

IN-HOME SUPPORTIVE SERVICES PROGRAM

Notice to Recipient of Provider Ineligibility

Incomplete Provider Enrollment Requirements (as of December 31, 2010)

Recipient's Name

Notice Date:

Recipient's Address

XXXXXXX, CA XXXXXX

Re: Provider Name

As of the date of this notice, your IHSS provider named above has NOT completed all of the provider enrollment requirements. If your IHSS provider does not complete all of these enrollment requirements listed below prior to December 31, 2010, he/she will be TERMINATED and NOT PAID by the IHSS program for any hours they work after December 31, 2010.

If your IHSS provider is terminated, you may have to choose a new IHSS provider. If you need help finding another provider, contact your county IHSS Office or IHSS Public Authority.

IF YOU CHOOSE TO RECEIVE SERVICES FROM A TERMINATED PROVIDER ON OR AFTER JANUARY 1, 2011, YOU WILL HAVE TO PAY FOR THOSE SERVICES FROM YOUR OWN MONEY.

THE FOUR NEW PROVIDER ENROLLMENT REQUIREMENTS ARE:

1. Complete and sign a Provider Enrollment Form (SOC 426) and return it IN PERSON to the location designated by your county IHSS Program or IHSS Public Authority, and bring original documentation verifying identity.
2. Submit fingerprints and pass a criminal background check by the California Department of Justice. (If he/she has submitted fingerprints and the county is waiting for the criminal background, this provider will not be enrolled if the county has not received documentation indicating that you have passed the criminal background check by December 31, 2010.
3. Complete a Provider Orientation.
4. Sign and submit to the county an IHSS Program Provider Enrollment Agreement (SOC 846), stating that he/she understands and agrees to the IHSS program rules and requirements to be an enrolled provider.

If your IHSS provider completes the above-listed requirements prior to DECEMBER 31, 2010, he/she will not be terminated and will be paid by the IHSS program. If you believe that your provider has already completed all of the steps listed above, you may contact your county IHSS office to verify that your provider will not be terminated.

There is no right to a state hearing to dispute a change in the law. A new law requires all IHSS providers to complete these four requirements to qualify to provide IHSS services. If your IHSS provider does not complete the new requirements he/she is not eligible to be paid for IHSS services provided after December 31, 2010. If you request a state hearing for this reason, your hearing request will be dismissed.

If your provider completed all of the requirements, but was still terminated, you may request an appeal, by submitting the form that is enclosed with this notice. You must submit your appeal request within 90 calendar days from the date of this letter. If the reason you wish to appeal is because the criminal background check has not been received by the county before December 31, 2010, it is recommended that you do not file an appeal at this time. Please wait until the criminal background check has been received and a determination of your eligibility has been made by the county before filing an appeal.

IF YOU HAVE QUESTIONS OR NEED MORE INFORMATION, CALL YOUR COUNTY IHSS OFFICE.