

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

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



February 24, 2022

TO: IN-HOME SUPPORTIVE SERVICES (IHSS) AND WAIVER

PERSONAL CARE SERVICES (WPCS) PROVIDERS

SUBJECT: STATE COVID-19 SUPPLEMENTAL PAID SICK LEAVE

BENEFIT FOR IHSS/WPCS PROVIDERS

A new State law passed on February 9th, 2022, which provides COVID-19 Supplemental Paid Sick Leave benefit for In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers between January 1, 2022 and September 30, 2022.

IHSS/WPCS Providers who meet the qualifying conditions listed below are entitled to the benefit. Full-time providers who work on average 40 hours or more per week can receive up to 40 hours of **Part A** COVID-19 Supplemental Paid Sick Leave. Part-time providers who work on average less than 40 hours per week can receive up to the number of hours they work in a 2-week pay period.

COVID-19 Supplemental Paid Sick Leave may only be claimed if you meet one or more of the following criteria:

- 1. You are having symptoms of COVID–19 and are seeking a medical diagnosis.
- 2. You are having COVID-19 symptoms and are subject to quarantine or have been advised to self-quarantine by a health care provider.
- 3. You are caring for your child whose school or childcare facility has been closed due to COVID-19 precautions and there is no one else available to care for your child.
- 4. You or your family member had a medical appointment to receive a COVID-19 vaccination, or COVID-19 vaccination booster.
- 5. You are experiencing COVID-19 vaccination or COVID-19 vaccination booster related side effects (up to 3 days or up to 24 hours for each vaccination. Part-time providers who work on average less than 40 hours per week will receive reduced hours based on how many hours the providers work in a 2-week pay period).

The California COVID-19 Supplemental Paid Sick Leave benefit allows a provider to receive **Part B** COVID-19 Supplemental Paid Sick Leave for up to 40 hours for full-time workers, and part-time workers receive up to the average number of hours they work in a 2-week pay period. **Part B** COVID-19 Supplemental Paid Sick Leave may only be claimed if you or a family member you are caring for have tested positive for COVID-19.

To request payment for the COVID-19 Supplemental Paid Sick Leave benefit, please submit the enclosed, California COVID-19 Supplemental Paid Sick Leave Request Form for IHSS/WPCS Providers (TEMP 3021) form and return it to your local county IHSS office for processing.

For WPCS providers 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.

You can submit one claim for your entire eligible COVID-19 Supplemental Paid Sick Leave benefit, or multiple claims incrementally up to the total hours you are eligible for, including:

- Claim each day of COVID-19 Supplemental Paid Sick Leave you are requesting on the Temp 3021 (2/22) form;
- Full-time providers can claim 80 hours of sick leave, and part-time providers receive the average number of hours they work in a 2-week pay period;
- You can claim actual time away from work if you experience any side effects related to the COVID-19 vaccine you receive.

By claiming this COVID-19 Supplemental Paid Sick Leave, you are attesting that you meet one or more of the criteria on page 1 of this notice and must select one of the boxes on the form.

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 and or WPCS recipient.