Sacramento County
In-Home Supportive Services

Telephone: (916) 874-2888
https://pubauth.saccounty.gov/

Public Authority

Thank you for your interest in becoming an IHSS Provider.

In order to receive pay as an IHSS Provider, you must submit form **SOC 426A/Recipient Designation of Provider** form for each recipient you are caring for. Please note:

- Your recipient or their authorized representative must sign this form.
- It must include the recipient's name and case number.
- The start date must be an actual calendar date.

Form SOC 426A may be submitted to the Sacramento Public Authority office or directly to IHSS Payroll.

IHSS Public Authority 9300 Tech Center Dr, STE 100 Sacramento, CA 95826	IHSS Payroll P.O. Box 269131 Sacramento, CA 95826 Fax: 916-876-8706

Once form SOC 426A is received, it may take 3 - 6 weeks to be processed. First time providers may log into the Electronic Services Portal (ESP) after receiving their nine-digit provider number in the mail from Payroll. You will need to create an account to gain access to the timesheets.

If you have been a provider before, your provider number will remain the same. You may log into the Electronic Services Portal to check if you have been connected to your recipient. ESP website – www.etimesheets.ihss.ca.gov

You may utilize the message feature in PEARS if you have any questions regarding this notice.

PROVIDER ID# _____

☐ W-4/DE-4 (PAPER FORMS OR ONLINE IN ELECTRONIC SERVICES PORTAL)

☐ LIVE-IN SELF-CERTIFICATION (ONLINE IN ELECTRONIC SERVICES PORTAL)

The IHSS Public Authority would like to *thank you* for the very important work that you do!

Thank you for caring for a Recipient of IHSS Program services. The work you do is extremely important and we appreciate you!

Inside this Post-Orientation Packet you will find the following resources:

- ✓ The Packet mentioned in the video.
- ✓ A list of important IHSS Contact Numbers.
- ✓ Timesheet Packet – Examples of the most current timesheets and tips on filling them out. You will also find information about overtime and its limitations.
- ✓ A flyer on Adult Protective Services. Your role as an IHSS Care Provider makes you a mandated reporter. Please realize what your responsibilities are and who to contact in case the need arises.
- ✓ State of California Worker's Compensation handout. Please note that should you have an injury on the job, the information contained in this flyer will guide you on the proper steps to follow and who to notify.
- ✓ Important information from the California Department of Social Services, In-Home Supportive Services entitled Communicating with Your Recipient, Workweek Scheduling and Travel Time.
- ✓ A copy of the SOC846 In-Home Supportive Services (IHSS) Program Provider Enrollment Agreement form (for your records).

IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

How to Become an IHSS Provider

There are certain steps you must follow to become a provider in the IHSS Program.

1. Go to an IHSS Program Provider Orientation given by the county. Here you will learn important information about the program and the requirements for you to follow as a provider. At the orientation you will receive IHSS specific fingerprinting documents and information about general fingerprinting costs.
2. Complete and sign the **IHSS Program Provider Enrollment Form (SOC 426)** and return it **in person** to the County IHSS Office or IHSS Public Authority.
3. Complete and sign the **Provider Enrollment Agreement (SOC 846)**. This is the agreement that **ALL** IHSS providers are required to complete and sign. By signing the SOC 846, you are saying that you understand and agree to the rules and requirements for being a provider in the IHSS Program, including the rules regarding overtime and travel time limitations.
4. Get fingerprinted and go through a criminal background check by the California Department of Justice.

Additional Steps that Must Be Completed in Certain Circumstances

A. For providers whose recipient has multiple providers:

- The Recipient/Provider Workweek Agreement (SOC 2256) helps recipients with multiple providers make a work schedule. You will need to sign this form if you work for a recipient who has multiple providers. It keeps track of the number of hours each provider will work for the recipient each workweek. The total number of hours in the workweek agreement must not exceed the recipient's maximum weekly hours.

B. For providers who work for multiple recipients:

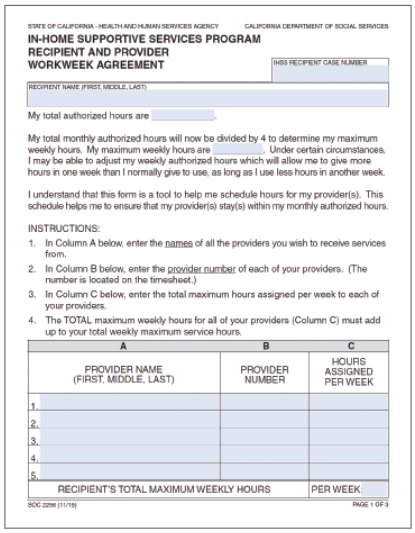
- The Provider Workweek and Travel Time Agreement (SOC 2255) helps providers who work for multiple recipients make a work schedule, including travel time.
- Providers who work for multiple recipients may not exceed 66 hours per workweek. The maximum travel time of 7 hours per workweek is separate and is not included in the 66-hour limitation.

Note: Remember to update the SOC 2256 and SOC 2255 should circumstances on either form change.

Once you have completed these steps and have been approved by the county or Public Authority to be an IHSS provider, you will continue to be eligible to provide services for any IHSS recipient as long as:

- You are an active provider.
- Your criminal background check remains clear.
- You do not receive overtime or travel time violations that result in your suspension from the program.

A



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES PROGRAM
RECIPIENT AND PROVIDER
WORKWEEK AGREEMENT

IHSS RECIPIENT CASE NUMBER

RECIPIENT NAME (FIRST, MIDDLE, LAST)

My total authorized hours are .

My total monthly authorized hours will now be divided by 4 to determine my maximum weekly hours. My maximum weekly hours are . Under certain circumstances, I may be able to adjust my weekly authorized hours which will allow me to give more hours in one week than I normally give to use, as long as I use less hours in another week.

I understand that this form is a tool to help me schedule hours for my provider(s). This schedule helps me to ensure that my provider(s) stay(s) within my monthly authorized hours.

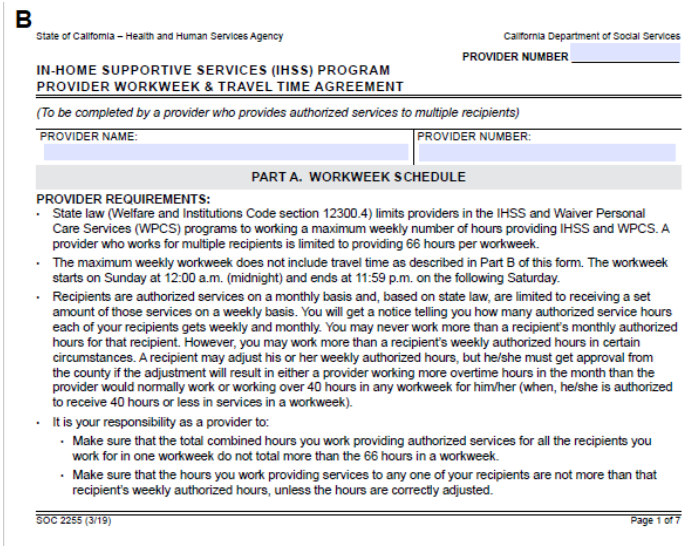
INSTRUCTIONS:

1. In Column A below, enter the names of all the providers you wish to receive services from.
2. In Column B below, enter the provider number of each of your providers. (The number is located on the timesheet.)
3. In Column C below, enter the total maximum hours assigned per week to each of your providers.
4. The TOTAL maximum weekly hours for all of your providers (Column C) must add up to your total weekly maximum service hours.

	A PROVIDER NAME (FIRST, MIDDLE, LAST)	B PROVIDER NUMBER	C HOURS ASSIGNED PER WEEK
1.			
2.			
3.			
4.			
5.			
	RECIPIENT'S TOTAL MAXIMUM WEEKLY HOURS		PER WEEK

SOC 2256 (11/15) PAGE 1 OF 3

B



State of California – Health and Human Services Agency California Department of Social Services

PROVIDER NUMBER

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER WORKWEEK & TRAVEL TIME AGREEMENT

(To be completed by a provider who provides authorized services to multiple recipients)

PROVIDER NAME: PROVIDER NUMBER:

PART A. WORKWEEK SCHEDULE

PROVIDER REQUIREMENTS:

- State law (Welfare and Institutions Code section 12300.4) limits providers in the IHSS and Waiver Personal Care Services (WPCS) programs to working a maximum weekly number of hours providing IHSS and WPCS. A provider who works for multiple recipients is limited to providing 66 hours per workweek.
- The maximum weekly workweek does not include travel time as described in Part B of this form. The workweek starts on Sunday at 12:00 a.m. (midnight) and ends at 11:59 p.m. on the following Saturday.
- Recipients are authorized services on a monthly basis and, based on state law, are limited to receiving a set amount of those services on a weekly basis. You will get a notice telling you how many authorized service hours each of your recipients gets weekly and monthly. You may never work more than a recipient's monthly authorized hours for that recipient. However, you may work more than a recipient's weekly authorized hours in certain circumstances. A recipient may adjust his or her weekly authorized hours, but he/she must get approval from the county if the adjustment will result in either a provider working more overtime hours in the month than the provider would normally work or working over 40 hours in any workweek for him/her (when, he/she is authorized to receive 40 hours or less in services in a workweek).
- It is your responsibility as a provider to:
  - Make sure that the total combined hours you work providing authorized services for all the recipients you work for in one workweek do not total more than the 66 hours in a workweek.
  - Make sure that the hours you work providing services to any one of your recipients are not more than that recipient's weekly authorized hours, unless the hours are correctly adjusted.

SOC 2255 (3/19) Page 1 of 7

IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

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Tier 1 Crimes

Tier 1 Crimes Include:

- Specified abuse of a child, pursuant to Penal Code (PC) Section 273a(a);
- Abuse of an elder or dependent adult, as specified in PC Section 368; and
- Fraud against a government health care or supportive services program.

If you **have been** convicted of, OR incarcerated following a conviction for a **Tier 1** crime WITHIN THE PAST 10 YEARS, you are **NOT** eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing supportive services, even if your crime was expunged from your record.

Appeal Request

If you believe you have been erroneously denied eligibility by the County/Public Authority/Non-Profit Consortium, you have the right to file an Appeal Request form (SOC 856) with the Appeals and Administrative Review Unit (AARU) by mailing a completed Appeal Request form to the following address:

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

An Appeal Request must be filed with the AARU within 60 days of the date of the denial notice from the County/Public Authority/Non-Profit Consortium.

You may also contact the AARU at (916) 651-3488 if you have any questions concerning the Appeals process.

Please be advised that you are **NOT** eligible to receive an individual waiver or file a general exception request for Tier 1 convictions.

IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Tier 2 Crimes

Tier 2 Crimes Include:

- A violent or serious felony, as specified in Penal Code (PC) Section 667.5(c), and PC Section 1192.7(c);
- A felony offense for which a person is required to register as a sex offender, pursuant to PC Section 290(c); and
- A felony offense for fraud against a public social services program, as defined in Welfare and Institutions Code (W&IC) Section 10980(c)(2) and (g)(2).

(Note: The above list is not exhaustive; other crimes may meet the criteria of a Tier 2 crime.)

If you **have been** convicted of **or** incarcerated following a conviction for a **Tier 2** crime WITHIN THE PAST 10 YEARS, you are **NOT** eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing supportive services. However, if a County/Public Authority/Non-Profit Consortium determines you are ineligible based on a Tier 2 conviction, you MAY be eligible to be enrolled as an IHSS provider if **one** of the following conditions apply/occur:

- You filed an Appeal Request form (SOC 856) with the Appeals and Administrative Review Unit (AARU) and AARU overturned the decision of the County/Public Authority/Non-Profit Consortium to deny you eligibility to be an IHSS provider;
- You have obtained a certificate of rehabilitation or your conviction has been expunged from your record pursuant to PC Section 1203.4;
    - Expungement pursuant to PC Section 1203.4 does not, however, apply to certain crimes, and therefore, a conviction for any of the Tier 2 crimes listed below will not allow you to be enrolled as an IHSS provider:
        - PC 286(c) Sodomy of a child under 14 and who is more than 10 years younger than the attacker
        - PC 288 Lewd or lascivious acts with a child
        - PC 288a(c) Oral copulation
        - PC 288.5 Continuous sexual abuse of a child
        - PC 289(j) Sexual penetration of a child under 14 and who is more than 10 years younger than the attacker
- Your IHSS recipient requests an individual waiver to hire you; or

- You request and are approved for a general exception from the CDSS Community Care Licensing Division, Caregiver Background Check Bureau (CBCB).

Below is a description of the ways in which you may be eligible to become an IHSS provider, despite a conviction for a Tier 2 crime.

Appeal Request

If you believe you have wrongly been denied eligibility by the County/Public Authority/Non-Profit Consortium, you have the right to file an Appeal Request by mailing a completed Appeal Request form (SOC 856) to the AARU at the following address:

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

An Appeal Request must be filed with the AARU within 60 days of the date of the denial notice from the County/Public Authority/Non-Profit Consortium.

You may also contact the AARU at (916) 651-3488 if you have any questions concerning the Appeals process.

Certificate of Rehabilitation or Expungement

If you have been convicted of a Tier 2 crime, and have obtained a certificate of rehabilitation (under Chapter 3.5 [commencing with Section 4852.01] of Title 6 of Part 3 of the PC), or the information or accusation against you has been dismissed pursuant to PC Section 1203.4, you are eligible to be enrolled as a provider if all other provider enrollment requirements have been met.

Waiver

If you have been found ineligible to be an IHSS provider on the basis of a conviction(s) for a Tier 2 crime, but otherwise meet all of the provider enrollment requirements, you may be permitted to provide services to a specific IHSS recipient(s) if that IHSS recipient(s) chooses to hire you in spite of your criminal conviction(s) and submits a request to the County/Public Authority/Non-Profit Consortium for an individual waiver.

The County/Public Authority/Non-Profit Consortium will enclose with the notice of ineligibility sent to the recipient(s) the IHSS Recipient Request for Provider Waiver form (SOC 862) with information about the specific conviction(s) that make you ineligible to be an IHSS provider.

Under state law, Counties/Public Authorities/Non-Profit Consortiums are authorized to only disclose your convictions that are listed in the Tier 1 and Tier 2 categories.

If, after reviewing the notice of ineligibility, your recipient(s) still wishes to hire you to be their provider despite your criminal conviction, the recipient(s) (or his/her authorized representative) must complete and sign the SOC 862 and return it to the County/Public Authority/Non-Profit Consortium in person or by mail within ten days from the date of notice of ineligibility. By signing the SOC 862, the recipient(s) accepts responsibility for hiring you and agrees to hold the State and County/Public Authority/Non-Profit Consortium harmless from any liability that may result from the granting of the individual waiver. If your recipient moves to a new county and you wish to remain working as that recipient's provider or if you wish to work as an IHSS provider for a recipient in a different county, you will need to submit to another criminal background check in the new county and each recipient you work for in the new county will need to complete and submit an SOC 862.

Please note that if you are the authorized representative for the recipient, you cannot sign the waiver on behalf of him/her. You will only be allowed to sign the waiver on behalf of the recipient if you are the parent, guardian, or have legal custody of the minor recipient, or the conservator, or the registered domestic partner of the adult recipient. In situations where you cannot sign the waiver on behalf of the recipient, the waiver must be signed by the recipient or (if that is not possible) a third individual must be designated as an authorized representative for purposes of signing the waiver.

Once a waiver has been signed by the recipient(s) and accepted by the County/Public Authority/ Non-Profit Consortium, you will only be allowed to provide IHSS services for the recipient(s) who requested the waiver. You may provide services to additional recipients if each recipient who chooses to hire you submits a separate waiver request to the County/Public Authority/Non-Profit Consortium. A waiver is valid only for the conviction(s) specified in the waiver.

