



PROVIDER HANDBOOK

May 5, 2016



IHSS Accounting
78 Table Mountain Boulevard
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Oroville, CA 95965

IHSS Public Authority
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Table of Contents

Title	Page number
Contacts	2
IHSS Provider Rights and Responsibilities	3-4
Important Information for Providers	4
IHSS Consumer Rights and Responsibilities	5
Getting The Job Done Right	6
Starting a New Job	7
Handling Money	7
Duties and Responsibilities	8
Transportation	8
Universal Precautions	8-9
Confidentiality is Mandated by Law	10
Direct Deposit	10
Worker's Compensation	11
Consumer's Presence	11
Identifying Abuse/Neglect	11-12
Legal Issues to be Aware of	12
Overtime, Travel Time, Max weekly hours, How to prevent violations, Violations	14-18
IHSS Public Authority Registry	20
• What is Public Authority	21
• How the Public Authority Registry Works	21-22
• Registry Application Process for IHSS Providers	22-23
• Policy and Procedure on Background Checks	23-24
• Tips for Employment	24-25

CONTACTS

IHSS Accounting 78 Table Mountain Boulevard <ul style="list-style-type: none"> • PO Box 1649 Oroville, CA 95965	530-538-7538 select option 1 Questions regarding payroll and Worker's Compensation
IHSS Intake	530-538-7538 select option 2 855-398-8899 (Toll Free)
Public Authority <ul style="list-style-type: none"> • PO Box 851 Oroville, CA 95965 www.bcihsspa.org	530-538-5262 888-337-4477 (Toll Free)
Adult Protective Services Children's Services (To report suspected abuse/neglect)	800-664-9774 800-400-0902 800-268-8822
United Domestic Workers (UDW)	916-751-2450 530-894-2702

IHSS PROVIDER RIGHTS AND RESPONSIBILITIES

1. The provider has a right to understand the IHSS work assignment and receive fair and respectful treatment.
2. The provider has the responsibility to be dependable; to arrive on time and ready for work.
3. The provider has the responsibility to provide reliable, safe, high quality services as directed by the consumer and authorized by the social worker.
4. The provider has the responsibility to respect the consumer's dignity, privacy, property, religion and culture.
5. The provider has the responsibility to keep personal information about the consumer confidential.
6. The provider has the right to ask the IHSS social worker and/or the Public Authority for assistance concerning issues with the consumer that the provider cannot resolve.
7. The provider has the responsibility to keep track of hours worked and to submit an **accurate, clean** and **complete** time sheet twice monthly.
8. The provider has the legal responsibility to report suspected abuse/neglect of dependent elderly or disabled persons to Adult Protective Services 1-800-664-9774 or Child Protective Services at 1-800-268-8822 (Butte County).
9. The provider has the responsibility to inform the social worker of any changes in the consumer's condition.
10. The provider is responsible for giving two weeks notice if terminating employment.
11. The provider has the right to not return to work if the environment is dangerous and **must contact** IHSS immediately of such circumstances.
12. The provider and the consumer have the responsibility to let IHSS accounting and the social worker know immediately if the provider is injured on the job.

13. Providers who are referred to the consumer through the Public Authority Registry are responsible to call the Registry at least one time monthly to “check-in.” More often if changes occur (examples: work schedule is full, phone number change, address change, etc.)
14. Providers who are referred to consumers through the Public Authority Registry have the right to know why he/she is removed from the Registry.

IMPORTANT INFORMATION FOR PROVIDERS

If you become an In-Home Supportive Service (IHSS) provider and you receive services including but not limited to:

- **Cal WORKS, Food Stamps, General Assistance, Medi-Cal, CMSP**
- **Unemployment Insurance**
- **Social Security**
- **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.

