

October 11, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY INFORMATION NOTICE NO. I-81-21

The purpose of this All-County Information Notice (ACIN) is to provide counties with information regarding the September 28, 2021, State Public Health Officer Order requiring COVID-19 vaccinations for In-Home Supportive Services Waiver Personal Care Services providers.



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
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October 11, 2021

ALL COUNTY INFORMATION NOTICE NO. I-81-21

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

SUBJECT: **STATE PUBLIC HEALTH OFFICER ORDER REQUIRING
COVID-19 VACCINATIONS FOR IHSS AND WPCS PROVIDERS**

REFERENCE: [STATE PUBLIC HEALTH OFFICER ORDER](#) (DATED
SEPTEMBER 28, 2021); ALL-COUNTY LETTER (ACL) [18-01](#)
([JANUARY 9, 2018](#)); [ACL 20-61 \(JUNE 1, 2020\)](#); [ACL 21-36](#)
([MARCH 30, 2021](#))

The purpose of this All-County Information Notice (ACIN) is to provide counties with information regarding the September 28, 2021, State Public Health Officer Order requiring COVID-19 vaccinations for In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers.

BACKGROUND

On September 28, 2021, the State Public Health Officer issued an order detailing new public health requirements for all workers in adult and senior care facilities and in-home direct care settings. Based on the ongoing COVID-19 pandemic, the public health order requires all such workers to be vaccinated, with certain exceptions, to reduce the transmission of COVID-19 to vulnerable populations.

REQUIRED VACCINATION OF IHSS AND WPCS PROVIDERS

As stated in Section 1(c) of the public health order, all WPCS providers, as defined by the California Department of Health Care Services (DHCS), and IHSS providers, as defined by the California Department of Social Services (CDSS), must have the first dose of a one-dose regimen or the second dose of a two-dose regimen of any COVID-

19 vaccine by November 30, 2021. The vaccination requirement does not apply to WPCS and IHSS providers who only provide services to a WPCS or IHSS recipient(s) with whom they live or who is a family member of the recipient(s) for whom they provide services. Further, as stated in Section 2 of the public health order, in order to be eligible for this exception, providers must only provide WPCS/IHSS to a single household. If the provider provides services across multiple households, even if the recipients are all family members, the exception does not apply, and the provider must adhere to the COVID-19 vaccination requirement.

Certain providers may be granted an exemption from the vaccination requirement if they provide the WPCS/IHSS recipient with the COVID-19 Vaccination Exemption Form signed by the provider stating either:

- a) The provider is declining the vaccination based on religious beliefs; or
- b) The provider is excused from receiving any COVID-19 vaccine due to a qualifying medical reason.

To be eligible for a qualified medical reason exemption, the provider must also submit to the recipient a written statement signed by a physician, nurse practitioner, or other licensed medical professional under the license of a physician stating that the provider qualifies for the exemption and indicating the probable duration of the worker's inability to receive the COVID-19 vaccination or that the duration is unknown or permanent. Due to medical privacy concerns, the statement from the medical professional should not indicate or describe the provider's underlying medical condition or disability.

Recipient Responsibilities

As the employer of record for WPCS/IHSS providers, each recipient is responsible for directing their own care and for hiring, training, supervising, and firing of all providers on their WPCS or IHSS case. As such, the recipient may request documentation showing that the provider received the vaccination or is providing the vaccination exemption form. As stated in section 8 of the public health order, the recipient is responsible for reviewing the exemption form and determining if he/she deems the provider to have met the criteria to meet one of the exemptions listed above. If the recipient determines that the provider has met the criteria, the unvaccinated provider must then meet the following requirements when entering or working in the recipient's residence:

- a) The unvaccinated provider must be tested weekly for COVID-19 with either a PCR or antigen test that has either Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Development Test requirements by the U.S. Centers for Medicare and Medicaid Services. Providers who need to obtain a COVID-19 test may search for a testing site by going to <https://www.arcgis.com/apps/Nearby/index.html?appid=43118dc0d5d348d8ab20a81967a15401> and entering their address to find a local testing site; and

- b) The unvaccinated provider must wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Health and Safety, such as an N95 filtering facepiece respirator, at all times while in the home. As stated in All-County Letter (ACL) 20-61 (June 1, 2020), the Public Authority in each county within the State of California has been issued Essential Protective Gear, including masks, which can be distributed to any IHSS recipient or provider who requests it.

Because the recipient is the employer, neither the counties or the public authorities nor CDSS will have responsibility for enforcing the vaccination requirement. Additionally, a recipient's failure to follow the Public Health Order requirements for verifying provider vaccination status will in no way impact his/her eligibility to receive IHSS.

Provider Responsibilities

As stated in section 9 of the public health order, WPCS/IHSS providers are responsible for maintaining all relevant records regarding their vaccination status, including vaccination records or documentation supporting their medical exemption status. If the provider does have an exemption, they are responsible for maintaining records of their weekly testing results.

For Public Authority registry providers who are not currently providing services to a recipient, once they have been chosen by a recipient, the registry provider must provide the recipient with proof of their vaccination status or exemption.

If eligible, providers may use their annual State sick leave, as outlined in ACL 18-01 (January 9, 2018) for the time the provider is away from work to obtain the vaccination or to be tested for COVID-19 infection.

Provider and Recipient Notices

CDSS developed notices to inform IHSS/WPCS providers who are not live-in providers or are providing services to nonfamily members and their recipients of the new vaccination requirements and the exceptions to these requirements.