General Exception Request

If you have been found ineligible to be enrolled as an IHSS provider based on a conviction for a Tier 2 exclusionary crime but wish to be listed on a provider registry or to provide services for a recipient who has not requested an individual waiver, you may apply for a general exception of the exclusion.

If you choose to request a general exception, **you must file the general exception form (SOC 863) within forty-five (45) calendar days from the date of your denial notice, along with the required information noted on the SOC 863**.

Mail the SOC 863, along with the required documentation, to the following address:

California Department of Social Services
Caregiver Background Check Bureau
744 P Street, MS 9-15-65
Sacramento, CA 95814

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IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Live-In Provider Self-Certification Information

Under Internal Revenue Service (IRS) Notice 2014-7, the wages received by Waiver Personal Care Services (WPCS) providers who live with the recipient of those services are not considered part of gross income for purposes of Federal Income Tax (FIT). On March 1, 2016, the California Department of Social Services (CDSS) received a ruling from the IRS that In-Home Supportive Services (IHSS) wages received by IHSS providers who live in the same home with the recipient of those services are also excluded from gross income for purposes of FIT. CDSS received confirmation from the California Franchise Tax Board (FTB) that wages received by IHSS and/or WPCS providers who live with the recipient are not considered part of gross income for purposes of California State Personal Income Tax (PIT).

How do I exclude my wages from FIT and PIT?

You have the option to self-certify your living arrangements to exclude IHSS/WPCS wages from FIT and PIT by completing and submitting a Live-In Self-Certification Form for Federal and State Tax Wage Exclusion (SOC 2298). All requested information on the form must be provided and the form must include your signature and the date you signed the form.

Return Completed SOC 2298 Forms to:

IHSS – IRS Live-In Self-Certification

P.O. Box 1677

West Sacramento, CA 95691-6677

What do I do for wages paid before my Self-Certification Form is received?

Your form W-2 for wages paid in the year prior to the receipt and processing of your Self-Certification form will not be amended. Providers are encouraged to consult with a tax advisor or contact the IRS or FTB directly with questions.

Do I need to file a Live-In Self-Certification Form every year?

The exclusion of your IHSS wages from FIT and PIT will continue each year you continue to work for, and live with, your recipient and you will not need to re-certify every year.

What happens if I stop living with the recipient?

If your living arrangements change and your recipient no longer lives with you but you continue to provide care to the recipient, you should file a Live-In Self-Certification Cancellation Form for Federal and State Tax Wage Exclusion (SOC 2299) at the address above. In addition, you should file Provider or Recipient Change of Address and/or Telephone (SOC 840) (change of address) with the IHSS County Office.

What do I do if I live with more than one recipient?

If you work and reside with more than one recipient, you must complete and submit a separate Live-In Self-Certification Form for Federal and State Tax Wage Exclusion (SOC 2298) for each recipient.

When can I expect my Live-in Self-Certification Form to be processed?

Your current Tax Year wages will continue to be included as federal and state taxable wages until a correct and fully completed Live-In Self-Certification Form for Federal and State Tax Wage Exclusion (SOC 2298) is processed. It may take up to 30 days from the time you send your completed Live-In Self-Certification Form for Federal and State Tax Wage Exclusion (SOC 2298) to be processed before your IHSS wages begin to be excluded from FIT and PIT.

Please Note: *CDSS and County staff are not tax consultants and cannot assist you with the IRS or FTB exclusions or how to file amended tax returns. Please contact the IRS, FTB, or your Tax Preparer for questions or how to file an amended return for past years. For more information, please visit the IRS website (www.irs.gov) or the FTB website (www.ftb.ca.gov).*

IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Exemption 2 – Extraordinary Circumstances

EXEMPTION 2 – Extraordinary Circumstances

Exemption 2, the Extraordinary Circumstances exemption, may apply if you provide services to two or more recipients whose circumstances put them at serious risk of placement in out-of-home care. If an Exemption 2 is granted, you may work up to 360 hours total for all your recipients combined, not to exceed each IHSS recipient's monthly authorized hours.

In order to qualify for the Extraordinary Circumstances exemption, all recipients you work for must meet at least one of the following conditions:

A. Have complex medical and/or behavioral needs that must be met by a provider who lives in the same home as the recipient.
B. Live in a rural or remote area where available providers are limited and, as a result, the recipient is unable to hire another provider.
C. Be unable to hire a provider who speaks his/her same language in order to direct his/her own care.

An additional requirement is that the recipients, with assistance from the county as needed, must have made reasonable attempts to locate and hire an additional provider(s). Prior documented attempts to utilize other providers that have resulted in detrimental effects to the recipient's health and/or safety may be considered in meeting this requirement.

The financial impact that hiring another provider could have on the current provider is not considered when determining whether an extraordinary circumstance exists which would qualify for Exemption 2.

Even if an Exemption 2 is granted, if two or more recipients have an excess of 360 authorized IHSS hours between them, they will be required to hire another provider to work the remaining hours beyond the 360 hours allowed by the exemption.

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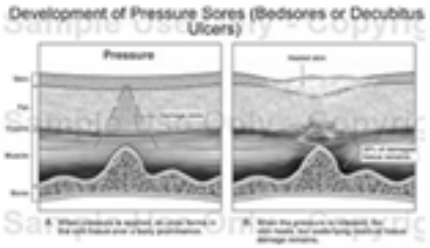
TB TESTING

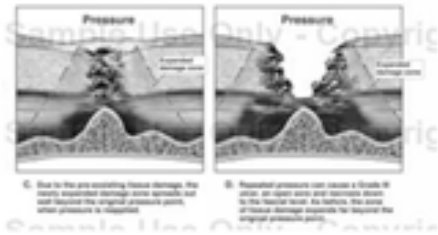
- Go to your doctor or clinic to complete TB test.
  *recommended but not required

PRESSURE SORE IDENTIFICATION

The four stages of pressure sores:

1. Reddened, purple, or ashen area on the skin
2. Skin blisters or forms open wound
3. Wound begins to look like a crater
4. Wound is so deep that muscle and bone are affected





<u>**SEEK MEDICAL ADVICE IF SIGNS OF BEDSORES ARE OBSERVED**</u>

Pressure sores are caused by <u>constant pressure on the skin</u>
Non-Ambulatory Recipients are <u>most at risk</u>
<u>**PRESSURE SORES = NEGLECT**</u> <u>and</u> are a serious form of **ELDER ABUSE**
For more information and real-life images of bedsores visit:
www.nlm.nih.gov and search for pressure sores.

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TIMESHEET PACKET

Tips on How to Fill out Timesheets and Examples of the Most Current Timesheets

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IHSS
IN-HOME SUPPORTIVE SERVICES
TRAINING ACADEMY

CDSS

Electronic Visit Verification Electronic Services Portal (ESP) Website
Provider/Recipient Registration

www.etimesheets.ihss.ca.gov

For additional assistance please contact the IHSS Service Desk at (866) 376-7066 Monday through Friday from 8am to 5pm and select the Electronic Services Portal option to speak with the ESP Service Desk agents.

REGISTRATION AS A FIRST TIME USER

If you are using this website for the first time, you will need to register for an account.

You will need the following information to register exactly as shown in your IHSS records:

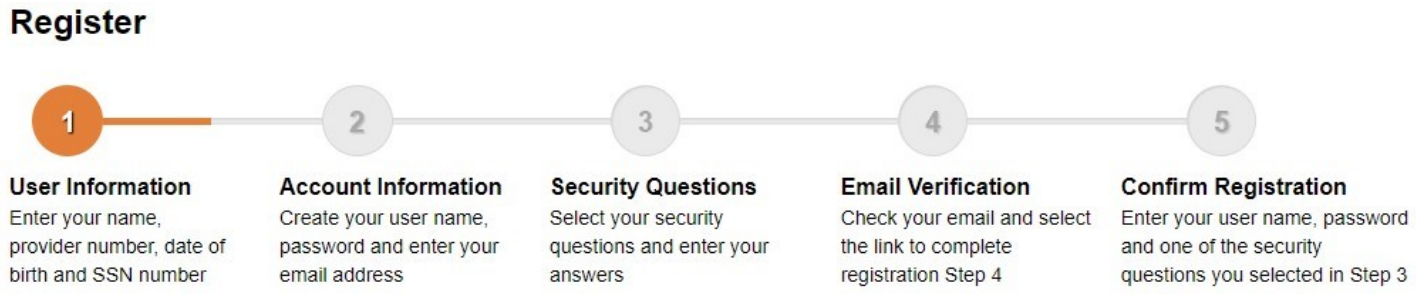
- Your name
- 9-digit provider number (**if you are a provider**), or 7-digit recipient number (**if you are a recipient**)
- Date of birth
- Last four digits of your social security number
- A valid e-mail address

Note: Although it is not recommended, you may use the same email address to register as a provider and as a recipient.

To access the Electronic Services Portal Website, please visit www.etimesheets.ihss.ca.gov

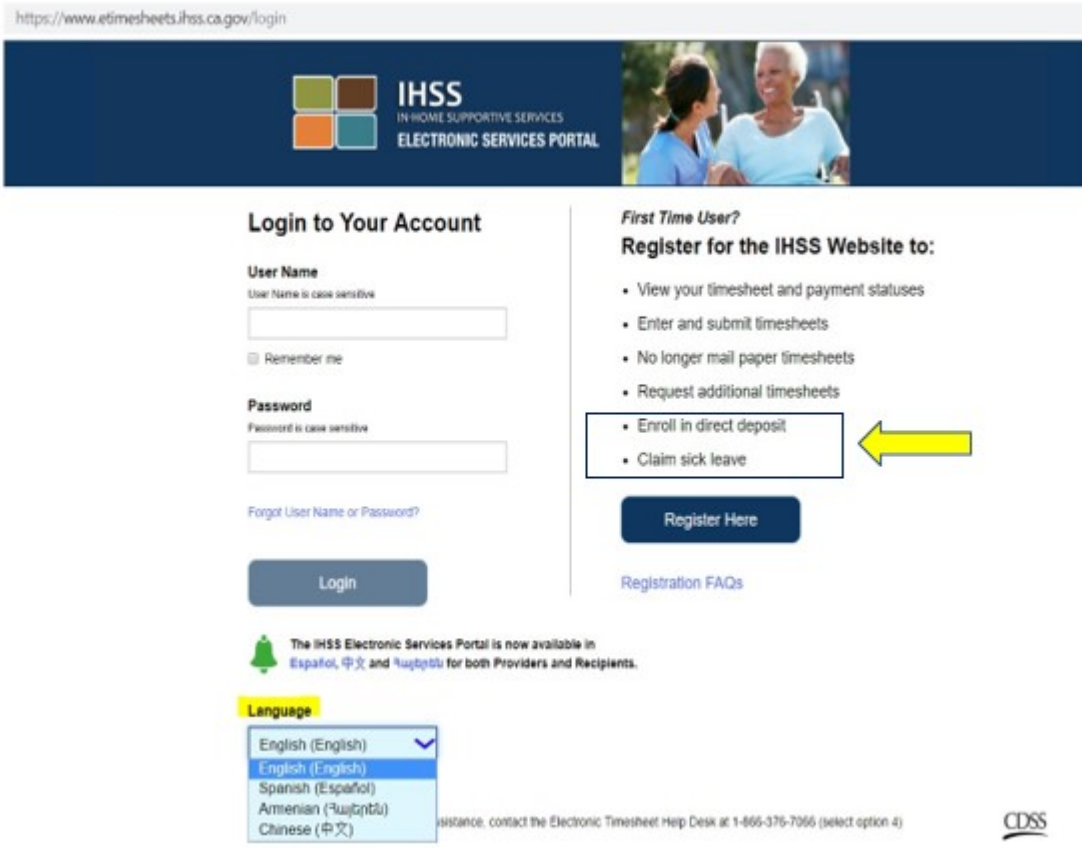
There are 5 steps to the Registration process:

These steps are only required to be completed once, after that, all you need to do is login



Note: Each step will be marked with orange to indicate the step you are on, and it will change to green to indicate a completed step.

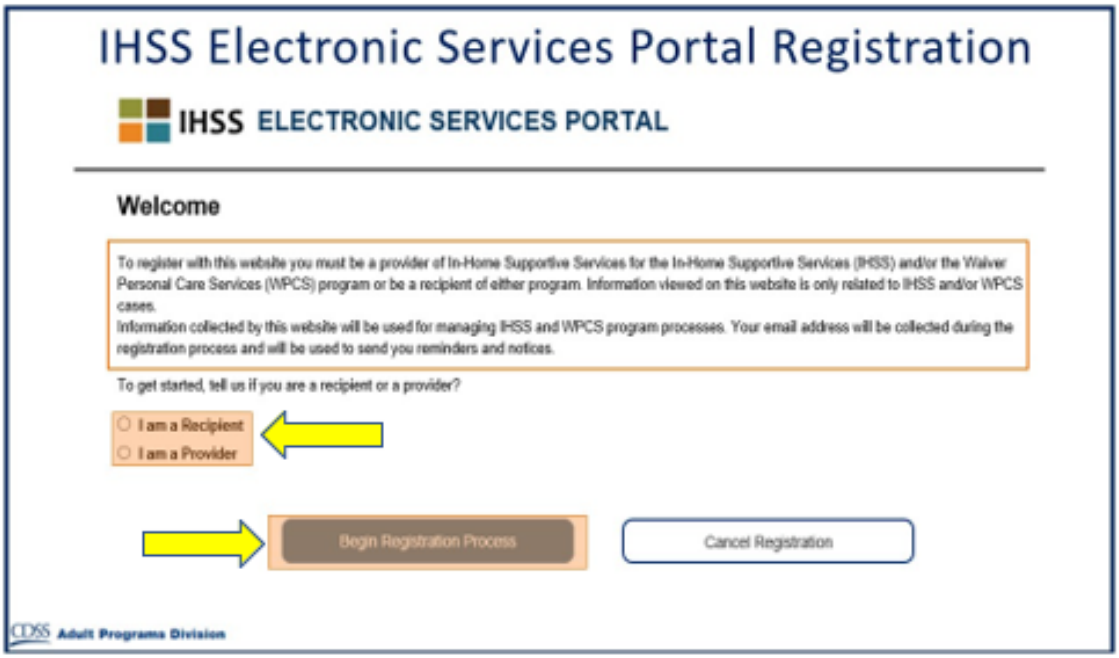
At the bottom of your screen, you will see a drop-down list for language options. You may select your desired language by clicking the drop-down menu. The Electronic Services Portal is available in English, Spanish, Chinese and Armenian.



If you have questions before you get started, there is a link under the Register Here link for “Registration Frequently Asked Questions”. This will open a document which provides information for you, such as what information you will need to be able to complete your registration.

Click the **Register Here** link to start your registration process.

After selecting the **Register Here** link, you will be taken to the **Welcome** screen.

