



# IHSS PROVIDER ORIENTATION HANDBOOK

MAY 01, 2018

**Our Mission:** “We administer employment and social services, preserving the dignity of children, families and adults.”

**Our Vision:** “Partnering for a safe, healthy, and self-reliant community.”

Butte County IHSS/Public Authority Website: [www.bcihsspa.org](http://www.bcihsspa.org)

CA State Department of Social Services Website: [www.cdss.ca.gov/inforesources/IHSS/IHSS-Providers](http://www.cdss.ca.gov/inforesources/IHSS/IHSS-Providers)



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# CONTACTS FOR IHSS SERVICES

## **Butte County In-Home Supportive Services and Public Authority**

78 Table Mountain Boulevard, Oroville CA 95965

### **IHSS Accounting/Payroll** **(530)538-7538 option 1**

Providers who have questions regarding timesheets, Worker's Compensation, address change or terminating employment with an IHSS consumer.

Consumers hiring a provider or terminating a provider.

Mailing Address: PO Box 1649, Oroville CA 95965

Fax: (530)538-6918

### **IHSS Intake** **Toll Free (855)398-8899** **(530)538-7538 option 2**

This program provides physical support to eligible aged, blind or disabled adults and children who would not otherwise be able to safely remain in their homes. Please contact if you or someone you know would like to apply or learn more about this program or visit: [www.dss.ca.gov/In-Home-Supportive-Services](http://www.dss.ca.gov/In-Home-Supportive-Services).

Application for IHSS is taken over the phone.

Mailing Address: PO Box 851, Oroville CA 95965

Fax: (530)538-7722

#### **Any California resident is eligible for IHSS if they:**

Are SSI/SSP or Medi-Cal eligible (Medi-Cal contact info on page 3)

Are blind, disabled or 65 years of age or older

Are unable to live safely at home without care

Are living in a home, apartment or abode of their choosing

(Not including a hospital, nursing home, assisted living or licensed care facility)

### **Public Authority** **Toll Free (888)337-4477** **(530)538-7538 option 3**

Questions regarding orientations, background checks, referrals for IHSS consumers looking for providers and people interested in being referred out to consumers as IHSS providers.

Mailing Address: PO Box 851, Oroville CA 95965

Fax: (530)538-5263

Website: [www.bcihsspa.org](http://www.bcihsspa.org)

Email: [DESSAIIPublicAuthority.buttecounty.net](mailto:DESSAIIPublicAuthority.buttecounty.net)

### **Adult Protective Services** **24HR Response (800)664-9774** **(530)538-7538 option 4**

Adult Protective Services provides investigations and intervention for those adults hurt by abuse, neglect and exploitation. Referrals of possible abuse can be made by anyone with knowledge of the abuse.

Mailing Address: PO Box 1649, Oroville CA 95965

Fax: (530)538-5093

# CONTACTS FOR SERVICES

## **Butte County Department of Employment and Social Services (DESS)**

Oroville location – 78 Table Mountain BLVD, Oroville CA 95965

Chico location – 2445 Carmichael DR, Chico CA 95928

### **Butte Community Employment Center**

#### **Oroville**

(530)538-7301

Fax: (530)534-1167

#### **Chico**

(530)895-4364

Fax: (530)895-4010

### **Medi-Cal**

**Toll Free (877)410-8803**

Quality health coverage to qualifying residents of California. Those who qualify for Medi-Cal include the aged, blind and disabled, those in long-term care, the medical needy and those deemed eligible because of qualifying for other services.

Visit [www.C4Yourself.com](http://www.C4Yourself.com) to apply for Medi-Cal

Visit [www.CoveredCA.com](http://www.CoveredCA.com) to apply for Covered California

### **Butte County 211**

**Dial 211 or [Butte211.org](http://Butte211.org)**

24-hour quick access to free and low-cost services in Butte County.

[www.helpcentral.org](http://www.helpcentral.org)

## **CONTACT INFORMATION FOR HEALTHCARE WORKERS UNION**

**United Domestic Workers – union for home care providers by home care providers**

Contact if interested in joining or finding out about the benefits and resources offered to UDW members.

2592 Notre Dame, Suite 150, Chico CA 95928

(530)894-2702 [www.udwa.org](http://www.udwa.org)

## CRIMINAL BACKGROUND CHECK-DOJ

As of November 1, 2009, all California In-Home Supportive Services (IHSS) providers are required to complete Live Scan Fingerprinting specifically for IHSS. These rules, designed to prevent fraud, require caregivers who are either new to the program or have not received payroll from IHSS for one year to complete the certification process that includes orientation and criminal background check before they can get paid from the State.

