Communicating with Your Recipient

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.
Electronic Timesheet System (ETS)

What is ETS?
Electronic Timesheet System (ETS)

- CDSS has started a new service that will allow you to submit your timesheets online using ETS through a new website.
- ETS is available in English, Spanish, Chinese and Armenian for recipients and providers

Benefits to using ETS for Provider and Recipients:

Providers:
- Faster payment
- Help to avoid violations
- Fewer timesheet errors
- Save on postage
- View payment history
- Enroll in Direct Deposit
- Submit Sick Leave

Recipients:
- Review timesheet details online
- Review timesheet history online
- Telephone Timesheet System (TTS)

What is TTS?
Telephone Timesheet System

- Recipient have the option to sign up and use the TTS if they choose not to use ESP online.
- TTS will call the recipient on the phone when their provider(s) has submitted a timesheet for approval. The recipient uses their telephone to approve the timesheet.
- Please contact your local county IHSS office for more TTS information.
For more information on ETS:

- Access our website at www.cdss.ca.gov/inforesources/IHSS-Providers/Resources/Timesheet-Information
- Contact the Electronic Timesheet Deposit Help Desk at (866) 376-7066, select option #4.

To sign up for ETS:

- Access the website at: www.etimesheets.ihss.ca.gov
- You will need to have your SSN, Provider ID# and a valid email address to complete the enrollment process.
Electronic Visit Verification

What is EVV?

- Electronic Visit Verification or EVV is an electronic-based system that collects service delivery information including hours, Location, type, and start/stop times of service. This information is collected through a secure website or a telephone (land-based or mobile).
- EVV will eventually replace the current paper timesheet process for IHSS and WPCS providers. Recipients will also have to approve timesheets either online or by telephone.
- CDSS ensures that the system is easy to use and accessible to all, training is provided to all recipients and providers, and a help desk is available to anyone who needs assistance.

When will California start using EVV?

- California began rolling out EVV by county/region in July 2019 and will continue throughout Winter 2020 until all counties are live.

How will EVV work?

- EVV will not change the amount of service hours, nor how or where you provide or receive services.
- EVV will not use geo-tracking or global positioning system (GPS) capabilities.
- Providers will not need to report multiple tasks nor check in and out multiple times a day.
- California’s EVV system is housed in the existing Electronic Timesheet System (ETS) or Electronic Services Portal (ESP) and Telephonic Timesheet System (TTS).

For more information about EVV

- Visit the CDSS EVV website: http://www.cdss.ca.gov/inforesources/IHSS/EVV
- Visit the CDSS EVV help website: https://www.cdss.ca.gov/inforesources/cdss-programs/ihss/evvhelp
- Access the IHSS Telephone Timesheet System: (833) DIAL-EVV or (833) 342-5388
- Visit the Electronic Services Portal Website: www.etimesheets.ihss.ca.gov or
- For general assistance with ESP or TTS: (866) 376-7066
Exemptions

Two exemptions have been established for limited, specific circumstances that allow your maximum weekly hours to be exceeded. These exemptions include the Live-in Family Care Provider exemption, or exemption 1, and the Extraordinary Circumstances exemption, also known as exemption 2. If the recipients you work for are granted either of these exemptions, you as their provider will be allowed to work up to a total of 12 hours a day, and up to 360 hours per month combined for the IHSS recipients, not to exceed each IHSS recipient’s monthly authorized hours.

Even if you are granted either exemption, you cannot work more than 360 hours per month. If you work up to these maximum hours for your recipients and your recipients still have IHSS hours left, then your IHSS recipients must hire another provider or providers to work the rest of their IHSS hours.

**EXEMPTION 1 – Live-In Family Care Providers**

Per ACL 16-07, if you meet the following requirements on or before January 31, 2016, you may provide services to two or more live-in family member recipients and work up to 360 hours per month.

1. You must provide IHSS services to two or more IHSS recipients.
2. You must currently live in the same home as the IHSS recipients that you provide services to.
3. You must be related to the IHSS recipients to whom you provide services as his/her parent, stepparent, adoptive parent or grandparent or be his/her legal guardian or conservator.

