

1 **2020 IHSS Provider Orientation Video Script**

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22 **Section 1: Introduction**

23 Hi. Welcome to the In-Home Supportive Services (or IHSS) Provider Orientation! You

24 are about to become a part of a very special group of people.

25 Currently, over 500,000 individuals in California are enrolled as IHSS providers to help

26 people continue to live safely in their own homes. You, the IHSS provider, are critical in
27 making it possible for individuals to remain safely in their own homes, where they can
28 enjoy personal freedom and independence, and continue being part of their community.
29 During this video, we will give you some basic information about the IHSS program, as
30 well as the program's rules that will guide you as a provider.

31 We'll be referring to you—the person providing the service—as the Provider (or
32 Employee), and the person receiving the help, as the Recipient (or Employer).

33 The Recipient is considered the employer since he or she has the authority and
34 responsibility to hire the provider, supervise their work, define how tasks will be done,
35 and terminate the provider if he or she chooses to.

36 So, let's start off by talking a little about the IHSS program and what you will be doing.

37

38 **Section 2: IHSS Background**

39 The In-Home Supportive Services program provides services to income eligible people
40 over the age of 65, and those who are blind or disabled. IHSS is a Medi-Cal program
41 funded by federal, state, and county dollars. Therefore, recipients must meet all Medi-
42 Cal income eligibility requirements to receive IHSS services.

43 The goal of the IHSS program is to allow people to live safely in their own homes and
44 avoid the need for out-of-home care. IHSS allows the recipient to hire someone, like
45 yourself, to help with services such as housework, laundry, meal preparation, and
46 personal care. Later in this video we'll go over some of the services that you, the
47 provider, are allowed to do.

48 To qualify for IHSS, services almost always need to be provided in the recipient's own
49 home. In IHSS, a person's home is where they feel most comfortable and where they
50 can remain a part of their community and make decisions that affect their quality of life.

51 Their home could be a house, apartment, hotel, home of a relative, or any type of home
52 they desire as long as it is not an acute care hospital, skilled nursing, intermediate care,
53 community care, or a licensed board and care facility.

54 Although services need to be provided in the recipient's home, there may be times
55 when providers will need to perform services outside of the home, such as when you

56 accompany the recipient to the doctor.

57 Services may also be provided in the workplace or when the recipient travels on
58 vacation and you accompany them.

59 But before providing any services outside the home, make sure you check that your
60 recipient has informed their social worker to verify that the circumstances qualify for
61 IHSS payment.

62

63 **Section 3: IHSS Program Structure**

64 As you know, IHSS is a huge program in California made up of over one million
65 recipients and providers.

66 To make a program this large run as smoothly as possible, many agencies are involved.
67 While this provides support on multiple levels, it can sometimes be confusing on who to
68 contact when you have questions. We will break down how everything is structured so
69 that you, the provider, understand where you fit in and who you can contact.

70 The federal and state governments oversee and direct all 58 counties in California.

71 These counties are responsible for managing the IHSS program on a local level. It is at
72 this level where a county social worker will conduct an assessment to determine the
73 needs of the recipients you work for. This assessment process includes identifying
74 which services a recipient needs to remain safely in their homes (such as meal
75 preparation or laundry), how much help is needed, and the amount of time it takes to
76 provide the services.

77 It is also at this level where counties enroll providers, like yourself, in the IHSS program;
78 answer questions from recipients about IHSS; and participate in fraud detection
79 activities.

80 Another level of support includes the 56 IHSS Public Authority agencies throughout
81 California.

82 These agencies are responsible for activities related to IHSS providers, which include
83 maintaining the county's provider registry, making provider referrals to recipients, and
84 offering training to providers. Public Authorities are also responsible for performing
85 collective bargaining as well as providing wage and health benefit information to

86 providers. In addition, Public Authorities provide the Union a list of current providers'
87 name, address, telephone number, and hours worked so that the Union may contact
88 you to invite you to join the union.

89 If you have any questions related to your job as an IHSS provider, make sure to contact
90 your IHSS county office or Public Authority.

91

92 **Section 4: Provider Requirements and Responsibilities**

93 Now, let's talk about you and the requirements for IHSS providers.

94 One of the first things you have to do is attend a Provider Orientation to get important
95 information about IHSS rules and regulations.

