*SSA Intranet*
**ORANGE COUNTY SOCIAL SERVICES AGENCY**
**ADULT SERVICES**
**POLICY AND PROCEDURE MANUAL**

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| Program: | **Adult Services Division** | **Number:** | SH 40.7.6 |
| **Subject:** | **Provider Injury, Illness & Family Leave** | **Date:** | 09/15/09 |
| | Signature On File | **Replaces:** | SH 5.9 |

**Approved:**
**Reformatted: MM-DD-YY**

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## I. PURPOSE

To provide instruction for processing Workers' Compensation claims, State Disability Insurance (SDI), and Paid Family Leave (PFL) for a provider of In-Home Supportive Services (IHSS) and releasing information to the State Compensation Insurance Fund (SCIF) or other interested parties.

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## II. POLICY

In-Home Supportive Services (IHSS) social workers shall assist IHSS providers who report an occupational injury or illness to submit a claim to the SCIF Claim ReportingCenter.
Requests for information related to Workers' Compensation claims will be considered individually and in accordance with confidentiality laws and California Department of Social Services (CDSS) regulations.
IHSS social workers are responsible for coordinating a request for Elective SDI Coverage from eligible family member providers. EDD is responsible for answering all questions regarding SDI coverage, benefits and the processing of all claims for benefits.
IHSS social workers must be aware of the PFL program. EDD is responsible for answering all questions regarding program eligibility and processing all claims for benefits.

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## III. BACKGROUND

Workers' Compensation Claims
Individual providers employed under the IHSS program have been covered by a statewide Workers' Compensation policy since January 1, 1979. The State Compensation Insurance Fund (SCIF) handles claims arising from injuries or illnesses sustained by persons while employed as an IHSS provider. All benefits are administered and authorized by SCIF. The IHSS social workers assist IHSS providers to report occupational injuries and illnesses to SCIF.
State Disability Insurance (SDI)
There are two types of SDI coverage available, Standard and Elective.
**Standard** SDI Coverage applies to non family member providers if the provider's employer (the recipient) had a combined payroll of $750 or more for any quarter during the preceding or current calendar year.
Certain family member providers (spouse, parent, or minor child of the recipient), as defined in the California Code of Regulations, Title 22, Section 631, are excluded from Standard SDI Coverage, but may request **Elective** SDI Coverage. The county is responsible for coordinating requests for Elective SDI coverage for eligible family member providers.
Provider contributions are paid through payroll deductions.
California Paid Family Leave Act
Senate Bill 1661 created the California Paid Family Leave (PFL) Act. PFL is an enhancement to the State Disability Insurance program and is intended to create a family temporary disability insurance program to help reconcile the demands of work and family for eligible California workers. The PFL program covers all providers who are covered by SDI.
The Employment Development Department (EDD) administers the PFL program.

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**IV. PROCEDURE**

A. Receiving and Reporting Notification of A Provider's Occupational Injury or Illness

Upon notification of an occupational injury or illness, the IHSS Social Worker will coordinate the following with support staff:

| Actions and Routing | Timeframe |
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| Actions:<br>· **Provide** an "IHSS Employee's Claim for Workers' Compensation Benefits - Notice of Potential Eligibility for Benefits" form (SOC 412) (Attachment A) and a New Employee's Guide to Workers' Compensation" Brochure (SCIF 13286) to the injured provider. A forms packet may be obtained from the Office Supervisor.<br>· **Advise** the injured provider to complete Part 1-Provider/Employee section of the SOC 412 and return the form immediately.<br>· **Call** the SCIF Claims Reporting Center at 1-888-222-3211 to report the claim. Be prepared to provide all recipient and provider information required on the "Employer's Report" (SCIF 3067). The group number (section 1A) is CONTOU 000000.<br>See Attachments B and C for reference.<br>Note: The SCIF Claims Reporting Center will:<br>Ø complete the SCIF 3067 over the phone;<br>Ø assign a claim number to the report;<br>Ø fax a copy of the completed SCIF 3067 (upon request) to the reporting IHSS Social Worker the same day or mail a copy the next working day; and,<br>Ø forward the SCIF 3067 to regional office of the assigned SCIF Adjuster.<br>Routing:<br>· **Fax** the following documents (with the claim number listed) to 1-909-384-4975 (SCIF,San Bernardino office):<br>Ø Recipient's Notice of Action (NOA)<br>Ø Provider Payroll Summary Screen (PSUM)<br>Ø Provider Eligibility Screen (PELG)<br>• When the completed SOC 412 is returned**, complete** Part 2 and **provide** the "Temporary Receipt" copy to the provider. Fax to SCIF at 1-909-384-4975.<br>• Any documents mailed to SCIF should be sent to the following address (with the claim number listed):<br>SCIF<br>P.O. Box 1806<br>San Bernardino, CA 92402-9903<br>• **File** 1 copy of the SCIF 3067, SOC 412, PSUM, PELG, SOC 311, and NOA in the IHSS recipient's file on a separate "Workers' Comp" acco. | Within 1 working day of receiving notification that the IHSS provider sustained a work-related injury or illness. Preferably within 1 working day of receiving notification that the IHSS provider sustained a work-related injury or illness—but no later than 5 working days. |