If you are eligible for exemption 1 the Live-in Family Care Provider exemption, you may need to provide proof of relationship to your recipients (i.e. parent, legal guardian, conservator, adoptive parent, stepparent, or grandparent) and proof of residence.

Some proof of relationships are:

- Birth certificate
- School registration records indicating parent or legal guardianship
- Court order appointing guardian of the minor or conservatorship
- Court order honoring the adoption of the minor

Some examples of proof of residence are:

- Lease or rental agreement
• Mortgage statement
• Property tax bill/statement
• W-2 Form from within the last 12 months

If you meet the three conditions previously listed and are interested in this exemption, you must complete, sign and date the InHome Supportive Services Program Live-in Family Care Provider Overtime Exemption form (SOC 2279) and return it to the California Department of Social Services (CDSS). This form will be reviewed and processed by CDSS. A written notice of eligibility will be sent to you informing you of the outcome of your request.

EXEMPTION 2 – Extraordinary Circumstances

Exemption 2, the Extraordinary Circumstances exemption applies to you if you provide services for two or more recipients whose circumstances put them at serious risk of placement in out-of-home care.

In order to qualify for the Extraordinary Circumstances exemption, all of the recipients you work for must meet at least one of the following conditions:

A. Have complex medical and/or behavioral needs that must be met by a provider who lives in the same home as the recipient.
B. Live in a rural or remote area where available providers are limited and as a result the recipient is unable to hire another provider.
C. Be unable to hire a provider who speaks his/her same language in order to direct his/her own care.

An additional requirement is the recipients, with assistance from the county as needed, must have made reasonable attempts to locate and hire an additional provider(s). Prior documented attempts to utilize other providers that have resulted in detrimental effects to the recipient’s health and/or safety may be considered in meeting this requirement.

The financial impact that hiring another provider could have on the current provider shall not be a factor for consideration when determining whether an extraordinary circumstance exists.

Two or more recipients in a single home with an excess of 360 hours between them will be required to hire another provider to work the remaining hours beyond the 360 hours allotted to the recipient when the extraordinary circumstance is granted.
How to Become an IHSS Provider

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

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.
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.
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 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.

**Additional Steps that Must Be Completed in Certain Circumstances**

**A. For providers whose recipient has multiple providers:**
   a. 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:**
   a. The **Provider Workweek and Travel Time Agreement (SOC 2255)** helps providers who work for multiple recipients make a work schedule, including travel time.

   b. 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.
Beginning July 1, 2018, active IHSS providers in all California counties are now able to receive annual paid sick leave.

What is paid sick leave:
Paid sick leave is paid provider requested time off from work due to personal illness or are caring for a family member who is ill. It may also be used if the provider is a victim of domestic violence, sexual assault or stalking.

How is paid sick leave earned and accrued?
Providers will earn eight (8) hours of paid sick leave after being paid for working a total of 100 hours, providing authorized services for one or more IHSS recipient(s).

However, these eight (8) hours of accrued paid sick leave can’t be used until they work an additional 200 hours of authorized services, or until after 60 calendar days as passed, whichever comes first.

Example:
- If you, the provider, begin working 40 hours a week for your recipient on July 1st, you will reach your 100 hours of work by approximately July 18th. At this point you will have earned the eight (8) hours of paid sick leave.
- You will then have to work an additional 200 hours or 60 calendar days (Sept 16th), whichever comes first in order to use the accrued sick leave.

Note: Any unused paid sick leave will expire. In other words, if you don’t use it, you lose it. But don’t worry, beginning July 1st, you will continue to earn 8 hours of paid sick leave.

How does a provider request paid sick leave?
There are two ways that you, the provider, can request paid sick leave: by paper or electronically.

Paper Sick Leave Request
- To request paid sick leave by paper, you must complete the IHSS Program Provider Sick Leave Request Form (SOC 2302). You can obtain the form by downloading and printing it from the CDSS webpage (www.cdss.ca.gov) or obtain a printed copy from the county IHSS office.
Once you’ve completed the SOC 2302, submit the form in a separate envelope when you submit your timesheet for processing. The address where the form needs to be submitted is printed on the SOC 2302.

The completed SOC 2302 must be received by the end of the following month in which the sick leave is claimed for your claim to be processed.