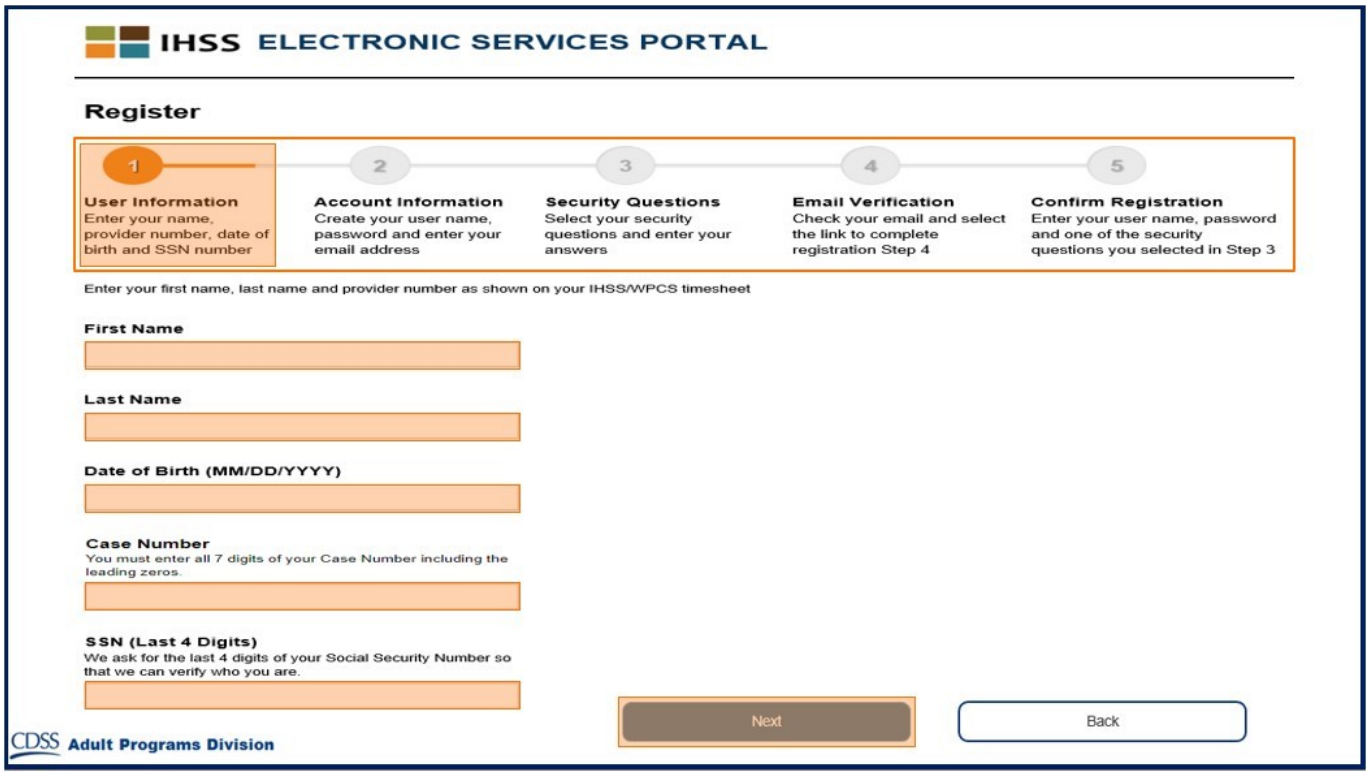


At the top of the screen, you will see a notice which provides information on who can participate on this website.

- To get started, you will select if you are a “Recipient”, or if you are a “Provider”. After making your selection, click on **Begin Registration Process.**

You will then be taken to the ‘Register’ Screen. You will see at the top of your screen your registration progress bar.

This will show you where you are at in completing the 5 easy steps to register for your account. You will know which step you are currently working on because it will be highlighted orange in your progress bar.



Your first step, **Step 1** will be to enter your User Information.

This tells us about you and lets the system check for your information in the IHSS or WPCS Services program.

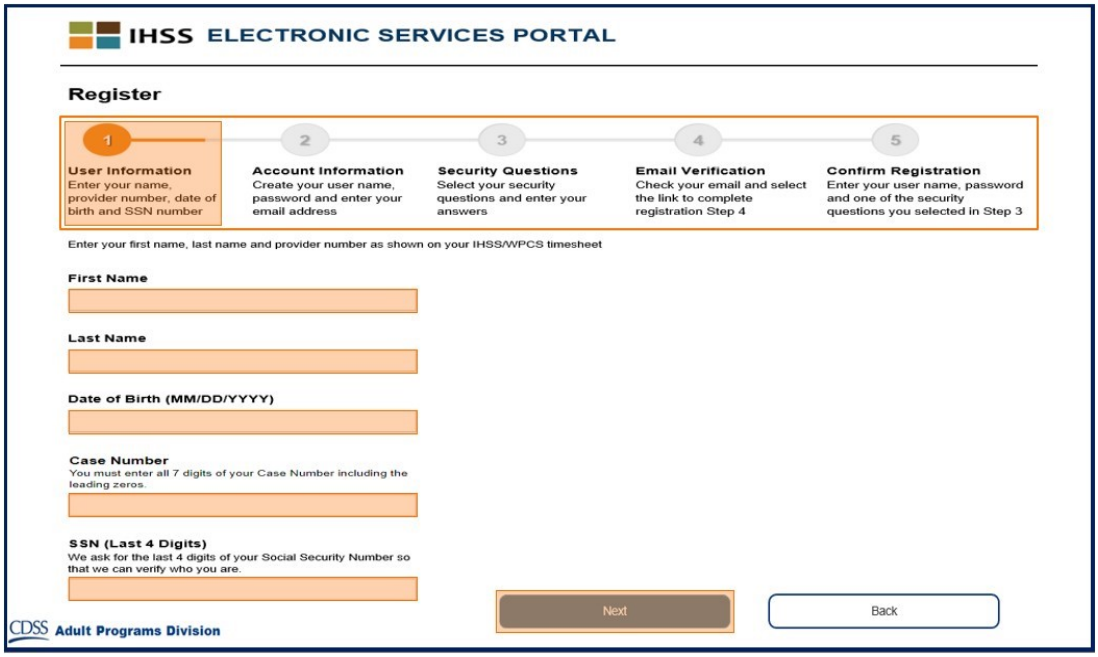
You will need to enter the following information, your:

- First Name
- Last Name
- Date of Birth
- If you are a provider, you will need to enter your provider number. It should be 9-digits and can be located on any provider paperwork you have received, such as, a previous paystub.

  Or, if you are a recipient, you will need to enter your recipient number. It should be 7-digits and can be located on any recipient paperwork you have received, such as, a notice of action.
- The Last Four Digits of your Social Security Number

If you have entered your information and receive a message informing you that the information is not a match to our records, please contact your local county IHSS or IHO office.

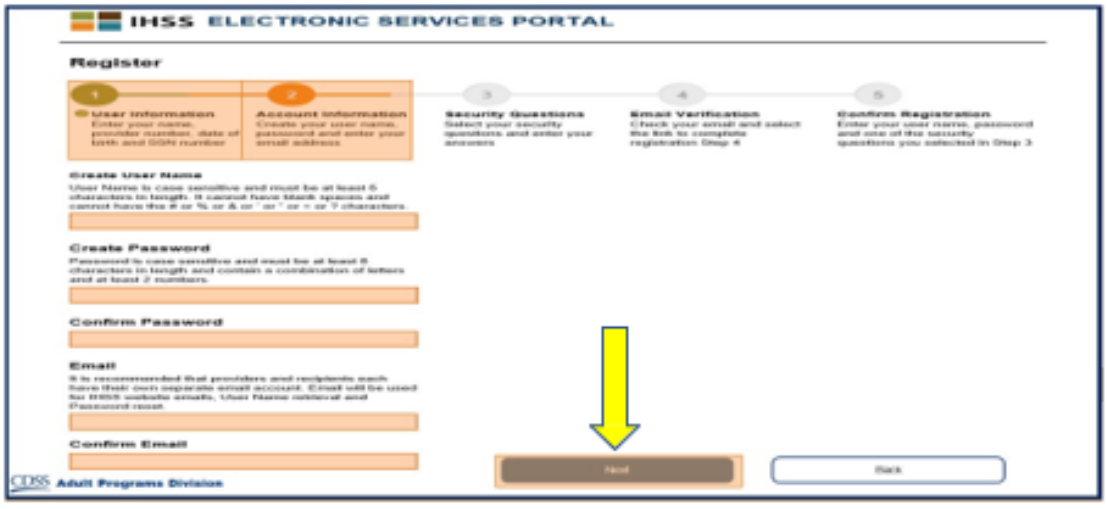
Note: Your personal information is not stored in this website, it is only used for the initial verification against what is stored in the IHSS or WPCS system.
Once you have completed Step 1, please select the **Next** button.



You will know you have completed a step because that step will change to a green color in your progress bar.

For **Step 2,** you will enter the following Information for your new account:

- Create your User Name:
  - Your user name is case sensitive and can be anything you want it to be, it must be at least 6 characters, these can be numbers, letters or symbols.
  - Make sure your username it is something you will remember, you will need it to complete your registration and access your account.
- Then, Create your Password:
  - Your password is case sensitive and must be at least 8 characters in length, and must include a combination of letters, at least two numbers and no special characters.
  - Again, it should be something you can remember, as you will need it to complete your registration and access your account.
- Confirm your Password
  - Enter the same password again
- Then enter your email address.
  - Enter a valid email address, as this will be used for notifications on your account
    It is recommended that a provider only use the same email address to register for the recipient if they are the authorized Timesheet Signatory or they have Legal Authority such as being the parent of a minor recipient.
- Confirm your Email
  - Enter the same email again

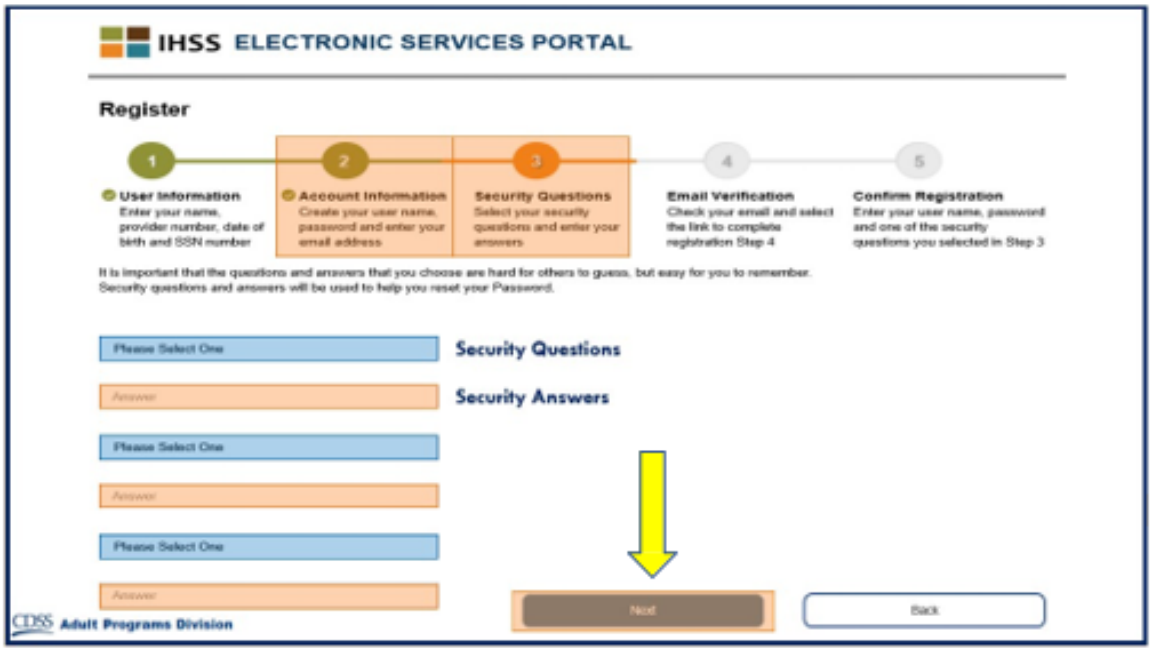


After completing Step 2, select the **Next** button.

For **Step 3,** you will need to answer some **Security Questions.**

You will choose three different security questions from the drop-down list. Click the arrow on the right-hand side of the box to see the questions you can choose from.

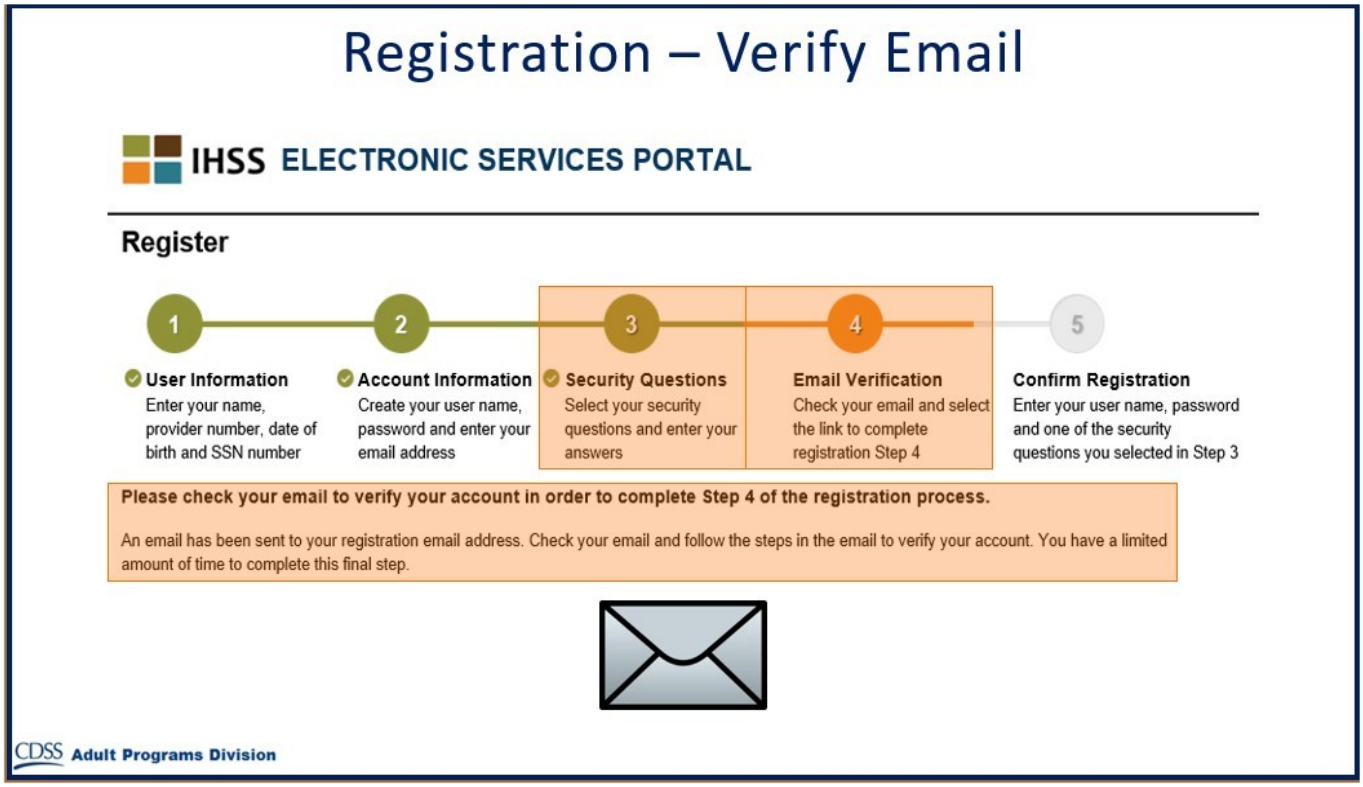
- Make sure your answers to your chosen security questions are hard for others to guess but easy for you to remember. You will use these questions to complete your registration as well as resetting your password, if necessary.
- Once you have selected and answered your three security questions, select the **Next** button to complete Step 3.



