintain direct deposit on ongoing payees. Keep advance pay accounts balanced by use of EDS hard copy reconciliation report. Issue advance pay initial timesheets as needed.</li> <li>• Input monthly advance pay timesheets to balance advance pay accounts and reconcile hours. Document input.</li> <li>• Issue share-of-cost monies as requested by social workers/approved by supervisors and the Program Manager.</li> </ul>

	<p>balances in parallel with the fiscal accounts receivable report. Retrieve microfiche information.</p> <ul style="list-style-type: none"> <li>• Issue payments on Appeals decisions.</li> <li>• Maintain petty cash fund and make special purchases from petty cash.</li> <li>• Maintain postage stamp inventory.</li> <li>• Perform billing for meals share of cost, and billing where taxes prevent a provider from receiving a correct warrant.</li> </ul>	<ul style="list-style-type: none"> <li>• Process liens related to wage garnishments;</li> <li>• Check computer records, send to EDS.</li> </ul>
<p><b>Fraud &amp; Subpoena Activities</b></p>	<ul style="list-style-type: none"> <li>• Retrieve case file or recipient information for incoming subpoenas when requested by the Program Manager, Operations Manager, District Attorney or Public Assistance Fraud Division.</li> </ul>	<ul style="list-style-type: none"> <li>• Retrieve and photocopy timesheets for subpoena and/or fraud purposes.</li> </ul>
<p><b>Worker's Compensation &amp; Employment Verification</b></p>	<ul style="list-style-type: none"> <li>• Social Worker initiates paperwork for Worker's Compensation when initial information is received.</li> </ul>	<ul style="list-style-type: none"> <li>• Handles Worker's Compensation related activities.</li> <li>• Respond to walk-ins at reception concerning employment verifications.</li> <li>• Process employment verifications for IHSS providers, which includes requests from San Diego Housing Commission, Social Security, mortgage companies, banks, Veterans Affairs, Employment Development Department, Family Resource Centers, District Attorney, IRS, etc.</li> </ul>
<p><b>Provider Packets Timesheets &amp; Additional Payroll and Batching Activities</b></p>	<ul style="list-style-type: none"> <li>• Compile new provider packets.</li> <li>• Send provider packets and initial timesheets to new providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Batch IHSS provider timesheets every two weeks.</li> <li>• Assist walk-in clients with payroll questions and duplicate timesheets.</li> <li>• Answer payroll phone inquiries, rotating among staff.</li> <li>• Check lobby and parking lot mailboxes throughout the day for</li> </ul>

		<p>timesheets.</p> <ul style="list-style-type: none"> <li>• Troubleshoot problem timesheets upon receipt.</li> <li>• Expedite 435's within 24 hours of receipt.</li> <li>• Expedite photocopies of checks within 24 hours.</li> <li>• Process bar-coding and shipment of timesheets to storage.</li> </ul>
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**Recipient Responsibilities**

The recipient, within his/her physical, emotional, educational, and other limits will:

- Designate the IHSS work schedule for the IP.
- Sign and date the timesheet, verifying that the services have been provided.
- Pay the applicable share-of-cost (SOC) to the provider(s);
- Inform the Social Worker of any changes affecting the payroll process;
- Sign and date the form IHSS 12-58A at Intake, Recertification and any other in-home assessment and require the provider to sign the form.

**Recipient Unable To Sign Timesheet**

The provider may not sign the recipient's name on his/her own timesheet. The following are the only exceptions:

- The recipient is a minor child and the provider is a parent
- The authorized representative is a legal guardian or conservator

*Before the guardian or conservator can be approved as signatory for the recipient, copies of the "letters of authority" must be provided, and filed in the IHSS case.*

A timesheet with a blank recipient signature line will not be accepted for processing and CMIPS data entry. It will be returned to the Social Worker to obtain a signature.

If the recipient is able to make a mark, he/she will complete form 12-44 "Signature Authorization Form". The Social Worker will forward the completed form to the Public Authority for retention and retain a copy in the case file.