**Electronic Sick Leave Request**

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

**How does the provider receive payment for paid sick leave?**

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

For more information, contact your local county IHSS office.
Share-Of-Cost

What is Share-Of-Cost?

Most people receive In-Home Supportive Services (IHSS) as a part of their Medi-Cal benefits. Depending on the amount of income received, some people must agree to pay a certain amount each month toward their Medi-Cal expenses, before Medi-Cal will pay. The money that must be paid before Medi-Cal will pay for any medical costs is called a Share-of-Cost (SOC). The SOC allows a person with income above the allowed amount to receive IHSS if he/she agrees to pay the SOC. The recipient's SOC may be paid to their IHSS provider, a pharmacy, doctor's office, or when purchasing other medical services or goods.

How does the Share-of-Cost affect provider payment?

At the end of the month of care, the recipient will receive an “Explanation of Share-of-Cost” letter that identifies the amount of the SOC to be paid. The SOC amount will also appear on your provider’s timesheet under “Share-of-Cost Liability.” The recipient must pay the outstanding SOC balance to the provider as that outstanding balance will be deducted from the provider’s pay.

The amount needed to pay you, the provider, may change each pay period, depending on whether the recipient has paid their SOC for other medical expenses before the timesheet for each pay period is processed. If you, the recipient has more than one IHSS provider, he or she will not be able to choose which provider the SOC is paid to. Any SOC that is has not been paid by the recipient will be subtracted from the first IHSS provider’s timesheet that is processed by the county.

If you or your recipient have question about the SOC, contact your county IHSS or Public Authority office.
Here are some examples of how Share-of-Cost works:

**Example 1:**
Mrs. Smith has a $200 share-of-cost (SOC) for the month of June. She makes the following SOC payments:

- $50 for a medical appointment at the doctor’s office on the 6th
- $60 for a prescription at the pharmacy on the same day

Mrs. Smith has paid a total of $110 towards her SOC. She has a remaining SOC balance of $90.

Because Mrs. Smith has an SOC balance of $90, when her provider submits the timesheet on the 16th, the State will deduct $90 from the provider’s paycheck. Mrs. Smith is required to pay the first $90 of the providers wages for hours worked between June 1st-15th directly to the provider. The state will pay provider wages over the $90 SOC.

Since there is no SOC balance, the state will pay all of the provider’s wages for hours worked between June 16th-30th.

**Example 2:**
Mr. Lee has a $100 share-of-cost for the month of June. He makes the following SOC payments throughout the first half of the month.

- $75 for a medical appointment at the doctor’s office on the 13th
- $25 for a prescription at the pharmacy on the 14th

Mr. Lee has paid a total of $100 towards his share-of-cost. He has a remaining SOC balance of $0.

Because Mr. Lee has a SOC balance the $0, when his provider submits his timesheet on the 16th, the State will pay all of the provider’s wages for hours worked between June 1st-15th.

Since there is no SOC balance, the State will pay all of the provider’s wages for hours worked between June 16th-30th.
Travel Time

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 (see exception below). 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.
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. **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 unless you are returning to provide additional care.**
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 fare, 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.
7. The travel claim form is not for travel related to recipient tasks such as doctor’s visits, alternative resources, shopping and errands.
Be careful 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.

TRAVEL TIME FAQ

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.
Travel Claim Forms

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 travel more than allowed for each workweek in order to stay within the 7-hour travel time limits.
- 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.

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<thead>
<tr>
<th>PART B. TRAVEL TIME</th>
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**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.

In order for Travel Claim Forms to be processed and paid, timesheets need to be processed first. The timesheet and Travel Claim Form are processed at two different facilities. Be careful to return each in the correct pre-addressed envelope for timely processing.
Violations

A violation is the consequence of not following overtime and travel time limitations, and could cause you to be suspended from the program or terminated as an IHSS provider. It is important that you follow the overtime and travel time limitations to prevent getting a violation.

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

1. Working more than 40 hours in a workweek without your recipient getting approval from the county when your recipient is authorized less than 40 hours in a workweek.
2. Working more hours for your recipient than the recipient’s maximum weekly hours which causes you to work more overtime hours in a month than you normally would without receiving county approval.
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 the county determines that you have violated the weekly overtime and/or travel time limitations, you will be paid the overtime and/or travel time that exceeded the workweek and/or travel time limitations but you will also receive a violation notice from the county. In addition to the violation notice, you will receive an IHSS Program Notice to Provider of Right to Dispute Violation for Exceeding Workweek and/or Travel Time Limits form, SOC 2272, with information on how to request a county review of the violation. A notice will also be sent to all of your recipients informing them of your violation and explaining why you received it.

