County of Orange Social Services Agency
Family Self-Sufficiency & Adult Services Division

Program/Area: **Adult Services/In-Home Supportive Services**

Title: **Provider Overpayment Administrative Review Policy**

Number: **1033** **Status:** Revised

Effective Date: **12/31/2015** **Revision Date:** 8/29/2024

Approved: **Signature on file**

PURPOSE

To provide In-Home Supportive Services (IHSS) staff with information regarding grievances related to provider overpayments determined by the IHSS program.

POLICY

An IHSS provider may initiate a grievance concerning the determination of a provider overpayment. All other IHSS provider grievances are addressed through the State of California Department of Social Services (CDSS) appeal process.

Overview of the Provider Overpayment Administrative Review Process

1. A provider can initiate a grievance within 90 calendar days from the date of a written notification advising a provider of an overpayment.
2. The written request for a grievance may be submitted along with any supporting documents to:
   Social Services Agency
   IHSS Program/Provider Overpayment Administrative Review
   P.O. Box 22006
   Santa Ana, CA 92702
3. The written request will identify the grievance(s) involved, specifically describe the reason for the dispute, and provide any supporting facts.
4. A Provider Overpayment Administrative Review Officer will acknowledge the provider's written request within 15 days of receipt.
5. A Provider Overpayment Administrative Review Officer will also review the merits of the grievance and send the provider a notice with a conclusion and reason within 30 days of acknowledging the provider's written request.

If a provider disagrees with the Provider Overpayment Administrative Review Officer's decision regarding their grievance, they can dispute it as informed on the notice within one year from the date of the Notice of IHSS Provider Grievance Decision.

A grievance request for a Provider Overpayment Administrative Review is not granted for the following reasons:

- The grievance was received and stamped in the office 90 calendar days after the date of the action precipitating the grievance.
- The grievance does not identify the reason for the overpayment or specifically describe the disputed action regarding such claims.

- The grievance disputes the validity of a law or a State regulation.
- The grievance disputes are an issue for which a State appeal process is available. For example, the grievance disputes the County's denial of IHSS provider eligibility.
- Any grievances other than the provider overpayment determination.

BOOKMARKS

- Purpose
- Policy
- Background
- Definitions
- References
- Attachments

BACKGROUND

Prospective IHSS providers must complete a formal enrollment process through the Public Authority (PA) to become paid providers.

The State of California requires IHSS providers to submit timesheets for time worked. The recipients (or their timesheet signatory) must review and sign the timesheets verifying the provider’s time worked. The providers are only entitled to payment for the specific, authorized services they perform for the recipient.

When the County discovers a provider overpayment, the County informs the provider, including details such as the amount and reason for the overpayment, and requests repayment from the provider.

Provider overpayments can occur for a variety of reasons, including but not limited to:

- A provider was paid for more hours than they worked or for services they did not perform for the recipient.
- A provider was paid for services not covered under the IHSS program.
- A provider commits fraudulent timesheet activities.
- A provider was paid for the period the recipient was absent from the recipient’s own home. For example, the recipient was hospitalized, residing in an out-of-home care facility, out of the State or Country, or on vacation without the provider.
- A provider was paid for the period after the recipient’s date of death.

Recoupment of provider overpayment may be made via cash repayment or adjustment of the provider’s future pay. Cash repayments can be made through money orders or cashier’s checks and dropped off or mailed to the Orange County IHSS office.

If prospective or current providers disagree with the decision deeming them ineligible for payment for IHSS services, they may appeal to CDSS for a review. This includes situations where prospective providers are found ineligible due to a conviction for an exclusionary crime; they can also appeal this decision to CDSS.

To ask for a State appeal, a provider must complete the To Request Appeal of Provider Enrollment Denial (SOC 856) form and send it to the address below within 60 days of the date the County determines the provider is not eligible to be an IHSS provider:

California Department of Social Services
Fiscal, Appeals, and Benefit Programs Branch
Appeals, Administrative Review and Reimbursement Bureau
Attn: AARU, MS 9-11-04
P.O. Box 944243
Sacramento, CA 94244-2430

If disputes arise between a provider and recipient over the hours worked or the recipient's refusal to sign the timesheets, a designated County representative may assist by clarifying IHSS eligibility/requirements.

DEFINITIONS

RECIPIENT
Someone who receives In-Home Supportive Services.

PROVIDER
Someone who provides services to a person(s) receiving IHSS.

PROVIDER OVERPAYMENT ADMINISTRATIVE REVIEW OFFICER
A Social Services Agency employee who reviews, investigates, and resolves IHSS provider overpayment grievances in a thorough, fair, and impartial manner.

EXCLUSIONARY CRIMES
For IHSS purposes, exclusionary crimes include Tier 1 (specified abuse of a child, abuse of an elder or dependent, or fraud against a government health care or supportive services program) and Tier 2 (a violent or serious felony, a felony offense for which a person is required to register as a sex offender, and a felony offense for fraud against a public social services program.) crimes.

DESIGNATED COUNTY REPRESENTATIVE
The assigned IHSS social worker or their supervisor.

REFERENCES

CDSS Manual of Policies and Procedures (MPP) 30-767.6

CDSS Manual of Policies and Procedures (MPP) 30-768

Welfare and Institutions Code Section 14104.5

ATTACHMENT

To Request Appeal of Provider Enrollment Denial (SOC 856)