The recipient may authorize someone (*other than the provider*) to sign on his/her behalf. The Social Worker will forward a completed form 12-44, Signature Authorization form, with the name of the authorized representative to the Payroll Unit.

If there is no one else available to sign for the recipient in an emergency such as hospitalization, the Social Worker will:

- Sign form 12-44 on the recipient line and forward it to Public Authority.

- Retain a copy of the 12-44 in the case file.
- Document in the narrative the name of the person authorized to sign for the client.

### **Individual Providers Mailing Address**

IHSS policy requires that a provider's paychecks be mailed to the provider's residence. Any requests to use an address other than the IP's personal residence (P.O. Box, a friend's, etc.) requires written verification from the Post Office, stating there is a problem with receiving mail at the IP's residence. The following procedures are necessary:

- The SW will complete the top half of the Post Office Box Authorization form and either send it to the appropriate Post Office with a return envelope or give it to the IP to be completed by the Post Office representative.
- When the completed form is returned from the Post Office, the SW will submit the request to the Social Work Supervisor (SWS) for authorization.
- The SWS will submit the request to the Program Manager for authorization or, the SWS, may sign and approve in place of the Program Manager with the Program Manager's consent.

Pending approval, all paychecks will be mailed to the IP's place of residence.

### **Individual Provider Resides In Mexico**

IHSS policy allows payment to providers who legally reside in Mexico. However, *paychecks may not be mailed to addresses in Mexico*. When the applicant/recipient has indicated that the IP resides in Mexico and it has been verified that he/she may legally work in the U.S., the SW will follow these procedures:

- Follow procedures for obtaining a copy of the Social Security card.
- The Social Security card and photo identification will be viewed to determine if the following statement is on the card: "Valid for work only with INS/DHS authorization."
- The SW will also view any INS/DHS identification/documentation the potential provider has to ensure that he/she is authorized to work in the United States, and the dates of authorization.
- The SW will check the SOC 311 to ensure that it does not allow the IP to work beyond the date allowable on the INS/DHS documentation.
- Compare the IP's photo and signature with those of the actual person.
- Submit in writing a gram to the SW supervisor that includes:
  - The IP's residence address in Mexico;
  - A request to use a Post Office Box in the U.S. for mailing the provider's paycheck; and
  - A copy of the receipt for purchase of a United States Post Office Box.
- The SWS will submit the request to the Program Manager for authorization, or the SWS may sign and approve in place of the Program Manager with the Program Manager's consent.

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- Paychecks *will not* be issued or processed to a provider who resides in Mexico until the above procedures have been completed.

### **Advance Payments**

All Residual Severely Impaired recipients (30-753) have the option of receiving their IHSS payments in advance, at the beginning of each authorized service month. (30-769.731)

- Advance pay applicants/recipients are not eligible for the Personal Care Services Program (PCSP) even if personal care services are provided. Services for advance pay applicants/recipients will be funded through the IHSS Waiver Program (IPW).
- If a severely-impaired PCSP recipient wants to receive advance pay, the case will be changed to the IPW Program.
- The recipient shall be notified in writing of the right to hire and pay his/her own provider and to receive the monthly cash payment in advance. The IHSS Notice of Action provides this notification.
- Payments may be made to a legal guardian or conservator when a recipient has a legal guardian or conservator. Payment may also be made to a substitute payee or other person designated by the recipient. The Social Worker should verify the relationship before authorizing advance payments.
- It is the responsibility of the *recipient*, or his/her legal guardian, conservator, payee, or other designated individual who receives payment in advance to:
  - Submit timesheets at the end of the month reflecting all hours worked by the Individual Provider.
  - The timesheet will be submitted to the Public Authority.
- The provider shall be hired and supervised by the person receiving the advance payments.
- The recipient or his/her agent receiving advance pay shall pay the provider twice a month in arrears.
- IHSS clerical staff will mail an initial timesheet (12-31A) to all new providers in advance pay cases.
- Subsequent timesheets are mailed automatically to the provider between the 15<sup>th</sup> and the 22<sup>nd</sup> of each month.