96 The good news is that watching this video is part of your orientation, so you are already
97 well on your way.

98 Once we are done with this orientation, you will be asked to sign the IHSS Provider
99 Enrollment Agreement Form (or SOC 846). By signing the form, you agree that:

- 100 • You will report and submit on your timesheet only the authorized services for
101 your recipient and cannot sign your timesheet for the recipient or approve your
102 own timesheet unless you are the recipient's legal representative.
- 103 • You understand workweek, overtime, travel limitations, and violations.
- 104 • You understand the program's expectations as described in today's orientation.
- 105 • You will cooperate with the state and county staff to provide necessary
106 information.
- 107 • You are aware of measures that the state and county may take to enforce
108 program integrity (also known as fraud).
- 109 • You understand the requirement to complete the Employment and Eligibility
110 Verification form (Form I-9) stating that you have the legal right to work in the
111 United States.
- 112 • You understand that you have the option to submit an Employee's Withholding
113 Allowance Certification (W-4) to request federal income tax withholding and/or
114 California Employee's Withholding Allowance Certification (Form DE 4) to
115 request state income tax withholding from your wages. If you do not submit

116 Form W-4 and/or DE 4, federal and state income taxes will not be withheld from
117 your wages.

- 118 • You understand the eligibility requirements and provisions to earn and use paid
119 sick leave.
- 120 • You understand that, if your recipient has a Medi-Cal share of cost, he or she will
121 be responsible for paying this amount to you directly as a part of your wages and
122 it will not be included in your paycheck.
- 123 • You understand that as a “mandated reporter,” you are required by law to report
124 any abuse or neglect that you observe while working.
- 125 • You understand that your name, address, home and cell telephone numbers, and
126 personal email address will be given to the local labor organization so they may
127 contact you to invite you to join the union.
- 128 • You understand that if you don’t follow the rules and requirements to be a
129 provider, you may be ineligible to provide services in the IHSS program.
- 130 • And lastly, the information you are giving is correct under penalty of lying under
131 oath.

132 This video will cover key areas of this form to help you understand the agreement and
133 what you need to know to be enrolled in the program.

134 As part of the provider enrollment process, you will also need to set up a time to get
135 fingerprinted so that a criminal background check can be done.

136 Even if you have previously had your fingerprints taken for something other than IHSS,
137 such as school or a prior job, you will still need to do it again to become an IHSS
138 provider. You will also need your fingerprints re-done if you stop working for IHSS for a
139 year or more and have no payroll activity for one year or more.

140 State law mandates that you are responsible for paying all costs related to the
141 fingerprinting and your background check. Your county IHSS office or IHSS Public
142 Authority can give you a list of nearby locations where you can be fingerprinted.

143 It is important to note that fingerprinting fees are not reimbursed. You will also not
144 receive a timesheet nor be paid for working until your fingerprints/background check has
145 cleared. Once the fingerprints clear, timesheets will be mailed to you for payment,

146 including back pay.

147 For providers who work for more than one recipient in the same county, you only need
148 to be fingerprinted once.

149 If the criminal background check finds that you have been convicted of certain crimes,
150 you may be ineligible to come an IHSS provider.

151 If in the last 10 years you have been convicted of, or incarcerated following a conviction
152 of certain crimes, you are not eligible to be enrolled as an IHSS provider or to receive
153 payment from the IHSS program for provide services.

154 There are two categories of crimes that will make you ineligible in the IHSS program;
155 they are referred to as Tier 1 and Tier 2 crimes.

156 Tier 1 crimes include specified abuse of a child, abuse of an elder or dependent adult,
157 and fraud against a government health care or supportive services program. Tier 2
158 crimes include, but are not limited to, a violent or serious felony; a felony offense for
159 which a person is required to register as a sex offender; and a felony for fraud against a
160 public social services program.

161 For some Tier 2 crimes, you may be able to be an IHSS provider if you receive an
162 individual waiver or general exception. Please refer to the Tier 2 handout in your
163 packets, or contact your local IHSS office or Public Authority, for more information about
164 an individual waiver or general exception.

165 This is a lot of information to absorb. You can find all the requirements and definition of
166 Tier 1 and Tier 2 crimes also in your packet, or at the county IHSS office or Public
167 Authority.

168 It's important that you complete the entire provider enrollment process within 90
169 calendar days of starting the process or you will have to start the entire process again.

