



IHSS

IN-HOME
SUPPORTIVE SERVICES



IHSS Provider Orientation Guide

MAY 2017



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IHSS Program Description

California's In-Home Supportive Services (IHSS) program provides services to qualified aged, blind, and/or disabled individuals. The goal of this program is to allow people to remain safely in their own homes and avoid the need for out of home care.

Currently, the IHSS program helps pay for in-home care for over half a million people statewide each month with more than 500,000 providers that play an important role in caring for them. The number of people needing services and the cost of providing those services are expected to increase over the next few years. Without IHSS and providers, recipients may be unable to remain safely in their own homes.



Agency Roles

IHSS is paid for through federal, state, and county funds with most services being part of the Medi-Cal program. To make the program run smoothly, there are many agencies involved.

Federal and State Government

The federal and state government provide oversight and direction to the counties.

Counties

Counties are responsible for managing the IHSS program on a local level. This includes identifying which services the recipients require to remain safely in their own homes, how much help is needed, how much time it takes to provide the services, and how frequently they must be done. This is called the assessment process.

In addition, counties enroll providers in the IHSS program, answer recipients' questions about IHSS, and participate in fraud detection activities. The cases of those accused of fraud are referred to, and investigated by the Department of Health Care Services, and, when determined appropriate, prosecuted by the County District Attorney's Office.

Public Authorities and Non-profit Consortia

Public Authorities and non-profit consortia contract with counties to provide services for providers and recipients. Some of their services include:

- Maintaining registries of providers,
- Making referrals of providers to recipients, and
- Providing access to training.

KEY TERMS

The following are key terms that are important for you and your recipient to know and understand:

Monthly Authorized Hours:	The total number of IHSS service hours a recipient is authorized per month.	<i>The number of authorized hours for each recipient is determined by your recipient's social worker at each assessment.</i>
The IHSS Workweek:	Begins at 12:00 a.m. on Sunday, and ends at 11:59 p.m. the following Saturday.	<i>It is important to not exceed the maximum weekly number of hours for your recipient(s).</i>
Maximum Weekly Hours:	The number of service hours that a recipient is authorized per workweek. This number is calculated by dividing the recipient's monthly authorized hours by 4.	<i>This calculation is a guideline to inform your recipient of the maximum number of hours you can work in a workweek which will assist your recipient in effectively budgeting their service hours to ensure all of their monthly hours are received.</i>
Overtime:	Overtime is any amount of hours in a workweek over 40 hours. The overtime pay rate is calculated at one and a half times the regular pay rate .	<i>You, as a provider, are eligible to be paid at the overtime rate for all hours worked over 40 hours in a workweek within certain limitations.</i>
Travel Time:	The time it takes for a provider to travel directly from providing services at one recipient's home to providing services at another recipient's home on the same workday. Travel time paid to providers will not be deducted from the recipient's monthly authorized hours.	<i>You may only travel up to a total of 7 hours per workweek.</i>
Violations:	Consequences of the failure to comply with workweek and travel time limitations.	<i>A violation could cause you to be suspended as an IHSS provider.</i>

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

HOW TO BECOME AN IHSS PROVIDER

1

Complete and sign the IHSS Program Provider Enrollment Form (SOC 426) and return it *in person* to the County IHSS Office or IHSS Public Authority.

2

Get fingerprinted and go through a criminal background check by the California Department of Justice.

4

Complete and sign the Provider Enrollment Agreement (SOC 846). This is the agreement that *ALL* IHSS providers are required to complete and sign. By signing the new SOC 846, you are saying that you understand and agree to the rules and requirements for being a provider in the IHSS Program including the rules regarding overtime and travel time limitations.

3

Go to an IHSS Program Provider Orientation given by the county. Here you will learn important information about the program and the requirements for you to follow as a provider.

All new providers will have to be fingerprinted and have a criminal background check.

Background Check FAQ

Q What if I don't complete the fingerprinting and background check?

A *If you provide services and have not completed the fingerprinting and criminal background check, you will not be paid by IHSS.*

Q If I have already applied to be an IHSS provider, do I need to get my fingerprints taken?

A *If you have not already had your fingerprints taken as part of your application to be an IHSS provider, you will need to complete this process.*

Q If I have already had my fingerprints taken, do I have to do it again?

A *If you have had a criminal background check which included fingerprinting prior to being listed on a Public Authority Registry, you will NOT have to do this again at this time.*

Q Do I have to pay fees?

A *You will have to pay all fees related to getting your fingerprints and criminal background check. The county will provide you with information about where to get your fingerprints taken.*

Additional Steps that Must be Completed in Certain Circumstances:

A. For providers whose recipient has multiple providers:

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

B. For providers who work for multiple recipients:

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

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

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

A

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

IN-HOME SUPPORTIVE SERVICES PROGRAM
RECIPIENT AND PROVIDER
WORKWEEK AGREEMENT

 (IHSS RECIPIENT CASE NUMBER)

 (RECIPIENT NAME (FIRST, MIDDLE, LAST))

My total authorized hours are _____.