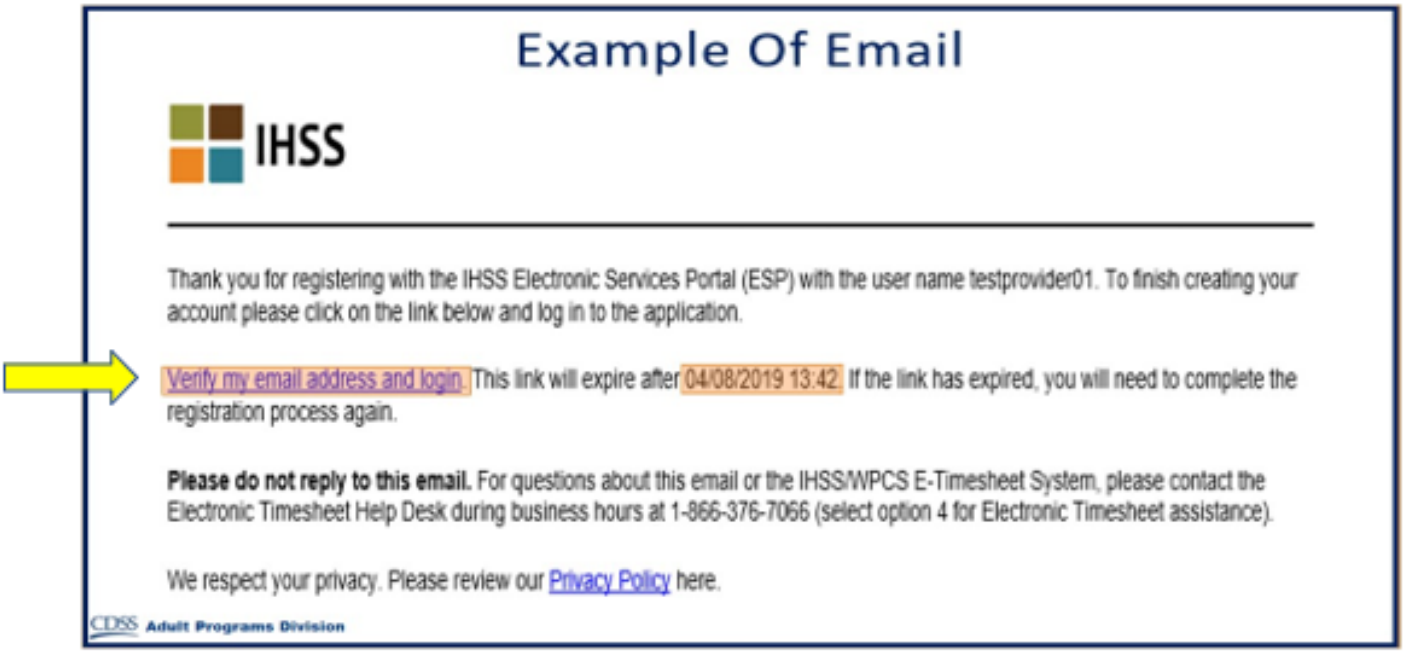
<u>You will notice on your Progress Bar that you are on to **Step 4**</u>

- An email will be sent to you at the valid email address you provided. You will need to verify your email address.
- Go to your incoming email and check for a message from the IHSS Website.

Note: If you don't see a message in your inbox, please check your spam folder for the email.



Here is a sample of what your email message will look like:

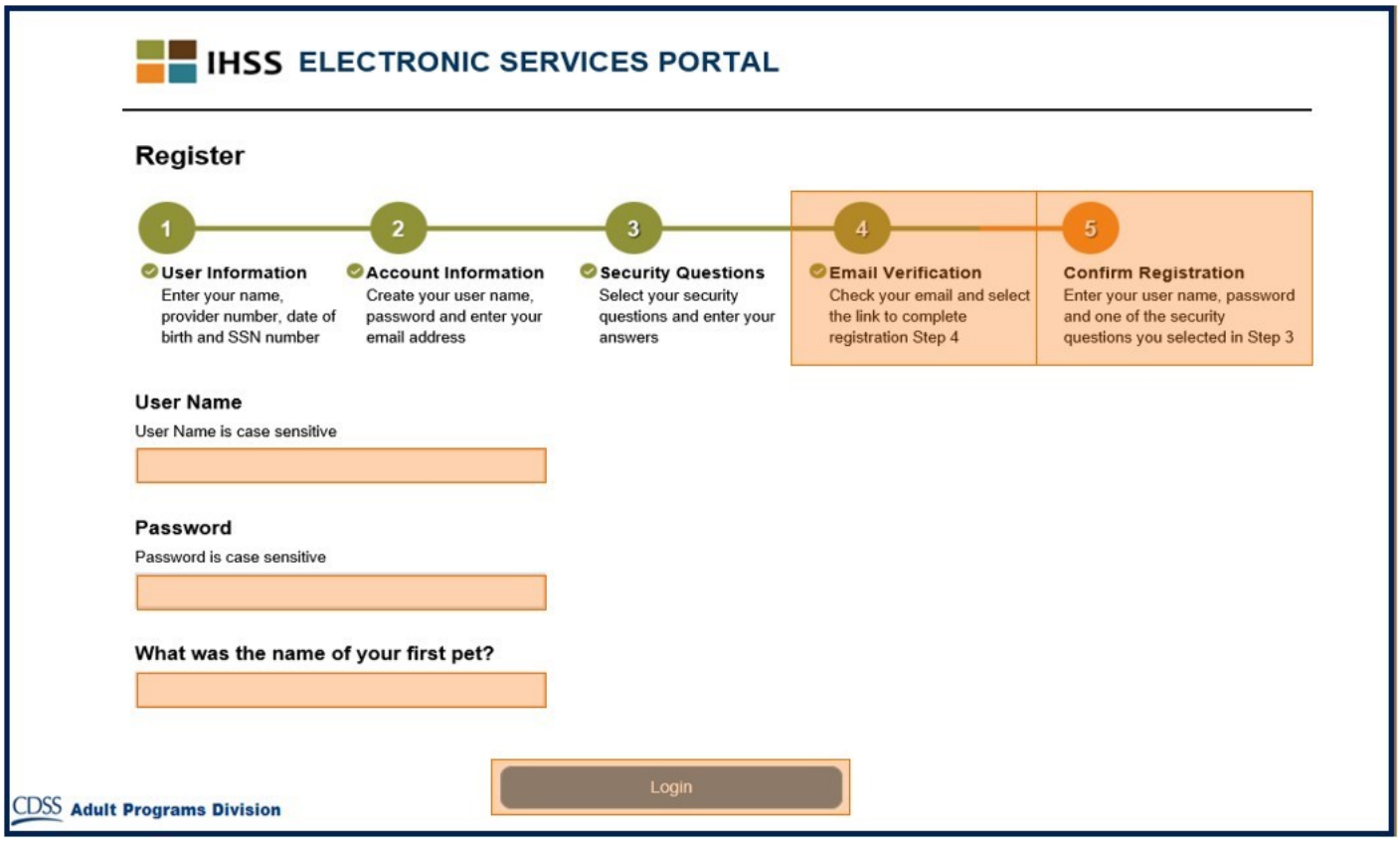


When you receive the email, you will be asked to verify your email address. To do this, follow the steps in the email by clicking the **Verify my email address and login** link.

Note: It is important to verify your email address immediately because the email login link is only available for a limited time. If your email login link times out, you will need to begin the registration process again.

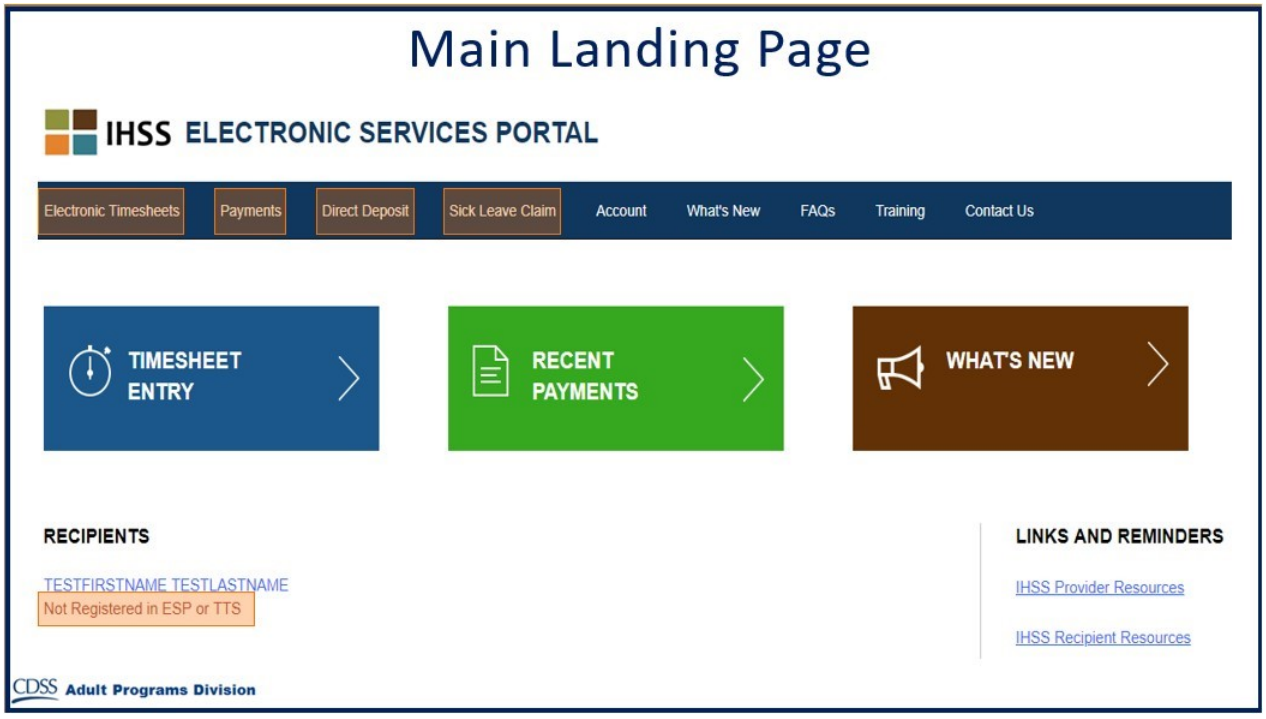
Congratulations! Now that you have completed all five steps for your registration, you are registered and have an account with the Electronic Services Portal Website.

Please remember to keep your username and password secure and do not share your username or password.



Main Landing Page

Once you have completed the registration process, you will be taken to the Main Landing Page.



For Providers, you now can do the following using your account:

- Submit your timesheets in the Electronic Timesheet System
- View Payment History
- Sign up for Direct Deposit online
- And submit a Sick Leave Claim online

Note: When you are on the Main Landing Page, you will see a list of all the recipients you provide services for. If your recipient has not yet registered for the ESP or the Telephone Timesheet System (TTS), you will see a note under that recipient's name informing you that your recipient needs to register.

For Recipients, you now can do the following using your account:

- Review your provider's timesheets electronically
- Approve or reject your provider's timesheets electronically
- View your provider's Timesheet History

IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Electronic Visit Verification (EVV)

Background:

- The federal 21st Century Cures Act, passed in 2016, requires States to implement Electronic Visit Verification (EVV) for In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) by January 1, 2021.

What is EVV?

- EVV is an electronic-based system that collects IHSS/WPCS service delivery information including Hours Worked, Minutes Worked, Start Time, End Time, and Location. This information is collected through a secure website (Electronic Services Portal) or telephonically using the Telephone Timesheet System (TTS).
- EVV replaces the paper timesheet process for IHSS and WPCS.
- Recipients are required to approve/reject timesheets either online (ESP) or by telephone (TTS).
- Providers are required to submit timesheets either online (ESP) or by telephone (TTS).

When will California start using EVV?

- California began implementing EVV by county in July 2019, with a statewide implementation date of January 1, 2021.

How does EVV work?

- EVV does not change the amount of service hours a recipient receives.
- EVV does not change how services are performed.
- Providers do not need to check in and out throughout the day.
- California's EVV system is housed in the Electronic Services Portal (ESP) and Telephone Timesheet System (TTS).
- CDSS ensures that the system is easy to use and accessible to all. For more information about EVV/TTS.
- Visit the CDSS EVV website for general information and training: https://www.cdss.ca.gov/inforesources/cdss-programs/ihss/evvhelp
- Access the IHSS Telephone Timesheet System: (833) DIAL-EVV or (833) 342-5388
- Visit the Electronic Services Portal Website: www.etimesheets.ihss.ca.gov
- For general assistance with ESP or TTS: (866) 376-7066.

IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Electronic Services Portal (ESP)

What is ESP?

Electronic Services Portal (ESP)

- ESP is a service that allows you to submit your timesheets online using the ESP.
- ESP is available in English, Spanish, Chinese, and Armenian for recipients and providers.

Benefits to using ESP for Providers and Recipients:

Providers:

- Faster payment
- Help avoid violations
- Fewer timesheet errors
- Save on postage
- View payment history
- Enroll in Direct Deposit
- Submit Sick Leave Claim
- Check Payment Status
- Request Supplemental Timesheets

Recipients:

- Approve or Reject provider timesheets online
- Review timesheet details online
- Review timesheet history online

What is TTS?

Telephone Timesheet System (TTS)

- TTS is a service that allows recipients to use their telephone to review, approve, or reject their provider's timesheet.
- Recipients have the option to enroll and use the TTS if they choose not to use ESP.

Benefits to using TTS for Providers and Recipients:

Providers:

- Faster payment
- Help avoid violations

- Fewer timesheet errors
- Save on postage
- Check Payment Status
- Request Supplemental Timesheets

Recipients:

- Approve or Reject provider timesheets using the telephone
- TTS will call the recipient on the phone when their provider(s) has submitted a timesheet for review.

Please contact your local county IHSS office for more TTS information.

For more information on ESP/TTS:

- Access our website at www.cdss.ca.gov/inforesources/IHSS-Providers/Resources/Timesheet-Information
- For additional assistance, contact the IHSS Service Help Desk at (866) 376-7066, Monday through Friday from 8:00 a.m. to 5:00 p.m.

To enroll for ESP:

- Access the website at: www.etimesheets.ihss.ca.gov
- To complete the enrollment process, you will need to have all of the following:
    - Provider or Recipient Number
    - Last 4-digits of Social Security Number
    - Date of Birth
    - Valid email address

To enroll for TTS:

- Access the telephone system at: (833) Dial-EVV (833)-342-5388.
- You will need your 9-digit provider number or 7-digit case number (recipient).
- Registration Code - Recipients and Providers will be mailed a registration code in a letter from IHSS.

IHSS
IN-HOME
SUPPORTIVE SERVICES

January 20, 2023

TO: Non-Live-In, In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) Non-Live-In Providers

This letter is to inform you of changes to the IHSS/WPCS Electronic Visit Verification (EVV) system for providers who **do not** live with their recipient(s) that will begin on July 1, 2023. You are receiving this notice because the California Department of Social Services (CDSS) has identified that you do not live with at least one recipient you provide services to.

What is changing for Non-Live-In Providers?

California must make changes to the current EVV system to comply with federal law. Currently, non-live-in providers enter start time, end time, and location on their timesheets at the end of each pay period. Providers will continue to have the ability to self-certify that they live with a recipient by indicating their status at the beginning of each pay period or by submitting an SOC 2298 to their county.

Beginning July 1, 2023, IHSS/WPCS providers, who **do not** live with their recipient, will be required to:

1. Check-in at the beginning of each shift in real time; and
2. Check-out at the end of each shift in real time; and
3. Identify their location when checking in or out as either at the recipient's home or in the community.

Live-in providers are not required to use EVV.

What this means for you as a provider:

Beginning July 1, 2023, you will have to check-in and check-out in real time at the beginning and at the end of each shift you work for an IHSS/WPCS recipient you don't live with. Live-in providers are not required to check-in and check-out at the start and end of each shift.

Over the next few months, CDSS will be developing three ways for you to be able to check in and out. You will have the option of checking in/out using a mobile application or "app", the current Electronic Services Portal (ESP) website or the Telephone Timesheet System (TTS) using a landline phone. You will

continue to electronically submit your timesheets the same way you do today, through the ESP and/or TTS.

This does not change how your recipient approves your timesheet, how you perform IHSS/WPCS services or how services are authorized.

What happens next:

At this time, there is no action needed on your part. You will continue to electronically enter and submit your timesheets just like you do today. The new requirement will go into effect July 1, 2023.

Over the next few months you will receive additional letters letting you know about the new IHSS EVV mobile app and changes being made to ESP and TTS, and how to use each option. CDSS will provide easy-to-follow training materials and conduct online webinar trainings for providers on how to check in and out and easily fix any errors. You can choose whichever option(s) that works best for you.

We will keep you informed of any updates. For more information about EVV please visit the CDSS website at:

www.cdss.ca.gov/inforesources/ESPhelp

If you have questions about EVV please submit them to the IHSS EVV Mailbox at EVV@dss.ca.gov.