170 If you don't complete the provider enrollment requirements within 90 calendar days, you
171 will receive a Notice of Provider Ineligibility form (SOC 851) informing you of your
172 inability to be enrolled as an IHSS provider and the steps you did not complete. The
173 SOC 851 form will provide a phone number to call if you wish to dispute the Notice.

174 Once you have completed all the enrollment conditions and meet eligibility
175 requirements, you will receive the IHSS Program Notice of Provider Eligibility confirming

176 that you can begin working as an IHSS provider.

177

178 **Section 5: Confidentiality and Mandated Reporter**

179 As an IHSS provider, there are two more important laws that you should know. They
180 are Confidentiality and Mandated Reporter laws.

181 You probably know that when you go to the doctor, your confidentiality is protected.

182 This means that your doctor is required to keep all your medical information private.

183 This information is protected by Confidentiality laws.

184 These same confidentiality rules apply to all health care providers and hospitals, and
185 they apply to you as an IHSS provider.

186 You cannot give out any information about the services your recipient receives. You
187 also cannot discuss any information about your recipient without written permission from
188 the recipient or the person legally responsible for that recipient. Anyone sharing
189 information inappropriately about someone they care for is guilty of a misdemeanor.

190 As an IHSS provider, you are also a Mandated Reporter.

191 This means that by law you must report any known or suspected abuse as soon as
192 possible to the County Adult Protective Services Agency, the County Children's
193 Protective Services agency, or local law enforcement. Your county IHSS office or
194 Public Authority should have the contact information. Some types of abuse that must
195 be reported include physical abuse, mental suffering, abandonment, isolation, financial
196 abuse, neglect, self-neglect, abduction, and sexual abuse. The abuse might be the
197 recipient you serve, someone else in the recipient's home, or anyone else.

198 Your report is confidential, which means the abused person or the abuser will not be
199 told who made the report. Remember, as a mandated reporter, you must report any
200 known or suspected abuse as soon as possible. If you witness physical and/or sexual
201 abuse in progress, you should notify law enforcement immediately by calling 9-1-1.

202

203 **Section 6: IHSS Authorized Services**

204 Now we are going to talk about what services IHSS covers and does not cover. These
205 are also the services that you, the provider, may be doing for your recipient.

206 In your packets you should have a handout called *Services Covered by IHSS*. You may
207 also get this handout at the county IHSS office or Public Authority.

208 This handout provides a complete list of the services and tasks that you may be
209 authorized to provide for your recipient.

210 For instance, if you are helping someone who is unable to do house cleaning or
211 personal care -- depending on the recipient's level of need, IHSS may be able to pay
212 you to help with:

- 213 • Meal preparation and clean-up;
- 214 • Laundry;
- 215 • Shopping and Other Errands;
- 216 • Bathing and Oral Hygiene;
- 217 • Feeding and Dressing; and/or
- 218 • Medical Accompaniment (assisting your recipient to or at a medical appointment)

219 There are a lot of services available within the IHSS program. However, you will not
220 have to provide all these services for the person you are caring for. You will only have
221 to provide the services that you are authorized for that individual.

222 Each recipient will receive a list showing what services their provider can be paid for
223 and how much time is authorized to do the services each month. This list is called a
224 Notice of Action.

225 Before providing services to an IHSS recipient, you should ask the recipient to tell you
226 which IHSS tasks are authorized, the number of hours available to perform the services,
227 and the schedule you are being hired to work.

228 You, the provider, will also receive a notice that contains the same list of approved
229 services for your recipient.

230 Remember, IHSS will only pay for a service that has been authorized.

231 There may be situations when the recipient you work for chooses to pay you to provide
232 services that IHSS does not pay for. This agreement would be between you and your
233 recipient, but IHSS will not pay for those services.

234 In these situations, it is best to politely remind the recipient about the Notice of Action
235 list of the services authorized.

236 Keep in mind that if you choose to do any services not listed on the Notice of Action,
237 you cannot record this service and time on your timesheet. We will go over timesheet
238 information later in this video.