- During the orientation session you received a Request for Live Scan Service and a printout of Live Scan locations for Butte County.
- Take your form, with Application Information completed by you, to a DOJ Live Scan location. Once your prints have been rolled the operator will complete the Live Scan Transaction Completed By section and keep the original (white). You will receive the carbon copies (yellow and pink).
- Mail or drop off one of the copies to Public Authority and keep the other for your records.
- You may monitor the DOJ progress at <https://applicantstatus.doj.ca.gov/> (the ATI # required for the status is at the bottom of the Request for Live Scan Service.)

### Applicant Background Check Status

Enter the information below to view the status of a fingerprint background check:

ATI Number:	<input type="text"/>
Date of Birth: (mm/dd/yyyy)	<input type="text"/>
<input type="checkbox"/> I'm not a robot	
<input type="button" value="Submit"/>	<input type="button" value="Reset"/>

- When you pass your DOJ background and the Designation of Provider (SOC426A) has been turned into the IHSS Accounting you will receive timesheets within 10 business days and on the timesheets will be your IHSS Provider Number.

### OR

- When you pass your DOJ background but have not completed and turned in the Designation of Provider (SOC426A), IHSS Accounting will mail you a Notice of Provider Eligibility (SOC848) with your IHSS Provider Number. Timesheets will not be issued until the Designation of Provider (SOC426A) is turned into IHSS Accounting.
- You may sign up for electronic timesheets once you have passed your DOJ background and receive your IHSS Provider Number in the mail by IHSS Accounting.
- For questions regarding to Tier 1 and/or Tier 2 convictions please refer to IHSS Handouts-Tier 1 and Tier 2. If you have more questions please call Public Authority.

## **WORK PERMITS**

If you are under the age of 18 years old and are not a high school graduate, Federal law requires you to obtain and submit to IHSS Accounting an approved work permit before timesheets are issued. A work permit is required for each consumer you work for. A consumer may not hire a minor before the consumer verifies the minor has an approved work permit. Work permits must be issued through the State of California Department of Education via the provider's local school district. Proof of a high school diploma releases the provider from work permit requirements.

## **TIMESHEET PROCESSING**

Once you have been successfully enrolled and approved as the IHSS provider, you will receive time sheets in the mail retroactive up to the date the consumer was approved to receive IHSS services or your start date if different. The IHSS program has two pay periods from the 1<sup>st</sup> through the 15<sup>th</sup> and the 16<sup>th</sup> through the end of the month.

## **ELECTRONIC TIMESHEETS (ETS)**

### **How does online services benefit the provider?**

- Providers can submit timesheets directly online
- Recipients can approve timesheets online or by telephone
- No more waiting for the postal service to deliver your timesheets
- ETS checks your timesheet before it is submitted to help you avoid errors and potential violations
- You can check timesheet and payment status through the ETS
- You can view timesheet history up to the last three months in the ETS
- You can request supplemental timesheets without having to contact the county

### **What do I need to have before I sign up?**

- You must be a current active eligible IHSS or WPCS program provider or recipient
- You must possess a valid email address
- You must have internet access and
- You must have access to a smartphone, tablet, laptop or personal computer

### **How do I sign up for the new online service?**

- Go directly to <https://www.etimesheets.ihss.ca.gov> to register for the service
- Read more about the Electronic Timesheet Service at the CDSS website at <http://cdss.ca.gov/inforesources/IHSS-Providers/Resources/Timesheet-Information>
- Contact the ETS Help Desk Toll Free at (866)376-7066, option 4, during normal business hours 8am-6pm Monday through Friday, excluding major holidays

- Recipients can contact IHSS Accounting to sign up to approve timesheets by telephone using the Telephone Timesheet System (TTS).

## **DIRECT DEPOSIT**

### **What is Direct Deposit?**

Direct Deposit is an optional way to receive your IHSS/WPCS paycheck. With Direct Deposit, your IHSS paycheck is deposited directly into your checking or savings account, instead of being mailed to you through the U.S. Post Office.

*(If you do not have a bank account **AND** are a union member, contact the Union for a member's MasterCard Debit card.)*

### **What are some advantages of using Direct Deposit?**

- You can receive your paycheck faster
- You no longer need to worry about your paper paycheck being lost or stolen
- You no longer need to wait for a paper paycheck to be mailed to you, your IHSS/WPCS paycheck will be deposited directly into your bank account

### **Ways to Enroll for Direct Deposit**

- **By mail** - You may download at [www.cdss.ca.gov](http://www.cdss.ca.gov) or call (866)376-7066, option 2 to request the SOC829 form be mailed to you. Fill out the form and send it to: Provider Enrollment Processing Center, PO Box 1120, Roseville CA 95678
- **Online** – [www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov) (you must be registered on the IHSS Website). Log into your account on the IHSS Website, select the Direct Deposit option in the Menu on the top of the screen and follow the easy steps

### **For more information on Direct Deposit:**

Access website at [www.cdss.ca.gov](http://www.cdss.ca.gov) to download the SOC831 Form or  
Contact the Provider Direct Deposit Help Desk at (866)376-7066 option 2