These notices (attached for your convenience) will be sent in the beginning of October 2021 to all affected individuals. The COVID-19 Vaccination Exemption Form will be included with the provider notice for those providers who wish to claim an exemption to the vaccination requirement.

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If you have any questions regarding this ACIN, please contact the Adult Programs Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division



KIM JOHNSON
DIRECTOR



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COVID-19 Vaccination Exemption Form

Provider Name (Print):

Provider Number (9 digits):

Pursuant to State of California Public Health Officer Order dated September 28, 2021, the California Department of Public Health (CDPH) is mandating that employees who provide In-Home Supportive Services (IHSS) or Waiver Personal Care Services (WPCS) to any recipient that is not a family member or does not live with their provider, to provide proof of complete COVID-19 vaccination by November 30, 2021. Please give a copy of your completed form to your recipient(s) and keep a copy for your records.

Vaccine Exemption

- I am excused from receiving a COVID-19 vaccine for a qualifying medical reason. *NOTE:* To be eligible for this exemption, I understand that I must also obtain a written statement signed by a **physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician**, stating that I qualify for the exemption (but the written statement should not describe the underlying medical condition or disability) and indicating the probable duration of my inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).
- Religious Belief Accommodation: I have a sincerely held religious belief, practice, or observance that prevents me from receiving any of the COVID-19 vaccines.

Signature and Attestation

I understand that, if I meet the requirements of a religious or medical exemption, I will be subjected to mandatory weekly COVID-19 testing and I will wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, consistent with the September 28, 2021 CDPH Public Health Order.

By signing below, I hereby declare and acknowledge that I have read and fully understand the information in this exemption form and certify under penalty of perjury that the information I have provided in this exemption form is true and correct. I understand that recipients I provide services to may choose to no longer have me provide them services because I have chosen not to get the COVID-19 vaccine.

Signature: _____

Date: _____



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GAVIN NEWSOM
GOVERNOR

October 4, 2021

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

SUBJECT: COVID-19 VACCINE REQUIREMENTS FOR IHSS/WPCS
PROVIDERS

You are receiving this letter because the new Public Health Order issued on September 28, 2021 requires certain In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers to be fully vaccinated with the COVID-19 vaccine by November 30, 2021. If you live with your recipient(s) and/or provide services to a family member(s), and provide services to no one else, you are not impacted by this Public Health Order.

You must get vaccinated if you are a non-live-in provider who provides services to a recipient who is not your family member. By receiving this letter, you have been identified by the California Department of Social Services as a provider who is required to be vaccinated.

You may be exempted from the vaccine requirement if you have a Qualified Medical Reason or for your Religious Beliefs. To be exempted, you must provide your recipient a signed copy of the *COVID-19 Vaccination Exemption Form* (attached) requesting an exemption from the COVID-19 vaccine requirement and provide the reason. To be eligible for the Qualified Medical Reason Exemption, you must include a written statement with the form, signed by your doctor, nurse practitioner, or other licensed medical professional stating that you qualify for the exemption. The statement should not describe any underlying medical condition or disability but must indicate how long the exemption from the vaccine is expected to last.

If your recipient finds that you meet the requirements of an exemption, instead of getting the vaccine you must:

- Obtain a weekly COVID-19 test, until vaccinated, and,
- Wear a surgical mask or higher-level respirator, **at all times**, while providing services in a recipient's home. You can obtain masks from your local Public Authority.

You are required to maintain your own records of vaccination, or COVID-19 test results if applicable, and must provide them if asked by your recipient. Additionally, if you test positive for COVID-19 you should not be providing IHSS/WPCS services for any recipient as specified by the Department of Public Health until you have been cleared to do so. 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.



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October 4, 2021

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

SUBJECT: COVID-19 VACCINE REQUIREMENTS FOR IHSS/WPCS
PROVIDERS

You are receiving this letter because the new Public Health Order issued on September 28, 2021 requires certain In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers to be fully vaccinated with the COVID-19 vaccine by November 30, 2021. This does not apply to providers who:

1. Live with a recipient(s) and provide services to no one else, or
2. Provide services to a family member(s) even if they do not live with them and provide services to no one else

Your provider must get vaccinated if they are not related to you and/or do not live with you. By receiving this letter, one or more of your providers has been identified by the California Department of Social Services as a provider who is required to be vaccinated.

Your provider may request an exemption from the vaccine requirement for a Qualified Medical Reason or Religious Beliefs. In order to get this exemption, your provider must provide you a signed copy of the *COVID-19 Vaccination Exemption Form* (attached) stating they are not going to get vaccinated and provide the reason. To get an exemption for a Qualified Medical Reason, they must provide a note from their doctor, nurse practitioner, or other licensed medical professional stating that they qualify for the medical exemption. If you think your provider is exempt from the COVID-19 vaccination requirement, then they must get tested weekly for COVID-19 and wear a surgical mask or N95 mask, **at all times** while providing services in your home.

You may choose to no longer use a provider that has chosen not to get the COVID-19 vaccine.

Your provider must keep their own records of vaccination, or COVID-19 test results if applicable, and must provide them to you if you ask them for it.

Please note, if your provider tests positive for COVID-19, they should not be providing IHSS/WPCS services. Please continue to follow the guidelines to prevent yourself from getting COVID-19 and contact your local county IHSS office, Home and Community Based Alternatives Waiver Agency, or public authority for help with finding a new care provider during your provider's absence.