239 Some of the things IHSS will not pay for include:

- 240 • Moving furniture
- 241 • Paying bills
- 242 • Reading mail to your recipient
- 243 • Caring for pets, including service animals
- 244 • Gardening
- 245 • Sitting with them to visit or watch TV
- 246 • Reimbursement for gas or transportation expense
- 247 • Repair services

248 There may also be times when you will not be authorized to perform services that were
249 previously authorized, such as house cleaning. Earlier in this video, we mentioned that
250 services need to be provided in the recipients' home or, in some cases, outside the
251 home. However, services may never be performed in a licensed institution or facility,
252 such as a skilled nursing home. During your employment with a recipient, the recipient
253 may be admitted to a nursing home or hospital. In this case, you will not be paid for
254 providing any services while your recipient is in a licensed care facility.

255 If your recipient is hospitalized or passes away, you cannot claim hours and/or be paid
256 during their hospitalization or after their death, and you should notify the county social
257 worker immediately.

258 For example: If your recipient was admitted to the hospital on 12/01/2019 and was
259 discharged on 12/15/2019, you are not allowed to claim hours from 12/02/2019 to
260 12/14/2019.

261 Claiming time on your timesheet for services you did not perform or should not perform
262 will result in you repaying any money received and/or face criminal penalties.

263 Deliberately filling out your timesheet with incorrect information is a serious issue and
264 can carry serious consequences. We will talk more about timesheets and fraud later in
265 this video.

266 The Notice of Action also includes the number of hours for each service the recipient is
267 approved for, and thus the number of hours the provider is authorized each month.
268 You, the provider, will not be paid for any time above these approved monthly hours. If
269 you find that it consistently takes more or less time to complete an authorized service,
270 you should have your recipient report these changes to the county social worker. The
271 social worker will then be required to reassess the recipient whenever there is a change
272 in circumstances affecting their need for services.

273 If your recipient refuses the services you are authorized to do, you need to make sure
274 not to include these hours on your timesheet.

275 Keep in mind that in addition to hiring you as a provider, the recipient may also have
276 multiple providers that help them with certain tasks.

277 In this case, make sure your timesheet only reflects the time you spent doing authorized
278 services and tasks.

279

280 **Section 7: Workweek and Overtime**

281 Now, let's discuss the workweek program requirements that may affect you as an IHSS
282 provider.

283 First, we will review some key terms to help you understand the program requirements.

284 • **Monthly Authorized Hours.** Monthly Authorized Hours is the total number of
285 IHSS hours a recipient is authorized per month. This number of authorized hours
286 is determined by your recipient's social worker at their assessment.

287 • **IHSS Workweek.** The IHSS workweek begins at 12:00 a.m. on Sunday and
288 ends at 11:59p.m. the following Saturday. It is important for you to remember
289 and be aware of the workweek when planning out your work hours with your
290 recipient.

291 • **Maximum Weekly Hours.** Maximum Weekly Hours are the number of service
292 hours that you, the provider, are allowed to work per workweek.

293 • **Overtime.** Overtime is any amount of hours in a workweek over 40 hours.
294 Overtime is paid at a rate of one and half times regular pay.

295 • **Exemption.** Exemption is an exception that allows a provider to work more than

296 66 hours per week when working for more than one recipient, when certain
297 criteria are met.

298 Now that we've reviewed these important key terms, let's talk about how they are used
299 in your work hours.

300 As a provider, you may be working for one recipient or multiple recipients. Depending
301 on the number of recipients you work for, determining your maximum weekly hours will
302 differ. We'll go over a couple examples to show you how to determine your maximum
303 weekly hours.

304 If you work for one recipient –

305 To determine your Maximum Weekly Hours that you can work each workweek, take the
306 Monthly Authorized Hours and divide it by 4 weeks (in the month).

- 307 • For example, if your Monthly Authorized Hours are 80, divide that by 4 and you
308 get 20. The 20 hours is the Maximum Weekly Hours that you can work from
309 Sunday through Saturday.
- 310 • If your Monthly Authorized Hours is 200, divide that by 4 and you get 50. The 50
311 hours is the Maximum Weekly Hours that you can work from Sunday through
312 Saturday. Since the Maximum Weekly Hours is also over 40, that means you will
313 be paid 10 hours of overtime for that workweek. Make sure you have been
314 approved by the county for any overtime.

315 It is important to note that when determining your workweek hours, IHSS recipients are
316 never allowed to receive more than 283 hours a month. This means that, as a provider,
317 you will not be able to work more than 70 hours and 45 minutes per workweek ($283 / 4$
318 $= 70.75$), when working for one recipient.