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

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

INSTRUCTIONS:

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

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

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B

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

 (PROVIDER NUMBER)

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER WORKWEEK & TRAVEL TIME AGREEMENT
(To be completed by a provider who provides authorized services to multiple recipients)

 (PROVIDER NAME) _____
 (PROVIDER NUMBER)

PART A. WORKWEEK SCHEDULE

PROVIDER REQUIREMENTS:

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

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IHSS Services Covered

For a complete list of IHSS services and tasks, refer to the handout entitled “Services Covered by IHSS.” Some of the services covered under the IHSS program include:

- Meal preparation and cleanup
- Feeding
- Bowel and bladder care
- Bathing
- Oral hygiene
- Grooming
- Dressing
- Laundry
- Shopping for food



Under each service, there is also a list of tasks that fit within each service category that you will need to know. For example, under the service category “Domestic,” which covers housework, you will see a list of tasks including:

- Sweeping, vacuuming, washing, and waxing floors
- Washing kitchen counters and sinks
- Cleaning the bathroom
- Storing food and supplies
- Taking out garbage
- Dusting and picking up
- Changing bed linen

Services almost always must be provided in the recipient’s home. Generally, anywhere the recipient chooses to live is considered to be his or her own home. This could be in a house, apartment, hotel, or the home of a relative. However, there are some services that can be provided outside of the home such as when you accompany the recipient to the doctor.

Since each recipient’s needs are different, most recipients will not have all of these services authorized. The county is required to authorize only the services the recipient needs to remain safely at home and provide each recipient with a Notice of Action (NOA) that shows what services a provider can be paid for and how much time is authorized each month.

Before you provide any services to an IHSS recipient, it is important for you to know what services and amount of time have been authorized. The best way to find out is to ask to see the NOA from your recipient. If the recipient cannot show you the NOA or is unable to tell you what services have been authorized, you should contact the county.

If your recipient asks you to do something that is not on the list of services or tasks, or has not been authorized by the county, you cannot do the task as a part of the IHSS program and should tell the recipient why you cannot do it. If your recipient still wants you to perform unauthorized tasks, it is his(her) responsibility to compensate you out of pocket. If you choose to do something for the recipient that is not on the list or has not been authorized, do not put the time it takes on the timesheet. IHSS can only pay you for a service or task that is part of the IHSS program and is authorized for the recipient for whom you provide services.

If you have any questions about whether a service or task is authorized by IHSS, ask your recipient to check with their county worker or contact the county worker yourself.

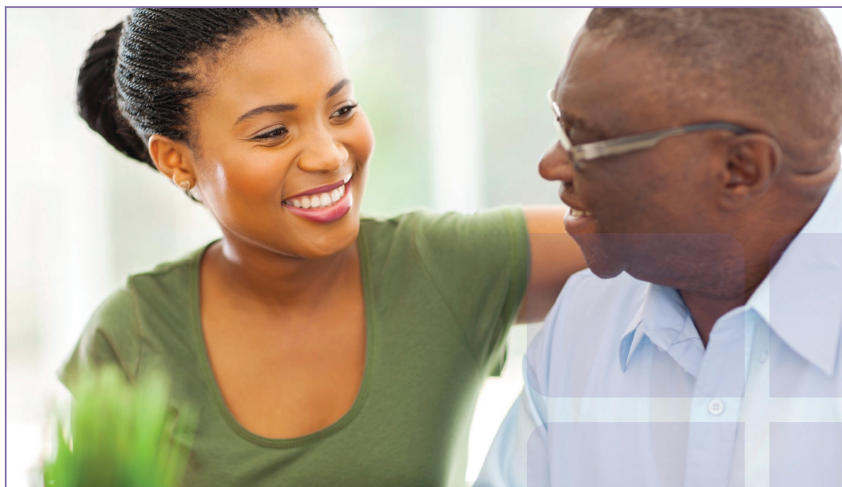
Hours Authorized for the Recipient

In addition to knowing which services are authorized for the recipient, it is important to know how many hours are authorized weekly or monthly for providing each service. You should work no more than the authorized hours for each service.

Services NOT Covered By IHSS

As mentioned, if a service is NOT listed in your recipient's Notice of Action (NOA), it has not been authorized by the IHSS program and IHSS cannot pay you for providing this service. For example, IHSS will not pay for:

- Moving furniture
- Paying bills
- Reading the mail to the recipient
- Caring for pets
- Gardening
- Sitting with the recipient to visit or to watch TV
- Taking the recipient on social outings



Situations When IHSS Services are NOT Allowed

IHSS cannot be provided in the following situations:

When the recipient is in the hospital, nursing home, or board and care facility.