You can also contact the IHSS Service Desk at 1-866-376-7066.

IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Mandated Reporter

As an In-Home Supportive Services (IHSS) provider, you are a "Mandated Reporter." Being a mandated reporter means that by law you must report any suspected abuse immediately to the County Adult Protective Services (APS) or Children's Protective Services (CPS) agency. The abuse might be happening to the consumer you serve, someone else in the consumer's home, or anyone else, whether you are working or not.

Adult Abuse

Adult abuse happens when an elder or dependent adult:

- Is slapped, hit, choked, pinched, kicked, shoved, or given too much or too little medication.
- Is constantly yelled at, threatened with physical harm, or threatened with being left alone.
- Is deserted by a caregiver when he/she cannot get necessary food, water, clothing, shelter or health care.
- Is kept from getting mail, telephone calls, or visitors, or prevented from going outside or to public places.
- Loses money, property, or items of value by force or without their knowledge or approval.
- Is neglected by someone who should be providing care, food, water, paying the rent or utilities or other bills.
- Is taken out of state when the person is not capable of giving their consent.
- Is raped or molested.

Self-neglect of an elder or dependent adult is also abuse. An elder is anyone aged 65 or older. A dependent adult is anyone between the ages of 18 and 64 who has physical or mental limitations that keep them from carrying out normal daily activities or protecting their own rights.

Child Abuse

Child abuse happens when a child:

- Has a physical injury by other than accidental means.
- Is subjected to willful cruelty or unjustifiable punishment.
- Is abused or exploited sexually.
- Is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care, or supervision.

If you see or suspect abuse, you should report it as soon as possible. The county is responsible for investigating suspected abuse – that's not your job. Your report is confidential – neither the abused person nor the abuser will be told who made the report. You can report abuse any time, any day. The phone line is answered 24 hours a day, 365 days a year.

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SACRAMENTO COUNTY

Who Makes A Report?

- Family member, neighbor, friend.
- Anyone concerned about the health and safety of an elder or dependent adult.
- Mandated reporters.

Mandated Reporters Include:

- Any elder or dependent care custodian, paid or unpaid.
- Health practitioner.
- Employee of a public or private facility providing care for elder or dependent adults.
- Employee of a county Adult Protective Services agency or local law enforcement.

What To Report:

- Observation or knowledge of physical/ sexual abuse, misuse of restraints, neglect, self neglect, abduction, financial abuse, abandonment, isolation.
- Report from elder or dependent adult stating that he/she has experienced abuse.

How To Report:

- Mandated reporters must report abuse by calling APS and by submitting a written report within two days. The report (Form SOC341) can be obtained by calling: **(916) 874-9377.**

SACRAMENTO COUNTY

To report suspected abuse, contact APS at:

(916) 874-9377

To report a crime in progress or a life-threatening situation, Call 911.

FAILURE OF A MANDATED REPORTER TO REPORT ABUSE IS A MISDEMEANOR

SACRAMENTO COUNTY BOARD OF SUPERVISORS

Phil Serna	**District 1**
Jimmie Yee	**District 2**
Susan Peters	**District 3**
Roberta McGlashan	**District 4**
Don Nottoli	**District 5**

Board Chambers Address:
700 H Street, Suite 1450,
Sacramento, CA 95814

SAS1033

ADULT PROTECTIVE SERVICES

CALL

(916) 874-9377

TO REPORT ABUSE

COUNTY OF SACRAMENTO
DEPARTMENT OF HEALTH AND HUMAN SERVICES

SENIOR & ADULT SERVICES DIVISION
9750 BUSINESS PARK DRIVE
SACRAMENTO, CA 95827

SACRAMENTO COUNTY

The Mission of Adult Protective Services:

To maintain the health and safety of elderly people and dependent adults in the community in the least restrictive environment.

The Program:

The Adult Protective Services (APS) program is part of the Sacramento County Health and Human Services department, Senior and Adult Services division.

The program receives reports of elder and dependent adult abuse, conducts a social work investigation of the reports, and intervenes when appropriate and necessary.

Who We Serve:

California residents who are:

- Elders—age 65 and older.
- Dependent adults—ages 18-64, physically or mentally disabled.

To report abuse in all long-term care facilities, call:

OMBUDSMAN SERVICES OF NORTHERN CALIFORNIA
(916) 376-8910

SACRAMENTO COUNTY

TYPES OF ABUSE

Physical/Sexual Abuse

- Physical abuse, or bodily harm, can range from bruises and scratches to death.
- Sexual abuse encompasses unwanted sexual advances, including assaultive behavior accomplished through coercion, intimidation, force, or fear.

Misuse of Restraints

- Victims may not be locked in rooms, tied down, or over medicated. Only a physician can write a prescription for restraints.

Neglect

- Failure of caregiver to provide basic needs such as food, water, personal care, shelter, and medical care.

Self-Neglect

- Failure of an elder or dependent adult to provide for his/her own basic needs, such as food, water, personal care, medical follow-up, business affairs, and safety.

Financial Abuse

- Theft or misuse of money, credit cards, or property..
- Forced signature of documents.

SACRAMENTO COUNTY

Abduction

- Forcible holds or detention (or any other means of instilling fear) of an elder or dependent adult whereby he/she is carried to another location against their will.

Abandonment

- Desertion by a person who has assumed responsibility for providing care for an elder or dependent adult.

Isolation

- False imprisonment.
- Using physical restraints to prevent contact with visitors.
- Preventing an elder or dependent adult from receiving mail, phone calls, or having contact with family, friends, or concerned persons.

What Help is Available?

- Assisting with placement.
- Scheduling delivered meals.
- Assisting with home health referrals.
- Arranging transportation.
- Nurse assessments.
- Help finding medical and mental health services.

A Summary of the Health and Dental Benefits that are Available for Qualified IHSS Providers

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Health Care Employees/Employer Dental and Medical Trust

Sacramento IHSS Provider Benefits Information

ELIGIBILITY

Minimum Work Requirement: You must ***work and be paid*** for a minimum of 85 hours per month for three consecutive months. (You must continue to meet the minimum work requirement to remain eligible.)

****WAITING LIST****

Currently, enrollment in the health plan is at a maximum. Once eligible for the plan, you will be notified via mail and will be asked if you would like to be added to the waiting list. To be added, you must respond to this notice via mail or phone. Currently, the approximate wait time is 24-36 months. When you approach the top of the wait list, you will be notified via mail.

BENEFITS

Kaiser Permanente Medical

Access to Kaiser Doctors and Facilities only

- $20 Office Visit Copay
- $10 Generic / $30 Brand Name Prescription Copay
- $500 per Admission Hospital Copay

United Health Care Dental Benefits

- Access to United Health Care dentists only
- No Copayment on many Diagnostic and Preventative Services
- Set Copayments on Major Services

COST

At this time the benefits are available at a cost of $51.65 per month which will be deducted from your paycheck once you are enrolled. These benefits are for IHSS Providers only; they do NOT include spouse or dependent coverage.

FOR MORE INFORMATION

For information regarding your eligibility for insurance please contact the Health Care Trust at 800-824-3316 OR Email ihss@dublinsure.com; English, Spanish, Russian Speakers available; Monday-Friday 8:00am-5:00pm

- SEIU Local 2015 – (855) 810-2015
- Kaiser Permanente – (800) 464-4000 or visit kp.org
- United Health Care – (800) 999-3367 or visit myuhc.com
- For COBRA Information: Benefit Resource Inc. – (800) 473-9595

Health and Dental Benefits for Caregivers

Description

IHSS Caregivers may receive health and dental benefits for their work. Healthcare is delivered through a plan with Kaiser Medical and Dental Care is managed by United Healthcare Dental benefits programs. The Health Care Employees/Employer Dental and Medical Trust (Health Care Trust) administers medical and dental benefits for all Sacramento County IHSS Providers. Caregivers must contact the Health Care Trust with questions regarding their eligibility or benefits. County employees do not have access to information about healthcare benefits and cannot answer any benefits questions.

To Qualify

Caregivers must meet several requirements to receive benefits:

> Caregivers must work and be paid for a minimum of 85 hours per month for three (3) consecutive months to be eligible for healthcare benefits.
> Caregivers must submit timesheets promptly Late timesheet submission will result in delayed reporting of paid hours which will result in benefits terminations.
> Current health benefits enrollment is at capacity. Eligible caregivers will be placed on a waitlist for benefits and will be notified when they are at the top of the waitlist.

Cost

Caregiver premium contributions for healthcare benefits are $51.65 per month. Premiums are deducted only when caregivers are enrolled to receive benefits.

Contact Information

Health earn Employees Employer Trust
PO Box 9026
Pleasanton, CA 94566
Telephone: (800) 824-3316
Fax: 925-803-8780

https://www.hcetrust.com/ihss/sacramento

IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Paid Sick Leave

Beginning July 1, 2018, active IHSS providers in all California counties became eligible for paid sick leave.

What is paid sick leave?

Paid sick leave is paid time off from work as an IHSS provider due to illness or a medical appointment. You may use paid sick leave for yourself or to care for a family member who is sick or has a medical appointment. You may also use paid sick leave if you are a victim of domestic violence, sexual assault, or stalking to obtain relief, medical attention, services, or counseling.

How is paid sick leave earned and accrued?

As an IHSS provider, you earn eight (8) hours of paid sick leave after you work a total of 100 hours providing authorized services for one or more IHSS recipient(s). The accrual of paid sick leave will increase incrementally dependent upon increase in State minimum wages.

You may begin using the paid sick leave you earned after you have worked an additional 200 hours providing authorized services, or after 60 calendar days from the date you earned paid sick leave, whichever comes first.

Example:

- If you began providing authorized services to your recipient on July 1st and worked 40 hours a week, you would reach 100 hours providing authorized services on approximately July 18th. At this point you would have earned eight (8) hours of paid sick leave.
- You would then have to work providing authorized services for an additional 200 hours or 60 calendar days (or approximately September 16th), whichever comes first, in order to use your accrued eight (8) hours of paid sick leave.

Note: Any unused paid sick leave will expire on June 30th each year. In other words, if you don't use it, you lose it. But don't worry, you will accrue the full amount of sick leave at the beginning of each fiscal year on July 1st.

How do I request paid sick leave?

There are two ways that you can request paid sick leave: by paper or electronically.

IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Paper Paid Sick Leave Request

- To request paid sick leave by paper, you must complete the IHSS Program Provider Sick Leave Request Form (SOC 2302). You can obtain the form by downloading and printing it from the CDSS webpage (www.cdss.ca.gov) or obtain a printed copy from the county IHSS office.
- Once you've completed the SOC 2302 and it has been signed and dated by you and the recipient, send the SOC 2302 in a separate envelope to the address printed on the SOC 2302. Mail the SOC 2302 at the same time that you submit your timesheet for processing.
- The completed SOC 2302 must be received by the end of the following month in which the sick leave is claimed for your claim to be processed.

Electronic Paid Sick Leave Request

- To request paid sick leave electronically, you will need to be registered to use the Electronic Services Portal (ESP).
- Once you log into the ESP, go to the Sick Leave Claim tab. There you can fill out a request for paid sick leave electronically.
- Recipient approval is not required with electronic paid sick leave request
- The benefits of submitting an electronic paid sick leave request include not having to obtain a SOC 2302 from the county or CDSS website and avoiding potential delays in mailing the SOC 2302, which can cause delayed payments.

How do I receive payment for paid sick leave?

Payment for paid sick leave will be mailed to you in a separate paycheck from your regular IHSS payment. If you are signed up for direct deposit, payment for paid sick leave will be delivered to you via direct deposit separate from your regular IHSS direct deposit.

For more information, contact your local county IHSS office.

IMPORTANT INFORMATION FROM THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

In-Home Supportive Services:

COVID-19 VACCINE REQUIREMENTS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

KIM JOHNSON
DIRECTOR

GAVIN NEWSOM
GOVERNOR

COVID-19 Vaccination Exemption Form

Provider Name (Print):
Provider Number (9 digits):

Pursuant to State of California Public Health Officer Order dated December 22, 2021, the California Department of Public Health (CDPH) is mandating that all employees who provide In-Home Supportive Service (IHSS) or Waiver Personal Care Services (WPCS) must be fully vaccinated and boosted for COVID-19. Those eligible for the vaccine booster must obtain the shot by March 1, 2022. IHSS providers not yet eligible for boosters must get their booster shot no later than 15 days after the recommended timeframe for receiving the booster dose.

Vaccine Declination

☐ 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 December 22, 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.

Signature:_____ Date:_____

Please retain this form for your records. You must provide this form to your recipient upon request.

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IMPORTANT INFORMATION FROM THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

In-Home Supportive Services: Communicating with Your Recipient, Workweek Scheduling and Travel Time

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IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Communicating with Your Recipient

As a provider, it is important to communicate with your recipient(s) about workweek scheduling. There are some important considerations if you work for more than one recipient or if your recipient has more than one provider.

Provider Responsibilities:

- *If you work for only one recipient*, you may work all of his/her authorized hours unless there are multiple providers working for the recipient.
- If you work for more than one recipient, make sure the total hours you work in a workweek for **all** recipients does not total more than 66 hours per week.
- Tell the recipient when and how many hours you are available. This helps the recipient decide if he/she will need to hire additional providers to cover their authorized hours.
- Do not work or claim more hours than you are assigned by your recipient(s).
- Read the **Provider Notification of Recipient Authorized Hours and Service and Maximum Weekly Hours (SOC 2271)** which tells you your recipient's monthly authorized hours, maximum weekly hours, and the services you are allowed to perform.

Recipient Responsibilities:

- Set a schedule for each provider so that the total hours worked by all providers is not more than their monthly authorized hours or maximum weekly hours.
- Read the **Recipient Notice of Maximum Weekly Hours (SOC 2271A)** which will tell the recipient how many maximum weekly hours they can have their provider work for them.
- Be aware if the provider works for other recipients. They may have to hire another provider if he/she cannot work all of the recipient's authorized IHSS hours.
- Understand how to adjust their hours from week to week if there is a need and when to obtain county approval or not.

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IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

IHSS Authorized Tasks

Mark the tasks you need your provider to do and show how often the task needs to be done. Talk about anything special you want him/her to know as you go through the list. Write notes to help your provider remember your requests.

REMEMBER: IHSS will only pay for services that have been authorized by your social worker. When authorizing hours for someone to help you, your social worker considered the things you were able to do safely without help. It is important for you to remain as independent as possible, so you should not ask your provider to do things you can do for yourself safely.

Use the chart below to show whether the tasks need to be done daily (D), weekly (W), monthly (M), or on another schedule (O) such as two times per week.

D = Daily **W = Weekly** **M = Monthly** **O = Other**

Authorized Task	How often	Notes
Housework		
Mop kitchen and bathroom floors		
Clean bathroom		
Make bed		
Change bed linen		
Clean sinks		
Clean stovetop		
Clean refrigerator		
Vacuum/sweep		
Wipe counter		
Dust		
Empty trash		
Meals		
Meal Prep		
Meal clean-up		
Laundry		
Wash, dry, fold, and put away laundry		
Shopping		
Grocery shopping		
Other shopping and errands		

Authorized Task	How often	Notes
Personal Care Services		
Respiration		
Feeding		
Dressing		
Grooming and oral hygiene		
Bathing		
Bed bath		
Bowel and bladder care		
Menstrual care		
Ambulation (example: help with walking)		
Transfer		
Help on/off seat or in/out of vehicle		
Repositioning		
Rub skin		
Assistance with prosthesis/meds		
Paramedical Services		
Blood sugar checks		
Injections		
Other paramedical services		
Accompaniment Services		
To medical appointments		
To alternative resources		

For more information, contact your local IHSS office.

IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Services Covered by IHSS

How to use this list:

1. Review your **IHSS Provider Notification of Recipient Authorized Hours and Services and Maximum Weekly Hours (SOC 2271)** which lists the services that are authorized for your recipient by the IHSS program. Ask your recipient/employer how many hours they would like you to work each month. If they are unable to tell you, contact the county and ask about the services and hours authorized for the recipient.
2. Once you find out about the services and hours authorized for the recipient, look at the list below to determine which tasks are included.

Remember, most recipients will not be authorized all of these services, and you can only be paid for the services and tasks that are authorized to your recipient. Also keep in mind the amount of time authorized for each service. You cannot be paid by the IHSS program for any time over the amount that is authorized.

IHSS Service	Tasks
Accompaniment to Alternative Resources	Helping the recipient get to and from alternative resources where the IHSS recipient receives services instead of IHSS.
Accompaniment to Medical Appointments	Helping the recipient get to and from the doctor, dentist, or other health related appointments. Wait-time is included if the recipient needs assistance with specific IHSS tasks during transportation and/or to and from the destination. Wait-time is also included when the recipient is able to transport himself/herself to appointments but needs assistance at the destination. "Wait Time-On Duty" is only authorized as a part of accompaniment to medical appointments when the provider is not performing work duties while waiting but unable to use time effectively for his/her own purposes. Generally, "Wait Time-

IHSS Service	Tasks
	On Duty" is unpredictable and short duration. "Wait Time-On Duty" is compensable. "Wait Time-Off Duty" is when the provider is completely relieved from work duties and has enough wait time to effectively use it for his/her own purposes. Examples include taking a meal break, running a personal errand, or reading a book. The provider must be informed in advance that they will not have to resume work until a specified time. "Wait Time-Off Duty" is not compensable.
Ambulation	Assisting the recipient with walking or moving from place to place inside the home, including: to and from the bathroom; climbing or descending stairs; moving and retrieving assistive devices such as a cane, walker, or wheelchair, etc.; and washing/drying hands before and after performing these tasks. Ambulation also includes assistance to and from the front door to the car, including (getting in and out of the car) for medical accompaniment and/or alternative resource travel.
Bathing, Oral Hygiene/Grooming	Helping the recipient take a bath or shower; bringing a washcloth, soap, and towel to the recipient and putting them away; turning on and off faucets and adjusting water temperature; assisting the recipient with getting in and out of the tub or shower; washing, rinsing, and drying the parts of the recipient's body he/she can't do; and applying lotion, powder, and deodorant. Brushing teeth, rinsing mouth, caring for dentures, and flossing. Hair combing/ brushing; hair trimming when the recipient cannot get to the barber/salon; shampooing, applying conditioner, and

IHSS Service	Tasks
	drying hair; shaving; and washing and drying your hands.
Bowel and/or Bladder Care	Assisting the recipient with getting on and off the toilet or commode; wiping and cleaning the recipient; helping the recipient with using, emptying, and cleaning bed pans/bedside commodes, urinals, ostomy, enema and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable gloves; and washing/drying recipient's and provider's hands. This service does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program for a person with paralysis, or colostomy irrigation. All of those tasks are authorized as "Paramedical Services."
Care and Assistance with Prosthesis	Assistance with taking off or putting on, maintaining, or cleaning prosthetic devices such as an artificial limb and glasses/hearing aids as well as washing and drying hands before and after performing these tasks. This service area also includes assisting the recipient with self-administration of medication, i.e., reminding the recipient to take prescribed and/or over-the-counter medications at appropriate times and/or setting up the medications.
Domestic (Housework)	Limited to sweeping, vacuuming, and washing floors, kitchen counters, and sinks; cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; changing bed linen; cleaning oven and stovetop; cleaning and defrosting refrigerator; bringing in wood for cooking for those who only have a wood stove; changing

IHSS Service	Tasks
	light bulbs; and wheelchair cleaning or recharging wheelchair batteries.
Dressing	Washing/drying hands; helping the recipient put on and take off clothes, corsets, elastic stockings, and braces and/or fastening/ unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments and undergarments; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing such as a sock aid.
Feeding	Helping the recipient eat and drink liquids; assisting the recipient reach for, pick up, and grasp utensils and cups; and washing and drying your hands before and after feeding. This does not include tube feeding, which is part of "Paramedical Services." It also does not include cutting food into bite-sized pieces or pureeing food, which is part of "Prepare Meals."
Heavy Cleaning	Thorough cleaning of the home to remove hazardous debris or dirt. This is a one-time service that usually involves throwing away large amounts of clutter into a dumpster. It is rarely needed or approved. You will be expected to keep the home clean with Domestic services (if approved) after the heavy cleaning is done.
Meal Cleanup	Washing, rinsing, drying dishes, pots, pans, utensils, and appliances, and putting them away; loading and unloading the dishwasher; storing/putting away leftovers; wiping up spills from the table, counter, stove, and sink; and washing and drying your hands.
Meal Preparation	Planning meals; removing food from the refrigerator or pantry; washing/drying hands before meal preparation;

IHSS Service	Tasks
	washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating the stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-sized pieces. When the food is cooking and doesn't need your attention, you are expected to be doing other services.
Menstrual Care	Limited to external application and changing of sanitary napkins and external cleaning; and washing and drying hands before and after performing these tasks. You should not insert a tampon, even if that is the recipient's preference. If the recipient wears a diaper, time for menstrual care should not be necessary as the time would be assessed as part of "Bowel and/or Bladder Care."
Transfer	Helping the recipient from a standing, sitting, or lying down position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or assistive device generally occurring within the same room. This may include using a Hoyer lift or similar device or a transfer belt. This service does not include turning a recipient who is bedbound to prevent skin breakdown or pressure sores. That is part of "Rub Skin and Repositioning."
Other Shopping and Errands	Picking up prescriptions and shopping for non-food items the recipient needs. This includes making a shopping list, traveling to/from the store, shopping, loading, unloading, storing supplies purchased, and performing reasonable

IHSS Service	Tasks
	errands such as delivering a delinquent payment to prevent a utility shutoff or picking up a prescription. This does not include time to pay monthly bills.
Paramedical Services	Paramedical services are skilled tasks that the recipient's doctor or a nurse has taught you to do such as the administration of medications, puncturing the skin to give the recipient a shot, inserting a medical device into a body orifice such as tube feeding, inserting a catheter or irrigating a colostomy, activities requiring sterile procedures such as caring for an open bed sore, or activities requiring judgment based on training given by a licensed health care professional such as putting a person who has paralysis into a standing frame.
Protective Supervision	Observing the behavior of a recipient who is confused, mentally impaired or mentally ill in order to safeguard him/her against injury, hazard, or accident.
Removal of Ice and Snow	Removal of ice and snow from entrances and essential walkways when access to the home is hazardous.
Rub Skin and Repositioning	Rubbing of skin to promote circulation; turning in bed and other types of repositioning; and range of motion exercises. This does not include care of pressure sores if they have developed. That care would be authorized as "Paramedical Services."
Respiration Assistance	Limited to non-medical services such as assistance with self-administration of oxygen, assistance with setting up CPAP machine, and cleaning IPPB and CPAP machines.
Routine Bed Baths	Bringing soap, washcloth, and towel to the recipient; filling a basin with water and bringing it to the recipient; washing, rinsing, and drying body; applying

IHSS Service	Tasks
	lotion, powder, and deodorant; cleaning basin or other materials used for bed sponge baths and putting them away; and washing and drying your hands before and after bathing.
Routine Laundry	Washing and drying laundry, mending, ironing, folding, and storing clothes in closets, on shelves, or in drawers. You are expected to do other IHSS services while the clothes are in the washer and dryer.
Shopping for Food	Grocery shopping at the nearest grocery store. No additional time is allowed for the recipient to go to the store with you. Shopping for food includes making a grocery list, travel to/from the store, shopping, loading, unloading, and storing groceries.
Teaching and Demonstration	Teaching the recipient how to perform certain tasks when they could learn to become independent if taught. Teaching and Demonstration is only allowed for a short period of time.
Yard Hazard Abatement	Removal of grass, weeds, rubbish, or other hazardous items when they are a fire hazard. This is not gardening.

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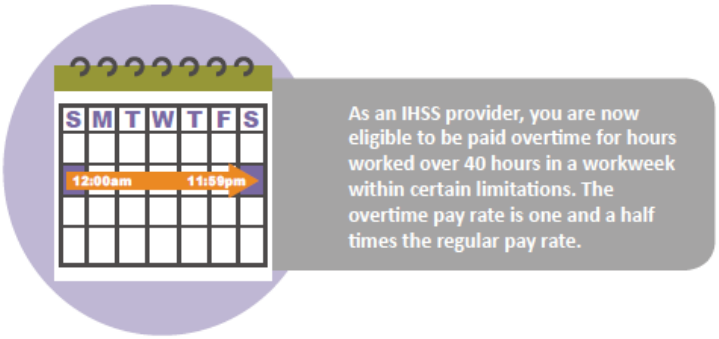
IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Workweek Scheduling

It is important you understand the IHSS workweek limitations and how to follow them while providing services to recipient(s).

An IHSS workweek begins at 12:00 a.m. on Sunday and ends at 11:59 p.m. the following Saturday.



If you *work for more than one recipient*, it is your responsibility to make sure the total hours you work in a workweek for **all** recipients do not total more than 66 hours. If you *work for only one recipient*, you may work all of his/her hours as long as you do not exceed the recipient's maximum weekly hours. Always make sure you do not exceed your recipient's monthly authorized hours, or exceed your recipient's maximum weekly hours without prior approval from the county if it will result in more overtime than you usually work.

NOTE: Some recipient's maximum weekly hours require their provider to work overtime. If this is the situation with your recipient, be sure *not* to exceed the recipient's maximum weekly hours without *first getting county approval if you will accrue more overtime than you would normally work.*

The **Recipient/Provider Workweek Agreement (SOC 2256)** helps recipients with multiple providers make a work schedule. This form will be completed and signed by the recipient and each of his/her providers. It keeps track of the number of hours each provider will work for the recipient each workweek. The **total** number of hours in the workweek agreement must correspond to the recipient's maximum weekly hours. However, it should be noted that the agreement is a guide. Your recipient may adjust how you or your recipient's other providers work their maximum weekly hours in any given week as long as they do not exceed their maximum weekly hours, and it does not cause one of their providers to work in excess of 66 hours in a workweek.

The **Provider Workweek and Travel Agreement (SOC 2255)** helps providers who work for multiple recipients make a workweek schedule. This form includes travel time, which is limited to 7 hours per workweek for providers who travel directly from providing service to one recipient to provide service to another recipient.

State of California – Health and Human Services Agency | California Department of Social Services

PROVIDER NUMBER _____

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER WORKWEEK & TRAVEL TIME AGREEMENT

(To be completed by a provider who provides authorized services to multiple recipients)

PROVIDER NAME:	PROVIDER NUMBER:

PART A. WORKWEEK SCHEDULE

PROVIDER REQUIREMENTS:

- State law (Welfare and Institutions Code section 12300.4) limits providers in the IHSS and Waiver Personal Care Services (WPCS) programs to working a maximum weekly number of hours providing IHSS and WPCS. A provider who works for multiple recipients is limited to providing 66 hours per workweek.
- The maximum weekly workweek does not include travel time as described in Part B of this form. The workweek starts on Sunday at 12:00 a.m. (midnight) and ends at 11:59 p.m. on the following Saturday.
- Recipients are authorized services on a monthly basis and, based on state law, are limited to receiving a set amount of those services on a weekly basis. You will get a notice telling you how many authorized service hours each of your recipients gets weekly and monthly. You may never work more than a recipient's monthly authorized hours for that recipient. However, you may work more than a recipient's weekly authorized hours in certain circumstances. A recipient may adjust his or her weekly authorized hours, but he/she must get approval from the county if the adjustment will result in either a provider working more overtime hours in the month than the provider would normally work or working over 40 hours in any workweek for him/her (when, he/she is authorized to receive 40 hours or less in services in a workweek).
- It is your responsibility as a provider to:
  - Make sure that the total combined hours you work providing authorized services for all the recipients you work for in one workweek do not total more than the 66 hours in a workweek.
  - Make sure that the hours you work providing services to any one of your recipients are not more than that recipient's weekly authorized hours, unless the hours are correctly adjusted.

SOC 2255 (3/19) Page 1 of 7

Workweek Adjustments:

There may be times when your recipient will ask you to **adjust** your work hours to meet his/her needs. Your recipient may authorize an adjustment to your weekly work hours *without county approval* when all three of the following conditions are met:

- You are the only provider;
- You don't work for any other recipients; **AND**
- Your weekly work schedule is adjusted in the remaining workweeks of that month to make sure you do not work more than your recipient's monthly authorized hours or work more overtime hours in the month than you would normally work.

Your recipient will *need to request approval from the county when the adjustment*:

- Requires you to work more than 40 hours in a workweek if the recipient's maximum weekly hours are 40 hours or less, **OR**
- Exceeds your recipient's maximum weekly hours and will work more overtime hours in the month than you normally would.

You should always check with your recipient to make sure he/she has received approval before or as soon as possible after you have worked over 40 hours during a workweek if your recipient's maximum weekly hours are 40 or less, or if you exceed your recipient's maximum weekly hours during a week which results in you working more overtime hours in the month than you normally would.

Note: Even if you get county approval for an adjustment, you may never exceed the recipient's monthly authorized hours.

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IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Travel Time

Travel time is the time it takes a provider to travel directly from the location where you provide IHSS for a recipient to another location to provide IHSS for a different recipient on the same day.

As an IHSS provider, you are eligible to receive up to 7 hours of travel time pay each workweek when you work for multiple recipients and are required to travel from one job site directly to another job site on the same workday.

Travel time does not include the time it takes you to travel from your own home to the location where you provide services for a recipient or back home after your work is completed (see exception below). Your time spent traveling between recipients' locations does not count toward your recipients' maximum weekly hours, nor is it deducted from your recipient's monthly authorized hours.

There are some rules that apply to travel time:

1. The maximum amount of travel time you are allowed during a workweek is 7 hours.
2. Travel time will not be counted as part of your assigned weekly service hours.
3. Travel time will not be counted as part of your recipients' maximum weekly hours or monthly authorized hours.
4. Travel time does not include the time it takes to travel from your home to the location where you are providing services or back to your home after the work is completed. **NOTE:** *If you provide services to a recipient in your home and need to travel to another recipient to provide services, you will be paid travel time TO the other recipient, but not back to your home after services have been provided. The time spent traveling back to your home should not be claimed on your timesheet unless you are returning to provide additional services the same day.*
5. You will be paid for travel time regardless of the type of transportation, such as a car, bus, bicycle, or train. However, you cannot be paid for the cost of travel, such as gas, bus fare, etc. Travel time will be paid at the wage rate for the county to which you are traveling to provide care.
6. You must keep track of your travel time each week so that you can report it accurately on your travel claim form.
7. The travel claim form **is not** for travel related to recipient tasks such as doctor's visits, alternative resources, shopping and errands.

Be careful planning your travel time. Only claim the amount of time you actually spent travelling. Remember that you are limited to 7 hours of travel time in a workweek. If you claim more than 7 hours of travel time in one workweek, you will receive a violation.

TRAVEL TIME FAQ

Q How do I know if I'm eligible to claim travel time?

A *If you work for more than one recipient and travel **directly** from one location where you provide services (job site) to one recipient to another location where you provide services (job site) to another recipient on the same day, you are eligible to receive pay for this travel time. However, travel time is limited to 7 hours for each workweek. If you claim more than 7 hours of travel time in a workweek, you will be paid for the excess hours up to 14 total hours but will receive a violation.*

Q Will I receive pay for travel from my home to my first recipient's location?

A *No. Travel time does not include the time it takes you to travel from your own home to the location where you provide services for a recipient or back home after your work is completed.*

Q Is my time spent traveling between recipients' locations included in my recipients' maximum weekly hours?

A *No. Your time spent traveling between recipients' locations does not count toward your recipients' maximum weekly hours and is not deducted from your recipient's monthly authorized hours.*

Q How do I claim travel time?

