A

PROVIDER OVERTIME

Providers are allowed to work up to 66 hours/week, or 61 hours/week with 7% reduction.

Providers will get paid for travel between recipients in a workday, not to exceed 7 hours a week. These 7 hours are in addition to the workweek limit of 66 hours (less any reduction).

Recipient will receive a notice to inform them of their total weekly authorized hours. A recipient may adjust their weekly hours and have their provider work in excess of the authorized hours without approval, if the provider does not work over 40 hours/wk.

Recipient Flexibility

Single Provider-Single Recipient:

- Provider works over 40 hours in workweek and normally works 40 hours or less, needs county approval.
- Provider cannot work over 66 hours(less deduction) in workweek.

Multiple Providers-Single Recipient:

- Provider works over 40 hours in workweek and normally works 40 hours or less, needs county approval.
- Provider cannot work over 66 hours(less deduction) in workweek.

Single Provider-Multiple Recipients:

- Provider works over 40 hours in workweek for any one recipient and provider normally works 40 hours or less for that recipient, needs county approval.
- Recipient cannot flex provider hours if it would result in provider working more than 66 hours (less any reduction) in total for all recipients.

Multiple Providers-Multiple Recipients:

- Provider works over 40 hours in workweek for any one recipient and provider normally works 40 hours or less for that recipient, needs county approval.
- Recipient cannot flex provider hours if it would result in provider working more than 66 hours (less any reduction) in total for all recipients.

Acceptable exception requests:

- The recipient has more medical appointments in a particular week and needs an adjustment to his/her weekly hours.
- An unforeseen situation (illness, wheelchair malfunction) occurs which requires the provider to provide additional services to the recipient during a particular week.

Unacceptable exception requests:

- The provider wants to work additional hours during a given week in order to take time off for personal business or vacation the following week.
- The recipient requests a special service (meal or errand) that would take more time than is allotted for that task during a given day. The task not a medical necessity and will have not impact on the health and/or safety of the recipient.

Approval Process:

- An IHSS recipient (or authorized representative) seeking an overtime exception must contact the county IHSS office via telephone.
- The exception request must occur either prior to or immediately after the event which caused the need for the request.
- County IHSS staff must document the request in CMIPSII and an automatic response letter will be generated.
- When a timesheet is received by the Timesheet Processing Facility and a discrepancy in hours worked is identified, the county will be notified of possible violation. The county has 5 business days to contact the recipient regarding the discrepancy.

Recipient forms required:

- IHSS Program Overtime and Workweek Requirements Recipient Declaration.
- IHSS Program Recipient Designation of Provider (SOC 426A)
- For recipients with multiple providers – IHSS Recipient Request for Assignment of Authorized Hours to Providers (SOC 838).

Provider forms required:

- IHSS Provider Enrollment Agreement (SOC 846)
- For providers working for multiple recipients – IHSS Program Provider Workweek and Travel Time Agreement (SOC 2255)

Violations

- The workweek and travel time limits will not be enforced until April 1, 2015.
- If multiple violations occur within a single pay period, only one violation will be assessed against that provider.
- First violation: Written warning.
- Second violation: Second written warning and mandatory training. Failure to attend the training within 14 calendar days of the date of violations notice will result in a third violation.
- Third violation: Six month suspension.
- Fourth violation: One year ineligibility from the IHSS program. After this period, the provider must re-enroll in the IHSS program to provider IHSS services again.
- Violation notices will be sent to the provider and to the recipient the provider serves. If the provider serves multiple recipients, each of those recipients will receive notification of the violation.

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
OVERTIME AND WORKWEEK REQUIREMENTS
RECIPIENT DECLARATION

The purpose of this document is to notify me as an IHSS recipient of the new State regulations and policies concerning overtime and workweek requirements as stated in Welfare and Institutions Code section 12300.4. I understand that I must read and acknowledge that I understand these new requirements and agree to comply with all State requirements regarding overtime and workweek issues.

I UNDERSTAND AND AGREE THAT:

- Welfare and Institutions Code section 12300.4 requires IHSS providers to work no more than 66 hours (less any required reduction) providing authorized services in one workweek. Any direct travel my provider may incur is not included in my weekly authorized hours. The workweek starts at 12:00 am on Sunday and ends at 11:59 pm on the following Saturday.
- I will receive a notice which will inform me of my total weekly authorized hours.
- I will not authorize my provider to do any of the following, otherwise he or she will receive a violation:
    - Work more than 40 hours in a workweek for me without getting an exception approved by the county (when he/she would not normally work for me more than 40 hours in a workweek);
    - Work more than a total of 66 (less any required reduction) in a workweek;
    - Work more overtime hours than my provider normally works in a workweek, without him/her working less hours in the following weeks of the month.
- I will be notified of each violation my provider(s) receive. After three violations, my provider will receive a six (6) month suspension from providing IHSS services. After four violations, my provider will be terminated from providing IHSS services for a period of one (1) year.
- I will not allow my provider to take meal or rest periods (breaks) unless it is a meal period of at least 30 minutes where my provider is completely relieved of providing authorized services while I am employing him/her to provide authorized services.

- I will notify the county if I change my provider or if I hire a new provider, as soon as I am aware of, and no later than 10 calendar days after, the change.

RECIPIENT ACKNOWLEDGMENT

I, as the recipient/employer, acknowledge that I understand and agree to comply with all of the requirements of this agreement.

RECIPIENT'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE:	DATE:
PRINTED NAME:	

FOR COUNTY USE ONLY

WORKER NAME:	DATE:

IN-HOME SUPPORTIVE SERVICES PROGRAM RECIPIENT ASSIGNMENT OF AUTHORIZED HOURS TO PROVIDERS

IHSS RECIPIENT CASE NUMBER

RECIPIENT NAME (FIRST, MIDDLE, LAST)

This form is required in order to establish a workweek agreement between myself and my provider(s). This request will remain in effect until I submit a new request form to the county IHSS program.