If you choose to visit the recipient in one of these locations and help with tasks such as feeding the recipient, IHSS cannot pay you for these services. The hours you spend providing the service are not a part of the IHSS program and should not be put on the timesheet.

Cleaning the recipient's home after they go into an institution.

IHSS is not authorized to pay you to clean the home after the recipient goes into a hospital, nursing home, or board and care facility.

While the recipient is on vacation.

If you are going to accompany the recipient while on vacation, you or the recipient should talk with the county social worker before you go. Find out if you can provide IHSS to the recipient during the vacation, and if there are any other limitations on the travel.

While the recipient is incarcerated.

After the recipient's death.

If you claim time worked on your timesheets for having performed services after the recipient's death and are paid for these services, you will have to repay any money that you receive and/or may face criminal penalties.



Recipient Authorized Hours FAQ

Q What if the needs of my recipient change?

A *If the needs of your recipient change, you may find that it takes more time to complete the tasks than authorized – or you may find that it takes less time. In both of these cases, changes in the recipient’s needs should be reported to the county worker who may then perform a reassessment.*

Q What if my recipient refuses authorized services?

A *You should make sure that your timesheets do not include hours for services your recipient refuses to have you do. If the recipient always refuses to have you do specific services, you need to let the county know so they can update their records. It is never appropriate and is considered fraud to put time on the timesheet for hours not worked.*

Q Can I spend the time authorized for specific tasks doing other IHSS tasks?

A *No. Time may only be used specifically as identified by the county. If it takes less than the authorized time to complete a task, the remaining time cannot be spent to increase the time on other services.*

Q What if it takes longer to run errands when my recipient is with me?

A *If your recipient wants to accompany you on errands, you may not be paid for more time because it takes longer. Regulations state that the county cannot authorize additional time for the recipient to accompany the provider. You can only be paid for the hours authorized.*

The following are important forms IHSS recipients and providers must review, understand, sign and submit to their local county IHSS office:

Recipients

The [IHSS Program Recipient Designation of Provider \(SOC 426A\)](#) includes information about the new workweek, overtime and travel time requirements.

Recipients with More than One Provider

In addition to the SOC 426A, the [IHSS Program Recipient and Provider Workweek Agreement \(SOC 2256\)](#) is also required for recipients with more than one provider. The SOC 2256 allows recipients and providers to agree on a workweek schedule. This agreement requires the recipients' and their providers' signatures.

NOTE: The SOC 2256 must be updated and resubmitted when there is a permanent change to any of the information contained on the form.

Providers

The [IHSS Program Provider Enrollment Agreement \(SOC 846\)](#) explains the workweek limitations.

Providers Who Work for More Than One Recipient

In addition to the SOC 846, the [IHSS Program Provider Workweek and Travel Time Agreement \(SOC 2255\)](#) is also required for providers who work for more than one recipient. The SOC2255 explains the workweek limitations, 7 hour travel time limitation, and includes sections for providers to document workweek schedules and record the travel time that providers will engage in, if applicable.

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

The following important notifications will be mailed to you and your recipients when there is a change in your recipient's monthly authorized hours which coincides with the release of the Notice of Action (NOA) informing your recipient of the change in hours and/or whenever a new service is added or eliminated:

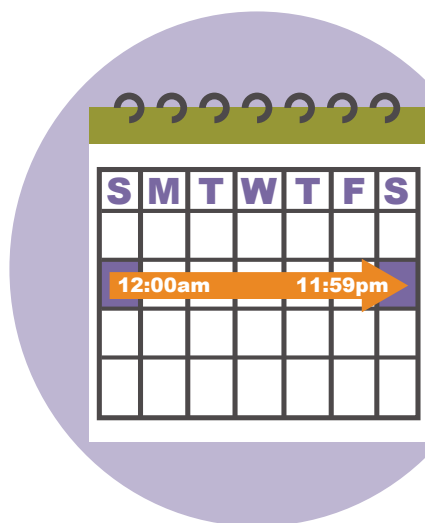
1. Notice to Recipients: The [IHSS Program Recipient Notice of Maximum Weekly Hours \(SOC 2271A\)](#) explains the recipient's maximum weekly hours.
2. Notice to Providers: The [IHSS Program Provider Notification of Recipient Hours and Services and Maximum Weekly Hours \(SOC 2271\)](#) explains the recipient's monthly authorized hours, maximum weekly hours and the services you, the provider, are allowed to perform for your recipient.



WORKWEEK SCHEDULING

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

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



As an IHSS provider, you are now eligible to be paid overtime for hours worked over 40 hours in a workweek within certain limitations. The overtime pay rate is one and a half times the regular pay rate.