### ***Advance Pay Sanctions***

The following procedures will be used when the recipient/provider fails to submit timesheets to reconcile payments received (30-767.133):

- When timesheets have not been received within 90 days after payment was made, advance pay will be denied to these recipients for three months. The provider will receive payment in arrears during this time.
- Sanctions must be requested by the Social Worker and approved by the Social Work Supervisor.
- The second violation of the above will result in denial of advance pay status for six months. The provider will receive payment in arrears during this time.

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- The third time a recipient/provider fails to submit timesheets for 90 days or more in order to reconcile an advance payment; advance pay status will be discontinued for one year. The provider will be paid in arrears during this time.
  - The SW will notify the recipient of the change in payment method by entering CMIPS Notice of Action (NOA) code 510, 511, or 512 on the SOC 293 (see CMIPS Manual page V-F-12).

If an eligible recipient selects the advance pay option and:

- Is using his/her payment for other than the purchase of authorized services;
- Has failed to submit timesheets (as specified in Section 30-769.737) within 90 days from the date of payment;
- Has not provided timely payment to his/her providers;

The Social Worker will review the situation to determine the cause. When it is determined that the recipient has used his/her payment for other than the purchase of authorized services, the Social Worker will review the findings with the Social Work Supervisor to:

- Determine if the recipient is truly in need of authorized services.
- Determine if there has been an overpayment and/or deliberate fraud.
- Take appropriate action for the overpayment and/or fraud.

Payment may be changed from payment in advance, to payment in arrears to resolve the situation with the supervisor's approval. In some cases, sanctions may apply. Please see "Advance Pay" in this chapter for additional information.

### **Fair Hearing Awards**

Fair Hearing decisions in favor of the IHSS recipient may involve a retroactive lump sum payment.

- A copy of the Fair Hearing decision is required by the designated IHSS Account Clerk to authorize issuance of the payment.
- Such payment for service hours are made at the County rate for IPs.
- In IP cases, if the provider actually provided services covered by the decision, payment may be made to the provider on receipt of the relevant timesheets.
- The Appeals Section usually orders payments made to the recipient.

### **IHSS Timesheets**

The IHSS timesheet is a legal document. Therefore, all information contained on the timesheet must be reviewed for accuracy and completion before the information is entered in the CMIPS system. The following guidelines will be followed when reviewing timesheets prior to data entry for payment:

1. The timesheet must be signed and dated. The recipient's signature represents verification that services authorized were in fact provided. A timesheet without a recipient's signature will be returned to the Social Worker by the Public Authority.

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- The Social Worker will contact the recipient and then return the timesheet to the recipient for completion.
2. In instances when the recipient is unable to sign the timesheet, an authorized person can sign on his/her behalf. The Social Worker will seek someone who is knowledgeable of the recipient's situation to sign on his/her behalf. Two critical conditions of this provision are:
    - a. Authorization for an individual other than a legal guardian or conservator to sign the timesheet must be at the recipient's request; *and*
    - b. The authorization must be documented in the case record.
  3. Unless the IHSS provider is also the legal guardian or conservator of the IHSS recipient, the IHSS provider MAY NOT sign the timesheet for the recipient.
  4. If the recipient requests that the Social Worker sign as the authorized person, the approval of the Social Worker's Supervisor should be documented in the case record each time such a request occurs.
  5. If the recipient has not provided authorization for an alternate signature and the recipient's death precludes completion of the timesheet, the Social Worker or the Social Worker's Supervisor may sign on behalf of the deceased recipient. Alternatively, the administrator of the recipient's estate may sign the timesheet.
  6. A parent provider of a minor child may also sign the timesheet.
  7. The original Timesheet Signature Authorization forms (HHSA 12-44) will be maintained by the Public Authority for use when reviewing timesheets prior to data entry into CMIPS.
  8. Timesheets that lack the provider's signature will be returned with instructions for completion.
  9. In advance pay cases, when the provider cannot be located, the recipient may be required to sign a separate affidavit affirming that the provider worked the appropriate hours and is unavailable.
    - a. The Social Worker will monitor closely those advance pay cases in which the recipient repeatedly fails to obtain signatures from the provider(s) and will consider the appropriateness of placing the recipient on the arrears payment cycle.
  10. If the Public Authority payroll unit receives a timesheet before the end of the pay period showing hours worked beyond the current date, the timesheet will be returned for correction or the information will be otherwise verified.