319 As we have illustrated, to determine the maximum weekly hours, you need to divide by
320 4 weeks. However, most months are longer than four weeks. This means that your
321 weekly hours won't always equal the maximum weekly hours. Make sure to plan with
322 your recipient to ensure there are enough hours to cover their authorized services until
323 the end of the month.

324 If you work for multiple recipients –

325 You cannot work more than a combined total of 66 hours per workweek, with a few

326 exceptions.

327 As stated above, an exemption is a type of exception that allows a provider to work
328 more than 66 hours per week when working for more than one recipient. There are two
329 exemptions: Exemption 1 for Live-In Family Care Providers and Exemption 2 for
330 Extraordinary Circumstances. Although both exemptions allow the provider to work
331 more than 66 hours per week, neither exemption allows a recipient to exceed their
332 monthly authorized hours.

333 Exemption 1 allows a provider who, on or before January 31, 2016, was providing
334 services to two or more live-in family member recipients and work up to 360 hours per
335 month.

336 Exemption 2 allows a provider to work up to 360 hours per month for two or more
337 recipients if there are extraordinary circumstances which place the recipients at risk of
338 out of home placement. If you or the recipient feel you are eligible for either exemption,
339 contact your local county office or the recipient's social worker for more information.

340 You will be informed of your recipient's maximum weekly hours and the services you
341 can provide via the Provider Notice of Action (or the SOC 2271). Anytime there is a
342 change in your recipient's authorized ours, you will receive an updated SOC 2271.

343 Please be aware that if your recipient has multiple providers, the hours noted on the
344 SOC 2271 may not all be available to you.

345 Make sure to always communicate with your recipient to ensure you are both on the
346 same page and to avoid disagreement or confusion about your number of working
347 hours.

348

349 **Section 8: Timesheets**

350 Now that we've discussed the workweek requirements and have reviewed the key
351 terms, let's go over how and where to fill out and submit your timesheets.

352 You will need to know how to properly fill out your timesheet so that you are paid for the
353 hours worked, and any errors on the timesheet could mean your payment will be
354 delayed.

355 Due to a new federal law, known as Electronic Visit Verification (or EVV), the California

356 Department of Social Services is required to electronically collect information about the
357 time and location where IHSS services or Waiver Personal Care Services (WPCS) are
358 provided to a recipient. EVV replaces the paper timesheet process, which means
359 providers will need to submit their timesheets electronically, either using the Electronic
360 Services Portal or the Telephone Timesheet System. Recipients will also need to
361 approve timesheets electronically. With EVV, you will be required to include three
362 additional entries when submitting your timesheets, in addition to hours worked:

- 363 • **Start Time** - The time the first service begins on the day.
- 364 • **End Time** - The time the last service is completed for that day.
- 365 • **Location** - Where the services were performed that day, in the recipient's home,
366 in the community (anywhere other than the recipient's home), or both. GPS is
367 not tracking location.

368 To begin submitting electronic timesheets, you will first need to register for an account
369 on the Electronic Services Portal (or ESP). You will need to provide your first and last
370 name, date of birth, 9-digit provider number, the last four digits of your Social Security
371 Number, and a valid email address. Make sure you have all this information handy
372 before you register for an account.

373 To access the Electronic Services Portal to begin the registration process – using a
374 smartphone, computer, tablet, or laptop, visit www.etimesheets.ihss.ca.gov. This portal
375 is available in English, Spanish, Chinese, and Armenian.

376 The Registration Process includes five steps that you will need to complete before you
377 can begin filling out and submitting your timesheets. These steps are only required to
378 be completed once, and after that, all you need to do is log in.

379 **Step 1:** Enter your name, 9-digit provider number, date of birth, and Social Security
380 Number. If you entered all your information but still receive a message informing you
381 that the information does not match our records, contact your local county IHSS office.

382 **Step 2:** Create your username, password, and enter your email address. Although it is
383 not recommended, you may use the same email address to register as a provider and
384 as a recipient. However, we recommend that you only use the same email address to
385 register as the recipient if you are the authorized Timesheet Signatory or have Legal

386 Authority, such as being the parent of a minor recipient.

387 **Step 3:** Select your security questions and enter your answers.

388 **Step 4:** Check your email and select the link to complete your registration. If you don't
389 see a message in your inbox, check your spam folder for the email.

390 **Step 5:** Enter your user name, password, and one of the security questions you
391 selected in Step 3.