If you *work for more than one recipient*, it is your responsibility to make sure the total hours you work in a workweek for **all** recipients do not total more than 66 hours. If you *work for only one recipient*, you may work all of his/her hours as long as you do not exceed the recipient's maximum weekly hours. Always make sure you do not exceed your recipient's monthly authorized hours or maximum weekly hours.

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

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

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

Workweek Adjustments:

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

- You are the only provider;
- You don't work for any other recipients;

AND

- Your weekly work schedule is adjusted in the remaining workweeks of that month to make sure you do not work more than your recipient's monthly authorized hours or work more overtime hours in the month than you would normally work.

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

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

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

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

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
		PROVIDER NUMBER _____	
IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER WORKWEEK & TRAVEL TIME AGREEMENT			
<i>(To be completed by a provider who provides authorized services to multiple recipients)</i>			
PROVIDER NAME: _____		PROVIDER NUMBER: _____	
PART A. WORKWEEK SCHEDULE			
PROVIDER REQUIREMENTS:			
<ul style="list-style-type: none"> • State law (Welfare and Institutions Code section 12300.4) limits providers in the IHSS and Waiver Personal Care Services (WPCS) programs to working a maximum weekly number of hours providing IHSS and WPCS. A provider who works for multiple recipients is limited to providing 66 hours per workweek. • The maximum weekly workweek does not include travel time as described in Part B of this form. The workweek starts on Sunday at 12:00 a.m. (midnight) and ends at 11:59 p.m. on the following Saturday. • Recipients are authorized services on a monthly basis and, based on state law, are limited to receiving a set amount of those services on a weekly basis. You will get a notice telling you how many authorized service hours each of your recipients gets weekly and monthly. You may never work more than a recipient's monthly authorized hours for that recipient. However, you may work more than a recipient's weekly authorized hours in certain circumstances. A recipient may adjust his or her weekly authorized hours, but he/she must get approval from the county if the adjustment will result in either a provider working more overtime hours in the month than the provider would normally work or working over 40 hours in any workweek for him/her (when, he/she is authorized to receive 40 hours or less in services in a workweek). • It is your responsibility as a provider to: <ul style="list-style-type: none"> ◦ Make sure that the total combined hours you work providing authorized services for all the recipients you work for in one workweek do not total more than the 66 hours in a workweek. ◦ Make sure that the hours you work providing services to any one of your recipients are not more than that recipient's weekly authorized hours, unless the hours are correctly adjusted. 			
SOC 2255 (11/15)		PAGE 1 OF 7	

You and your IHSS recipient(s) should keep a record of the hours and minutes worked each day.

Writing down the number of hours and minutes you worked each day on a calendar will help you fill out your timesheets accurately. When transferring the hours and minutes onto the timesheet, you should make sure they are written in the specified boxes.

Timesheets are sent to you, the provider, twice per month.

You can add the total number of hours and minutes worked per week and enter this number at the bottom of each workweek under the "Total" section. This will help you make sure you do not work more than the hours assigned by your recipient.

FIRST, LASTNAME
565 SOMETHING DR.
SAN JOSE CA 95116-3439

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

H	6	3	0
M	4	4	5
H	1	0	M

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 (as shown in the "hours" field below) 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 the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

Provider #: 000000000	Provider Name: LASTNAME, FIRST
Case #: 43 01 0000000	Recipient Name: LASTNAME, FIRST
Type: IHSS	Timesheet No: 4000059138
Pay From: 07/01/2015	Pay To: 07/15/2015 Hours: 52:30

Workweek #1

Claimed : 00:00

Workweek #2

Claimed : 00:00

Workweek #3

Claimed : 00:00

Workweek #4

Claimed : 00:00

S 0 0 0 0	S05 H H M M	S12 H H M M	S 0 0 0 0
M 0 0 0 0	M06 H H M M	M13 H H M M	M 0 0 0 0
T 0 0 0 0	T07 H H M M	T14 H H M M	T 0 0 0 0
W01 H H M M	W08 H H M M	W15 H H M M	W 0 0 0 0
T02 H H M M	T09 H H M M	T 0 0 0 0	T 0 0 0 0
F03 H H M M	F10 H H M M	F 0 0 0 0	F 0 0 0 0
S04 H H M M	S11 H H M M	S 0 0 0 0	S 0 0 0 0

Total _____

Total _____

Total _____

Total _____

Turn over and sign. ➔

Both you and your recipient must sign and date the **back** of the timesheet before sending it in the pre-addressed return envelope.

Proper completion of timesheets will ensure prompt processing and payment. It is important for you to follow the directions written on your timesheets, which includes the following:

TIMESHEET TIPS

✓	Only use black ink and press firmly.
✓	Ensure both you and your recipient have signed and dated the back of the timesheet.
✓	Cut along the dotted line.
✓	Do not fold the timesheet.
✓	Only enter hours and minutes for each day you, yourself spent doing authorized services.
✓	Only mail one timesheet per envelope.
✓	Place the correct postage on the outside of the envelope provided.