**Please note that a separate enrollment form is required for each consumer.**

## **HIRED BY ANOTHER CONSUMER**

- If you are hired by another consumer, after you have been certified, it is the responsibility of the consumer or authorized representative to call IHSS Accounting and request the forms for a new hire to be mailed.
- A Designation of Provider (SOC426A) has to be filled out for each consumer you work for regardless of your relationship to them or if multiple consumers live in the same home.
- IHSS Accounting will send to the Consumer a Designation of Provider (SOC426A) packet, a Recipient and Provider Workweek Agreement (SOC2256) and if you have multiple consumers IHSS Accounting will include a Provider Workweek and Travel Time Agreement.
- Once you and the consumer complete the forms and send them back to IHSS Accounting, timesheets will be generated for you under the consumer's case.
- With the first timesheet you receive for a consumer's case you will also receive a copy of the consumer's Notice of Action for your records.
- Please read the Notice of Action to make sure that you are following what has been approved for the consumer for you to be paid by IHSS. If you put time on your IHSS timesheet for hours providing services not authorized for the consumer, you may be charged with fraud.
- For more information on IHSS Authorized Tasks and Fraud please refer to IHSS Provider Orientation Handouts and Facts you received in the orientation.

## **CONSUMER'S PRESENCE**

- You may not claim hours while the consumer is in the hospital, skilled nursing facility, residential care facility or jail.
- You may only claim hours when you provide IHSS approved services to the consumer in the consumer's home and the consumer is in the home.
- You may not be in the consumer's home unless the consumer is present.
- If you have any questions, you are to contact the consumer's social worker for clarification.

## **TRANSPORTING A CONSUMER IN YOUR PERSONAL VEHICLE**

- It is not a requirement that you are to transport a consumer in your personal vehicle.
- It is your responsibility to furnish your own transportation to and from the consumer's home.
- If you do not have the appropriate level of insurance for your vehicle, the consumer should not be transported in your vehicle.
- If you agree to transport the consumer in your vehicle, you must show the consumer proof of current and appropriate automobile insurance.
- You may only transport the consumer when it is a clearly authorized service.
- IHSS does ***not*** pay for gas mileage. If the consumer requires transportation or if you will be shopping and/or running errands for the consumer in your vehicle, it is the consumer's responsibility to reimburse you for gas, but it is not required. You may choose not to transport or run errands if an agreement cannot be reached but can still provide the services in the home.

## **IMPORTANT INFORMATION FOR PROVIDERS RECEIVING SERVICES**

If you become an IHSS provider and receive the following benefits including but not limited to:

- CalWORKs
- Food Stamps
- General Assistance
- Medi-Cal or CMSP
- Unemployment Insurance
- College Financial Aid

Your IHSS earnings may affect your benefits. It is *your* responsibility and duty as a provider to report your earnings to the appropriate agency. It is not the responsibility of the Public Authority staff or IHSS staff to report to any of these agencies on your behalf. If you have questions, please contact the agency that administers your benefits. Failure to report income may be considered fraud.

## **CONFIDENTIALITY IS MANDATED BY LAW**

Other than the IHSS staff and Public Authority staff, it is illegal to tell anyone the identity of a consumer you are working for or to share any of the consumer's personal or private affairs. State law protects the consumer's confidentiality: California W & I Code, Section 10850. Violating a consumer's confidentiality may be punishable by a fine and/or imprisonment. For more information please refer to your IHSS In-Home Supportive Services Guide you received in orientation.

### **Required Signed Forms**

You are required to sign a form stating that you understand that IHSS providers are mandated reporters and a form stating that you understand worker's compensation, confidentiality and fraud in order to be an IHSS care provider.

## **LEGAL ISSUES TO BE AWARE OF**

### **Reporting**

If you suspect abuse or neglect contact Adult Protective Services at (800)664-9774 or Child Protective Services at (800)400-0902.

### **Legal and Financial Affairs**

Unless you are a relative or a close friend, you should never be involved in the consumer's legal and financial affairs such as power of attorney, a will, a living will, or a loan. However, it is helpful to know what to do in case of an emergency and to be aware of arrangements the consumer has made in the event of death or critical illness.

## **WORKER'S COMPENSATION**

Before you are injured, you have the option of specifying a doctor you would like to see in case of injury. You would need to complete the "Employee's Pre-designation of Personal Physician Form" located in The Facts about Worker's Compensation brochure included in your orientation packet. Both you and your preferred physician must sign this form. Without the appropriate form, you will need to be seen at a designated Worker's Compensation medical facility.

- Report all IHSS work-related accidents and injuries immediately to IHSS accounting staff.
- Within 24 hours of reporting a work-related accident or injury, IHSS accounting is required to provide you with an Employee Claim for Worker's Compensation Benefits (DWC-1).