IHSS CONSUMER RIGHTS AND RESPONSIBILITIES

1. The consumer is the employer of the provider for the purposes of screening, hiring, supervising, training, and if necessary, terminating the employment of the worker.
2. The consumer is responsible for letting IHSS accounting and the social worker know when a provider is hired.
3. The consumer is responsible for letting IHSS accounting and the social worker know when a provider's employment is terminated.
4. The consumer is responsible for choosing to do background checks on potential providers if the consumer wishes to do so.
5. The consumer is responsible for keeping records of hours worked.
6. The consumer is responsible for signing the provider's timesheet.
7. The consumer has the responsibility to be clear and reasonable about what is expected, to be consistent, fair, and patient, and to give praise as well as constructive criticism.
8. The consumer has the right to ask the IHSS social worker for a reassessment of hours if his/her condition changes.
9. The consumer has the right to appeal any decision by the IHSS program that he/she does not agree with.
10. The consumer is expected to abide by non-discrimination policies on the basis of race, religion, gender, age or disability.
11. The consumer has the right to ask the IHSS social worker for assistance concerning issues he/she may have with the provider that he/she cannot resolve on his/her own.
12. The consumer and the provider have the responsibility to let IHSS accounting and the social worker know immediately if the provider is injured on the job.

GETTING THE JOB DONE RIGHT

Providing In-Home Supportive Services is important work. IHSS allows consumers to remain safely at home and prevents premature admission to an institution. Your job as a home care provider will go more smoothly if you and the consumer know and respect each other's roles and responsibilities. The following suggestions will help establish a smooth working relationship with consumers and help prevent any problems that could develop.

1. **Be Dependable.** Arrive on time and be ready to work. Notify the consumer as soon as possible if you are going to be late.
2. **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.
3. **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.
4. **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.
5. **Maintain Confidentiality.** Do not share any private or personal information about a consumer. Do not use the consumer's name or address or share information about a consumer's personal situation, family, health or behavior.
6. **Report Changes.** Let the social worker know of any changes in the consumer's health, abilities, environment or service needs.
7. **Keep Records.** Maintain **accurate** and **clean** timesheets, work schedules and other required forms.
8. **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.
9. **Be Efficient.** Plan your work schedule to make the most of the time allowed.
10. **Be Helpful.** Assist the consumer to maintain and/or increase self-sufficiency.

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 emergency phone numbers for doctors, clinics, therapists, social workers, relatives or friends.
- ✓ 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.

Handling Money

Always protect yourself from any questions about money by following these steps:

- If asked to take money from the consumer's wallet or purse, insist that the consumer be present and witness you doing so.
- Ask the consumer to verify the amount of money you are taking and record the amount on a note or on the shopping list. Keep these notes and shopping lists as a record.
- Count the change and ask the consumer to initial the receipt when you give it back.
- **NEVER BORROW MONEY FROM THE CONSUMER, EVEN IF HE/SHE OFFERS.**
- **NEVER ASK THE CONSUMER TO FINANCIALLY CONTRIBUTE TO ANYTHING, JOIN ANYTHING, OR BUY ANYTHING.**

DUTIES AND RESPONSIBILITIES

Personal Care: Includes assisting the consumer with bathing, grooming, dressing, feeding, using bathroom facilities, bowel and bladder care, skin care, changing positions or walking and moving from place to place, as well as care and assistance with prosthesis.

Domestic Tasks: Includes cleaning floors; washing kitchen counters, stoves, refrigerators; cleaning bathrooms; storing food supplies; taking out garbage; dusting; picking up; bringing in fuel; changing and making the bed, and routine laundry.

Meal Preparation and Clean-Up.

Miscellaneous: Includes shopping and errands, transportation to medical appointments and protective supervision.

Tasks That Are Not Authorized: heavy cleaning (unless approved by social worker), mowing the lawn or gardening, pet care, cleaning or cooking for other family members, moving furniture - anything that is not on the list of authorized services.

***Please be aware that the person you are working for may not be authorized for all of the above services. Check the Notice of Action to be sure which services have been authorized.**

TRANSPORTATION

- It is your responsibility to furnish your own transportation to and from the consumer's home.
- If you do not have an appropriate level of insurance for your vehicle, do not transport the client in your car.
- Only transport a client when it is a clearly authorized service.

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, or 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 yourself and others by not preparing or handling food when you are ill or have open sores.
- ✓ Use a mild bleach solution (10 parts water to 1 part bleach) to clean up blood or other 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 the garment, follow the 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 fluid is possible.
- ✓ Notify those around you if you are ill or have a condition that might be contagious.

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 client's confidentiality: California W & I Code, Section 10850. Violating a consumer's confidentiality may be punishable by a fine and/or imprisonment.

Required Signed Forms

You are required to sign a form stating that you understand the 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.

Direct Deposit IHSS NOW HAS DIRECT DEPOSIT AVAILABLE!