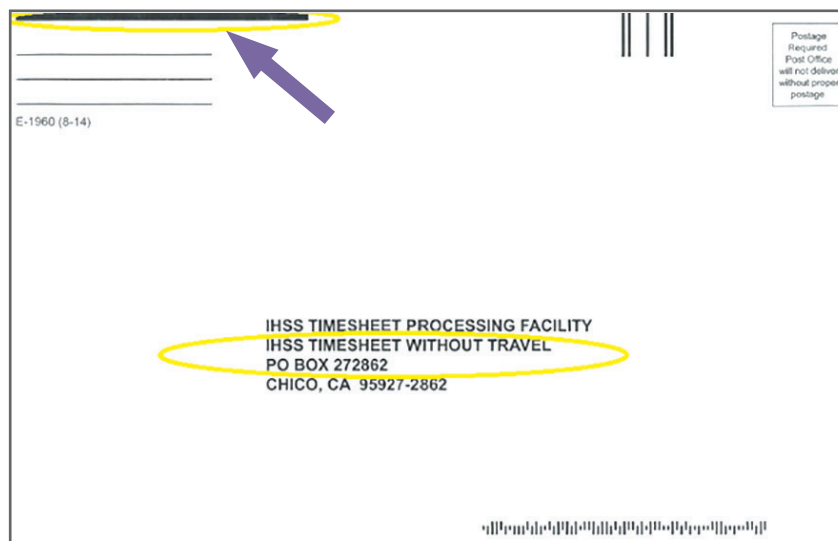
Following these tips will help you correctly complete and submit your timesheets to avoid delays in payment. Correctly completing IHSS timesheets will help you receive timely payments, avoid claiming hours above a recipient's maximum weekly hours, and prevent mistakes that may result in untimely payments, violations, and/or suspension from the IHSS program.



There are two important addresses you and your recipient must be aware of when mailing timesheets and/or Travel Claim Forms.

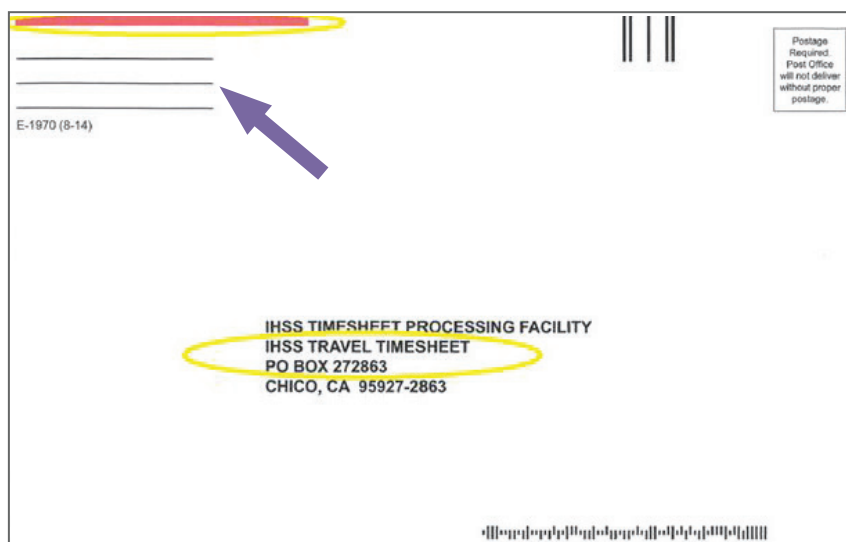
1. Timesheets without Travel

If you **do not require travel directly** from one recipient to another within the same workday, the return envelope that accompanies the timesheet will have a **black** bar in the top left corner with the following pre-addressed location:



2. Timesheets with Travel

If you **travel directly** from one recipient to another within the same workday and claim travel time, the return envelope that accompanies the timesheet and Travel Claim Form will have a **red** bar in the top left corner with the following pre-addressed location:

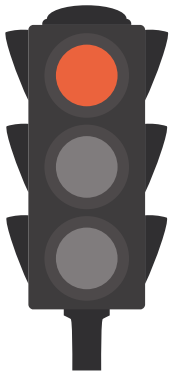


Using the correct envelope will help you avoid delays in payment.

Sometimes it may be necessary for your recipient(s) to authorize you to work more than the maximum weekly hours as identified on the SOC 2271A. However, it is important for you and your recipient(s) to know when it is necessary to get county approval in order to prevent a violation.

NOTE: Even if the recipient adjusts his/her weekly authorized hours, under no circumstances can you exceed the recipient's monthly authorized hours. If you work more than usual one week, you must adjust your work hours during other weeks of the month.