My total authorized hours are [ ] per week and [ ] per month.

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 **identification number** of each of your providers.
3. In Column C below, enter the hours you wish to assign **per week** to each of your providers.
4. The TOTAL authorized hours per week for all of your providers (Column C) must add up to your total weekly authorized service hours.

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

RECIPIENT ACKNOWLEGMENT:

- I understand that by completing and submitting this form to the county In-Home Supportive Services (IHSS) program, I am requesting the IHSS program to assign the indicated number of my authorized hours to the named provider(s).

- I understand the total maximum hours reported by a single provider who works for the IHSS program will not be more than 66 hours (less any required reduction) in one workweek or more than my total authorized weekly hours.

I REQUEST that my provider(s)' assigned hours will NOT be able to be adjusted in any manner and that my provider(s)' timesheets NOT be processed for more than the hours I have assigned to him/her on this form.

☐ Yes ☐ No

RECIPIENT SIGNATURE		DATE
AUTHORIZED REPRESENTATIVE (IF RECIPIENT CANNOT SIGN ON THEIR OWN BEHALF)	RELATIONSHIP TO RECIPIENT	TELEPHONE NUMBER
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE

DRAFT

PROVIDER ACKNOWLEGMENT:

- I understand that by signing this form I agree to work the number of authorized hours assigned to me on this form.
- I understand that I must abide by the program requirements as stated on the Provider Enrollment Agreement form (SOC 846).

1. PROVIDER SIGNATURE	DATE
PROVIDER #1 PRINTED NAME	TELEPHONE NUMBER
2. PROVIDER SIGNATURE	DATE
PROVIDER #2 PRINTED NAME	TELEPHONE NUMBER
3. PROVIDER SIGNATURE	DATE
PROVIDER #3 PRINTED NAME	TELEPHONE NUMBER
4. PROVIDER SIGNATURE	DATE
PROVIDER #4 PRINTED NAME	TELEPHONE NUMBER
5. PROVIDER SIGNATURE	DATE
PROVIDER #5 PRINTED NAME	TELEPHONE NUMBER

FOR COUNTY USE ONLY

SOCIAL WORKER NAME (FIRST MIDDLE LAST)	SOCIAL WORKER IDENTIFICATION NUMBER

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
RECIPIENT DESIGNATION OF PROVIDER
(For Use by Recipients with his/her Provider)

RECIPIENT INSTRUCTIONS:

- Use black or blue ink. Print information clearly.
- You (or your authorized representative) must complete PART A of this form to let the county know who you have chosen to provide your authorized services.
- If you have multiple providers, you must fill out a separate form for each provider who will be providing authorized services for you.
- You must sign the acknowledgement in PART C of this form.
- You must let the county know if any information about your provider changes, as soon as you are aware of, and no later than 10 calendar days after, the change. If you need help finding additional providers, the county can assist you.
- Please return this completed and signed form to the county. The county will keep the original form and give you a copy.

PART A. RECIPIENT DESIGNATION OF PROVIDER

1. Recipient's Name:	
2. County IHSS Case #:	
3. Provider's Name:	
4. Provider's Address:	
City, State, ZIP Code:	
5. Provider's Telephone Number:	
6. Provider's Date of Birth	
7. Provider's Social Security #*:	
8. Provider's Gender (check box):	☐ Male ☐ Female
9. Provider's Relationship to Recipient (if any):	☐ Parent ☐ Child ☐ Spouse/Domestic Partner ☐ Conservator ☐ Guardian ☐ Other _____
10. Provider's Start Date:	

*NOTE: The collection of the Social Security Number is required by the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a), for the purposes of verifying the individual's identity and authorization to work in the United States.

PART B. RECIPIENT AGREEMENT

- I DECLARE that the above-named person is my choice to provide IHSS for me as authorized by the county.

I UNDERSTAND AND AGREE THAT:

- The above-named person cannot be paid federal and/or state funds for any authorized services provided to me until he/she has completed the entire provider enrollment process, which includes completing, signing, and returning (in person) the Provider Enrollment Form (SOC 426), submitting fingerprints and being cleared of disqualifying crimes through a criminal background check, completing a provider orientation, and signing and returning the Provider Enrollment Agreement (SOC 846).

- I will be informed by the county if the above-named person I have chosen to be my provider does not complete the provider enrollment process or if he/she is determined ineligible to be an IHSS provider.

- If I choose to receive services from the above-named person before he/she is enrolled as an IHSS provider, and I receive notification that he or she is determined to be ineligible to provide IHSS, I will be responsible for paying him/her with my own money for the services that were performed prior to the determination of ineligibility and for any services that are performed after receiving the notification.

- If I am informed that the above-named person has been convicted of an exclusionary felony which allows me to submit a provider waiver for that individual to work for me as an IHSS provider, that individual cannot sign the waiver document as my authorized representative.

- Neither the county nor the State is liable for any claims and/or losses caused by the above-named person I choose to hire as my IHSS provider. I agree to hold harmless the State and county, their officers, agents, and employees, and take responsibility for any and all claims and/or losses to any person caused by the named person I choose to hire as my IHSS provider.

- The county can provide information about my authorized services and service hours to the provider named on this form. The provider will be informed on the SOC 858 IHSS Provider Notification.

- Welfare and Institutions Code section 12300.4 requires IHSS providers to work no more than 66 hours (less any required reduction) providing authorized services in one workweek. Any direct travel my provider may incur is not included in my weekly authorized hours. The workweek starts at 12:00 am on Sunday and ends at 11:59 pm on the following Saturday.

- I will receive a notice which will inform me of my total weekly authorized hours.