392 And that's it! Now that you've completed all five steps for registration, you are now
393 registered and have an account with the Electronic Services Portal website.

394 To assist providers and recipients, the California Department of Social Services has
395 developed EVV webcasts to provide detailed information on how to register and use the
396 Electronic Services Portal and Telephone Timesheet System. Please refer to the
397 *Electronic Visit Verification* handout in your packet for more information on how to
398 access these webcasts, including how to register for an account, or contact your IHSS
399 county office or Public Authority.

400 Once you are registered for the Electronic Services Portal and have an account, you
401 can now begin filling out and submitting your timesheets. Simply visit the Electronic
402 Services Portal website at www.etimesheets.ihss.ca.gov and sign on using the
403 username and password that you created during registration. Once you are logged on,
404 you will see on the homepage the names of all the recipients that you work for. You will
405 then be able to select the recipient that you want to enter in time for, as well as the pay
406 period that you wish to enter time. The timesheet entry screen will include fields for
407 Hours Worked, Start Time, End Time, and Location of where you provided service.
408 Make sure you fill out all information correctly before submitting your timesheet for
409 review. As long as you have not submitted your timesheet, you will have time to go
410 back and fix any errors on the timesheet. Once you have submitted the timesheet, your
411 recipient will need to review and approve it before it is sent for payment.

412 For a detailed training on how to fill out and submit timesheets, contact your IHSS
413 county office or Public Authority. You may also watch the EVV webcasts provided by
414 CDSS.

415

416 **Section 9: Travel Time**

417 For providers who work for more than one recipient on the same day, you may be
418 eligible to be paid for travel time. Eligible providers may claim up to seven (7) hours of
419 travel time per workweek.

420 Travel time is the amount of time it takes for you to travel from one recipient's home, or
421 location of service, to another. Travel time is not included as part of your maximum
422 weekly hours and is not deducted from your recipient's monthly authorized hours.

- 423 • For example, if you work a total of 35 hours a week for two recipients and it takes
424 you 15 minutes each day to travel from one recipient to another recipient, the 15
425 minutes of travel per day is not part of your 35 total weekly hours. The 15
426 minutes of travel is counted separately and is claimed as **travel time**.

427 Travel time also does not include the time it takes you to travel from your own home to
428 the location where you provide services for your recipient, or back home after your work
429 is completed.

430 If you work for multiple recipients, you must complete the IHSS Program Provider
431 Workweek & Travel Time Agreement (SOC 2255) and submit it to your county. This
432 agreement explains the workweek, 7-hour travel time limits, and includes areas for you
433 to plan your workweek schedule and record the estimated time between your recipients'
434 locations each week.

435 Once the SOC 2255 has been received and processed by the county, if you are eligible
436 to receive paid travel time, you will be sent a Travel Claim Form (SOC 2275) for each
437 recipient that you travel to. In order for Travel Claim Forms to be processed and paid,
438 timesheets need to be processed first.

439 Please refer to the *Travel Claim Forms* handout in your packet or contact your county
440 IHSS office for further instructions on how to claim travel time and where to mail in your
441 Travel Claim Form.

442

443 **Section 10: Adjusting Hours**

444 On occasion, it may be necessary for your recipient to authorize you to work more than
445 their maximum weekly hours. Keep in mind that adjusting your weekly hours could

446 cause you to work over 40 hours for the week, which would count as overtime. Make
447 sure you and your recipient get county approval first before you adjust your work hours
448 if it causes overtime. You don't need to get county approval, however, if adjusting your
449 workweek hours does not result in overtime.

450 If you do need to adjust your work hours for your recipient, but you also work for
451 additional recipients, make sure you let your other recipients know your schedule to
452 avoid any confusion or conflict. Please refer to the *Workweek Scheduling* handout in
453 your packet for more information or contact your county IHSS office.

454

455 **Section 11: Paid Sick Leave**

456 Now that we've talked about your schedule and working hours, let's talk about what
457 happens when you are unable to work. As an IHSS provider, there may be times when
458 you are unable to work due to personal illness or are caring for a family member who is
459 ill.

460 Beginning July 1, 2018, the California Department of Social Services began a new
461 program that allows current, active providers the ability to receive annual paid sick
462 leave.

