

April 14, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-40

This All-County Letter (ACL) provides information to counties regarding the implementation of Division E of House Resolution (HR) 6201 related to In-Home Supportive Services (IHSS) provider paid sick leave due to the COVID-19 pandemic.



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

April 14, 2020

ALL COUNTY LETTER NO. 20-40

TO: ALL COUNTY WELFARE DIRECTORS
ALL IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
MANAGERS

SUBJECT: **IMPLEMENTATION OF DIVISION E OF FEDERAL HOUSE
RESOLUTION 6201 RELATED TO EMERGENCY PAID SICK
LEAVE DUE TO COVID-19 PANDEMIC**

REFERENCE: FAMILIES FIRST CORONAVIRUS RESPONSE ACT,
[HOUSE RESOLUTION 6201, DIVISION E](#), EMERGENCY PAID
SICK LEAVE ACT

This All-County Letter (ACL) provides information to counties regarding the implementation of Division E of the Families First Coronavirus Response Act, House Resolution (HR) 6201, which provides emergency paid sick leave to In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers due to the COVID-19 pandemic.

BACKGROUND

On March 18, 2020, the President signed HR 6201, also known as the Families First Coronavirus Response Act (FFCRA) into law. Division E of the FFCRA, the Emergency Paid Sick Leave Act (EPSLA), provides for two weeks of emergency paid sick leave when a covered employee is unable to work due to the COVID-19 pandemic. The FFCRA became effective on April 2, 2020 and will remain in effect until December 31, 2020.

Pursuant to the EPSLA, full-time employees (those who work forty (40) or more hours per week) are entitled to eighty (80) hours of paid sick leave, while part-time employees (those who work less than forty (40) hours per week) are entitled to the average number of hours that employee works over a two-week period. COVID-19 sick leave may only be claimed if the employee is unable to work for one of the following reasons related to COVID-19:

1. The employee is subject to a quarantine or isolation order;
2. The employee has been advised by a health care provider to self-quarantine;
3. The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
4. The employee is caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine by a health care provider;
5. The employee is caring for his/her child whose school or childcare facilities have been closed, or whose childcare provider is unavailable, due to COVID-19 precautions; or
6. The employee is experiencing any other substantially similar concerns.

IMPLEMENTATION OF COVID-19 PAID SICK LEAVE BENEFITS FOR IHSS PROVIDERS

The administration of the COVID-19 paid sick leave benefits does not affect the existing IHSS paid sick leave benefits pursuant to Labor Code (LC) 246(a), and as described in [All County Letter \(ACL\) 18-01](#).

IHSS/WPCS providers may request COVID-19 sick leave benefits for a limited time period, April 2, 2020 through December 31, 2020. An IHSS/WPCS provider is only entitled to COVID-19 sick leave benefits if, during this timeframe, the provider is unable to work due to one of the reasons listed above. To assist in clarifying the application of these rules, the following examples illustrate some allowable reasons for an IHSS provider to claim COVID-19 sick leave:

- The IHSS/WPCS provider has been advised to by a health care provider to quarantine or isolate themselves because he/she is a member of a high-risk group, such as being age 65 or older or having an existing respiratory, cardiac, or immuno-deficiency related health condition;
- The IHSS/WPCS provider is subject to quarantine or isolation order as a result of possible exposure to COVID-19 through an infected person or due to recent travel outside the United States;
- The IHSS/WPCS provider has been advised by a health care provider to avoid the IHSS provider's high-risk recipient due to the provider having symptoms associated with COVID-19 infection (i.e. fever, coughing, etc.);

- The IHSS/WPCS provider has been informed by their recipient that the recipient's health care provider has advised the recipient that they are subject to a quarantine or isolation order and the IHSS provider is informed not to enter the home to provide services;
- The IHSS/WPCS provider cannot provide services to their recipient(s) due to the need to care for his/her child whose school or childcare facilities have been closed due to COVID-19 precautions.