Violations can also be issued due to administrative or processing errors such as timesheets being misread in scanning or timesheets processed out of order. If this is the case, it can be overridden by the county during the dispute review process.

Consequences for violations vary depending on if it is your first, second, third, or fourth violation:

NOTE: If your actions result in more than one violation during a calendar month, it will only count as one violation. For example, if a timesheet or travel claim form triggers an error during the first pay period of May and another during the second pay period of May, the first error will result in a violation and the second error will be tracked by the system. A second violation will not be issued within the same calendar month.
<table>
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<tr>
<th>1&lt;sup&gt;ST&lt;/sup&gt; Violation</th>
<th>2&lt;sup&gt;ND&lt;/sup&gt; Violation</th>
<th>3&lt;sup&gt;RD&lt;/sup&gt; Violation</th>
<th>4&lt;sup&gt;TH&lt;/sup&gt; Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the first violation, you and each of your recipients will get a notice of the violation with information on how to request a county review.</td>
<td>If a second violation occurs, you will have an opportunity to complete the one-time self-certification training to avoid receiving a second violation. If you do not complete the one-time self-certification training within 14 calendar days of the date of the notice, you will receive a second violation.</td>
<td>If a third violation occurs, you will be suspended as an IHSS provider for 90 days.</td>
<td>If a fourth violation occurs, you will be ineligible to work as an IHSS provider for 365 days.</td>
</tr>
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</table>

If you receive a violation, the violation will remain on your IHSS record, except for the first time you receive a second violation. The second violation may be removed by completing the one-time self-certification training. This training is mailed to the provider with the second violation. Remember, this may be done only once).

However, after one year, if you don’t receive another violation, the number of violations you have received will be reduced by one. As long as you don’t receive any additional violations, each year after the last violation was removed, the number of violations will be reduced by one.

If you receive a fourth violation and are ineligible to be an IHSS provider for one year, when the year is up you must re-enroll if you wish to work in the IHSS program. This means you must:

- Re-submit an application; and
- Complete all of the provider enrollment requirements, including the criminal background check, provider orientation and all required forms.
- Also, your violations count will be reset to zero.
County Review Process

If you receive a violation, you have ten calendar days from the date of the violation notice to request a county review by submitting the Notice to Provider of Right to Dispute Violation for Exceeding Workweek and/or Travel Time Limits (form SOC 2272). Once the county receives the request for review, it has ten business days to review and investigate the violation and send you a notice stating whether the violation will remain or if it will be removed. If you do not submit an SOC 2272 form within the ten calendar days, the violation remains in effect.

For the third and fourth violations, if, after submitting the SOC 2272, the county doesn’t remove the violation, you may request a review by CDSS within ten business days of the date of receiving the county notice. The county notice will explain how you may request a review by CDSS.
When Medical Accompaniment has been authorized for the recipient you are working for, you may be compensated for “wait time” that is associated with accompaniment to medical appointments and alternative resource sites, under certain circumstances.

Wait time is authorized by the county IHSS Social Worker during an assessment based on the following:

A. how frequently the recipient has medical or other health-related appointments,
B. the purpose of the appointment(s),
C. and if you as the provider are needed to provide authorized services to the recipient during travel to the appointment(s) or during the appointment(s).

CDSS has defined two types of Wait Time:

“ENGAGED TO WAIT” OR “ON DUTY”
You, the provider, are not performing work duties but you are unable to use your time effectively for your own purposes. These periods of time are generally unpredictable and usually of short duration. The wait time is an integral part of the job; it belongs to and is controlled by your recipient.

“WAITING TO BE ENGAGED” OR “OFF-DUTY”
You, the provider, are completely relieved from performing work duties and have enough time to use it effectively for your own purposes such as to take a meal break, run a personal errand, or read a book. You must be informed in advance that you may leave the job and that you will not have to resume work until a specified time.