For more information brochures have been included in your orientation packet; The Facts about Workers' Compensation (York) and Disability Insurance Provisions (EDD).

## IHSS PROVIDERS RIGHTS AND RESPONSIBILITIES

- The provider has a right to understand the IHSS work assignment and receive fair respectful treatment.
- The provider has the responsibility to be dependable – to arrive on time and ready for work.
- The provider has the responsibility to provide reliable, safe, high quality services as directed by the consumer and authorized by the social worker.
- The provider has the responsibility to respect the consumer’s dignity, privacy, property, religion, and culture.
- The provider has the responsibility to respect the consumer’s right to privacy by not taking anyone to work including a child, relative or friend.
- The provider has the responsibility to keep personal information about the consumer confidential.
- The provider has the right to ask the IHSS Social Worker for assistance concerning issues with the consumer that the provider cannot resolve.
- The provider has the responsibility to keep track of hours worked and to submit an **accurate, clean, and complete** time sheet twice monthly.
- The provider has the legal responsibility to report suspected abuse of dependent elderly or disabled persons to Adult Protective Services 1800-664-9774 (Butte County).
- The provider has the responsibility to inform the social worker of any changes in the consumer’s condition.
- The provider is responsible for giving two weeks’ notice if terminating employment.
- The provider has the right to not return to work if the environment is dangerous and must contact IHSS immediately of such circumstances.

## **UNIVERSAL PRECAUTIONS**

Many illnesses and diseases may threaten your health and the health of the consumer. Germs, viruses, parasites and bacteria can spread disease or illness. Colds, flu, mumps, chicken pox, tuberculosis and food poisoning are passed through the things we touch, eat or breathe. Doctors advise that you take actions as if both you and the consumer are potentially infectious. Taking universal precautions will protect everyone from diseases.

- Ask the consumer to keep a supply of disposable latex gloves for you to use whenever you come in contact with body fluids, body waste, or open sores. Try to do those tasks that require gloves all at one time so you do not have to keep taking the gloves on and off.
- Wear latex gloves when there is a chance of being in contact with blood, semen, vagina secretions, mucous membranes or other body fluids; when disposing of sanitary napkins, handling dirty laundry, cleaning the bathroom, or assisting with menstrual care; when assisting with toileting/bowel care. Wearing gloves is especially important when you have a wound or a rash or opening in the skin on your hands.
- Wash your hands carefully with soap and water before putting on gloves and immediately after taking off the gloves. Wash carefully any time you get blood or other body fluids on yourself. Wash before and after going to the bathroom. Wash before preparing foods, performing personal care and housecleaning tasks and after physical contact with others. Use a nailbrush to scrub your hands. Dry with paper towels...never with a damp towel.
- Protect everyone by not preparing or handling food if you are ill or have open sores.
- Use mild bleach solution (10 parts water to 1 part bleach) to clean up body fluids.
- Clean up spills immediately. Use the bleach solution to soak or disinfect possible contaminated surfaces, linens, clothing, or other objects.
- When you cut meat or chicken on a cutting board, sanitize it with the bleach and water solution to avoid spreading germs.
- Avoid handling sharp objects (such as razors or needles) that might have come in contact with blood or body fluids. Carefully place them in a puncture proof container for disposal.
- Wash most soiled laundry in a washer set on hot and dry them in a dryer set on high. If hot temperatures will damage garment, follow manufacturer's directions. Wash dishes and utensils in hot, soapy water. Rinse in very hot water and let them air dry.
- Do not eat, drink, apply cosmetics, or handle contact lenses in areas where exposure to blood or other body fluids are possible.
- Notify those around you if you are ill or have a condition that might be contagious.

## STARTING A NEW JOB

- Develop a work schedule or task checklist and post the schedule in full view.
- Keep in mind that some consumers will want things done in a very particular way; others are flexible about how things can be done.
- Go over any medical problems, allergies, and/or special diets the consumer may have.
- Assist the consumer in creating and posting a list of phone numbers for doctors, clinics, therapists, social workers, relatives or friends, to call in an emergency.
- Talk with the consumer about how to get out of the house in case of an emergency.
- If you are to help with medications under the supervision of a health care professional - make a list of any medications, including the schedule and amount.
- Wear clean, comfortable clothing. Many consumers prefer that you do not wear a uniform since that may be associated with hospital employees.
- Do not bring a large backpack, purse, or other bag to work as it might cause concern about possible theft.
- Do not take anyone else to work with you, such as a child, relative or friend.

## GETTING THE JOB DONE RIGHT

The following suggestions will help establish a smooth working relationship with consumers and help prevent any problems that could develop.