Who is eligible for Direct Deposit?

All IHSS providers are eligible for Direct Deposit if they:

- Have a checking or savings account
- Are presently receiving paper checks twice a month and
- Have worked for the IHSS program for at least 90 days

In order to continue your Direct Deposit eligibility, **you must submit your timesheets for each consumer promptly following the end of the pay period.**

You may access the required forms at the CDSS website:

<http://www.cdss.ca.gov/agedblinddisabled/PG1719.htm>.

If you have questions you may call the Provider Direct Deposit Help Desk toll-free at (866) 376-7066.

If you need assistance accessing a form please call IHSS accounting/payroll (530) 538-7538 option 1.

All Direct Deposit enrollments will be handled in one central location in Sacramento. You must mail directly to the address on back of the enrollment form.

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

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 Worker's Compensation Guide. However, before you complete the form you will want to verify with your preferred physician that Worker's Compensation patients are accepted, as not all physicians accept this form of compensation. 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/payroll staff.
- ❖ Within 24 hours of reporting a work-related accident or injury to us, IHSS is required to provide you with an Employee Claim for Worker's Compensation Benefits (DWC-1).

CONSUMER'S PRESENCE

- ❖ You may not claim hours while the consumer is in the hospital, skilled nursing facility (SNF), residential care facility (RCF), or jail. When the consumer is admitted to any facility, even on a temporary basis, you need to call and report this to IHSS staff immediately.
- ❖ You may not be in the consumer's home unless the consumer is present.

IDENTIFYING ABUSE/NEGLECT OF ELDERS, DEPENDENT ADULTS and Children

Home Care Providers are mandated reporters. Mandated reporters are absolutely required by law to report any obvious or suspected cases of abuse.

Possible Indicators of Physical Abuse/Neglect:

Cuts, lacerations, bruises, welts, any injury incompatible with history, poor skin care or hygiene, absence of hair and/or hemorrhaging below scalp, dehydration, malnourishment, weight loss without an illness related cause, cigarette burns, rope marks, soiled clothing or bed, etc.

Possible Indicators of Financial Abuse:

Unusual or inappropriate activity in bank accounts; signatures on checks, etc. that do not resemble elder's or dependent adult's signature; power of attorney given, or recent changes of will, when elder is clearly incapable of making such decisions. Lack of amenities that elder can afford, unpaid bills, overdue rent when someone is supposed to be paying the bill. Missing personal belongings such as silverware or jewelry. Deliberate isolation of an elder from friends and family, etc.

Possible Indicators/Self Neglect:

Inability to manage finances; inability to manage activities of daily living – personal care, shopping, meal preparation, housework; suicidal acts; wanderings; refusing medical attention; isolation; lack of toilet facilities, utilities, or animal infested living quarters; dangerous conditions; changes in intellectual functioning, confusion, disorientation, or memory failure, etc.

Possible Neglect by Caregiver:

Safety hazards in environment, unattended rashes, sores, lice, malnutrition, dehydration, or walking off the job without notice and leaving the consumer without care.

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.

OVERTIME
TRAVEL TIME
MAXIMUM WEEKLY HOURS
HOW TO PREVENT VIOLATIONS
VIOLATIONS

OVERTIME

Providers will be paid at the OVERTIME RATE for all hours worked OVER 40 HOURS in a WORKWEEK.

Providers with multiple recipients may NOT EXCEED 66 HOURS in a WORKWEEK.

There is a LIMIT on how much overtime will be paid, if exceeded VIOLATIONS will be enforced.

TRAVEL TIME

Providers who work for MORE THAN ONE RECIPIENT at DIFFERENT LOCATIONS on the SAME WORKDAY may be eligible to receive travel time pay

Travel time MAY NOT exceed 7 HOURS of travel time per workweek.

Travel time paid WILL NOT be deducted from the recipients monthly authorized hours

MAXIMUM WEEKLY HOURS

Monthly Authorized Hours must be divided by 4 to determine Maximum Weekly Hours. (However, since most months are slightly longer than 4 weeks, you will need to work with your recipient to spread his/her hours throughout the month in order to make sure he/she has enough hours at the end of the month.)

To avoid violations you must NOT EXCEED your maximum weekly hours.