463 **Earning and Accrual of Paid Sick Leave**

464 All new providers who begin working for a recipient on or after January 1, 2020 will
465 receive sixteen (16) hours of paid sick leave after they work 100 hours (from their initial
466 hire date) providing authorized services for an IHSS recipient. However, these sixteen
467 (16) hours of accrued paid sick leave can't be used until they work an additional 200
468 hours of authorized services, or until after 60 calendar days has passed, whichever
469 comes first.

- 470 • For example: Let's say you begin working 40 hours a week for your recipient on
471 January 1, 2020. You will need to work 100 hours from that start date (January
472 1st) to begin earning 16 hours of paid sick leave. In this example, you will work
473 100 hours on approximately January 18th. However, to start using your accrued
474 paid sick leave, you must work an additional 200 hours. If, by the time 60
475 calendar days has passed and you have not worked 200 hours, you may begin

476 using your paid sick leave.

477 Keep in mind – at the end of the State Fiscal Year (June 30th), any unused paid sick
478 leave will expire. In other words, if you don't use it, you lose it. But don't worry,
479 beginning July 1st, you will continue to earn 16 hours of paid sick leave.

480 The accrual of paid sick leave will increase to 24 hours for each year, calendar year, or
481 twelve-month period of employment on the date that the State minimum wage reaches
482 \$15 per hour (scheduled for January 1, 2022)

483 **Requesting Paid Sick Leave**

484 There are two ways that you, the provider, can request paid sick leave: by paper or
485 electronically.

486 To request paid sick leave by paper, you must complete the IHSS Program Provider
487 Sick Leave Request Form (SOC 2302). You can obtain the form by downloading and
488 printing it from the CDSS webpage (www.cdss.ca.gov) or obtain a printed copy from the
489 county IHSS office.

490 Once you've completed and signed the SOC 2302, submit the form in a separate
491 envelope when you submit your timesheet for processing. The address where the form
492 needs to be submitted is printed on the SOC 2302.

493 Keep in mind, if your SOC 2302 is not received for processing by the end of the
494 following month in which the sick leave is claimed, your claim cannot be processed.

495 To request paid sick leave electronically, you will need to be registered to use the
496 Electronic Services Portal. Once you log into the Electronic Services Portal, you can fill
497 out a request for sick leave electronically. The benefits of this include not having to
498 obtain a SOC 2302 from the county or CDSS website and avoid potential delays in
499 mailing the SOC 2302, which can cause delayed payments.

500 **Receiving Payment for Paid Sick Leave**

501 Paid sick leave will be mailed to you, the provider, in a separate paycheck from your
502 regular payment. If you are signed up for direct deposit, the sick leave payment will be
503 delivered to you via direct deposit.

504

505 **Section 12: Violations**

506 Many of the rules we explored today are intended to make sure the program's limited
507 resources are available to everyone who needs them.

508 One of the ways that the California Department of Social Services (or CDSS) has
509 developed to ensure these regulations is the violation process.

510 A violation is a formal action taken by CDSS when certain program rules are broken.

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

- 512 • Working more than 40 hours in a workweek when your "maximum weekly hours"
513 are 40 hours or less, meaning you have no approved overtime
- 514 • Working more hours for your recipient than the recipient's maximum weekly
515 hours, which causes you to work more overtime hours in a month than you
516 normally would without receiving county approval
- 517 • Exceeding the monthly overtime hours
- 518 • Working more than a total of 66 hours a workweek when you work for more than
519 one recipient; or
- 520 • Claiming more than 7 hours of travel time in a workweek

521 If you do any of the above things, you will still be paid but will also get a violation.

522 Consequences for violations depend on how many violations you have already built up:

523 For the first violation, you and each of your recipients will get a notice of the violation but
524 incur no other consequences. After receiving your first violation, we recommend
525 contacting your county to discuss how to avoid further violations.

526 If you incur a second violation, you will have the opportunity to complete a self-guided
527 training to learn about violation rules. This training is completely voluntary, but if you
528 complete it within 14 days of your violation, then the violation will be erased. Because
529 of this, we strongly recommend completing the self-guided training. An important thing
530 to note is that you will only have the opportunity to complete this training once.

531 After your second violation is removed, all future second violations will remain. This is
532 also the last violation which will not directly affect your ability to work as a provider.

533 If a third violation occurs, you will be suspended as an IHSS provider for 90 days.

534 If a fourth violation occurs, you will be ineligible to work as an IHSS provider for 365

535 days.