- **Be Dependable.** Arrive on time and be ready to work. Notify the consumer as soon as possible if you are going to be late.
- **Communicate Changes.** Notify the consumer if your schedule is going to change, or if you decide to leave the job. As with any job, you are expected to give two weeks' notice.
- **Be Reliable.** Do all the work you agreed to do – and do it well. Provide the same quality of work you would expect if you were the consumer.
- **Be Respectful.** Treat the consumer with dignity and respect. Never verbally, physically, or sexually harass the consumer. Do not bring anyone to the consumer's home. The consumer's home is a place of employment only.
- **Maintain Confidentiality.** Do not share any private or personal information about a consumer even with consumer's family unless consumer gives permission. Do not use the consumer's name or address or share information about a consumer's personal situation, family, health, or behavior.
- **Report Changes.** Let the social worker know of any changes in the consumer's health, abilities, environment or service needs.
- **Keep Records.** Maintain **accurate** and **clean** timesheets, work schedules and other required forms.
- **Be Informed.** Know the amount of hours that have been authorized for the consumer and the tasks to be performed. Refer to the Notice of Action, or contact the IHSS social worker for this information.
- **Be Efficient.** Plan your work schedule to make the most of the time allowed.
- **Be Helpful.** Assist the consumer to maintain and/or increase self-sufficiency.

# **HANDOUTS**

**Provider's Copy of Worker's Compensation/Confidentiality  
and Fraud**

**Provider's Copy of SOC846 In-Home Supportive Services  
Program Provider Enrollment Agreement**

**IHSS Services and Tasks**

**Conversion Chart - min into decimals for timesheets**

**Unemployment Insurance**

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**UNEMPLOYMENT INSURANCE**

File Claims • Payment Information • General Information

**WHO SHOULD FILE A CLAIM**

You may file a claim for Unemployment Insurance (UI) benefits if you are no longer working or your hours are reduced. To be eligible to receive UI benefits you must be out of work due to no fault of your own and be physically able to work, ready to accept work, and looking for work.

**WHEN TO FILE**

You should apply for benefits as soon as you are unemployed or your hours are reduced. Your claim will be filed or reopened the Sunday of the week you file. All claims have a one-week, unpaid waiting period. The waiting period does not begin until the claim is filed.

**WHAT YOU NEED TO FILE**

To determine if you are eligible to receive benefits, you will be asked a variety of questions such as information about your past employers and the reason you are out of work. To ensure your claim is filed as quickly as possible, you should have the following information ready before you file your claim:

- Your Social Security number, name (including all names you used while working), date of birth, mailing and residence address (including ZIP code) and phone number (including area code).
- Your driver’s license or identification card number.
- The last date you worked for any employer.
- Last employer information including the name of the business or company you last physically worked for, address (mailing and physical location) and phone number. We also need the ZIP code for both addresses and the area code for the employer’s phone number.
- The reason you are no longer working for your last employer and the name of your supervisor.
- Information on all employers you worked for during the 18 months prior to filing of your claim, including name, address, and period of employment, wages earned, and how you were paid.
- Information from your DD214 Member Copy 4, if you were in the Military the last 18 months.
- Information from your Standard Form 8, “Notice to Federal Employees about Unemployment Insurance” if you worked for an agency of the federal government during the last 18 months.
- Your alien registration number and expiration date if you are not a U.S. citizen.

**HOW TO FILE OR REOPEN YOUR CLAIM**

**ONLINE**

Use eApply4UI to file for UI or to reopen your claim. It is available online 24 hours a day, seven days a week and is available in English or Spanish. It is secure, reliable, and is the fastest way to apply for UI or to reopen your claim.



**TELEPHONE**

Call to speak with an Employment Development Department (EDD) customer service representative to file or reopen your claim. You may call one of the toll-free numbers anywhere in the U.S, between 8 a.m. and 12 noon (Pacific Standard Time), Monday through Friday except holidays:

- |                                 |                                       |
|---------------------------------|---------------------------------------|
| <b>English 1-800-300-5616</b>   | <b>Mandarin 1-866-303-0706</b>        |
| <b>Spanish 1-800-326-8937</b>   | <b>Vietnamese 1-800-547-2058</b>      |
| <b>Cantonese 1-800-547-3506</b> | <b>TTY (non-voice) 1-800-815-9387</b> |

## WHAT HAPPENS NEXT

After you file your claim, please allow 10 days for processing. If you do not receive notification in the mail after 10 days, call or contact us by submitting your inquiry online at [www.edd.ca.gov/Unemployment](http://www.edd.ca.gov/Unemployment) and email your questions by selecting “Contact Us” under General Information.

## PAYMENT INFORMATION

For the status of your last UI payment made, call the EDD toll-free Automated Self-Service telephone number listed below. You will need to have your Social Security number and 4-digit Personal Identification Number (PIN) to access payment information. The Automated Self-Service number provides step-by-step instructions to help you set up your PIN so you can access your confidential UI claim information. The Automated Self-Service will also guide you to other services you may need.