- I will not authorize my provider to do any of the following, otherwise he or she will receive a violation:

    - Work more than 40 hours in a workweek for me without getting an exception approved by the county (when he/she would not normally work for me more than 40 hours in a workweek);
    - Work more than a total of 66 (less any required reduction) in a workweek;
    - Work more overtime hours than my provider normally works in a workweek, without him/her working less hours in the following weeks of the month.

- I will be notified of each violation any of my providers receive. After three violations, my provider will receive a six (6) month suspension from providing IHSS services. After four violations, my provider will be terminated from providing IHSS services for a period of one (1) year.

- I will not allow my provider to take meal or rest periods (breaks) unless it is a meal period of at least 30 minutes where my provider is completely relieved of providing authorized services while I am employing him/her to provide authorized services.

- I will notify the county if I change my provider or if I hire a new provider, as soon as I am aware of, and no later than 10 calendar days after, the change.

You must acknowledge that you understand and agree to all of the statements listed above by signing the acknowledgment in PART C of this form.

PART C. RECIPIENT ACKNOWLEDGMENT

I, as the recipient/employer, acknowledge that I understand and agree to comply with all of the requirements of this agreement.

RECIPIENT'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE:	DATE:
PRINTED NAME:	

FOR COUNTY USE ONLY

WORKER NAME:	DATE:

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) does not allow providers in the IHSS and Waiver Personal Care Services (WPCS) programs to work more than 66 hours (less any required reduction) in one workweek providing authorized services to one or multiple recipients. This maximum weekly workweek excludes travel time described below in Part B. The workweek starts on Sunday at 12:00 a.m. and ends at 11:59 p.m. on the following Saturday. You will be notified of each of your recipient's total weekly authorized hours.
- It is your responsibility as a provider to ensure that the total combined hours you work in a workweek providing authorized services for all the recipients to whom you provide authorized services do not total more than 66 hours (less any required reduction) in one workweek.
- It is your responsibility as a provider to ensure that the hours you work providing authorized IHSS to any one recipient do not exceed that recipient's weekly authorized hours. A recipient may adjust his or her weekly authorized hours but they must get approval from the county if the adjustment will result in you working over 40 hours in any workweek for that recipient (when, based on your workweek agreement, you would not normally work more than 40 hours in a workweek). If an adjustment occurs, it is your responsibility to make sure that the total hours you work for all of your recipients in one workweek are not more than 66 hours (less any required reduction).
- If you submit a timesheet in which you violate the workweek schedule in any of the following ways, you will receive a violation:
  - Work more than 40 hours in a workweek without county approval if you would normally work 40 hours or less in a workweek);
  - Work more than 66 hours (less any required reduction) in a workweek;
  - Claim more than seven hours of travel time (see Part B of this agreement).

- If you violate the workweek schedule in any of the ways described above, you will receive the following:
  - 1st Violation = You will receive a written warning notice;
  - 2nd Violation = You will receive a second written warning notice, and you will be required to complete training about the workweek and travel time limits. If you do not complete the training within 14 calendar days of the date of the violation notice, you will automatically receive your third violation;
  - 3rd Violation = You will receive a six (6) month suspension from providing IHSS services;
  - 4th Violation = You will be terminated from providing IHSS services for a period of one (1) year. At that time, if you wish to return, you must re-enroll in the IHSS program in order to provide services.

INSTRUCTIONS: You must complete the chart below to help you plan your workweek schedule that includes services provided to all recipients and to ensure that the total weekly hours that you work are not more than 66 hours (less any statutory deduction) in one workweek. You will be notified of each of your recipient's total weekly authorized hours.

1. In Column A below, enter the names of all recipients you provide authorized services for.
2. In Column B below, enter the addresses of all recipients you provide authorized services for.
3. In Column C below, enter the total number of hours you work or plan to work providing authorized services for each recipient on each day of the week.
4. In Column D below, enter the total number of hours you work or plan to work providing authorized services for each recipient each week.
5. At the bottom of Column D below, enter the total number of hours you work or plan to work providing authorized services for all recipients each week.

A	B			C							D
Recipient's Name	Recipient's Address			Total Number of Hours I Work or Plan to Work							Total Hours
	Street Address	City	ZIP Code	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	
TOTAL HOURS I WORK OR PLAN TO WORK PROVIDING AUTHORIZED SERVICES FOR ALL RECIPIENTS:											

PART B. TRAVEL TIME

PROVIDER REQUIREMENTS:

- In certain circumstances, you can get paid for travel time, not to exceed 7 hours per workweek. These 7 hours are in addition to the above workweek limit of 66 hours (less any required reduction). Travel time means the time you spend on the same workday traveling directly from one location where you provide authorized services for a recipient to another location where you provide authorized services for a different recipient.
- Traveling directly means going from one location to the next location without stopping. If you make only a brief stop on your way to the second location, such as to fill your gas tank at a service station, you are still considered to be traveling directly. However, if you stop to conduct personal business or if you return to your own home, you can only be paid for the time that it would have taken to travel between the two locations where services are provided without the personal stops.
- If your total estimated travel time will be more than 7 hours, you will be required to adjust your work schedule so that your travel time is less than 7 hours.

Do you plan to travel from a location where you provide authorized services to one recipient to another location where you provide authorized services to a different recipient <u>on the same day</u>?

☐ YES ☐ NO

If you answer NO, you do not need to complete PART B, go directly to PART C.

INSTRUCTIONS: You must complete this section to help you plan the travel time that you can be paid for so that your total weekly travel time is not more than 7 hours. Because you are traveling, it may be necessary for you to provide documentation of time and mileage.

1. In Column A below, enter the name(s) of the recipient(s) you will be traveling from.
2. In Column B below, enter the name(s) of the recipient(s) you will be traveling to.
3. In Column C below, enter how far (in miles) it takes to travel directly from one recipient's location to the next recipient's location.
4. In Column D below, enter how long (in minutes) you estimate it takes to travel directly from one recipient's location to the next recipient's location.
5. In Column E below, enter how many days each workweek you plan to travel from one recipient's location to another recipient's location on the same day.
6. In Column F, multiply the amount of time you estimate it takes to travel directly from one recipient's location to the next recipient's location (Column D) by the number of days you will travel between recipients' locations each workweek (Column E).