Please note that the above list of examples is not exhaustive. When an IHSS provider meets the applicable criteria and is eligible for COVID-19 sick leave, the provider should contact the recipient(s) they work for and inform them they will be out sick, and if the recipient needs to identify another provider, advise them to contact the county IHSS office or, for WPCS providers, to contact DHCS for assistance. At that time, the provider should complete and sign the COVID-19 ONLY – IHSS Provider Sick Leave Request Form (TEMP 3021) that was included with the informational mailer sent to him/her (and which is also attached to this ACL). If the provider does not have the Form, he/she may download it from the California Department of Social Services (CDSS) [Department website](#) or may contact the county IHSS office to have that office send them the Form. The Form requires the provider to indicate the recipient(s) they work for, the specific reason they are claiming COVID-19 sick leave, and the applicable dates of the leave. The Form will be submitted to the county IHSS office for processing. WPCS providers will submit the form to the Department of Health Care Services (DHCS).

COUNTY RESPONSIBILITIES

Once the county IHSS office or DHCS has received the Form, county/DHCS staff will verify the enrollment status of the provider, determine if he/she is active on the named recipient's case and identify the reason why the provider is claiming COVID-19 sick leave.

PROCESS TO DETERMINE AND ISSUE PAYMENT FOR COVID-19 PAID SICK LEAVE

CDSS has created a new special transaction in CMIPS for the county/DHCS to process the COVID-19 paid sick leave requests. This special transaction will be used to pay providers with a one-time payment for up to 80 hours of sick leave, consistent with their entitlement to COVID-19 sick leave as described above.

The county/DHCS shall review the provider's monthly paid hours data located on the Monthly Provider Paid Hours screen. The Monthly Provider Paid Hours screen is

accessed on the “Payroll & Timesheet” tab from the provider Person Home screen. In the left navigation bar, select the “Monthly Provider Paid Hours” link.

If the Monthly Provider Paid Hours screen shows that the provider normally works 160 or more hours per month, the provider is eligible for 80 hours of COVID-19 sick leave. If the provider works less than 160 hours per month, the county must calculate an average of monthly paid hours for the previous six (6) months, for all the recipients for whom the provider works, and divide the number of hours in half, which results in the average hours for a 2-week period. If a provider has less than six months of employment history, the county staff shall use the hours available in the payment history in CMIPS for the calculation.

For providers that have been newly assigned to a recipient and do not have any payroll history, or less than 2-weeks of payroll history, counties will divide the recipient’s monthly authorized hours in half to determine the number of hours of COVID-19 sick leave the provider is eligible to receive. If the provider is scheduled to work for more than one recipient, all of the recipient’s hours should be combined to determine the number of hours the provider is eligible to receive.

Once the county determines the provider’s entitlement to paid hours, they must verify the reason the provider selected on the form for claiming sick leave. If the provider did not select a reason, the sick leave claim cannot be processed. County staff must obtain the reason for requesting the COVID-19 sick leave before they can pay the provider.

Once eligibility, number of hours, and applicable pay rate of COVID-19 sick leave the provider is entitled to are confirmed, county users will enter the following information on the Create Special Transaction screen:

- From/To Date: The From /To date on the form submitted by the provider. These dates should be the same as those entered on the form by the provider. Please Note: Due to funding source limitations, CMIPS will not allow a user to enter a “Sick Leave Emergency” special transaction that spans multiple months. County users will have to enter two transactions in these instances and divide the number of COVID-19 sick leave hours between the two transactions.
- Payee Name: Select the name of the provider claiming the hours
- Program: Select “IHSS”
- Type: Select “Sick Leave Emergency”
- Hours: The number of COVID-19 sick leave hours, up to 80 hours, based on the number of hours the provider usually works.

Once the information is entered, the county user will select the “Save” button and then submit for approval. The “Sick Leave Emergency” special transaction, like all special transactions in CMIPS, requires a second level of approval. Once the transaction is

saved, it will be routed for approval before a warrant is issued. Upon final approval, the request will be in pending payroll status and a one-time payment will be sent to the provider by their preference payroll method as indicated in CMIPS.

County staff must place any provider on leave for the entire 2-week period if they are claiming COVID-19 sick leave for themselves, i.e. reasons 1-3 on the list above. Providers who are ill or are quarantined because they have been exposed to COVID-19, are not eligible to provide services to IHSS/WPCS recipients.

PROVIDER/RECIPIENT MAILERS

The CDSS will inform all IHSS/WPCS recipients and providers in the State about COVID-19 sick leave and the applicable rules and claiming procedures through the issuance of two separate informational notices. The CDSS Adult Programs Division will begin mailing these notices to IHSS/WPCS recipients and providers on April 17, 2020. For those IHSS/WPCS recipients and providers who are registered on the Electronic Services Portal website, the notice will be sent via email. Notices and the sick leave request form will be translated into the three threshold languages (Armenian, Chinese, and Spanish) will also be sent as soon as they are available.