**Automated Self-Service (English and Spanish) 1-866-333-4606**

## GENERAL INFORMATION

### FREQUENTLY ASKED QUESTIONS

#### How much does UI pay?

Weekly benefit amounts range from a minimum of \$40 to a maximum of \$450 depending on your past quarterly earnings.

#### When is the best time to call a customer service representative?

To lessen your wait time, avoid calling during our busiest times: Mondays, the day after a holiday, and between 8 a.m. and 8:30 a.m. Our least busy days are Wednesdays and Thursdays.

#### Why am I scheduled for a telephone interview?

If there are any questions about your eligibility to receive benefits, further information is needed from you and you will receive notification in the mail of a scheduled phone interview. For example, you will be scheduled for a phone interview if you quit your last job, if you were discharged from your last job, if you are not able or available for work, if you do not look for work. It is important to review the information on the notification to help you prepare for the interview.

## OTHER RESOURCES

The EDD provides a comprehensive range of employment and training services in partnership with state and local agencies and organizations. These services, provided statewide through the [America’s Job Center of California<sup>SM</sup>](#) (formerly known as One-Stop Career Centers) benefit job seekers, laid-off workers, youth, veterans, and people with disabilities. All of these no-fee resources are provided to ensure that a job search is a successful one.

America’s Job Center of California<sup>SM</sup> offers:

- Job search assistance
- Job listings through CalJOBS<sup>SM</sup>
- Access to telephones, Internet, printers, fax machines, and copy machines
- Workshops
- Information on wages and trends
- Community resources
- Referrals to other services and more

To find the nearest local America’s Job Center of California<sup>SM</sup>, call the America’s Workforce Network Toll-Free Help Line at 1-877-US 2 JOBS (1-877-872-5627) or access [www.servicelocator.org](http://www.servicelocator.org) to receive information about available services in your local community. The information is available in more than 140 languages and there is TTY access 1-877-889-5627 for the hearing impaired.

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**NOTE: CONVERT MINUTES INTO A DECIMAL. DIVIDE ON A CALCULATOR. CONVERT THE DECIMAL ANSWER BACK INTO MINUTES BEFORE WRITING ON YOUR TIME SHEET.**

**\* EXAMPLE: 10:15 HOURS = 10.25 DIVIDED BY 4 WEEKS= 2.56 WHICH CONVERTS BACK TO 2:34 HOURS**

**CONVERSION TABLE: MINUTES TO DECIMAL**

ROUNDED MINUTES	DECIMAL	ROUNDED MINUTES	DECIMAL	ROUNDED MINUTES	DECIMAL
0	0.00	22	0.36	43	0.72
1	0.01	22	0.37	44	0.73
1	0.02	23	0.38	44	0.74
2	0.03	23	0.39	45	0.75
2	0.04	24	0.40	46	0.76
3	0.05	25	0.41	46	0.77
4	0.06	25	0.42	47	0.78
4	0.07	26	0.43	47	0.79
5	0.08	26	0.44	48	0.80
5	0.09	27	0.45	49	0.81
6	0.10	28	0.46	49	0.82
7	0.11	28	0.47	50	0.83
7	0.12	29	0.48	50	0.84
8	0.13	29	0.49	51	0.85
8	0.14	30	0.50	52	0.86
9	0.15	31	0.51	52	0.87
10	0.16	31	0.52	53	0.88
10	0.17	32	0.53	53	0.89
11	0.18	32	0.54	54	0.90
11	0.19	33	0.55	55	0.91
12	0.20	<b>*34</b>	<b>*0.56</b>	55	0.92
13	0.21	34	0.57	56	0.93
13	0.22	35	0.58	56	0.94
14	0.23	35	0.59	57	0.95
14	0.24	36	0.60	58	0.96
<b>*15</b>	<b>*0.25</b>	37	0.61	58	0.97
16	0.26	37	0.62	59	0.98
16	0.27	38	0.63	59	0.99
17	0.28	38	0.64		
17	0.29	39	0.65		
18	0.30	40	0.66		
19	0.31	40	0.67		
19	0.32	41	0.68		
20	0.33	41	0.69		
20	0.34	42	0.70		
21	0.35	43	0.71		

IHSS PAYROLL  
11/2017

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**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM  
PROVIDER ENROLLMENT AGREEMENT**

PROVIDER NAME (FIRST, MIDDLE, LAST)	PROVIDER NUMBER

1. I attended the required provider enrollment orientation for IHSS providers and I understand and agree to the following:
  - I was given information about being a provider in the IHSS program.
  - I was informed of my responsibilities as an IHSS provider.
  - I was informed of the consequences of committing fraud in the IHSS program.
  - I was given the Medi-Cal toll-free telephone fraud hotline number, 1-800-822-6222 and web site, <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx> for reporting suspected fraud or abuse in the IHSS program.
  