7. At the bottom of Column F, enter the total of all of the time listed on the lines in Column F.

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				
			TOTAL ESTIMATED TRAVEL TIME EACH WORKWEEK:		

How will you travel between recipients' locations?

☐ CAR* ☐ PUBLIC TRANSIT ☐ OTHER Specify: _____

** If you will be driving yourself to travel between recipients, you must have a valid California driver's license and proof of insurance, and your vehicle must have current registration. If you do not have a valid California driver's license, proof of insurance, or current vehicle registration, you are not legally permitted to drive your vehicle for the purpose of providing IHSS. You must choose an alternate form of transportation. If you have chosen to drive yourself and there is a change to the status of your legal right to drive your vehicle, you must inform the county and select another form of transportation. If you fail to inform the county of this change in status, you will be considered in violation of IHSS program requirements and may be terminated.*

PART C. PROVIDER AGREEMENT

I declare that I have read and understood the requirements as stated in this document and I agree to comply with those requirements. I further declare that all of the information I have provided on this form is true and correct to the best of my knowledge. I agree to notify the county within 10 calendar days if any of the information I have provided in this Provider Workweek and Travel time Agreement changed, and depending on what information has changed, I may be required to and I will complete a new SOC XXXX.

PROVIDER SIGNATURE: DATE:

PROVIDER'S PRINTED NAME:

FOR COUNTY USE ONLY

WORKER NAME: DATE: ESTIMATED TRAVEL TIME REVIEWED:

NOTES:

IN-HOME SUPPORTIVE SERVICES (IHSS) PROVIDER ENROLLMENT AGREEMENT

I, _____, UNDERSTAND I AM REQUIRED TO ATTEND THE IHSS PROVIDER ORIENTATION TO BE ELIGIBLE TO PROVIDE IHSS.

1. During the required orientation for IHSS providers:
   - I was given the requirements to be an eligible IHSS provider and a description of 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 Internet Web site, http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx for reporting suspected fraud or abuse in the IHSS program.

2. I received a demonstration of, and understand, how to complete my timesheet.
   - I understand the timesheet should indicate the time needed to perform those authorized services.
   - I understand that my signature on my timesheet verifies that the information I reported on it is true and correct.
   - I understand that, if I am convicted of fraudulently reporting information on my timesheet, in addition to any criminal penalties, I may be required to pay civil penalties of at least $500, and not more than $1,000, for each violation of fraud.

3. State law (Welfare and Institutions Code section 12300.4) does not allow providers in the IHSS and Waiver Personal Care Services (WPCS) programs to work more than 66 hours (less any required reduction) in one workweek. The workweek starts on 12:00 a.m. on Sunday and ends at 11:59 p.m. on the following Saturday. I will be notified of each of my recipient's total weekly authorized hours.
   - I understand as a provider it is my responsibility to ensure that the total combined hours I work in a workweek providing authorized services for all recipients do not total more than 66 hours (less any required reduction) in one workweek.

- I understand as a provider it is my responsibility to ensure that the hours I work providing authorized IHSS to any one recipient do not exceed that recipient's weekly authorized hours.
- I understand that a recipient may adjust his or her weekly authorized hours; however, they must get approval from the county if the adjustment will result in me working over 40 hours in any workweek for that recipient (when, based on the workweek agreement, I would not normally work more than 40 hours in a workweek). If an adjustment occurs, it is my responsibility to make sure that the total hours I work for all my recipients in one workweek are not more than 66 hours (less any required reduction).

- I understand, if I violate the workweek schedule by working more than my recipient's weekly authorized hours without county approval or I work more than 66 hours (less any required reduction) in one workweek, I will receive the following:

    - 1st Violation = I will receive a written warning notice;
    - 2nd Violation = I will receive a second written warning notice, and will have to complete training about the workweek and travel time limits. If I do not complete the training within 14 calendar days of the date of the violation notice, I will automatically receive my third violation;
    - 3rd Violation = I will receive a six (6) month suspension from providing IHSS services;
    - 4th Violation = I will be terminated from providing IHSS services for a period of one (1) year. At that time, if I decide to return to work as a provider, I must re-enroll in the IHSS program in order to provide services.

4. I understand that in certain circumstances, I can get paid for travel time, not to exceed 7 hours per workweek. These 7 hours are in addition to the above workweek limit of 66 hours (less any required reduction). I understand that if my total estimated travel time will be more than 7 hours, I will be required to adjust my work schedule so that my travel time is less than 7 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;
- going from one location to the next location without stopping. If there is only a brief stop on the way to the second location, such as to fill the gas tank at a service station, it is still considered to be traveling directly.

However, if I stop to conduct personal business or return to my own home, I can only be paid for the time that it would have taken to travel between the two locations where services are provided without the personal stops.

5. I understand that I am required to complete Form I-9, a form kept on file by the recipient, which states that I have the legal right to work in the United States.

6. I understand I have the option to submit Form W-4 to request federal income tax withholding and/or 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, no Federal or State taxes will be withheld from my wages.

7. I understand services cannot be performed when the recipient is away from his/her home (for example, when the recipient is in the hospital or away on vacation). I will contact the recipient's social worker for approval of any services that may be performed when the recipient is away from the home.

8. I understand that, in the future, I will receive an information sheet that names the recipient and the services I am authorized to perform for that recipient.

9. I will cooperate with state or county staff to provide requested information related to the evaluation of a recipient's IHSS case.