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies of the notices and form referenced in this ACL in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain this notice from the CDSS webpage at: [Forms/Brochures](#).

When completed per MPP Section 21-115.2, including Armenian, Chinese and Spanish forms, the translations will be posted on our website. Copies of the translated notices can be obtained at: [Translated Forms and Publications](#).

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the notice along with the *GEN 1365-Notice of Language Services* and a local contact.

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 (Manual of Policies and Procedures, Division 21, Civil Rights Non-discrimination, section 115).

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If you have any questions regarding the policy and requirements set forth in this ACL, you may direct them to the CDSS, Adult Programs Division, Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

Attachments

COVID-19 ONLY – IHSS/WPCS Provider Sick Leave Request Form

A new federal law, Families First Coronavirus Response Act (HR 6201), provides sick leave benefits for COVID-19 ONLY between now and December 31, 2020. If you meet one of the requirements below, please complete this form and submit it to your local county IHSS office. For WPCS providers please return your form to the Department of Health Care Services.

PROVIDER REQUIREMENTS:

The Families First Coronavirus (COVID-19) Response Act allows full-time workers (40 hours or more per week) to get 80 hours of paid leave, and part-time workers get the average number of hours they work in a 2-week pay period. COVID-19 sick leave may **only** be claimed if you meet one or more of the following criteria:

1. You are subject to a quarantine or isolation order;
 2. You have been advised by a health care provider to self-quarantine;
 3. You are having symptoms of COVID–19 and are seeking a medical diagnosis;
 4. You are caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine by a health care provider;
 5. You are caring for your child who’s school or childcare facilities has been closed due to COVID-19 precautions and there is no one else available to care for your child;
 6. You are experiencing any other substantially similar concerns.
- You may only submit one claim. You will be paid for your entire eligible sick leave benefit in one payment.
 - **By claiming this COVID-19 sick leave, you are attesting that you meet one or more of the criteria above and must select one of the boxes on the form.** If you are sick with, potentially sick with, or have been exposed to COVID-19, **you should not be providing IHSS/WPCS services for any recipient as specified by the Department of Public Health.**
 - Your completed form should be returned to your county IHSS office. For WPCS providers, please return your form to the Department of Health Care Services.

COVID-19 ONLY PAID SICK LEAVE REQUEST FORM FOR IHSS/WPCS PROVIDERS

Provider Information:

| | | |
|------------------------|-----------|--------------------------|
| Provider Name (Print): | | |
| Street Address: | | |
| City, State: | Zip Code: | Phone Number: () |

Provider Number (9 digits):

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Recipient Information: Recipient(s) the provider is out sick from:

| | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|
| <u>Recipient Name:</u> | <u>Recipient Case Number (7 digits):</u> | | | | | | | |
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(For additional recipients please write recipient name and case number on the back of this form)

I am requesting 2-weeks of paid sick leave for the following dates:

Begin Date:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

 End Date:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

I am claiming sick leave for one of the following reasons (**check one of the boxes below, if left empty this form cannot be processed**):

- I am subject to a quarantine or isolation order, have been advised by my health care provider to self-quarantine, or am having symptoms of COVID-19 and seeking medical diagnosis
- I am caring for a person who is subject to quarantine or isolation order, has been told to self-quarantine by a health care provider, and/or am caring for my child whose school or childcare facility has been closed due to COVID-19 or other COVID-19 concern.

I hereby acknowledge that

- I am claiming COVID-19 sick leave because I meet one or more of the criteria of the Families First Coronavirus (COVID-19) Response Act, listed above.
- I have spoken to my recipient(s), and he/she/they know that I will be taking sick leave on the dates indicated above.
- By claiming this leave, I understand that I should not be providing services to any IHSS/WPCS recipient if I have, or potentially have, been exposed to the COVID-19 virus.

| | |
|-----------------------|-------|
| Provider's Signature: | Date: |
|-----------------------|-------|

Please submit this completed form to your county IHSS Office for processing. WPCS providers should return their form to the Department of Healthcare Services.