A *To claim travel time, you will need to fill out a **Travel Claim Form**. If you are eligible to receive paid travel time, you will be sent a Travel Claim.*

Travel time is claimed on the Travel Claim Form of the recipient that you are traveling to. For example, if it takes you 30 minutes to travel from Recipient A to Recipient B, you would claim the 30 minutes of travel time on the Travel Claim Form for Recipient B. If you are traveling between counties, travel time is paid at the wage rate for the county to which you are traveling. Remember to only claim the amount of time you actually spent traveling from one recipient to another on the same day.

In order for Travel Claim Forms to be paid, timesheets need to be processed first. Travel Claim Forms can either be submitted with the corresponding timesheet for the same pay period or after that pay period.

Make sure completed and signed Travel Claim Forms are mailed to the correct address.

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IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Travel Claim Forms

If you work for multiple recipients and you travel directly from providing services to one recipient to provide services to another, you must complete the IHSS Program Provider Workweek & Travel Time Agreement (SOC 2255). This agreement explains the workweek, 7-hour travel time limits, and includes areas for you to plan your workweek schedule and record the estimated travel time between recipients' locations each week.

Completing the SOC 2255 will help:

- Make sure that you do not travel more than allowed for each workweek in order to stay within the 7-hour travel time limits.
- Make sure that you will receive a Travel Claim Form.
- Prevent possible delays in payment and help you to avoid violations.

The SOC 2255, in particular, Part B, must be correctly completed and submitted in order for you to be paid for travel time.

PART B. TRAVEL TIME

A	B	C	D	E	F
Names of the Recipients You Will Be Traveling Between		Distance Between Recipients' Locations (in miles)	Estimated Travel Time Between Recipients' Locations (in minutes)	Number of Days You Will Travel Between Recipients' Locations Each Workweek	Total Estimated Travel Time Between Recipients' Locations Each Workweek (Col. D x Col. E)
From	To				
					0
					0
					0
					0
					0
TOTAL ESTIMATED TRAVEL TIME EACH WORKWEEK:					0

NOTE: The SOC 2255 must be updated and resubmitted when there is a change in providers and/or circumstances that result in a permanent change in your work schedule.

Once the SOC 2255 has been received and processed by the county, if you are eligible to receive paid travel time, you will be sent a Travel Claim Form (SOC 2275) for each recipient that you travel to after providing services to another recipient the same day. To claim travel time, you will need to correctly fill out a Travel Claim Form. You are only allowed to claim the actual time you spent traveling from one recipient to another.

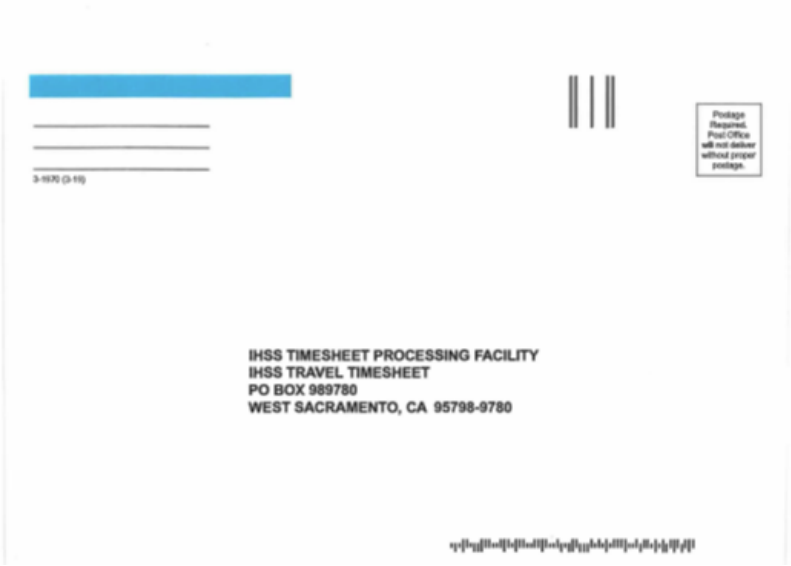
Travel time is claimed on the Travel Claim Form of the recipient that you are traveling to. If you claim more than 7 hours of travel time in a workweek, you will be paid for the excess hours, but will receive a violation.

Record your daily hours, minutes, case number, distance, and comments like this sample:

Travel Week #1				Case # From:	Distance:	Comments:
S	0	0	0	0		
M 13			1	5	0000000	1.1	
T 14			2	0	0000000	1.7	Rerouted due to road construction.
W 15			1	5	0000000	1.1	
T 16			1	5	0000000	1.1	
F 17			2	5	0000000	1.1	Traffic jam due to car accident.
S	0	0	0	0			
TOTAL		1	3	0	Previously Claimed Travel Hours: 05:00		

TURN OVER AND COMPLETE →

In order for Travel Claim Forms to be processed and paid, timesheets need to be processed first. The timesheet and Travel Claim Form are processed at two different facilities. Be careful to return each in the correct pre-addressed envelope for timely processing.



IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Wait Time

When Medical Accompaniment has been authorized for the recipient you are working for, you may be compensated for "wait time" that is associated with accompaniment to medical appointments and alternative resource sites, under certain circumstances.

CDSS has defined two types of Wait Time:

"ENGAGED TO WAIT" OR "ON DUTY"

You, the provider, are not performing work duties but you are unable to use your time effectively for your own purposes. These periods of time are generally unpredictable and usually of short duration. The wait time is an integral part of the job; it belongs to and is controlled by your recipient.

"WAITING TO BE ENGAGED" OR "OFF-DUTY"

You, the provider, are completely relieved from performing work duties and have enough time to use it effectively for your own purposes such as to take a meal break, run a personal errand, or read a book. You must be informed in advance that you may leave the job and that you will not have to resume work until a specified time.

WAIT TIME – ON DUTY:

An example of "Wait Time-On Duty" would be if you accompany your recipient to a routine medical appointment of known duration of 30 minutes or less and are required to remain at the doctor's office because at any moment you may be called upon to assist your recipient with the travel back home. Wait time-on duty is paid for by the IHSS program.

WAIT TIME – OFF DUTY:

An example of "Wait Time – Off Duty" would be if you accompany your recipient to a dialysis treatment that is scheduled to last several hours. You are not required to remain on the premises, but you must return at a designated time to pick-up your recipient. You

can effectively use that time on your own to engage in personal activities, either on the premises or not, such as to read a book.

When your recipient is authorized for medical accompaniment, if all of the following conditions are met, it will be considered wait time-off duty, which is not paid for by the IHSS program:

- The duration of your recipient's appointment is known in advance which allows you ample notification that you will not be needed to provide services for a specific period of time which can then be used for your own purposes;
- The appointment is scheduled to last long enough for you to engage in personal activity; and
- You are not required or able to perform any other authorized service, e.g. food shopping, other shopping/errands, during the duration of the appointment.

Contact your local county IHSS office for more information regarding wait time.

IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Tips for Avoiding Fraud

As an In-Home Supportive Services (IHSS) provider, there are some things that you can do to avoid committing fraud. These include the following examples:

Only put the hours you have worked on your timesheet. Hours on your timesheet should not include time for taking a meal break.
Only put hours on your timesheet for services that are covered by IHSS. Examples of some services that are not covered by IHSS include gardening, pet care, moving furniture, or taking the recipient on social outings. Always refer to the "Services Covered by IHSS" handout if you are in doubt.
Only put hours on your timesheet for tasks that are authorized for your recipient.
Only ask your recipient to sign a completed timesheet. Only sign your name on your timesheet. If your recipient is not able to sign your timesheet, you need to check with the county about who else may be authorized to sign for the recipient.
Only put time on your timesheet for days that your recipient is living in their own home. Hours are not authorized when your recipient is in the hospital, a nursing home, board and care facility, in jail, out of the country, or on vacation without you.
Keep written records of the hours worked and what you did each day that you work. Request that your recipient also keep track of the hours that you work.
If you have differences with the recipient about the hours worked, show the recipient your records and explain the work you did on the date(s) in question.
Only include the time you, the provider, are providing services and wish to be paid by IHSS on your timesheet. If another person is assisting the recipient and wishes to be paid by IHSS, they must be enrolled as a provider.
Tell the truth in all of your interactions with the county.

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IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Violations

A violation is the consequence of not following overtime and travel time limitations, and could cause you to be ineligible to be an IHSS provider for up to a year. It is important that you follow the overtime and travel time limitations to prevent getting a violation.

Some of the actions that will cause you to get a violation are:

1. Working more than 40 hours in a workweek without your recipient getting approval from the county when your recipient is authorized less than 40 hours in a workweek.
2. Working more hours for your recipient than the recipient's maximum weekly hours which causes you to work more overtime hours in a month than you normally would without receiving county approval.
3. Working more than 66 hours in a workweek when working for more than one recipient.
4. Claiming more than 7 hours for travel time in a workweek.

If the county determines that you have violated the weekly overtime and/or travel time limitations, you will be paid the overtime and/or travel time that exceeded the workweek and/or travel time limitations, but you will also receive a violation notice from the county. In addition to the violation notice, you will receive an IHSS Program Notice to Provider of Right to Dispute Violation for Exceeding Workweek and/or Travel Time Limits form, SOC 2272, with information on how to request a county review of the violation. A notice will also be sent to all of your recipients informing them of your violation and explaining why you received it.

Violations can also be issued due to administrative or processing errors such as timesheets being misread in scanning or timesheets processed out of order. If this is the case, it can be overridden by the county during the dispute review process.

Consequences for violations vary depending on if it is your first, second, third, or fourth violation:

NOTE: If your actions result in more than one violation during a calendar month, it will only count as one violation. For example, if a timesheet or travel claim form triggers an error during the first pay period of May and another during the second pay period of May, the first error will result in a violation and the second error will be tracked by the system. A second violation will not be issued within the same calendar month.

1ST Violation	2ND Violation	3RD Violation	4TH Violation
For the first violation, you and each of your recipients will get a notice of the violation with information on how to request a county review.	If a second violation occurs, you will have an opportunity to complete the one-time self-certification training to have the second violation removed from your IHSS record. If you do not complete the one-time self-certification training within 14 calendar days of the date of the notice, the second violation will remain on your IHSS record.	If a third violation occurs, you will be suspended as an IHSS provider for 90 days.	If a fourth violation occurs, you will be ineligible to work as an IHSS provider for 365 days.

If you receive a violation, the violation will generally remain on your IHSS record. However, the first time you receive a second violation, you will have the opportunity to havethe violation removed by completing a one-time self-certification training. The training materials are mailed to the provider with the initial second violation. Please note that this training may be done only once. After you have had a violation removed by completing the training, if you get another violation you will not have the opportuity to have the violation removed by doing the training again.

After one year, if you don't receive another violation, the number of violations you have received will be reduced by one. As long as you don't receive any additional violations, each year after the last violation was removed, the number of violations will be reduced by one.

If you receive a fourth violation and are ineligible to be an IHSS provider for one year, when the year is up you must re-enroll if you wish to work in the IHSS program. This means you must:

- Re-submit an application; and

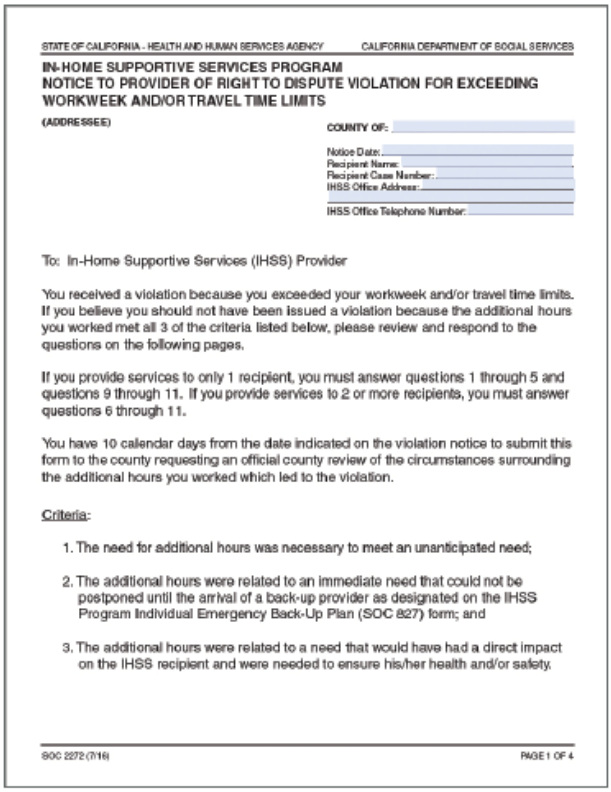
- Complete all of the provider enrollment requirements, including the criminal background check, provider orientation and all required forms.

If you re-enroll as an IHSS provider after being ineligible for 365 days, your violations count will be reset to zero.

County Review Process

If you receive a violation, you have ten calendar days from the date of the violation notice to request a county review by submitting the **Notice to Provider of Right to Dispute Violation for Exceeding Workweek and/or Travel Time Limits (form SOC 2272)**. Once the county receives the request for review, it has ten business days to review and investigate the violation and send you a notice stating whether the violation will remain or if it will be removed. If you do not submit an SOC 2272 form within the ten calendar days, the violation remains in effect.

For the third and fourth violations, if, after submitting the SOC 2272, the county doesn't remove the violation, you may request a review by CDSS within ten business days of the date of receiving the county notice. The county notice will explain how you may request a review by CDSS.



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER OF RIGHT TO DISPUTE VIOLATION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS

(ADDRESSEE)

COUNTY OF:

Notice Date:
Recipient Name:
Recipient Case Number:
IHSS Office Address:
IHSS Office Telephone Number:

To: In-Home Supportive Services (IHSS) Provider

You received a violation because you exceeded your workweek and/or travel time limits. If you believe you should not have been issued a violation because the additional hours you worked met all 3 of the criteria listed below, please review and respond to the questions on the following pages.

If you provide services to only 1 recipient, you must answer questions 1 through 5 and questions 9 through 11. If you provide services to 2 or more recipients, you must answer questions 6 through 11.

You have 10 calendar days from the date indicated on the violation notice to submit this form to the county requesting an official county review of the circumstances surrounding the additional hours you worked which led to the violation.

Criteria:

1. The need for additional hours was necessary to meet an unanticipated need;
2. The additional hours were related to an immediate need that could not be postponed until the arrival of a back-up provider as designated on the IHSS Program Individual Emergency Back-Up Plan (SOC 827) form; and
3. The additional hours were related to a need that would have had a direct impact on the IHSS recipient and were needed to ensure his/her health and/or safety.

SOC 2272 (7/16) PAGE 1 OF 4

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IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Medi-Cal Fraud and Abuse

IHSS Hotline: 1-800-822-6222
Email: Fraud@dhcs.ca.gov
Website: www.dhcs.ca.gov

Medi-Cal fraud is an intentional attempt by some providers, and in some cases consumers, to receive unauthorized payments or benefits from any Medi-Cal program, including the In-Home Supportive Services (IHSS) program. This fraud can take many forms, but the most common in the IHSS program involves providers knowingly billing for unnecessary services or services not being performed.

The Department of Health Care Services (DHCS) asks that anyone who observes or has knowledge of suspicious health care activity call the IHSS Medi-Cal Fraud Hotline telephone number at 1-800-822-6222 to report it.

The recorded message may be heard in English and ten other languages: Spanish, Vietnamese, Cantonese, Cambodian, Armenian, Hmong, Lao, Farsi, Korean, and Russian. The call is free and the caller may remain anonymous. You can also mailto:Fraud@dhcs.ca.gov or access the online complaint form at http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx.

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FREQUENTLY ASKED QUESTIONS:

Q: What if my paycheck never arrives or is lost or destroyed?

A: You must contact IHSS payroll to request and complete an affidavit to receive a replacement check. DO NOT cash the original check if it arrives or is found. Cashing both checks is fraud and is punishable under Penal Code §487 or §484.

Q: As an official provider, what could happen if I pay someone else to fill in for me when I am not available?