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

IHSS Provider's Signature Date

-*- Demonstration Powered by HP Exstream 07/30/2014, Version 7.0.624 32-bit -*-

IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER TIMESHEET

San Bernardino Department of Human Services
17270 Bear Valley RD, STE 108
Victorville CA 92395

JOHN SMITH
1848 W VIRGINIA ST
SAN BERNRDNO CA 92411-1658

Record your daily hours and minutes like these samples.

Did not work	
6 hours 30 minutes	6 30
4 hours 45 minutes	4 45
10 hours	10
Total	21 15

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday, 12:00 AM to Saturday, 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. You and your Recipient must sign and date the back of your timesheet.
8. Do not fold your timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

Cut along dotted line

Provider #:	002343227	**Provider Name:**	SMITH, JOHN
Case #:	36 99 2243569	**Recipient Name:**	BUSH, WILLIAM
Type:	TATT01	**Timesheet No:**	2245674300
From:	01/16/2014	**To:**	01/31/2014

Workweek #1	***Workweek #2***	***Workweek #3***	***Workweek #4***
***Claimed* : 01:00**	***Claimed* : 02:00**	***Claimed* : 03:00**	***Claimed* : 04:00**

S	0 0	0 0		S 19				S 26				S	0 0	0 0	
M	0 0	0 0		M 20				M 27				M	0 0	0 0	
T	0 0	0 0		T 21				T 28				T	0 0	0 0	
W	0 0	0 0		W 22				W 29				W	0 0	0 0	
T 16				T 23				T 30				T	0 0	0 0	
F 17				F 24				F 31				F	0 0	0 0	
S 18				S 25				S	0 0	0 0		S	0 0	0 0	
Total		***Total***		***Total***		***Total***									

Turn over and sign. →

-*- Demonstration Powered by HP Exstream 07/30/2014, Version 7.0.624 32-bit -*-

Instrucciones importantes

1. La persona con la que trabajo es para un destinatario IHSS y el destinatario es su empleador.
2. Usted está contemplado como un proveedor y el trabajador son del destinatario
3. Este es sólo de tiempo para un período de pago e incluye aquellos días que usted puede tener trabajó para un beneficiario de IHSS
4. Su empleador puede tener otros proveedores que trabajan para él / ella.
5. Es su responsabilidad del empleador que le diga cuántas horas puede trabajar durante un período de pago y qué días son para trabajar.
6. Asegúrese de que usted y su empleador han firmado y fechado
7. Al final de cada período, con prontitud y cortar el tiempo de regresar a continuación a la instalación de procesamiento central de tiempo. No envíe su timesheet hasta el final del período, a menos que su empleo es terminado
8. Mail de tiempo en el retorno sobre lo que se incluye con el de tiempo

Cómo llenar de tiempo

1. Introduzca las horas trabajadas y las actas en las casillas situadas junto a la fecha en la que trabajó
2. Sólo el uso de lápiz azul o negro
3. No escriba en el timesheet, excepto en horas,minutos, firma,fecha y cajas.
4. El programa IHSS no pagará más de hora autenticado.
5. El pago se basa en las horas diarias
6. No tachar o blanco en las de tiempo
7. Asegúrese de que tanto el proveedor receptor y han firmado y fechado en la parte posterior del timesheet
8. No doblar el timesheet

Важные инструкции

1. Лицо вы работаете является IHSS получателя и ваш работодатель
2. Вы называются провайдера и сотрудник получателю.
3. Этот табель только за один платежный период, а включает эти дни в ы возможно, работал IHSS получателю.
4. Ваш работодатель может иметь других поставщиков, работающих
5. Это ваш работодатель обязан сказать вам, сколько часов вы можете работать в течение платежный период и какие дни Вы находитесь
6. Будьте уверены, как вы и ваш работодатель подписали и от табель.
7. В конце каждого периода, оперативно вырезать и вернуться табель на же Центральная Timesheet обработки фонда. Не отправлять свой таба ль до конец периода, если ваш занятость прекращается
8. Почта табель вернуться в конверт, который был включен в табель

Как заполнить табель.

1. Введите час и минуты работал в ящиках рядом с датой, вы р аботали.
2. Используйте только синего или черного пера
3. Не пишите на табель за исключением часов, минут, подпис ь, дату и коробок.
4. IHSS программа не будет платить за уполномочила часов.
5. Оплата будет основываться на часов в день.
6. Не хрест на белого или на табель.
7. Будьте уверены, так и получателя Provider имеют подписью и датой на.
8. Не рвт табель

重要指示

1. 你的人工作是一项IHSS收件人是你的雇主，
2. 您被视为供应商和雇员的收件人。
3. 这个时间表只是一个付款期间内，包括那些日子里你可能工作了一个IHSS收件人。
4. 您的雇主可能有其他供应商的工作为他/她。
5. 这是你的责任，告诉你多少时间您可能在期间的工作
6. 确保您和您的雇主已签署并在明日期的时间表。
7. 在每个时期，迅速剪下并返回以下的时间表 中央工时处理设施。
8. 邮寄时间表返回您要求收入的时间表。

如何填写工时

1. 输入小时和分钟从事旁边的框，那二的日期
2. 只能使用蓝色或黑色钢笔。
3. 不要写上时间表除外，小，签名和日期框。
4. 该IHSS计划不会支付超过授权小时。
5. 付款将根据每日小时。
6. 不要超过或白色的时间表进行。
7. 确保您和供应商已经签署并在时间上期的付薪 时间表
8. 个发给的时间表。

Cut along dotted line.

I understand that any false claim relating to this timesheet may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties. By signing as the recipient of services claimed on this timesheet, I declare that the information on the timesheet is true and correct. By signing as the provider of services claimed on this timesheet, I declare that the information on this timesheet is true and correct.

Recipient's Signature	Date	Provider's Signature	Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box 2380 • Chico, CA 95927-2380

-*- Demonstration Powered by HP Exstream 07/28/2014, Version 7.0.624 32-bit -*-

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER TIMESHEET

San Bernardino Department of Human Services
17270 Bear Valley RD, STE 108
Victorville CA 92395

JOHN SMITH
1848 W VIRGINIA ST
SAN BERNRDNO CA 92411-1658

Record your daily hours and minutes like these samples.