### **Deceased Provider**

Please refer also to CMIPS User's Manual Section VII-G-7

#### ***Timesheets***

If the provider dies before signing the last timesheet, the recipient's signature is sufficient authorization to process the timesheet.

### ***Warrants***

Social Workers may advise survivors of deceased providers that an uncashed warrant payable to the deceased provider cannot be reissued under his/her survivor's name because:

- There is no process in CMIPS for reissuing warrants to a non-provider;
- The State and County of San Diego will not assume responsibility to ensure that any reissued warrants are made payable to the correct survivor (disputed claims of survivorship); and
- Reissuing the warrant under another name will hinder the proper reporting of wage and tax information in the deceased provider's name.

### ***Deceased Provider – Alleged Forgery (CMIPS User's Manual Section VII-G-9)***

If a survivor of a deceased provider states that the signature on a warrant issued to the provider before death was forged, the Public Authority can initiate a REQUEST FOR DUPLICATE CONTROLLER'S WARRANT/ STOP PAYMENT (form STD 435).

- The survivor will sign the STD 435.
- The county must order the check in question and obtain several examples of the provider's signature.

The Public Authority will send the STD 435 with a copy of the death certificate and signature examples to the State Controller's Office (SCO).

### **Deceased Recipient**

If a recipient dies before signing the last timesheet(s), the Social Worker may sign on the recipient's behalf if it can be verified to his/her satisfaction that the hours of service were actually provided. Under the Fair Labor Standards Act, if services have been provided, the provider must be paid.

### **CMIPS**

All payments to IHSS recipients and Individual Providers are made through the CMIPS system. The Public Authority payroll unit enters information locally, the checks and turnaround timesheets are mailed from Sacramento.

### ***Procedures***

The IHSS Public Authority is responsible for:

- Entering all recipient/provider payroll information into the computer master file on a timely basis.
- Reviewing the timesheet prior to issuing any wage payment to the provider for consistency between hours claimed and hours authorized.
- Processing all timesheets by the payroll deadline.
- Reconciling Advance Pay timesheets and adjusting any overpayment from subsequent months.
- County IHSS staff are responsible for initiating Advance Pay timesheets and Restaurant Meal payments when services are authorized prior to the first of the month (partial payments).

- Responding to and resolving payment inquiries from providers and recipients.

### ***Individual Providers Payroll Cycles***

The payroll cycles are as follows:

Arrears Payment Cycle – There are two cycles per month: (1) the 1<sup>st</sup> through the 15<sup>th</sup>, and (2) the 16<sup>th</sup> through the last date of the month.

Advance Payment Cycle – Advance payment is available to Severely Impaired recipients only, and is paid to the recipient, not the provider. Funding is through the IPW not PCSP. It will include the restaurant meal allowance (if any).

Restaurant Meals Payment Cycle – Restaurant meal allowance payments are issued on the 1<sup>st</sup> and 15<sup>th</sup> of the month to the recipient.