2. I understand the following:
  - The only hours I am allowed to report on my timesheet are the hours I worked providing authorized services for the recipient.
  - By signing my timesheet I am saying that the information I reported on it is true and correct.
  - I must submit my timesheet (signed by both my recipient and me) within two weeks after the end of each pay period. If I submit my timesheet on time, and it is properly completed, I will get paid within 10 days of the day it is received at the timesheet processing facility. If I do not submit my timesheet within two weeks after the end of the pay period, my pay will be delayed.
  - If I am convicted of fraudulently reporting information on my timesheet, in addition to any program or criminal penalties, I may be required to pay back any overpayment I received and to pay civil penalties of at least \$500, and not more than \$1,000, for each act of fraud.
  
3. I received information regarding the maximum weekly hour and travel time requirements. This information included the following topics:

**Overtime Pay**

- Beginning February 1, 2016, IHSS providers will get paid overtime (one and a half times the regular pay rate) when they work more than 40 hours in a workweek. The workweek begins at 12:00 a.m. (midnight) on Sunday and ends at 11:59 p.m. on the following Saturday.

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### What Does My Recipient's "Authorized Weekly Hours" Mean?

My recipient's authorized weekly hours mean his/her monthly authorized hours divided by four. For example, if my recipient is authorized to receive 125 hours of service monthly, my recipient's authorized weekly hours are  $125 \div 4 = 31$  hours, 15 minutes.

### Maximum Weekly Hours

The maximum weekly hours amount is a guideline that tells me the highest number of hours I can work in a workweek so my recipient can budget his/her service hours in the month to ensure all his/her monthly service hours are received.

- If I work for just one recipient, the maximum hours that I may work in a workweek is my recipient's monthly authorized hours divided by 4. However, since most months are slightly longer than 4 weeks, I will work with my recipient to spread his/her hours throughout the month to make sure he/she has enough hours of service at the end of the month.

*For example:* There are 31 days in the month of December. If I work for just one recipient, and she receives 100 monthly authorized hours, my maximum weekly hours are 25 hours (100 monthly authorized hours divided by 4). However, since December is actually 4½ weeks, my recipient would need to decide how many hours to take away from each of the first four weeks in order to have enough hours left for the last few days at the end of the month. My recipient could, for example, set up a schedule for me to work 22 hours in each of the first four weeks of December, which would leave her with 12 authorized service hours left over for the final few days of the month ( $22 \times 4 = 88$  hours;  $88 \text{ hours} + 12 \text{ hours} = 100 \text{ hours}$ ).

- If I work for just one recipient and he or she has other providers, my recipient must make a work schedule for me and the other providers to determine how many hours each of us will work. My recipient may divide his/her total authorized hours among his/her providers as he/she sees fit.
- If I work for more than one recipient, the maximum number of hours that I may claim in a workweek for all of the time I work for all my recipients combined is 66 hours. Each of my recipients must make a work schedule for me to determine how many hours I will be working for each of them so I can make sure that I do not work more than 66 hours per workweek.

### Changing the Number of Hours I Work Each Week: What My Recipients Can and Cannot Do

#### Switching hours

- If my recipient has one or more other providers, I may "switch" some of my hours with another provider in a particular workweek in order to ensure that the recipient

PROVIDER NUMBER
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receives all the hours to which he or she is entitled for the week. This means that another one of the recipient's providers may work any of my hours while I work any of his/her hours for the particular week. As long as no provider works more than my recipient's weekly authorized hours, this will not cause a violation even if the other provider usually works overtime and I usually don't (so for this one week, I will have overtime).

*If I am asked to work more than my maximum weekly hours:*

- If I work for more than one recipient, my recipients cannot ask me to work more than my 66 maximum weekly hours. If a recipient wants me to work more hours and doing so would put me over 66 hours, he/she will have to get another IHSS provider to work those additional hours.
- If I work for only one recipient, my recipient can ask me to work more than my maximum weekly hours. In that case, I would have to make sure to balance out these additional hours by working fewer hours in another week of the month in order to avoid exceeding my recipient's monthly authorized hours.

*If I am asked to work more than my recipient's authorized weekly hours:*

- A recipient can authorize me to work more than his/her weekly authorized hours without asking the county for approval as long as the authorization does not cause me to work:
  - o More than 40 hours for him/her in a workweek when he/she is authorized 40 hours or less in a workweek; or
  - o More overtime hours in the month than I normally would, based on the total overtime I work for all of my recipients.
- If my recipient gets county approval, he/she can authorize me to work more than his/her weekly authorized hours even if it does not meet the above criteria. My recipient may ask for county approval either before or after I work the extra hours.

