Application Guidance

Care Economy Payments for Home and Community-Based Services (HCBS) Direct Care Workers

Application guidance is intended for provider organizations interested in applying for the Non-IHSS Care Economy Payment (CEP) on behalf of their eligible, direct employees. **DHCS will reject any applications from individual providers.** If you are an individual interested in receiving an incentive payment, DHCS recommends you contact your employer. Additional information regarding the application process can be found in the Frequently Asked Questions (FAQ) document under the "Resources" section on the Care Economy Payments for HCBS Direct Care Workers webpage.

General Guidance:

- On June 12, 2023, DHCS will post the link to apply for the CEP on the Care Economy Payments for HCBS Direct Care Workers webpage under the "Application Process." If you have issues accessing the link, please send an email to HCBSCareEconomyPayments@dhcs.ca.gov.

- To begin the application, you must accept the Disclosure and Privacy Statements.

- You must gather and submit all eligible employee information using the approved Excel template provided by DHCS. The Excel template can be found under the "Resources" section on the Care Economy Payments for HCBS Direct Care Workers webpage. The final template must be converted to a PDF prior to submission.

- Refer to instructions for details on how to save the completed Excel template as a PDF. The saved PDF file will need to be uploaded within the application where requested to do so.

- To complete your submission, you must read and accept the attestation statement by entering your first and last name along with your title.

- After application submission, you will receive an email from DHCS (DoNotReplyCEP@dhcs.ca.gov) either confirming that the application has been accepted or identifying additional information is still required. If more information or corrections are requested, you may resubmit the application and upload the entire Excel template as a PDF again, including the corrected details.

- All applications must be submitted no later than 5 p.m. (PST) on Friday July 28, 2023. DHCS encourages early submission to allow ample time for validation and processing before application submission deadline.

Things to know before you get started:

- Please keep your browser open until you have completed the application. **If you close your browser prior to completion, you will need to start over from the beginning.**

- You must click 'Next' on most pages to continue to the next page.

- You can return to the previous page by clicking 'Prev'.

Documents and information to gather before starting the application process:

- Entity Tax Identification Number (TIN) or Federal Employer Identification Number (FEIN).

- Copy of a completed [STD 204](#).

- All required employee information; refer to the employee template data fields section below. (**Note**: Information should be provided using the employee Excel template referred to in the General Guidance section.)

Complete the Excel template:

- Each provider organization must provide employee information on the DHCS provided template.

- **Please note: Do NOT adjust the columns or rows. If adjustments are made to columns or rows, it could delay processing or result in the rejection of the application.**

- The following data fields are included in the Excel template and are required.

Employee Template:

Field Name	Required	Definition
Eligible Employee Name - First	Yes	First name of the person employed by the organization as it appears on the W2.
Eligible Employee Name - Last	Yes	Last name of the person employed by the organization as it appears on the W2.
Last 4-digits of SSN/ITIN	Yes	Last four digits of either the employee's Social Security Number (SSN) or Individual

		Taxpayer Identification Number (ITIN) issued by the IRS.
Date of Birth	Yes	Date format must follow MM/DD/YYYY.
Street Address	Yes	Must reflect as it appears on the employee's W2.
City	Yes	Must reflect as it appears on the employee's W2.
State	Yes	Must reflect as it appears on the employee's W2. Two alpha characters.
ZIP	Yes	Must reflect as it appears on the employee's W2.

Once the template has been completed with all required data, please refer to instructions for details on converting the Excel template to a PDF document to upload and submit with the application.