WAIT TIME – ON DUTY:
An example of “Wait Time-On Duty” would be if you accompany your recipient to a routine medical appointment of known duration of 30 minutes or less and are required to remain at the doctor’s office because at any moment you may be called upon to assist your recipient with the travel back home.
WAIT TIME – OFF DUTY:

An example of “Wait Time – Off Duty” would be if you accompany your recipient to a dialysis treatment that is scheduled to last two or more hours. You are not required to remain on the premises but you must return at a designated time to pick-up your recipient. You can effectively use that time on your own to engage in personal activities, either on the premises or not, such as to read a book, etc.

When your recipient is authorized for medical accompaniment, if all of the following conditions are met, it will be considered wait time-off duty, which is not compensable:

- The duration of your recipient’s appointment is known in advance which allows you ample notification that you will not be needed to provide services for a specific period of time which can then be used for your own purposes;
- The appointment is scheduled to last longer than 30 minutes; and
- You are not required or able to perform any other authorized service, e.g. food shopping, other shopping/errands, during the duration of the appointment.

Contact your local county IHSS office for more information regarding wait time.
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.

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.
IHSS Authorized Tasks

Mark the tasks you need your provider to do and show how often the task needs to be done. Talk about anything special you want him/her to know as you go through the list. Write notes to help your provider remember your requests.

REMEMBER: IHSS will only pay for services that have been authorized by your social worker. When authorizing hours for someone to help you, your social worker considered the things you were able to do safely without help. It is important for you to remain as independent as possible, so you should not ask your provider to do things you can do for yourself safely.

Use the chart below to show whether the tasks need to be done daily (D), weekly (W), monthly (M), or on another schedule (O) such as two times per week.

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<thead>
<tr>
<th>Authorized Task</th>
<th>How often</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Housework</td>
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<td></td>
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<tr>
<td>Mop kitchen and bathroom floors</td>
<td></td>
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<tr>
<td>Clean bathroom</td>
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<tr>
<td>Make bed</td>
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<tr>
<td>Change bed linen</td>
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<tr>
<td>Clean sinks</td>
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<tr>
<td>Clean stovetop</td>
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<tr>
<td>Clean refrigerator</td>
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<tr>
<td>Vacuum/sweep</td>
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<tr>
<td>Wipe counter</td>
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<tr>
<td>Dust</td>
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<tr>
<td>Empty trash</td>
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<tr>
<td>Meals</td>
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<tr>
<td>Prepare meals</td>
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<tr>
<td>Meal clean-up</td>
<td></td>
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<tr>
<td>Laundry</td>
<td></td>
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<tr>
<td>Wash, dry, fold, and put away laundry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
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<tr>
<td>Grocery shopping</td>
<td></td>
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<tr>
<td>Other shopping and errands</td>
<td></td>
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</tbody>
</table>

D = Daily  W = Weekly  M = Monthly  O = Other
<table>
<thead>
<tr>
<th>Authorized Task</th>
<th>How often</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Care Services</strong></td>
<td></td>
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</tr>
<tr>
<td>Respiration</td>
<td></td>
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<tr>
<td>Feeding</td>
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<tr>
<td>Dressing</td>
<td></td>
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<tr>
<td>Grooming and oral hygiene</td>
<td></td>
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<tr>
<td>Bathing</td>
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<tr>
<td>Bed bath</td>
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<tr>
<td>Bowel and bladder care</td>
<td></td>
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<tr>
<td>Menstrual care</td>
<td></td>
<td></td>
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<tr>
<td>Ambulation (example: help with walking)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help on/off seat or in/out of vehicle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repositioning</td>
<td></td>
<td></td>
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<tr>
<td>Rub skin</td>
<td></td>
<td></td>
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<tr>
<td>Assistance with prosthesis/meds</td>
<td></td>
<td></td>
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<tr>
<td><strong>Paramedical Services</strong></td>
<td></td>
<td></td>
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<tr>
<td>Blood sugar checks</td>
<td></td>
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<tr>
<td>Injections</td>
<td></td>
<td></td>
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<tr>
<td>Other paramedical services</td>
<td></td>
<td></td>
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<tr>
<td><strong>Accompaniment Services</strong></td>
<td></td>
<td></td>
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<tr>
<td>To medical appointments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To alternative resources</td>
<td></td>
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</tr>
</tbody>
</table>