Your recipient(s) **must** get county approval to adjust your maximum weekly hours when there is a need for you to work:

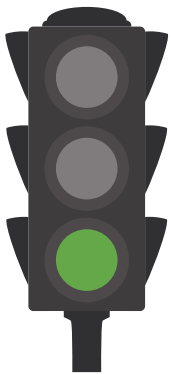


More than 40 hours in a workweek if your recipient's maximum weekly hours are 40 hours or less;

OR

Hours that exceed the recipient's weekly authorized hours, which results in more overtime hours in the month than you would normally work in a calendar month.

Your recipient may authorize the adjustment in maximum weekly hours **without** requesting county approval when **all three** of the following conditions are met:



1. You are the recipient's only provider;
2. You do not work for any other recipients; and
3. Your weekly work schedule is adjusted in the remaining workweeks of that month to make sure you do not work more than the monthly authorized hours or work more overtime hours in the month than you normally work.

In a situation where your recipient has more than one provider and one of you becomes ill or is otherwise unable to work in a given week, your recipient can assign some or all of that provider's weekly hours to his/her other provider(s), even if this would cause the provider(s) to work overtime. However, your recipient can only make this adjustment without requesting county approval if: 1) the additional hours worked by the provider do not exceed your recipient's maximum weekly hours; and 2) the provider does not work more than 66 hours in the workweek if they work for more than one recipient.

OVERTIME APPROVALS & EXCEPTION PROCESS

When your recipient needs you to work more than their maximum weekly hours and the work performed will cause you to exceed 40 hours in a workweek when you normally do not, or result in more overtime hours than you normally work, your recipient will be required to contact the county to obtain a **one-time exception** to allow you to work the additional overtime hours.

An **exception** is a request made by telephone or written correspondence by a recipient to the IHSS county office to allow the recipient to adjust his/her maximum weekly hours to allow his/her provider to work additional hours during a particular workweek, which may cause the provider to work and be compensated for additional overtime hours within a calendar month.

If your IHSS recipient would like to request an exception, he/she must make the request either:

1. Prior to the event which caused the need for the exception request, or
2. As soon as safely possible afterwards, in order to avoid endangering the health and safety of the recipient through an absence of necessary services being delivered.

An example of an acceptable exception occurs in an unforeseen situation such as extra laundry services during a particular week to clean soiled linen or clothing.

An example of an unacceptable exception would be a request to double the authorized hours of domestics for one week to make up for the hours the provider missed due to a recipient's week long hospital stay on the first week of the month.

Be aware that using more hours for an exception in one week will result in fewer hours being available in another week in the same month.

Your recipient must make the request prior to delivering the service if possible. If not possible to obtain approval before delivering the services, your recipient must make the request prior to turning in the timesheet for the pay period in which the adjusted workweek occurred to ensure you are paid appropriately and timely.

You and your recipient will be notified by mail of the county's exception approval or denial.

If the exception was denied but you worked the hours and documented them on the timesheet, you will be paid but will also receive a violation notice. An informational notice regarding the violation will be sent to your recipient.

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

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

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

There are some rules that apply to travel time:

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

Be careful in planning your travel time. Remember that you are limited to 7 hours of travel time in a workweek. If you claim more than 7 hours of travel time in one workweek you will receive a violation.

If you work for multiple recipients, you must complete the [IHSS Program Provider Workweek & Travel Time Agreement \(SOC 2255\)](#). This agreement explains the workweek, 7-hour travel time limits, and includes areas for you to plan your workweek schedule and record the estimated travel time between recipients' locations each week.

Completing the SOC 2255 will help:

- Make sure that you do not work or travel more than allowed for each workweek in order to stay within the maximum workweek limit of 66 hours.
- Make sure that you will receive a Travel Claim Form.
- Prevent possible delays in payment and help you to avoid violations.

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

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

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

Once the SOC 2255 has been received and processed by the county, if you are eligible to receive paid travel time you will be sent a Travel Claim Form (SOC 2275) in the same envelope with your timesheets for each recipient you work for. To claim travel time, you will need to correctly fill out a Travel Claim Form.