536 If you become ineligible due to a fourth violation, you will have to re-enroll after your
537 ineligibility period to resume working as an IHSS provider.

538 You will always have the opportunity to question a violation through the county dispute
539 process, and will have 10 calendar days from the date of the violation to do so.

540 Please refer to your *Violations* handout or contact your county IHSS office for more
541 information about each of the four violations and the county dispute process.

542

543 **Section 13: Fraud**

544 As we said earlier, IHSS is a Medi-Cal program funded by federal, state, and county
545 dollars. This means that IHSS fraud is also Medi-Cal fraud. Reducing and eliminating
546 fraud helps save IHSS program resources. All fraud investigations are conducted by
547 the California Department of Health Care Services.

548 If you suspect anyone may be committing IHSS or other Medi-Cal fraud, you **MUST**
549 report this to Medi-Cal by calling the toll-free number, sending an email, filling out an
550 online form, or contacting the county.

551 You do not have to have proof of fraud; there are investigators who will determine
552 whether Medi-Cal fraud has been committed. The Department of Health Care Services
553 Auditors, County District Attorney's office, and State and County welfare investigators
554 all investigate potential fraud when cases are referred to them, and they prosecute
555 those accused of fraud.

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

- 557 • Through computer matches with other federal and state agencies,
- 558 • During the assessment process,
- 559 • While the county and/or state staff conduct quality assurance and fraud detection
560 activities, and
- 561 • During authorized unannounced program integrity visits to recipients' homes.

562 These home visits are done by state and/or county staff.

563 In-Home Supportive Services provides help for those in need. It is important to
564 preserve the program resources and avoid fraud.

565 In the following examples, we will show cases where fraud was committed. We know
566 these examples represent the minority, but it is important for you to understand what is
567 considered fraud. Understanding the rules can help you avoid a situation that can have
568 significant consequences.

569 Take the case of Shirley Sayer. She thought she could be in two places at one time.
570 She was an IHSS provider for her son in California and moved from California to
571 Colorado, and still claimed IHSS benefits. That is illegal.

572 Shirley requested that her checks be mailed to a post office in Riverdale, California, and
573 then forwarded to her address in Colorado. She submitted timesheets claiming she
574 provided IHSS services for her son in California for five months.

575 Shirley is now serving 180 days in jail with three years' probation.

576 For 3 years, David was a provider and Joe was a recipient. David didn't actually
577 perform any services for Joe because Joe didn't actually have anything wrong with him.

578 When the checks came in, they split the money. Joe and David are serving 90 days in
579 jail with 3 years' probation for IHSS fraud.

580 After filling out his timesheet, Brian needed his mother, who is also his recipient, to
581 verify and sign his timesheet. Brian had just left for vacation and realized he would not
582 be able to have his mother sign. He believed that since she would probably verify his
583 hours anyway, he decided to sign the timesheet on her behalf. Since Brian does not
584 have authorization to sign for his recipient (in this case, his mother), this is also fraud.

585 As you can see, the In-Home Supportive Services system can be abused in many ways,
586 and the consequences for intentionally abusing the system are devastating to you and
587 to your family.

588 If you have a question, or are unsure of IHSS policies and procedures, ask for help. If
589 you assume and you are incorrect, you could be liable for your mistake.

590 The District Attorney's office takes all fraud cases seriously.

591 Remember, by being aware of both the IHSS program rules and your own
592 responsibilities as an IHSS provider, you can help protect the integrity of the IHSS
593 program.

594 Please refer to your packets for tips on how to avoid fraud.

595

596 **Section 14: Wrap-Up**

597 Before we finish, there's one last thing you'll need to do before you leave today, and
598 that is to sign the Provider Enrollment Agreement form (SOC 846).

599 We hope this presentation has given you a better understanding of the IHSS program
600 and has provided helpful information on how to follow the requirements. We understand
601 that this is a lot of information, but we encourage you to use the resources and
602 handouts provided to you and to contact your county Social Services staff or Public
603 Authority representative with any questions.

604 On behalf of the California Department of Social Services, we thank you for your
605 willingness to serve as an IHSS provider.

606 Your job is definitely not an easy one, but thanks to you, it can help those who are
607 elderly, blind, and disabled stay safely in their own homes.

608 We thank you for your assistance and dedication to this valuable program.

DRAFT