1. Serious Injury or Death

Contact the California Division of Occupational Safety and Health (Cal/OSHA Enforcement Unit) immediately if the provider's injury was serious or resulted in death. A serious injury is defined as any injury or illness which requires inpatient hospitalization for more than 24 hours for other than medical observation, or in which a provider suffers dismemberment or serious permanent disfigurement. Contact information for the Cal/OSHA Enforcement Unit is located at:http://www.dir.ca.gov/.

2. Release of Information

Since SCIF administers the CDSS workers compensation contract, requests made by SCIF for the purpose of determining eligibility for and evaluation of IHSS workers compensation benefits should be considered requests for information by CDSS. (See ACL 97-07)

Requests should address only information available in county IHSS records or to which the individual providing the information has personal knowledge.

SCIF staff and authorized personnel (e.g., SCIF attorneys, private investigators) may request supporting documentation of a filed workers compensation claim. Usually requests will be made in writing by SCIF, but due to time constraints it may be necessary for SCIF to request information by telephone.

Requests from private attorneys hired to represent the provider or consumer and requests from the Workers' Compensation Appeals Board must be in the form of a subpoena and directed to the Adult Services Custodian of Records (COR) for an appropriate legal response.

B. Implementing Elective State Disability Insurance for Eligible Family Member Providers

1. IHSS will make recipients and their eligible family member provider(s) aware of elective SDI coverage by providing a copy of the "IHSS/CMIPS Elective SDI Form" (SOC 409) (Attachment D) as part of the Provider Packet or whenever requested by a provider.

2. SAA's will review the completed form for accuracy, enter the tax status data from the SOC 409 into CMIPS, and file the SOC 409 form on the Financial Acco in the recipient's case folder. The SOC 409 form must be retained for auditing purposes.

3. SAA's will complete a "Provider Eligibility Update" (SOC 311) by entering data into the following fields:

· In Field D2 Ded./Exempt circle the recipient relationship
· In Field D5 enter a birth date if the provider is a child of the recipient
· In Field F8 enter a "Y" to initiate elective SDI.

This data can then be entered into the CMIPS via the PELG screen.

C. Implementing the California Paid Family Leave Act

EDD is responsible for administering the California Paid Family Leave Act. Counties must be aware of the PFL program and are responsible for directing providers to contact EDD for more information.

Providers are to be informed that claim forms and additional information on the PFL program can be obtained by contacting EDD:

(1-877) 238-4373 (English)
(1-877) 379-3819 (Spanish)
(1-800) 563-2441 (TTY)
Employment Development Department
P.O. Box 997017
Sacramento, CA 95799-7017
Internet site: http://www.edd.ca.gov/Disability/Paid_Family_Leave.htm

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## VI. REFERENCES

CDSS Manual of Policies and Procedures (MPP)

· 30-769.81 (10/15/90) Provider Benefits.

IHSS/CMIPS User's Manual, Workers' Compensation Claims (1/1/91)

· Page X-F-1 to X-F-11.

CDSS All County Information Notice (ACIN)

· I-54-07 (10/03/07) The Paid Family Leave (PFL) Program For In-Home Supportive Services-Residual, Personal Care Services, and Independence Plus Waiver (IHSS-R/PCSP/IPW) Providers

· I-23-92 (5/18/92) IHSS Program Documentation of Workers' Compensation Claims

CDSS All County Letter

· 97-07 (2/6/97) Releasing Information to the State Compensation Insurance Fund

· 92-21 (2/7/92) Statement of Fraudulent Filing of IHSS Workers' Compensation Benefit Claim

· 90-41 (5/21/90) Implementation of Elective State Disability Insurance Coverage for CertainIHSS Family Providers Within the Case Management, Information and Pay-rolling System (CMIPS)

· 90-20 (2/20/90) IHSS Program Workers' Compensation Insurance

· 88-11 (1/26/88) IHSS State Compensation Insurance Fund

Labor Code Section 5401.7 (January 1992)

California Code of Regulations, Title 22, Section 631-1

## VII. ATTACHMENTS

A. SOC 412, IHSS Employee's Claim for Workers' Compensation Benefits
B. SCIF 3067, Employer's Report of Occupational Injury or Illness
C. Preparing the SCIF 3067
D. IHSS/CMIPS Elective SDI Form SOC 409

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