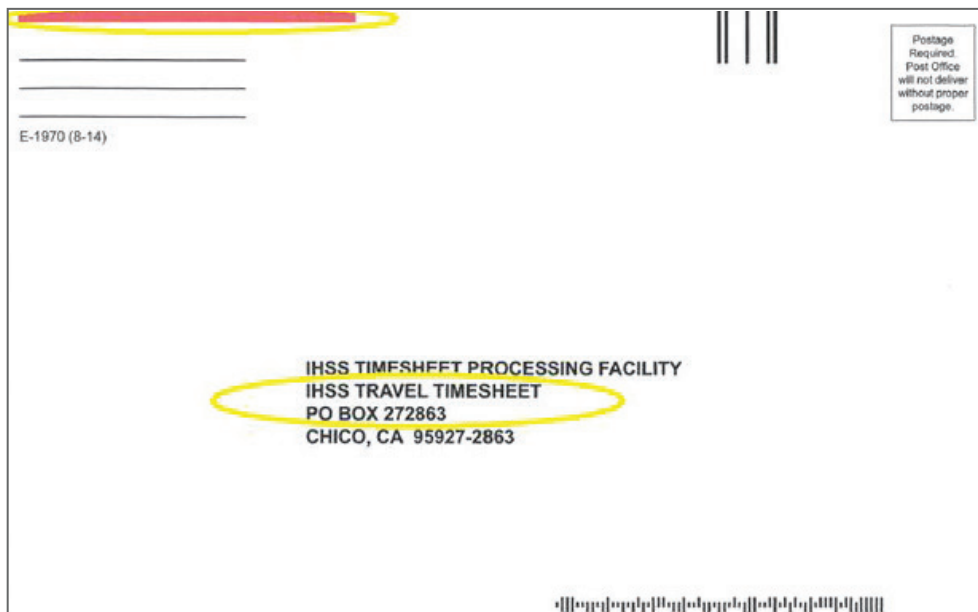
Travel time is claimed on the Travel Claim Form of the recipient that you are traveling to. If you claim more than 7 hours of travel time in a workweek, you will be paid for the excess hours, but will receive a violation.

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

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

TURN OVER AND COMPLETE →

In order for Travel Claim Forms to be processed and paid, timesheets need to be processed first. The timesheet and Travel Claim Form should be sent together in the pre-addressed envelope.



E-1970 (8-14)

IHSS TIMESHEET PROCESSING FACILITY
IHSS TRAVEL TIMESHEET
PO BOX 272863
CHICO, CA 95927-2863

Postage
Required
Post Office
will not deliver
without proper
postage.

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

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

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

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

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

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

Q How do I claim travel time?

A *To claim travel time, you will need to fill out a **Travel Claim Form**. If you are eligible to receive paid travel time, you will be sent a Travel Claim Form in the same envelope with your timesheets for each recipient you work for.*

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

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

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

It is important for you and your recipient(s) to follow all IHSS workweek and travel time limitations so you do not work and claim excess hours. If you fail to comply with the limitations, you will receive a violation.

The following actions will result in a violation:

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

If you have violated the workweek and/or travel time limitations, the county will send you a violation notice.

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

If you disagree with the violation, you have **10 calendar days** from the date of the violation notice to request a county review of the violation.

You will receive a notice stating the outcome of the review.

The third and fourth violation notice will explain how you may request a review by the California Department of Social Services Adult Programs Division's Appeals Unit. If you wish to dispute these violations, you must request the review within **10 calendar days** of the date of the county notice.

Refer to your Violations handout for more information.

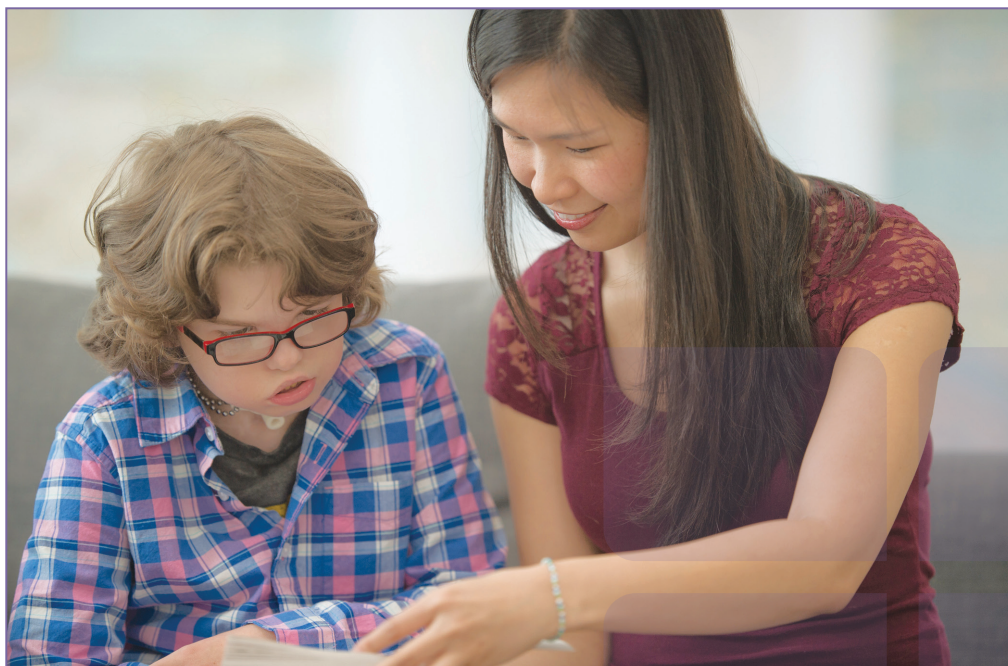
There are critical provider requirements that you need to know. It is very important that all providers be aware of these requirements because these laws apply to you.