Did not work				
6 hours 30 minutes		6	3	0
4 hours 45 minutes		4	4	5
10 hours	1	0		
Total	2	1	1	5

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday, 12:00 AM to Saturday, 11:59 PM.
3. Do not send any other documents with the timesheet except travel claim form.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter time for each day worked (Total line is optional).
7. You and your Recipient must sign and date the back of your timesheet.
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. Time travelled from one recipient to another on the same day must be claimed on the timesheet for the recipient you travelled to and cannot exceed the 7 hour travel weekly cap.
10. **Claimed** = hours worked and claimed in previous pay period, **Travel** = hours travelled and claimed in previous pay period.

* Cut along dotted line *

Provider #:	002343227	**Provider Name:**	SMITH, JOHN
Case #:	36 99 2243569	**Recipient Name:**	BUSH, WILLIAM
Type:		**Timesheet No:**	2245674300
From:	01/16/2014	**To:**	01/31/2014

	Workweek #1				***Workweek #2***				***Workweek #3***				***Workweek #4***			
	Claimed : 01:00				***Claimed*** : 02:00				***Claimed*** : 03:00				***Claimed*** : 04:00			
	Travel : 01:15				***Travel*** : 02:30				***Travel*** : 03:45				***Travel*** : 05:00			
Travel					Travel				Travel				Travel	0	0	0	0
S	0	0	0	0	S 19				S 26				S	0	0	0	0
M	0	0	0	0	M 20				M 27				M	0	0	0	0
T	0	0	0	0	T 21				T 28				T	0	0	0	0
W	0	0	0	0	W 22				W 29				W	0	0	0	0
T 16					T 23				T 30				T	0	0	0	0
F 17					F 24				F 31				F	0	0	0	0
S 18					S 25				S	0	0	0	0	S	0	0	0	0
Total					*Total*				*Total*				*Total*				

Turn over and sign. →

-*- Demonstration Powered by HP Exstream 07/28/2014, Version 7.0.624 32-bit -*-

Most Important Instructions

1. La persona con la que trabajo es para un destinatario IHSS y el destinatario es su empleador.
2. Usted está contemplado como un proveedor y el trabajador son del destinatario.
3. Éste es sólo de tiempo para un período de pago e incluye aquellos días que usted pueda tener trabajó para un beneficiario de IHSS.
4. Su empleador puede tener otros proveedores que trabajan para él / ella
5. Es su responsabilidad del empleador que le diga cuántas horas puede trabajar durante un período de pago y qué días son para trabajar
6. Asegúrese de que usted y su empleador han firmado y fechado
7. Al final de cada período, con prontitud y contar el tiempo de regresar a continuación a la Instalación de procesamiento central de tiempo. No envíe su timesheet hasta el final del período, a menos que su empleo es terminado.
8. Mail de tiempo en el mismo sobre lo que se incluye con el de tiempo

Como llenar las horas

1. Introduzca las horas trabajadas y las otras en las casillas situadas junto a la fecha en la que trabajó
2. Sólo el uso de lápiz azul o negro.
3. No escriba en el timesheet, excepto en horas,minutos, firma,fecha y cajas
4. El programa IHSS no pagará más de hora autorizado.
5. El pago se basa en las horas diarias.
6. No tachar o blanco en las de tiempo
7. Asegúrese de que tanto el proveedor receptor y han firmado y fechado en la parte posterior del timesheet
8. No doblar el timesheet

Важные инструкции

1. Лицо вы работаете является IHSS получателя и ваш работодатель
2. Вы называются провайдера и сотрудник получателю.
3. Этот табель только за один платежный период, и включает эти дни и ы,возможно, работал IHSS получателю.
4. Ваш работодатель может иметь другие поставщиков, работающих
5. Это ваш работодатель обязан сказать вам, сколько часов вы можете работать в течение платежный период и какие дни Вы находитесь.
6. Будьте уверены, как вы и ваш работодатель подписали и от табель.
7. В конце каждого периода, оперативно выразить и вернуться табель на ие Центральная Timesheet обработка фонда. Не отправлять свой табе ль до конец периода, если ваш занятость прекращается
8. Почта табель вернуться в конверт, который был включен в табель

Как заполнить табель.

1. Введите час и минуты работал в ящиках рядом с датой, вы р аботали.
2. Используйте только синего или черного пера
3. Не пишите на табель за исключением часы, минут, подпис ь, дату и коробок.
4. IHSS программа не будет платить за уполномочила часов.
5. Оплата будет основываться на часов в день.
6. Не крест из белого или на табель
7. Будьте уверены, так и получателя Provider имеют подписью и датой на.
8. Не рвал табель

重要指示

1. 你的人工作是一双IHSS收养人是你的雇主。
2. 您被称为供应商和雇员的收养人。
3. 这个时间表只是一个付款期间内，包括那些日子更有可能 工作了一个IHSS 收养人。
4. 你的雇主可能有其他供应商的工作为他/她。
5. 这是你的雇主的责任，告诉你多少时间他可能会期间的工作
6. 确保您和您的雇主已签署并完成日期的时间表。
7. 任何个时间，迅速剪下并返回以下的时间表 中关工时处理设施。
8. 邮寄时间表连同信封表列入的时间表。

如何填写工时

1. 输入小时和分钟从事旁边的框，你工作的日期
2. 只能使用蓝色或黑色钢笔。
3. 不要写上时间表除外，分，签名和日期框。
4. 该IHSS计划不会支付超过授权小时。
5. 对整个授权每日小时。
6. 不会超过成自然的时间表进行。
7. 所有必须国和供应商已经签署并完成日期的行前 时间表
8. 小型你的时间表。

Cut along dotted line

I understand that any false claim relating to this timesheet may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties. By signing as the recipient of services claimed on this timesheet, I declare that the information on the timesheet is true and correct, excluding time claimed by my provider relating to travel. By signing as the provider of services claimed on this timesheet, I declare that the information on this timesheet is true and correct.