### ***Payroll Deductions***

- The state will pay Worker's Compensation coverage for all Individual Providers through a statewide policy.
- All providers subject to withholding will have Social Security Tax (FICA) and the State Disability Insurance (SDI) withheld from their checks. These taxes are also withheld from advance paychecks and applied to the provider tax account on receipt of the timesheet. (See CMIPS Manual, XIII A-1 for tax and benefit coverage.)
- Providers may elect to have SDI withheld from their paycheck by completing and returning SOC 409 IHSS/CMIPS State Disability Insurance Form.
- Any share-of-cost (SOC) owed by the recipient is withheld from the paycheck.
- Providers may volunteer to have state and federal income taxes withheld by filing a W-4 form.
- All providers will receive a W-2 Wage and Tax Statement in January of each year.

### **Confidentiality Of Payroll Records**

The Individual Provider's payroll records are confidential.

- Information about employment or earnings will only be released with a signed authorization from the Individual Provider.
- Any individual attempting to serve a subpoena will be referred to the IHSS Program Manager.

### **LOST WARRANTS**

Providers usually receive their paychecks within 10 days of mailing their timesheets. When a provider reports that no paycheck has been received, he/she must wait an additional five days before requesting that a check be reissued.

***Lost Warrant Request Form***

The lost warrant request form, STD 435, is completed by the provider in quadruplicate and returned to the IHSS Public Authority. The Public Authority will put a stop payment on the check if it is still outstanding and issue a replacement.

***Copy Of Endorsed Check***

If the missing warrant has been cashed, the Public Authority will complete form PAY 963 and send it to EDS to obtain a copy of the endorsement on the cashed check. When the copy of the check is received in payroll, the provider payee will be asked to examine the signature. If the payee says it is not her/his signature, the provider payee must complete a “Forged Endorsement Affidavit.”

***Forged Endorsement Affidavit***

The Forged Endorsement Affidavit, form STD-CA-0034, is prepared in triplicate and witnessed by two people. A short explanation of the check loss in the payee’s own handwriting is required. A copy of the check and the affidavit are returned to the Public Authority, and are then forwarded to the State Controller’s office for action.

**WORKERS’ COMPENSATION CLAIMS**

Workers’ Compensation for any Individual Provider (IP) injured while caring for an IHSS recipient is provided through the State Compensation Insurance Fund (SCIF). The SCIF office for the County of San Diego is at:

**State Compensation Insurance Fund**

10105 Pacific Heights Blvd.  
San Diego, CA 92121  
Phone: (858) 552-7000

***Employer Of Record***

The California Department of Social Services (CDSS) assumes the responsibility of the employer, rather than the IHSS recipient, for purposes of Workers’ Compensation claims only. CDSS has authorized IHSS and Public Authority staff to process necessary paperwork for Workers’ Compensation claims.

The IHSS Program and the IHSS Public Authority are responsible for distributing the “New Employees Guide to Workers’ Compensation” which contains a “Physician/Chiropractor Pre-designation Form” to all new IHSS providers and upon request to existing IHSS providers. The pre-designation form is maintained in the IHSS case file with other provider documentation.

***Reporting An Injury***

The IHSS IP Benefits and Services Information pamphlet (distributed with initial timesheets) instructs the IP that when he/she injures him/herself while providing IHSS services to:

- Seek immediate medical attention.

- Notify the IHSS Social Worker.

The Social Worker will also instruct the IHSS applicant/recipient to call the Social Worker when the IP has an on-the-job injury. The forms needed to report the injury to the SCIF are maintained in each IHSS district office.

Reports of provider injury may be received from several sources: the provider; the recipient; a medical office, an attorney's office, or a SCIF office.

### ***Referral For Injury***

The SW will refer the injured provider to an Industrial Clinic immediately on being notified of the injury, unless the provider has pre-designated his own personal physician, and a copy of the form is in the IHSS case file with other provider verifications.

### ***Request For Authorization To Treat***

The SW, SWS, IHSS clerical, or Public Authority staff may receive a call from a medical office requesting authorization to treat an injured provider. The law requires the employer to authorize medical treatment as required and is limited by the law to within one day after an employee files a claim form. Treatment is authorized until the claim is accepted or rejected, up to a limit of \$10,000 in total.