Sun	Mon	Tues	Wed	Thurs	Friday	Sat.
12:00 am						11:59 pm

The workweek begins at 12:00 am on Sunday and ends at 11:59 pm the following Saturday.

Understanding when the workweek begins and ends will help keep track of authorized hours worked and whether a provider is eligible for overtime.

In this example, the pay period began Monday, February 1st and ended Monday, February 15th

Service Period From:	2/1/2016	Service Period To:	2/15/2016
Timesheet Number:	4000851246	Legacy Timesheet Number:	
Received Date:	3/7/2016	Mode of Entry:	TPF
Large Font Timesheet:	No		

Time Entries [HH:MM]			
HH:MM	HH:MM	HH:MM	HH:MM
SUN : 00:00	SUN 7: 08:19	SUN 14: 08:19	SUN : 00:00
MON 1: 08:19	MON 8: 08:19	MON 15: 08:19	MON : 00:00
TUE 2: 08:19	TUE 9: 08:19	TUE : 00:00	TUE : 00:00
WED 3: 08:19	WED 10: 08:19	WED : 00:00	WED : 00:00
THU 4: 08:19	THU 11: 08:19	THU : 00:00	THU : 00:00
FRI 5: 08:19	FRI 12: 08:19	FRI : 00:00	FRI : 00:00
SAT 6: 08:19	SAT 13: 08:14	SAT : 00:00	SAT : 00:00

Weekly Total: 49 : 54	Weekly Total: 58 : 08	Weekly Total: 16 : 38	Weekly Total: 00 : 00
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Hours Claimed (HH:MM): 124:40	
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Case Hours Paid (HH:MM): 124:40	Case Hours Not Paid (HH:MM): 00:00
Hours Paid at Overtime Rate(HH:MM): 29:35	

Remember your workweek will always begin on Sunday and end on the following Saturday:

Sun	Mon	Tues	Wed	Thurs	Friday	Sat.
12:00 am						11:59 pm

To accurately calculate MAXIMUM WEEKLY HOURS worked, you must go back to the beginning of the workweek:

Service Period From: 1/16/2016	Service Period To: 1/31/2016
Timesheet Number: 1058250025	Legacy Timesheet Number:
Received Date: 2/22/2016	Mode of Entry: TPF
Large Font Timesheet: No	

Time Entries [HH:MM]			
HH:MM	HH:MM	HH:MM	HH:MM
SUN : 00:00	SUN 17: 01:30	SUN 24: 01:30	SUN 31: 01:33
MON : 00:00	MON 18: 01:30	MON 25: 01:30	MON : 00:00
TUE : 00:00	TUE 19: 01:30	TUE 26: 01:30	TUE : 00:00
WED : 00:00	WED 20: 01:30	WED 27: 01:30	WED : 00:00
THU : 00:00	THU 21: 01:30	THU 28: 01:30	THU : 00:00
FRI : 00:00	FRI 22: 01:03	FRI 29: 01:30	FRI : 00:00
SAT 16: 01:30	SAT 23: 01:30	SAT 30: 01:03	SAT : 00:00

Weekly Total: 01 : 30	Weekly Total: 10 : 03	Weekly Total: 10 : 03	Weekly Total: 01 : 33
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Hours Claimed (HH:MM): 23:09	
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Case Hours Paid (HH:MM): 23:09	Case Hours Not Paid (HH:MM): 00:00
Hours Paid at Overtime Rate(HH:MM): 00:00	

CLAIMED HOURS from previous time card:

Pay From: 02/01/2016	Pay To: 02/15/2016	Hours: 241:33																																																																																																																																	
<u>Workweek #1</u>	<u>Workweek #2</u>	<u>Workweek #3</u>	<u>Workweek #4</u>																																																																																																																																
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Claimed hours are ONLY to be subtracted from the MAXIMUM WEEKLY HOURS.

- **Note:** The “Claimed” hours area may not be accurate. It depends on how many recipients you work for and when the time claimed was paid. It is very important that you work with your recipient(s) and keep concise and accurate calendars.

They ARE NOT to be subtracted from the monthly authorized hours

Typically you will only see this in WORKWEEK #1

HOW TO PREVENT VIOLATIONS

It is important for recipients and providers to follow all IHSS program and timesheet limitations so providers do not work and claim excess hours. If providers fail to comply with the limitations, they will get a violation.