SAMPLE

Recipient's Signature	Date	Provider's Signature	Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box XXXX • Town, CA XXXXX-XXXX

Travel Claim Form

This form is to be completed by when a provider travels directly from one recipient to another recipient to provider IHSS and/or WPCS services on the same calendar day.

Provider Number	Enter nine-digit Provider Number
PAY PERIOD : / / through : / /	Pay Period must be the 1st through 15th or 16th through end of month.

All fields except the "Comments" are required. "Case Number" must be the seven-digit recipient case number.

Date	Case Number Travelling From	Case Number Travelling To	Mileage	Time HH:MM	Comments
/ /					
/ /					
/ /					
/ /					

B

Shasta County
In-Home Supportive Services
Summer 2014

IHSS Overtime and Fair Labor Standards Act (FLSA) Changes

New labor laws will go into effect January 1, 2015 which say that IHSS providers are eligible for overtime when they work more than 40 hours a week. Overtime is paid at time-and-one-half the regular hourly wage.

These new rules also allow for IHSS providers to be paid for certain work activities that were previously not allowed. These activities include pay for providers traveling between multiple recipients for up to 7 hours a week, "wait time" that is associated with medical accompaniment, and payment for attending mandatory provider training.

To ensure that services to recipients are maintained, under the proposal contained in the Governor's Budget:

- Providers will be limited to working 66 hours weekly minus the 7% reduction in authorized hours, leaving 61 hours.
- If an IHSS provider works for more than one IHSS consumer, the total hours worked for all consumers are added together each week and the provider cannot work more than 66 hours minus the 7% reduction per week.
- Recipients will continue their role as employer and maintain their choice of provider(s) as well as the responsibility to hire, fire, and supervise the work of their provider.
- Recipients and providers will be required to complete a work week agreement to ensure no provider is scheduled to work more than 66 hours per week.
- The authorized total monthly hours for each recipient will be divided into a weekly amount, creating a limit to the number of hours per week a recipient can receive services.
- Providers will be required to submit provider timesheets in a timely manner.

Chairman's Message

Most California IHSS recipients have the authority to hire, manage and – if need be – fire their IHSS provider. Called the Independent Provider (IP) model, it is congruent with the principles of the greater disability rights movement which asserts that people with disabilities have the ability and the right to control their own lives.

IHSS, under the IP model has provided an opportunity for independence and self-direction for hundreds of thousands of Californians with disabilities. It has also saved taxpayers billions of dollars by preventing costly institutional care.

Since IHSS is a large publicly-funded program, it has always been a target of businesses looking for lucrative contracts by establishing an "agency model." Under agency model, IHSS providers are the employee of the business that holds the contract. All self-direction of the IHSS recipient is lost. Disability rights advocates, over the years, have battled against agency model threats to IHSS. One such advocate was John Wilkins.

In the late 1990's Wilkins fought, almost singlehandedly, against the establishment of agency model IHSS in Tulare County. A lifelong advocate, he represented the very best of what IHSS can do for individuals and our society. Learn more about John at www.JohnWilkins.org.

Evan LeVang
IHSSAC Chair

Protect Yourself From Financial Scams

Financial scams and con schemes seem to become more prevalent, creative and sophisticated each year. For a variety of reasons, professional con artists have found seniors to be especially susceptible to their tricks. As a result, seniors have been heavily targeted with scams specifically designed to appeal to their generation. It has been estimated that older Americans lose ***$2.09 billion each year*** to financial abuse of various kinds.

Common scams used to steal from Shasta County seniors include:

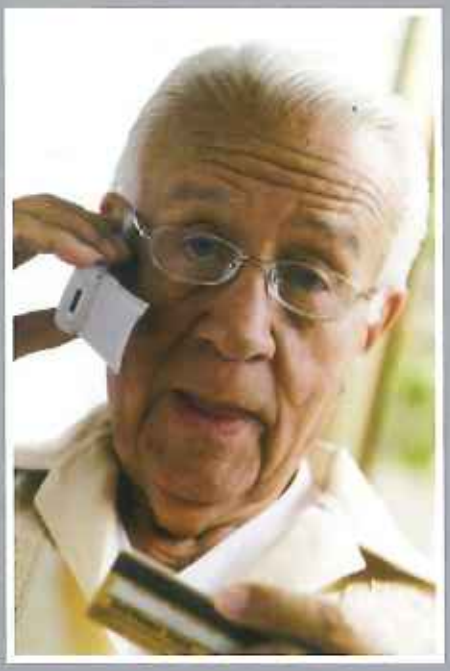
1) Grandchild in trouble: a telephone caller impersonates a grandchild, jailer, or police officer requesting you to wire bail money immediately.

2) Jury Duty: telephone caller threatens arrest unless you pay a fine immediately for "missing jury duty."

3) Lottery Winner: you are told that you have won a large sum of money, but need to pay taxes and fees before it can be sent.

4) Problem with Account: caller wants to resolve a serious problem with your bank or credit card account but needs to confirm your identity by asking for social security number, date of birth, etc.

5) Repairman: a uniformed person appears at your door and claims to be there to service a utility (heating/air, plumbing, etc.) but is really trying to gain unauthorized access to your home.



Older Americans lose an estimated $2.09 billion each year to financial scams and abuse

To protect yourself from loss, take these precautions:

1) Never provide any personal or financial information to anyone by phone, unless you called them at a publicly listed company phone number.

2) Always confirm the identity of a caller. You can do this by hanging up and calling the company back at a number that you already have (listed on a bill or contract) or that is publicly listed. *Never assume that they are who they say they are.* Even the name displayed on telephone caller ID can be faked.