### **Procedures:**

1. Determine if the individual is a current IHSS Individual Provider.
  - a) If so, authorize the *first treatment only*. SCIF is responsible for authorizing any further treatment.
  - b) SCIF has established two Medical Provider Networks (MPNs), Kaiser Permanente Alliance and the Preferred Provider Network (PPN). An MPN physician may be found by calling 1-888-222-3211 or through SCIF's MED finder program at [www.scif.com](http://www.scif.com). If a physician has not been pre-designated, the IP is limited to treatment within the network for the life of the claim.
2. Determine if a current Workers' Compensation file on the individual has been opened by designated IHSS Public Authority staff; if so, refer the calling party to SCIF.

*Note: Designated IHSS Public Authority staff opens and maintains all IHSS Individual Providers' Workers' Compensation files.*

### ***Receipt Of Benefits***

Injured providers, who have lost wages, by law, must begin to receive benefits within fourteen (14) days after the injury was reported.

### ***Form SOC 412***

The Employee Claim for Workers' Compensation Benefits form (SOC 412) will be given or mailed to the injured provider, along with a self-addressed return envelope, when the provider

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informs the Social Worker that he/she has been injured while caring for an IHSS recipient. The Social Worker is legally responsible to provide the SOC 412 to the injured provider **within 24 hours** of being notified of the injury.

If form SOC 412 is mailed to the injured provider, it will be sent via **registered mail**. Clerical sections in each IHSS district office have a supply of registered mail forms.

When the SW receives the completed Employee's Claim Form SOC 412 from the injured provider the SW will:

- Complete Part II of the form SOC 412.
- Not sign the form until it's received back from the injured provider.
- Use the date he/she received the form back from the provider.
- Mail a copy of the completed SOC 412 to the injured provider.
- Forward a copy to designated IHSS Public Authority staff.

Although the SW is required to provide the form SOC 412 to the injured provider, the injured provider is not required to complete the form. Failure to do so *will not* jeopardize his or her rights to benefits.

### ***Form SCIF 3167***

CDSS requires IHSS employees to report EVERY alleged industrial injury. The SW is responsible for completing the Employers' Report of Occupational Injury or Illness (SCIF 3167 – IHSS).

- The SCIF 3167 must be completed and mailed to the State Compensation Insurance Fund within *seven (7) days* of knowledge of the injury.
- If the injured provider works for multiple recipients, the date of hire by each recipient will be included on the back of form SCIF 3167.
- If the provider lives with the recipient, the provider's relationship to the recipient will be included on the SCIF 3167.
- Questions regarding completion of the form may be directed to the State Compensation Insurance Fund at phone (909) 697-7300.
- The SW will forward the completed form to the IHSS Public Authority.

### ***Penalty***

If the SCIF 3167 (IHSS) is not received by the SCIF office within seven (7) calendar days of the first notification received by IHSS staff of the provider's injury, the benefits due to the injured IP may be delayed. Additionally, the County may be assessed a penalty of 10% of the delayed benefit amount, which in turn is paid directly to the injured provider.

### ***Review Of Procedures And Responsibilities***

This section provides an overall review of the procedures followed when first receiving notification that an IP has been injured while providing IHSS. It includes the responsibilities of various staff for completing and processing Workers' Compensation claims forms.

### Injured Provider:

The injured provider is responsible for:

- Notifying the Social Worker as soon as the provider has been injured.
- Completing and returning Form SOC 412 to the Social Worker.

### Social Worker:

The Social Worker is responsible for:

- Ensuring that Form SOC 412 and a return addressed, stamped envelope is mailed to the injured provider within 24 hours of the SW's knowledge of the injury.
- Completing Part II of Form SOC 412 when it is received back from the injured provider.
- Retaining a copy of form SOC 412 under the "Miscellaneous" tab in the case file.
- Completing the SCIF 3167.
- Retaining a copy of the SCIF 3167 under the "Miscellaneous" tab in the case file.
- Forwarding the following packet of forms to the Public Authority within **five (5) days** of the SW's knowledge of the injury:
  - Completed (Part I & II) SOC 412 (**when received timely from the injured provider—if not received from the injured provider, send the following two items within five (5) days of knowledge of the injury**)
    - Completed SCIF 3167 – IHSS
    - Photocopy of the most recent IHSS Notice of Action describing the injured provider's duties.