A: Subcontracting IHSS services is a punishable crime under Penal Code §72. Since only the official provider can receive an IHSS paycheck, the official provider will have to repay the program the subcontracted wages and face tax implications and possible prosecution.

Q: If a recipient is hospitalized can an official provider be paid to provide services such as: translating services, sitting at the recipient's bedside or bring the recipient food from home?

A: No, you can not be paid for those services or any authorized services while the recipient is hospitalized or staying in a skilled nursing facility.

Q: The recipient I care for has added some household chores to my daily duties. Can I claim hours on my timesheet for things like pet care, checking the mail or paying bills if I am asked?

A: No, hours can only be claimed for duties authorized and approved by the IHSS Social Worker.

Q: If my provider is unavailable and I don't have another official provider, what should I do?

A: Call the Public Authority at **(916) 874-2888**. The Public Authority has a registry of official providers ready and available to provide care.

Q: Who should I call if I feel that my provider is putting me at risk or neglecting me?

A: If you feel your provider is in any way placing you at risk, immediately call Adult Protective Services at **(916) 874-9377**.

IMPORTANT CONTACTS:

IHSS Fraud Hotline:	(916) 874-3836
IHSS General Information:	(916) 874-9471
IHSS Payroll:	(916) 874-9805
Adult Protective Services	(916) 874-9377
Public Authority	(916) 874-2888

In-Home Supportive Services

P.O. Box 269131

Sacramento, CA 95826

IHSS Electronic Services Portal

www.etimesheets.ihss.ca.gov

Sacramento County Board of Supervisors

Phil Serna	1st District
Patrick Kennedy	2nd District
Rich Desmond	3rd District
Sue Frost	4th District
Don Nottoli	5th District

County Executive

Ann Edwards

In-Home Supportive Services

Fraud Prevention, Detection and Investigation

IHSS FRAUD

Helping Recipients and Providers Understand and Prevent Fraud

COMMON FRAUD ISSUES IN IHSS

This brochure is to help you understand how to avoid claiming IHSS services or payments you are not entitled to and to prevent IHSS fraud.

WHAT IS FRAUD?

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person.

Welfare and Institutions Code section 12305.81(a) dictates that anyone convicted of a violation of California Penal Code section 273a(a), 368, or "fraud against a government health care or supportive services program" (which includes IHSS fraud) is ineligible to be an IHSS provider for 10 years.

RECIPIENT'S TRUE NEEDS

Recipients and providers may not make false statements about the extent of the recipient's disabilities or claim that the recipient needs more hours than are actually necessary for his/her proper in-home care.

ELECTRONIC TIMESHEETS

You may not claim more hours on your timesheet than you actually work. This is a crime punishable under Penal Code §487(a) or §484 and §72.

- If the recipient is not available to approve the timesheet via the Electronic Services Portal (ESP) or Telephone Timesheet System (TTS), you **may not** approve it for them. The recipient is your employer. Only they or an authorized signer can approve a timesheet and only AFTER all hours claimed have actually been worked.
- If the recipient dies, **do not** sign the timesheet for them, and **do not** claim any hours after their death. Contact IHSS Payroll for instructions.
- **Do Not** turn in the timesheet early. You must wait until all hours have been worked.

RECIPIENT NOT IN THE HOME

A provider cannot be paid to take care of a recipient who is out of the home due to:

- Hospitalization
- Placement in a skilled nursing facility
- Jail
- Living out of the county

IHSS is designed to help a recipient remain safely in his/her own home; therefore you cannot claim hours worked or turn in timesheets for work done while the recipient is temporarily residing **out of the home**.

If the recipient is hospitalized, you cannot claim hours including translation services, housekeeping, preparing or bringing the recipient food.

When a recipient returns home a provider **cannot** make up those hours by adding extra hours to their next timesheet.

CHECK SPLITTING

One type of IHSS fraud is when a provider submits timesheets and accepts payment for work that was never performed, and then splits the pay with the recipient (aka "check splitting"). This type of check splitting is fraud, and both the provider and recipient can be criminally prosecuted for theft and submitting a false timesheet under Penal Code §487(a) or §484 and Penal Code §72.

SUBCONTRACTING

All persons providing care must be enrolled as an official IHSS provider.

An official provider cannot hire someone to perform his/her IHSS duties for them while claiming these hours on his/her own timesheet.

USING A FALSE IDENTITY

- Using a false identity is a crime under Penal Code §529. Providers **must** use **their own** personal information, such as name, address and social security number.
- Providers may not create an ESP account on behalf of the recipient unless they are their authorized representative and a SOC 839 is on file with IHSS.

RECIPIENT REPORTING REQUIREMENTS

Recipients must report...

- **When a provider has been terminated or is no longer working.**
- All persons living in the household, whether or not they are related.
- If you are living with your provider or your spouse, regardless of the status of your marriage.
- Changes in your living situation, your marital status, your residence, your level of disability or your return to employment.

PROSECUTION

If you are reported for IHSS fraud, an investigation will be conducted. Fraud will be prosecuted. If information is found that you are defrauding by withholding income information to another program a referral will be sent to the appropriate agency. These agencies include but are not limited to: Social Security Administration benefits (SSA), Welfare, Child Action, subsidized housing (HUD), Franchise Tax board (FTB), and the Internal Revenue Service (IRS).

NOTE: Reporters will not receive a response due to confidential nature of information.

FRAUD HOTLINE: 916-874-3836

IHSS IN-HOME SUPPORTIVE SERVICES TRAINING ACADEMY

CDSS

Share-Of-Cost

What is Share-Of-Cost?

Most people receive In-Home Supportive Services (IHSS) as a part of their Medi-Cal benefits. Depending on the recipient's income, some recipients must agree to pay a certain amount each month toward their Medi-Cal expenses, before Medi-Cal will pay. The money that must be paid before Medi-Cal will pay for any medical costs is called a Share-of-Cost (SOC). The SOC allows a person with income above the allowed amount to receive IHSS if he/she agrees to pay the SOC. The recipient's SOC may be paid to their IHSS provider, a pharmacy, doctor's office, or when purchasing other medical services or goods.

How does the Share-of-Cost affect provider payment?

At the end of the month of care, the recipient will receive an "Explanation of Share-of-Cost" letter that identifies the remaining amount of the SOC to be paid. The SOC amount will also appear on your timesheet under "Share-of-Cost Liability." The recipient must pay the outstanding SOC balance directly to you, as the remainder of the recipient's SOC is collected by the payment to you. Since the recipient is paying this portion of the SOC directly to you, the program deducts it from your paycheck and will be counted as income for tax purposes.

The amount your recipient needs to pay you directly may change each pay period, depending on whether the recipient has paid some or all of their SOC for other medical expenses before the timesheet for each pay period is processed. If your recipient has more than one IHSS provider, he or she will not be able to choose which provider the SOC is paid to. Any SOC that has not been paid by the recipient will be subtracted from the first IHSS provider's timesheet that is processed.

If you or your recipient has questions about the SOC, contact your county IHSS or Public Authority office.

Here are some examples of how Share-of-Cost works:

Example 1:

Mrs. Smith has a $200 share-of-cost (SOC) for the month of June. She makes the following SOC payments:

- $50 for a medical appointment at the doctor's office on the 6th
- $60 for a prescription at the pharmacy on the same day

Mrs. Smith has paid a total of $110 towards her SOC. She has a remaining SOC balance of $90.

Because Mrs. Smith has an SOC balance of $90, when her provider submits the timesheet on the 16th, the State will deduct $90 form the provider's paycheck. Mrs. Smith is required to pay the first $90 of the provider's wages for hours worked between June 1st-15th directly to the provider. The state will pay provider wages over the $90 SOC.

Since all of the SOC was paid during the first half of the month, all of the provider's wages for hours worked between June 16th-30th will be included in the provider's paycheck.

Example 2:

Mr. Lee has a $100 share-of cost for the month of June. He makes the following SOC payments throughout the first half of the month.

- $75 for a medical appointment at the doctor's office on the 13th
- $25 for a prescription at the pharmacy on the 14th

Mr. Lee has paid a total of $100 towards his share-of-cost. He has a remaining SOC balance of $0.

Because Mr. Lee has a SOC balance the $0, when his provider submits a timesheet on the 16th, all of the provider's wages for hours worked between June 1st-15th will be included in the providers' paycheck.

Since all of the SOC was paid during the first half of the month, all of the provider's wages for hours worked between June 16th-30th will be included in the provider's paycheck.

Can I lose my job because of a workers' compensation injury?

The law prohibits your employer from discharging or discriminating against you because of your workers' compensation injury. If you believe you have been discriminated against because of your injury, you should discuss your rights with an Information and Assistance Officer at the Office of Benefit Assistance and Enforcement in the State Division of Workers' Compensation or with an attorney.

What if I have not received the benefits I think I am entitled to?

If you have not received the benefits you think you should have, ask for an explanation from your SCIF claims representative. Misunderstandings and errors sometimes do occur, but most can be cleared up by talking with your claims representative.

If you are not satisfied with your claims representative answers, you may call an Information and Assistance Officer at 1-800-736-7401 for additional information about your rights. You are also entitled to consult an attorney.

If I have questions, who should I ask for help?

If you have questions about your claim, seek help right away. You may call the SCIF at the number listed on this brochure for your County or an Information and Assistance Officer at 1-800-736-7401. You may also consult with an attorney.

Workers' compensation laws set some time limits for claiming compensation benefits. Generally, proceedings must begin within one year from the date of injury. It is very important that you act promptly so you do not risk losing your benefits because you waited too long.

FOR INFORMATION & ASSISTANCE ABOUT YOUR PENDING CLAIM.

If you are employed in the following counties:

Alameda	Madera	Santa Clara
Alpine	Marin	Santa Cruz
Amador	Mariposa	Shasta
Butte	Mendocino	Sierra
Calaveras	Merced	Siskiyou
Colusa	Modoc	Solano
Contra Costa	Mono	Sonoma
Del Norte	Monterey	Stanislaus
El Dorado	Napa	Sutter
Fresno	Nevada	Tehama
Glenn	Placer	Trinity
Humboldt	Plumas	Tulare
Inyo	Sacramento	Tuolumne
Kern	San Benito	Yolo
Kings	San Francisco	Yuba
Lake	San Joaquin	
Lassen	San Mateo	

Please Contact:
State Compensation Insurance Fund
P.O. Box 1609
Rohnert Park, CA 94927-1609
(707)586-5000 Fax: (707) 586-5199

If you are employed in the following counties:

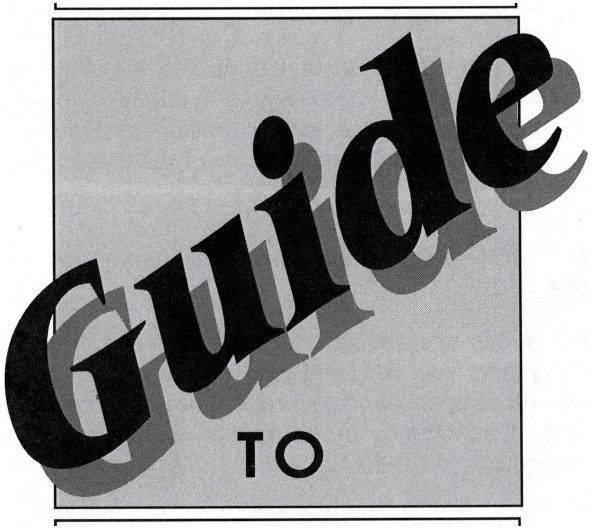
Imperial	Riverside	San Luis Obispo
Los Angeles	San Bernardino	Santa Barbara
Orange	San Diego	Ventura

Please Contact:
State Compensation Insurance Fund
P.O. Box 59901
Riverside, CA 92517-1901
(909)697-7300 Fax: (909) 697-7301

PUB 203 (1/04)

STATE OF CALIFORNIA
Arnold Schwarzenegger, Governor
HEALTH AND HUMAN SERVICES AGENCY
S. Kimberly Belshé, Secretary
DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES



Workers' Compensation Benefits for Individual Providers

What Is Workers' compensation:

It is insurance that your employer is required by law to carry to help you in case you are injured on the job or become ill due to your job.

What is a workers' compensation injury?

Any injury or illness that occurs due to employment is considered a workers' compensation injury. Under workers' compensation law, you will receive help if you are injured no matter who was at fault.

How much does it cost me?

There is no charge to you or to the recipient for whom you work. If you qualify for workers' compensation, all approved medical bills will be paid in addition to any temporary or permanent disability compensation you are entitled to.

What is State Compensation Insurance Fund (SCIF)?

SCIF is the insurance carrier that has been chosen to represent your recipient/employer to provide your workers' compensation coverage. They have over 75 years of experience providing workers' compensation throughout California.

Is workers' compensation the same as State Disability?

No. Workers' compensation is only for injuries or illnesses that occur due to employment. State disability is for injuries or illnesses that are not work related and is handled by the Employment Development Department.

How does this affect my own health insurance?

Workers' compensation is separate from personal health care insurance. Workers' compensation insurance covers work-related injuries and illnesses only. There is no deductible, all authorized medical bills will be paid. It is important to let the treating doctor know if your injury is work related.

If I'm injured do I have to file a claim form?

Yes. As soon as you can after your injury, tell your employer's social service worker that you have been hurt. The social service worker will give you a claim form on which you must describe your injury and how, when, and where it happened. Immediately return the completed form to the social service worker, who will send it to SCIF. The insurance company will then get in touch with you to explain any benefits you may be entitled to.

What are my benefits?

If your injury is determined to be work related, authorized medical and hospital bills will be paid. SCIF will also pay a portion of your lost wages if you cannot work due to the injury. This benefit is called temporary disability. If your injury results in permanent disability which decreases your ability to work, SCIF will also pay your permanent disability benefits.

In the event of a death caused by a workers' compensation injury, qualified surviving dependents will receive benefits. The maximum death benefit is $150,000 and there is a separate allowance of up to $5,000 for burial expenses.

What are temporary disability payments?

If you are unable to work for more than 3 calendar days, SCIF will pay you for a part of your lost wages. This 3-day "waiting period" will be paid, however, if you are unable to work for more than 14 calendar days or are hospitalized as an inpatient. The amount of temporary disability compensation is determined by law and is generally 2/3 of your wages with a maximum of $406 per week. You will receive these temporary disability payments every two weeks during the time you qualify for this benefit. This compensation stops when the treating doctor releases you for work or says that your injury has reached a point of maximum improvement.

What are permanent disability payments?

Permanent disability is additional money that SCIF will pay to compensate you for any permanent disability you may suffer from an illness or injury due to your job. The amount you will receive depends on the extent of your disability. Workers' compensation law provided guidelines to determine the amount of this injury or illness are also factors that are considered when calculating permanent disability. Permanent disability payments are paid at a rate of between $70 and $168 per-week. You will receive payments approximately every two weeks until the benefit is totally paid out.

Where do I go for treatment?

Upon reporting your injury to the social services worker, you may be referred to a doctor or medical facility. If not, call the SCIF office listed on this brochure for your county and a medical referral will be made.

What If I become dissatisfied with my treatment?

First, tell your State Fund claims representative why you are unhappy. He or she may want to talk with the doctor to try to solve the problem.

Second, after 30 days from the date your injury is reported to the social service worker, you may go to another medical doctor of your own choosing. SCIF will continue to pay the authorized medical bills and reasonable transportation costs, so be sure to tell your claims representative the name and address of your new doctor.

What if I have a recurrence and require further medical care?

If you need more medical care for your injury after your original treatment has ended, you have one full year after your last treatment or five years from the date of your injury to notify SCIF and have your case reopened.

What if I have to change my line of work because of a workers' compensation injury?

If you are unable to return to your job due to a workers' compensation injury, you may qualify for vocational rehabilitation benefits. Your rehabilitation plan may be as simple as modifying your current job to accommodate any limitations you have suffered or may involve training for a new job. SCIF's rehabilitation coordinators will help you obtain any needed services.