The following actions will result in a violation:

1. Working more than 40 hours in a workweek for a recipient without the recipient getting approval from the county when the recipient is authorized 40 hours or less in a workweek;
2. Working more hours for a recipient than the recipient is authorized in a workweek without getting approval from the county and this causes the provider to work more overtime hours in the month than they normally would;
3. Working more than 66 hours in a workweek when the provider works for more than one recipient;
4. Claiming more than 7 hours of travel time in a workweek.

If a provider has violated the weekly hourly overtime and/or travel time limitations, the county will send the provider a violation notice.

A notice will also be sent to all of the recipients that the provider works for, informing them of the violation. These notices will include details of the reason for the violation.

The provider has **10 days** from the date of the violation notice to request a county review of the violation. Once the county receives the request for review, the county has **10 days** to review and investigate the violation. The provider will receive a notice stating the outcome of the review.

The third and fourth violation notice will explain how the provider may request a review by the California Department of Social Services Adult Programs Division's Appeals Unit. The provider must request the review within **10 days** of the date of the county notice.

VIOLATIONS

FIRST: Violation notice

SECOND: Optional training offered, must be completed within 14 calendar days of notice.

If training is not completed, second violation will be in effect

THIRD: Provider will be suspended for 3 months

FOURTH: Provider will be terminated for 1 year

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IHSS PUBLIC AUTHORITY REGISTRY

What is the Public Authority?

The Public Authority is the employer of record for IHSS providers. The Public Authority is mandated by the State of California and is separate from the county. The Public Authority was created specifically as a program improvement for consumers and providers.

What is the Public Authority's role within IHSS?

The significant role the Public Authority fulfills for IHSS is to offer services that assist consumers with greater access to providers. This has been accomplished by creating a provider registry. A provider registry is a computerized data base listing qualified and screened home care providers. These services offered by the Public Authority provide consumers with a greater level of confidence when hiring providers. Aside from establishing a registry, the Public Authority is also responsible for: 1) investigating the qualifications and background of potential providers, 2) establishing a referral system to connect providers with consumers, 3) providing training for providers.

Public Authority Mission Statement

The mission of the Public Authority is to enhance the quality and accessibility of IHSS by giving consumers and providers a voice in IHSS and the Public Authority and by providing services that support positive and productive relationships.

HOW THE PUBLIC AUTHORITY REGISTRY WORKS

The Butte County In-Home Supportive Services (IHSS) Public Authority runs the Registry. The Public Authority provides referral lists of screened home care providers to IHSS consumers who need to hire someone to provide them with personal care and household assistance.

Potential providers complete an application; provide references; sign permission for the Public Authority Registry to conduct a criminal background check; and attend an interview/orientation meeting.

Consumers request the names of providers who meet the consumer's specific service needs and preferences.

A computer program searches a registry of approved providers and creates a list to match the consumer's specific needs. Public Authority Registry staff sends a referral list to the consumer upon their request. The consumer contacts, interviews and hires the provider who best meet his/her needs. The Public Authority Registry does not hire providers. The Public Authority Registry is a referral service.

When you are accepted onto the Public Authority Registry, your name may be referred to consumers seeking an IHSS provider – if your skills, ability and knowledge match the consumer's needs.

Once you are listed on the Registry you must call the Public Authority once a month to let the PA staff know that you are still available for work. You must call more often to notify the Public Authority of any change of address, phone numbers, etc. If you do not contact the Public Authority Registry staff once a month, your file will be put on inactive status and your name will not be referred to consumers. A provider who is placed on inactive status for more than one year will be removed from the Registry.

Your name will be removed from the Public Authority Registry only for just cause. That means any actions that indicate you are not appropriate to be referred as caregiver. If you are removed from the Registry, you will receive written notification. An appeal procedure is in place to hear reasons from a worker about why removal from the Registry is inappropriate. Removal from the Registry does not preclude a consumer from hiring you as their provider.

REGISTRY APPLICATION PROCESS FOR IHSS PROVIDERS

Six steps to become listed on the IHSS Registry

1. Fill out an application form from the Public Authority. An application can be obtained by calling the Public Authority at 530-538- 5262 or 888-337-4477, or by visiting the Public Authority website at www.bcihsspa.org.
2. Show proof that you are legally available to work in the United States (Green Card or Work Permit from the Immigration Department), current and accurate picture identification and Social Security card. The names on the picture ID and Social Security card must match.
3. Participate in a face-to-face interview/orientation with Registry staff. Interview/orientation will include explanation of registry processes, policies and procedures, and expectations. Complete and sign all required forms.