### Public Authority

Designated Public Authority staff will process the packet received from the SW as follows:

- Write the date the packet is received in the upper right hand corner of the SCIF 3167.
- Print a CMIPS Payment Summary Screen for the injured provider.
- Forward a copy of the entire packet (forms received from the SW and a copy of the CMIPS Payment Summary Screen) to the designated IHSS Senior Clerk (M.S. W-253).
- Immediately mail to SCIF the entire packet.

### ***Documents Received Regarding Claim***

During the claim process, a variety of documents may be received regarding the injured provider. Some examples include:

- Medical reports concerning the provider's treatment and condition;
- Subpoenas;
- Correspondence from the provider's lawyers;
- Correspondence from the Workers' Compensation Appeals Board.

Any document received regarding the injured provider is to be forwarded to the SCIF office so that the claim may be assessed accurately.

If a SW receives such documents, he/she will retain a copy under the "Miscellaneous" tab in the case file, and forward the originals to:

The IHSS Public Authority  
Attention: Provider's Services Specialist  
Mail Stop: W-256.

### ***Release Of Information To SCIF***

In order to determine eligibility for and evaluate the IHSS provider's Workers' Compensation benefits, SCIF may request information from the SW that is available in the IHSS recipient's case record. The majority of requests will be made in writing by SCIF. However, in some circumstances, SCIF may request information by telephone. The SW will release information to SCIF over the telephone, if SCIF agrees to follow up with a written request for release of information.

### ***Release Of Information To SCIF's Contractors***

For the purpose of investigating claims, SCIF may contract with private investigators. These contractors are screened prior to hire and are advised of any confidentiality provisions that may exist. Requests for information, including timesheets and warrants, from the case file by these investigators will be processed on a timely basis.

*Note: If there is any doubt about the caller's identity, the SW will ask for the name of a SCIF contact and phone that person to verify the caller's affiliation with the agency.*

### ***Fraud***

Any IHSS employee who suspects an injured provider of committing fraud, in relation to his/her Workers' Compensation claim, is to report the suspicion of fraud to SCIF. Indications of a fraudulent Workers' Compensation claim include:

- Someone who knowingly tells a lie about an injury;
- Obtaining Workers Compensation benefits for a non-work related injury;
- Not reporting number of employers; and/or
- A provider who is reported as injured on the job and could not perform any services to the recipient but can perform the same services to others.

IHSS staff *do not* investigate potentially fraudulent Worker's Compensation activities; SCIF case managers will investigate all reports of suspected fraud.

### ***Vocational Rehabilitation***

An injured provider may take part in vocational rehabilitation if the doctor decides that the provider can't perform his/her former duties. SCIF has Qualified Rehabilitation Representatives (QRR) who develop plans, assess the skills, interest, potential earnings, and educational level of the injured provider(s) to prepare him/her for a job. If the injured provider refuses to participate, the benefits will stop.

***Return-to-Work Program and Supplemental Job Displacement Benefit (SJDB)***

The Return-to-Work Program was established in order to promote the early and sustained return-to-work of the employee following a work-related injury. Welfare and Institutions Code (W&I Code) sections 12302.2 and section 12302.21 require the State to provide Workers' Compensation coverage for IHSS providers in the Individual Provider (IP) and the County Contract Modes on behalf of the recipient as the employer. Accordingly, the State provides coverage for any additional benefits that may result from the Return-to-Work Program requirements and the SJDB. The State is responsible for the requirements to offer modified or alternative work to an injured employee under the Individual Provider Mode.