For more information, contact your local IHSS office.
Live-In Provider Self-Certification Information

Under Internal Revenue Service (IRS) Notice 2014-7, the wages received by WPCS providers who live with the recipient of those services are not considered part of gross income for purposes of Federal Income Tax (FIT). On March 1, 2016, the California Department of Social Services (CDSS) received a ruling from the IRS that In-Home Supportive Services (IHSS) wages received by IHSS providers who live in the same home with the recipient of those services are also excluded from gross income for purposes of FIT. CDSS recently received confirmation from the California Franchise Tax Board (FTB) that wages received by IHSS and/or WPCS providers are not considered part of gross income for purposes of California State Personal Income Tax (PIT).

How do I exclude my wages from FIT and PIT?

You have the option to self-certify your living arrangements to exclude IHSS/WPCS wages from FIT and PIT by completing and submitting a Live-In Self-Certification Form for Federal and State Tax Wage Exclusion (SOC 2298). All requested information on the form must be provided and the form must include your signature and the date you signed the form.

Return Completed SOC 2298 Forms to:
IHSS – IRS Live-In Self-Certification
P.O. Box 1677
West Sacramento, CA 95691-6677

What do I do for wages paid before my Self-Certification Form is received?

Your form W-2 for past year wages paid prior to the receipt and processing of your Self-Certification form will not be amended. Providers are encouraged to consult with a tax advisor or contact the IRS or FTB directly with questions.

Do I need to file a Live-In Self-Certification Form every year?

Your exclusion from FIT and PIT will continue each year you continue to work for, and live with, your recipient and you will not need to re-certify every year.

What happens if I stop living with the recipient?

If your living arrangements change and your recipient no longer lives with you but you continue to provide care to the recipient, you should file a Live-In Self-Certification.
Cancellation Form for Federal and State Tax Wage Exclusion (SOC 2299) with the Processing Center. In addition, you should file Provider or Recipient Change of Address and/or Telephone (SOC 840) (change of address) with the IHSS County Office.

What do I do if I live with more than one recipient?

If you work and reside with more than one recipient, you must complete and submit a separate Live-In Self-Certification Form for Federal and State Tax Wage Exclusion (SOC 2298) for each recipient.

When can I expect my Live-in Self-Certification Form to be processed?

Your current Tax Year wages will continue to be included as federal and state taxable wages until a correct and fully completed Live-In Self-Certification Form for Federal and State Tax Wage Exclusion (SOC 2298) is processed. It may take up to 30 days from the time you send your completed Live-In Self-Certification Form for Federal and State Tax Wage Exclusion (SOC 2298) to be processed before your wages begin to be excluded from FIT and PIT.

Please Note: CDSS and County staff are not tax consultants and cannot assist you with the IRS or FTB exclusions or how to file amended tax returns. Please contact the IRS, FTB, or your Tax Preparer for questions or how to file an amended return for past years. For more information, please visit the IRS website (www.irs.gov) or the FTB website (www.ftb.ca.gov).
As an In-Home Supportive Services (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 (APS) or Children’s Protective Services (CPS) agency. The abuse might be of the consumer you serve, someone else in the consumer’s home, or anyone else, whether you are working or not.

**Adult Abuse**

Adult abuse happens when an elder or dependent adult:

- is slapped, hit, choked, pinched, kicked, shoved, or given too much or too little medication
- is constantly yelled at, threatened with physical harm, or threatened with being left alone
- is deserted by a caregiver when he/she cannot get necessary food, water, clothing, shelter or health care
- is kept from getting mail, telephone calls, or visitors or prevented from going outside or to public places
- loses money, property, or items of value by force or without their knowledge or approval
- is neglected by someone who should be providing care, food, water, paying the rent or utilities or other bills
- is taken out of state when the person is not capable of giving their consent
- is raped or molested

Self-neglect of an elder or dependent adult is also abuse. An elder is anyone aged 65 or older. A dependent adult is anyone between the ages of 18 and 64 who has physical or mental limitations that keep them from carrying out normal daily activities or protecting their own rights.