Confidentiality

You probably know that when you go to a doctor or other health provider they are required to keep all of your medical information private. The same rules that apply to doctors, hospitals, and other health professionals also apply to you as an IHSS provider. You cannot give information about the services including that the person receives IHSS or the specific services and hours authorized. You cannot discuss any information about the recipient to any individuals or organizations without the written permission of the recipient or the person who is legally responsible for that individual. Anyone sharing this information about a recipient is guilty of a misdemeanor.

Mandated Reporter

As an IHSS provider, you are a “Mandated Reporter.” Being a mandated reporter means that by law you must report any suspected abuse immediately to the County Adult Protective Services or Children’s Protective Services. There are several types of abuse that must be reported including physical abuse, mental suffering, abandonment, isolation, financial, neglect, abduction, and sexual abuse. The information about who reported the abuse will be kept confidential. For further information, refer to the “Mandated Reporter” handout.



You may be disqualified from being an IHSS provider if you have been convicted of certain crimes. This disqualification lasts 10 years.

Disqualification FAQ

Q What if I disagree with information in the criminal background check?

A *If you disagree with the information in the criminal background check, you may request that the Department of Justice correct the information. Remember that neither the county nor the State Department of Social Services can help resolve any errors in the criminal background record.*

Q What if I disagree with being disqualified from being a provider?

A *If you disagree with being disqualified from being a provider as a result of the information in the criminal background check, you will need to appeal to the State Department of Social Services or request a General Exception from the Department of Social Services. Your ineligibility notice will have information on how to file an appeal or General Exception.*

Further information about the appeal process can be provided by the county.



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

Provider Responsibilities:

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

Recipient Responsibilities:

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



IHSS is a Medi-Cal program funded by federal, state, and county dollars. This means that **IHSS fraud is Medi-Cal fraud**. The California Department of Health Care Services is responsible for investigating Medi-Cal fraud.

If you know of any recipients or providers who you believe may be committing IHSS or other Medi-Cal fraud, you **MUST** report this to Medi-Cal by calling the toll-free number, sending an email, or filling out an online form. The information below is also included on the “Medi-Cal Fraud and Abuse” handout.

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

Online Complaint Form:

<http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx>

You do not have to have proof of fraud – the California Department of Health Care Services has investigators who will determine whether Medi-Cal fraud has been committed.

Ways of Detecting Fraud

In addition to public reporting, fraud may be detected in several ways:

- Through computer matches with other federal and state agencies,
- During the assessment process,
- While the county and/or state staff conduct quality assurance and fraud detection activities, and
- Unannounced visits to the homes of recipients by state and/or county staff.

Fraud and the IHSS Program

When you apply to be a provider in the IHSS program, you must sign a statement declaring that:

- In the last 10 years, you have not been convicted of a tier 1 or tier 2 exclusionary crime, including fraud against a government health care or supportive services program,
- You understand that if you’ve been convicted of certain tier 2 crimes you will need a waiver or general exception to be enrolled as an IHSS provider, and
- You agree to reimburse the state for any overpayments as a result of fraud.

If you are convicted of fraud against a government health care or supportive services program, California law states that you cannot provide or receive payment for providing IHSS for 10 years following a conviction or incarceration following a conviction.

Tips for Avoiding Fraud

As an IHSS provider, there are some things that you can do to avoid committing fraud. Take a moment to read the “Tips for Avoiding Fraud” handout.

IMPORTANT TIPS

- Be sure to review the SOC 2271 and SOC 2271A.
- Create a work schedule within your recipient's maximum weekly hours.
- If applicable, complete the IHSS Program Recipient and Provider Workweek Agreement (SOC 2256) which assists recipients with scheduling the workweek for their provider(s) to ensure they stay within their maximum weekly hours.
- Recipients with more than one provider must divide their maximum weekly hours between their providers and make sure the total weekly hours of all providers combined do not exceed the recipient's maximum weekly hours.
- If you work for more than one recipient, you cannot work more than a total of 66 hours in a workweek.
- Understand the workweek limitations and know when county approval is necessary to make adjustments to the workweek.
- If you work for multiple recipients, it is important that you understand the travel time limitations.



We hope this handbook helps you and your recipient(s) better understand the IHSS program.

For additional questions, contact your local county IHSS office or IHSS Public Authority, or visit the California Department of Social Services In-Home Supportive Services website at: <http://www.cdss.ca.gov/inforesources/IHSS>.



STATE OF CALIFORNIA

Edmund G. Brown Jr., Governor

HEALTH AND HUMAN SERVICES AGENCY

Diana S. Dooley, Secretary

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Will Lightbourne, Director