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GAVIN NEWSOM
GOVERNOR

April 14, 2020

TO: IN-HOME SUPPORTIVE SERVICES (IHSS) AND
WAIVER PERSONAL CARE SERVICES (WPCS)
RECIPIENTS

SUBJECT: INFORMATION ABOUT **COVID-19 ONLY** – IHSS/WPCS
PROVIDER PAID SICK LEAVE BENEFIT

A new federal law, the Families First Coronavirus Response Act (HR 6201), provides sick leave benefits related to the **COVID-19 PANDEMIC ONLY** between now and December 31, 2020.

The Families First Coronavirus Response Act allows full-time and part-time workers, including In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers, to get paid sick leave.

Your provider can only claim COVID-19 sick leave if they meet one or more of the following criteria:

1. They are subject to quarantine or have been given an isolation order;
2. They have been advised by a health care provider to self-quarantine;
3. They are having symptoms of COVID-19 and seeking a medical diagnosis;
4. They are caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine by a health care provider;
5. They are caring for their child whose school or childcare facilities has been closed due to COVID-19 precautions;
6. They are experiencing any other substantially similar concerns.

It is important for you to know that if your IHSS provider becomes sick with COVID-19, needs to be diagnosed or is quarantined due to COVID-19, they cannot provide IHSS or WPCS services.

If your provider is unable to come to work due to COVID-19, please continue to follow the guidelines to protect yourself from getting sick by washing your hands for at 20 seconds, avoiding touching your face and following public health guidance and stay at home orders.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

If your provider is impacted by COVID-19 and is unable to come to work, they are required to tell you with as much notice as possible. If you need help with finding a new care provider during your provider's absence, please contact your local county IHSS office or public authority for assistance. WPCS recipients should contact their In-Home Operations office.



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GOVERNOR

April 14, 2020

TO: IN-HOME SUPPORTIVE SERVICES (IHSS) AND WAIVER
PERSONAL CARE SERVICES (WPCS) PROVIDERS

SUBJECT: **COVID-19 ONLY** – IHSS/WPCS PROVIDER PAID SICK
LEAVE BENEFIT

A new federal law, the Families First Coronavirus Response Act (HR 6201), provides sick leave benefits for **COVID-19 PANDEMIC ONLY** between now and December 31, 2020.

The Families First Coronavirus Response Act allows full-time workers (those who work 40 hours or more per week) to get 80 hours of paid leave, and part time workers to get paid the average number of hours they work in a two (2) week pay period. If a worker is claiming sick leave for any of the reasons below they will receive 100% of their average 2-week pay, up to 80 hours. COVID-19 sick leave may **only** be claimed if you meet one or more of the following criteria:

1. You are subject to quarantine or have been given an isolation order;
2. You have been advised by a health care provider to self-quarantine;
3. You are having symptoms of COVID–19 and seeking a medical diagnosis;
4. You are caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine by a health care provider;
5. You are caring for your child whose school or childcare facilities has been closed due to COVID-19 precautions and there is no one else available to care for your child;
6. You are experiencing any other substantially similar concerns.

To claim sick leave for COVID-19, you must fill out the attached *COVID-19 ONLY – IHSS/WPCS Provider Sick Leave Request Form* and return it to your local county IHSS office for processing. *For providers who only provide WPCS services (not IHSS), please return your form to the Department of Health Care*

*Services, Integrated Systems of Care Division, at 1515 K Street, 4th Floor
Sacramento, CA 95814 - Attention: WPCS Requests.*

Please remember, if you are sick, potentially sick or have been exposed to COVID-19, **you cannot provide IHSS/WPCS services for any recipient as specified by the Department of Public Health.** You should contact your IHSS recipient(s) and let them know you are unavailable, so they can contact their local county office to request assistance with finding another provider until you are well.

Please be advised, if you are not experiencing symptoms and have not been exposed to COVID-19, you should continue to provide services to your IHSS/WPCS recipient. Please remember you should protect yourself and the IHSS recipient(s) by:

- Washing your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or being in a public place.
- Avoiding touching your eyes, nose, or mouth with unwashed hands.
- Avoiding close contact with people who are sick.
- Eliminating or minimizing visitors.
- Avoiding public places where you can potentially catch this illness.

You may also be eligible for Unemployment Insurance Benefits and/or Disability Insurance Benefits. For more information, please review information from the Employment Development Department in the link below.

https://www.edd.ca.gov/about_edd/coronavirus-2019/faqs.htm