***Regular, Modified or Alternative Work***

- Regular work is defined as the position and wages the employee was receiving at the time of the injury and is located within a reasonable commuting distance from the employee's residence at the time of the injury.
- Modified work is defined as regular work modified so the employee can perform all the functions of the job and can receive wages of at least 85% of the wages paid at the time of injury and the location is in reasonable commuting distance from the employee's residence at the time of the injury.
- Alternative work is defined as other work the employee is able to perform and can receive wages of at least 85% of the wages paid to the employee at the time of the injury and the location is in reasonable commuting distance from the employees residence at the time of the injury.

***Predesignation of Physician***

Senate Bill (SB) 899 (Chapter 34, Statutes of 2004) enables employees to pre-designate a physician of their choice for treatment of on the job injuries, and for the establishment of a medical provider network (MPN) to provide medical treatment to injured employees.

***Medical Provider Network***

The State Compensation Insurance Fund (SCIF) has established two MPN's, Kaiser Permanente Alliance and the Preferred Provider Network (PPN). An MPN physician may be found by calling 1-888-222-3211 or through SCIF's MED finder program at [www.scif.com](http://www.scif.com). If a physician is not pre-designated, the IP is limited to treatment within the network for the life of the claim. This does not affect the referral process for immediate treatment already in place.

***New Employees Guide to Workers' Compensation***

The IHSS Program is responsible for distributing the "New Employees Guide to Workers' Compensation" which contains the "Physician/Chiropractor Pre-designation Form" to all new IHSS IP's and upon request to existing IHSS IP's. The form is maintained in the IHSS case file with other provider documentation.

***IHSS Clerical Responsibilities***

Clerical staff will include the "New Employees Guide to Workers Compensation Benefits" in the initial timesheet packet sent to every new IP.

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If the “Physician/Chiropractor Pre-designation Form” is returned to IHSS Public Authority along with the W-4 form, it will be forwarded to the assigned IHSS Social Worker.

Upon request, clerical staff will mail the “New Employees Guide to Workers Compensation Benefits” to any existing IP that requests one, along with a return envelope for the “Physician/Chiropractor Pre-designation Form”. The assigned Social Workers’ worker number will be included on the return envelope.

### ***IHSS Social Worker Responsibilities***

The IHSS Social Worker is responsible for retaining the “Physician/Chiropractor Pre-designation Form” in the case file along with the IP’s other documentation.

The form will be filed under the “Application” divider in the case file.

### ***IHSS Public Authority Responsibility***

Public Authority staff will mail a copy of the “New Employees Guide to Workers Compensation Benefits” to any existing IP that requests one, along with a return envelope for the “Physician/Chiropractor Pre-designation Form”.

Any “Physician/Chiropractor Pre-designation Forms” received by Public Authority will be forward to the assigned IHSS Social Worker.

### **Paid Family Leave For IHSS Individual Providers**

Starting January 1, 2004, all California workers covered under State Disability Insurance (SDI) contributed an additional .02 percent of taxable wages to pay for Paid Family Leave (PFL) benefits. PFL covers all employees who are covered by SDI, providing eligible IHSS-R/PCSP/IPW providers with partial wage replacement for up to six weeks in a twelve month period. PFL may be used when the Individual Provider takes time off work to care for parents, children, a spouse, registered domestic partners, or to bond with a new child. This program provides protection against wage loss only. PFL does not protect the individual’s job. The Individual Provider may be replaced by someone else if their recipient decides to fill their position.

The PFL program is administered by the Employment Development Department (EDD). EDD is responsible for answering all questions regarding program eligibility and processing for all claims. Claim forms are not required to be provided by IHSS staff. Requests for applications should be referred to EDD at:

1-(877) 238-4373 – English

1-(877) 379-3819 – Spanish

1-(800) 563-2441 – TTY

Employment Development Department

P.O. Box 997017

Sacramento CA 997017

Internet site: [www.edd.ca.gov/fleclaimpfl.htm](http://www.edd.ca.gov/fleclaimpfl.htm)