



CDSS

JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES



ARNOLD SCHWARZENEGGER
GOVERNOR

June XX, 2010

ALL-COUNTY LETTER (ACL) NO. 10-XX

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) PROVIDERS' USE OF
POST OFFICE (P.O.) BOXES AS MAILING ADDRESSES

Reason For This Transmittal

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

This ACL provides counties with information and instructions for implementing the provisions of Assembly Bill, Fourth Extraordinary Legislative Session (ABX4) 19 (Chapter 17, Statutes of 2009), relating to IHSS providers' use of P.O. Boxes as mailing addresses. In accordance with requirements of ABX4 19, the California Department of Social Services (CDSS) consulted with IHSS program stakeholders on the implementation of these provisions by soliciting feedback on draft versions of this ACL from the County Welfare Directors Association, legislative staff, and other stakeholders representing recipients and providers. CDSS gave careful consideration to all comments received and, whenever feasible, made revisions to the document.

ABX4 19 added Welfare and Institutions Code (WIC) section 12305.85(a), which states, "a provider enrollment form shall be completed using the provider's physical residential address..." To comply with this statute, CDSS revised the Provider Enrollment Form (SOC 426) to include a home address field, with a notation stating that a P.O. Box may not be provided as the home address, as well as a mailing address field. When accepting and reviewing a SOC 426 submitted by an existing or prospective provider, county/Public Authority (PA) staff must ensure the individual has provided his/her physical address, rather than a P.O. Box address, in the home address field.

In addition, ABX4 19 added WIC section 12305.85(b), which states, "a paycheck for a provider shall not be mailed to a P.O. Box unless the county approves a written or oral request from the provider, which shall include an explanation of the circumstances that make the use of a P.O. Box appropriate or necessary." To facilitate the process by which an individual may request to use a P.O. Box to receive paychecks, and for county staff to document the approval or denial of such a request, CDSS created the attached Provider Request to Use a P.O. Box as Mailing Address form (SOC XX).

County/PA staff may either complete the SOC XX for an individual based on an oral request, or have the individual complete the form himself/herself.

A request to use a P.O. Box as a mailing address may be approved only for the following reasons:

- The United States Postal Service (USPS) does not deliver mail to the residence because it is located in a rural area and not on a rural postal delivery route;
- The USPS does not deliver mail to the residence because it is located in an area with frequent inclement weather and/or road conditions that prevent regular mail delivery;
- The residence does not have a mailbox that meets USPS standards;
- There has been official notification from the USPS that the residence will no longer receive mail delivery due to the presence of a carrier safety concern, e.g., threatening dog, or other hazard; and
- There has been an official report to the USPS (and/or local law enforcement agency) that a mail theft has occurred at the residence.

Item number 5 on the SOC XX includes checkboxes for each of these allowable reasons. The form also includes an “other” field where an individual can write-in a reason. County/PA staff must accept a request for any reason; however, all requests which include reasons outside the listed allowable reasons listed above must be denied. Documentation from the USPS (or in the case of mail theft, a local law enforcement agency), must accompany all requests. Requests submitted without documentation must be denied.

County/PA staff should complete the bottom portion of the form, documenting whether the request has been approved or denied, and the reason for denial. County/PA staff may provide a copy of the completed SOC XX to the individual to document approval or denial of the request. In accordance with statute, the completed SOC XX must be retained, along with a copy of the documentation, in the provider’s file.

In addition to the SOC XX, CDSS has developed the attached IHSS Program Provider or Recipient Change of Address and/or Telephone Number form (SOC 840). When accepting the SOC 840 from a provider, county/PA staff must carefully review the form to ensure that, unless the individual has been approved to use a P.O. Box as a mailing address, the new mailing address field does not contain a P.O. Box address. The completed SOC 840 must be retained in the recipient’s or provider’s file.

Counties may access camera-ready versions of these forms on the CDSS' Forms and Publications web page at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

The forms are currently being translated into the current threshold languages, Spanish, Armenian and Chinese. When the translations have been completed, camera-ready copies of them will be posted on the Translated Forms and Publications web page at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions regarding translated materials, please contact the Language Services Unit at (916) 651-8876 or at LTS@dss.ca.gov.

Should you have questions regarding information in this ACL, please contact the Adult Programs Policy Bureau at (916) 229-4000.

Sincerely,

EVA L. LOPEZ
Deputy Director
Adult Programs Division

Attachment

K:\Provider Enrollment and S&I Process\PO Box\ACL.docx