4. Provide documentation/certificates for any training (e.g., First Aid, CPR, CNA, or any other training.)
5. In cases where a provider applicant indicates a willingness to provide transportation services, he or she must provide proof of a valid California driver's license, current automobile insurance and car registration.
6. Pass State mandated DOJ Live Scan.

The Public Authority accepts no liability related to a provider driving a consumer; and the provider applicant should consult with his/her insurance carrier before transporting a consumer.

Final Steps

Upon satisfactory completion of the application process, Registry staff will enter the provider into the Registry database. Once the applicant is placed on the Public Authority Registry, he/she will be referred to potential consumers.

POLICY AND PROCEDURE ON BACKGROUND CHECKS

General Policy:

- All registry applicants will be required to give written permission for the Public Authority to conduct a criminal background check.
- All registry applicants will be required to disclose information on previous criminal convictions.
- Staff will explain the Public Authority criminal background policy and procedure to all registry applicants; and all registry applicants will be given a copy of the Public Authority criminal background policy and procedure.
- A criminal background check will be conducted on each registry applicant prior to placing him/her on the Public Authority Registry.

Criminal Background Policy:

The following will not be eligible for inclusion on the Public Authority registry:

1. Providers who have failed to disclose any previous criminal conviction(s) on their Registry application within the last 10 years.
2. Providers who have been convicted of any offenses where inclusion or continued participation in the Registry would, in the judgment of Public Authority, subject an IHSS consumer to risk of harm, or otherwise undermine the functioning of the Registry.

Appeals Process for Being Excluded from Registry Based on Criminal Convictions

1. An applicant may appeal the Public Authority's determination to exclude the provider from the Registry list, only if one of the following applies:
 - a. The Public Authority has determined (relative to item 2 above) that the applicant was convicted of an offense that would, in the judgment of the Public Authority, subject a consumer to risk of harm or otherwise undermine the functioning of the Registry.
 - b. The applicant is not the defendant shown on the record of conviction.
2. A written appeal shall be filed with the Public Authority Supervisor within 10 days of the mailing of the notice of determination. The appeal shall include a statement of the basis for the appeal, and whether an oral or written appeal is requested. The Public Authority has the sole discretion to determine whether the issue raised in the written appeal is a proper subject for appeal, as provided in subsection (1) above.
3. The Public Authority Supervisor shall hear the appeal and review all documentary evidence and testimony provided by the applicant or the applicant's representative. Immediately upon the conclusion of the appeals hearing, the Public Authority Supervisor shall provide a written decision, which shall be final.

Tips for Employment

Telephone interview: By the end of the phone interview you should have answers to these basic questions:

- What days and times would you be expected to work?
- What are the total hours you would be expected to work?
- What tasks would you be expected to perform?
- Is this a temporary or permanent job?
- Is lifting required, what kind, how much, how heavy?
- Are there any special care needs equipment, special diet, or cooking?
- Is driving expected?

Making a good impression during the telephone interview will more likely lead to a face-to-face interview. Keep in mind that making a good impression starts with your answering machine and timeliness in returning calls.

Face-to-face interview: The most important step in finding a consumer and employment!

- Prepare for the interview. Make sure you know the location and time of the interview. Be sure to give yourself ample time for travel.
- Dress appropriately. Your appearance is going to be the most important factor in your potential employer's first impression of you.
- Bring any pertinent documentation you have, such as CPR or first aid certificates.
- Encourage the consumer to ask questions of you. And answer all questions truthfully and accurately.
- Be sure to ask clarifying questions of the consumer as well. Find out what they expect you to do and when they would need you to work.
- Be sure to thank the consumer for the interview opportunity.

Conclusion

We hope the information given in this handbook will prove useful in your career as an IHSS provider in Butte County. And though it contains answers to most of the questions that will arise, there will always be questions that may come up that are not covered within its pages. Please feel free to make use of the phone numbers listed at the beginning of this handbook to ask those questions and get the answers you need! And last but certainly not least, thank you for the services you, as providers, give to those who need them most!