#### **Limit on Travel Time**

- Also beginning February 1, 2016, the maximum amount of time I will be allowed to travel during a workweek is seven hours. Travel time means the time I spend on the same workday traveling directly from one location where I provide authorized services for a recipient to another location where I provide authorized services for a different recipient.
- Travel time will not be counted as part of the maximum weekly hours I can work in a workweek.
- Travel time that occurs after I have worked more than 40 hours in a workweek will be paid at the overtime rate of time and a half.

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### Violations for Going Over Workweek & Travel Time Limits

- Beginning May 1, 2016, if I submit a timesheet reporting hours that go over the maximum weekly hours or travel time limits, I will get a violation.
- Each time I do any of the following, I will get a violation:
  - I work more than 40 hours in a workweek for a recipient without the recipient getting approval from the county (when the recipient is authorized to receive 40 hours or less per workweek); or
  - I work more hours than my recipient is authorized to receive in a workweek without getting approval by the county, and this causes me to work more overtime hours in the month than I normally would; or
  - I work for multiple recipients and I work more than 66 hours in a workweek; or
  - I claim more than seven hours travel time in a workweek.
- If I get more than one violation during a particular month, it will only count as one violation.

For each violation I receive, there will be a consequence:

First Violation	<ul style="list-style-type: none"> <li>• My recipient(s) and I will get a notice of the violation with appeal rights information.</li> </ul>
Second Violation	<ul style="list-style-type: none"> <li>• My recipient(s) and I will get a notice of the second violation with appeal rights information, and I will have the choice of completing a one-time training about the workweek and travel time limits. If I choose to complete this training, I will avoid getting a second violation. However, <u>if I choose not to complete the training</u> within 14 calendar days of the date of my notice, I <u>will</u> get a second violation.</li> </ul>
Third Violation	<ul style="list-style-type: none"> <li>• My recipient(s) and I will get a notice of the third violation with appeal rights information.</li> <li>• I will be <u>suspended</u> as a provider with the IHSS program for <u>three months</u>.</li> </ul>
Fourth Violation	<ul style="list-style-type: none"> <li>• My recipient(s) and I will get a notice of the fourth violation with appeal rights information.</li> <li>• I will be <u>terminated</u> as a provider with the IHSS program for <u>one year</u>.</li> </ul>

PROVIDER NUMBER _____
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- Once I have received a violation, the violation will remain on my record. However, after one year, if I do not receive another violation, the number of violations I have received will be reduced by one. As long as I do not receive any additional violations, each year after the last violation, my number of violations will be reduced by one.
  - If I receive a fourth violation and I am terminated as a provider for one year, when the year is up and I apply again to be an IHSS provider, my violations count will be reset to zero.
  - If I am terminated as an IHSS provider because I get multiple violations, I can reapply to be an IHSS provider when the one year termination ends and I will have to complete all of the provider enrollment requirements again, including the criminal background check, the provider orientation, and completing all required forms before I can be reinstated.
4. I understand that I am required to complete the Employment and Eligibility Verification form (Form I-9), which is kept on file by the recipient. That form states that I have the legal right to work in the United States.
  5. I understand that I have the option to submit an Employee's Withholding Allowance Certification (Form W-4) to request federal income tax withholding and/or California Employee's Withholding Allowance Certification (Form DE 4) to request state income tax withholding from my wages. I understand that if I do not submit Form W-4 and/or DE 4, federal and state income taxes will not be withheld from my wages.
  6. I understand that authorized IHSS services cannot be performed when the recipient is away from his/her home unless my recipient gets approval for such services from his/her social worker.
  7. I understand that, in the future, I will receive the IHSS Program Notification Of Recipient Authorized Hours and Services and Maximum Weekly Hours (SOC 2271), that names my recipient(s) and the services I am authorized to perform for each recipient to whom I provide services.
  8. I will cooperate with state or county staff to provide requested information related to the evaluation of a recipient's IHSS case.

PROVIDER NUMBER

**I UNDERSTAND THE IHSS PROGRAM RULES EXPLAINED AT THE PROVIDER ORIENTATION OR INFORMATION GIVEN TO ME BY THE COUNTY IHSS OFFICE. I ACCEPT THE RESPONSIBILITY TO FOLLOW THE INFORMATION PROVIDED BY THE COUNTY. I UNDERSTAND THAT MY FAILURE TO FOLLOW THE REQUIREMENTS PROVIDED TO ME MAY RESULT IN MY TERMINATION AS AN IHSS PROVIDER.**

\_\_\_\_\_  
IHSS PROVIDER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROVIDER NAME (FIRST MIDDLE LAST)







# **EARN EXTRA MONEY**

**THE BUTTE COUNTY PUBLIC AUTHORITY CAN  
REFER YOU TO CONSUMERS WHO ARE  
LOOKING FOR IHSS PROVIDERS.**

**Download an application, please visit our website at:  
[www.bcihsspa.org](http://www.bcihsspa.org)**

**OR**

**Call (530)538-5262**

**Please leave your name, mailing address and request  
to have an application mailed to you.**