3) Never send money to a supposed relative in trouble unless you confirm their predicament with a family member or friend.

4) Never sign a contract, pay for services in advance or put down a deposit without getting a second opinion from a trusted friend or advisor first.

5) Never allow a company representative in your home unless you have a relationship with their company and have called to confirm that they are employed by the company.

6) Never send money by wire or Green Dot to people you don't know. Unlike a credit card payment, these payment methods cannot be reversed and are hard to track.

If you believe you've been a victim of a financial crime, call **APS at 225-5798** or **Redding Police Department at 225-4214.**

Summertime Safety

Summer heat waves, while predictable in the North State, can be very dangerous for seniors and people with disabilities. Age and health conditions like obesity, diabetes, heart disease and poor circulation can affect the body's ability to regulate temperature. Prescription drugs also impact how the body cools itself. To protect your health when temperatures get high follow these tips:

1) Drink plenty of liquids. Dehydration is the cause of many heat-related health problems. Be sure to drink enough water, sports drinks or juice. Avoid caffeine and alcohol which actually contribute to dehydration.

2) Wear appropriate clothes. Dress in clothes that are light weight, loose-fitting and light-colored. When outside, wear a wide-brimmed hat that shades the entire face.

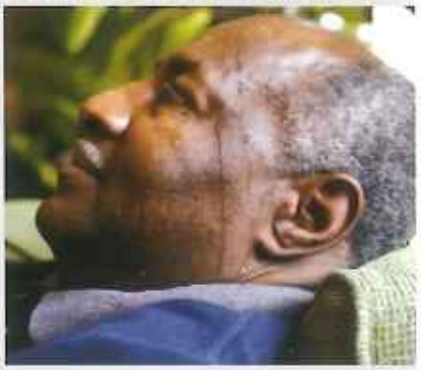
3) Schedule errands and yard work during the coolest parts of the day. Get outdoor errands done before 10 a.m. or after 6 p.m. when temperatures are cooler.

4) Stay cool indoors. The best way to beat the heat is to stay in an air conditioned area. If you don't have an air conditioner, go to a shopping mall, senior center, the movies, library or a public area for a few hours. A cool shower or bath is also a good way to cool off.

5) Utility discounts *may* be available for people with specific heat-related illnesses. Check with your doctor and contact your local utility company.

Warning Signs of Heat- Related Illness

- Dizziness
- Nausea
- Headache
- Rapid heartbeat
- Fainting
- Breathing problems



If you experience any of these warning signs, seek help immediately.

Join the IHSS Advisory Committee!

In-Home Supportive Services (IHSS) Advisory Committee is seeking new members.

Fill out the enclosed application and return to Shasta County IHSS by Friday, October 31, 2014.

IHSS Provider Training

Friday, September 26, 2014

2 - 4 p.m.

Redding Library

1100 Parkview Ave, Redding

Training will cover nutrition topics including:

- healthy plate
- hydration
- food safety
- choking hazards

Questions? Call 229-8338.

www.shastahhsa.net

Shasta County Public Authority/ IHSSAC
2634 Breslauer Way
Redding, CA 96001

PRSRT STD
US POSTAGE
PAID
REDDING CA
PERMIT NO. 7

Important Phone Numbers

Adult Protective Services (APS) 225-5798

California United Homecare Workers Union 221-8440

Golden Umbrella 223-6034

IHSS general information 225-5507

Independent Living Services 242-8550

Public Authority 229-8330

Public Guardian 225-5103

To receive IHSS news by e-mail, send your request to tjbrendler@co.shasta.ca.us or contact the Public Authority at 229-8330 to have them add your email information.

Shasta 2-1-1

Need help finding local resources?

- Free, confidential, 24 hours a day, 7 days a week
- Available in many languages
- Referrals for food, health care, utility assistance, and more
- Speak with a call specialist or go online to 211shasta.org

Dial 2-1-1 or visit 211shasta.org

Application for Appointment to the IHSS Advisory Committee

Under the provisions of law AB 1682, each county must set up an Advisory Committee to provide ongoing advice and recommendations to the county Board of Supervisors and any other body related to the delivery and administration of In-Home Supportive Services (IHSS). In Shasta County there will be 9 volunteer members on this committee, to be appointed by the Board of Supervisors. If you are interested in serving on this committee, please complete the following:

Name:_____ Phone Number(s) _____

Address:_____

In order to be considered for appointment to the IHSS Advisory Committee, you must be able to check one (or more) of the following categories:

I am a:

- ☐ Recipient (past or present) of personal assistance services, such as IHSS
- ☐ Provider (past or present) of personal assistance services, such as IHSS
- ☐ Individual from an organization that advocates for people with disabilities or seniors
- ☐ Individual from an organization that advocates on behalf of home-care employees
- ☐ Health Care worker
- ☐ Representative of a community-based organization

Day(s)/Time(s) available to attend meetings:_____

Education: _____

_____

Employment experience: _____

_____

_____

Community experience and affiliations: _____

_____

_____

_____

Why are you interested in becoming a member of the IHSSAC? _____

_____

_____

_____

Please list three references with telephone numbers:

1) _____
2) _____
3) _____

Signature _____ Date _____

Applications must be filed by **October 31, 2014** with:

Shasta County IHSS/ Public Authority
2640 Breslauer Way
Redding, CA 96001

For questions, or additional information, please call (530) 229-8338.

Shasta County IHSS Provider Training

Nutrition & Wellness Training

Hosted by
Shasta County Public Authority

IHSS providers will learn updated healthy plate guidelines, tips for staying hydrated, food safety recommendations and how to identify and avoid choking hazards.

Friday, September 26, 2014

2 - 4 pm

Redding Library

1100 Parkview Ave., Redding

Shasta County Public Authority
530.229.8338
www.shastahhsa.net