**Child Abuse**

Child abuse happens when a child:

- has a physical injury by other than accidental means
- is subjected to willful cruelty or unjustifiable punishment
- is abused or exploited sexually
- is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision
If you see or suspect abuse, you should report it as soon as possible. The county is responsible for investigating suspected abuse – that’s not your job. And your report is confidential – neither the abused person nor the abuser will be told who made the report. You can report abuse any time, any day. The phone line is answered 24 hours a day, 365 days a year.
Medi-Cal fraud is an intentional attempt by some providers, and in some cases consumers, to receive unauthorized payments or benefits from any Medi-Cal program, including the In-Home Supportive Services (IHSS) program. This fraud can take many forms, but the most common in the IHSS program involves providers knowingly billing for unnecessary services or services not being performed.

The Department of Health Care Services (DHCS) asks that anyone who observes or has knowledge of suspicious health care activity call the IHSS Medi-Cal Fraud Hotline telephone number at 1-800-822-6222 to report it.

The recorded message may be heard in English and ten other languages: Spanish, Vietnamese, Cantonese, Cambodian, Armenian, Hmong, Laotian, Farsi, Korean, and Russian. The call is free and the caller may remain anonymous. You can also e-mail the hotline at Fraud@dhcs.ca.gov or access the online complaint form at http://www.dhcs.ca.gov/individuals/Pages/Stop Medi-Cal Fraud.aspx.
How to use this list:

1. Review your **IHSS Provider Notification of Recipient Authorized Hours and Services And Maximum Weekly Hours** which lists the services that are authorized for your recipient by the IHSS program. Ask your recipient/employer how many hours you are authorized to work each month. If they are unable to tell you, contact the county and ask about the services and hours authorized.

2. Once you find out about the services and hours authorized, look at the list below to determine which tasks are included.

Remember, most recipients will not have all of these services, and you can only be paid for the services and tasks that are authorized to your recipient. Also keep in mind the amount of time authorized for each service.

<table>
<thead>
<tr>
<th>IHSS Service</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompaniment to Alternative Resources</td>
<td>Helping the recipient get to and from alternative resources where the IHSS recipient receives services instead of IHSS.</td>
</tr>
</tbody>
</table>
| Accompaniment to Medical Appointments | Helping the recipient get to and from the doctor, dentist, or other health related appointments. Wait-time is included if the recipient needs assistance with specific IHSS tasks during transportation and/or to and from the destination. Wait-time is also included when the recipient is able to drive himself/herself to appointments but needs assistance at the destination. Wait time (or “Wait Time-On Duty”) is only authorized when the provider is not performing work duties but unable to use time effectively for his/her own purposes. Generally, “Wait Time-On Duty” is unpredictable and short duration. “Wait Time-On Duty” is compensable. Wait time (or “Wait
<table>
<thead>
<tr>
<th>IHSS Service</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time-Off Duty</strong></td>
<td><em>Time-Off Duty</em>) is not authorized when the provider is completely relieved from work duties and has enough time to use effectively for his/her purposes such as take a meal break, run a personal errand or read a book. The provider must be informed in advance and will not have to resume work until a specified time. “Wait Time-Off Duty” is not compensable.</td>
</tr>
<tr>
<td><strong>Ambulation</strong></td>
<td>Assisting the recipient with walking or moving from place to place inside the home, including: to and from the bathroom; climbing or descending stairs; moving and retrieving assistive devices such as a cane, walker, or wheelchair, etc.; and washing/drying hands before and after performing these tasks. Ambulation also includes assistance to and from the front door to the car, including (getting in and out of the car) for medical accompaniment and/or alternative resource travel.</td>
</tr>
<tr>
<td><strong>Bathing, Oral Hygiene/Grooming</strong></td>
<td>Helping the recipient take a bath or shower; bringing a washcloth, soap, and towel to the recipient and putting them away; turning on and off faucets and adjusting water temperature; assisting the recipient with getting in and out of the tub or shower; washing, rinsing, and drying the parts of the recipient’s body he/she can’t do; and applying lotion, powder, and deodorant. Brushing teeth, rinsing mouth, caring for dentures, and flossing. Hair combing/brushing; hair trimming when the recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; and washing and drying your hands.</td>
</tr>
<tr>
<td><strong>Bowel and/or Bladder Care</strong></td>
<td>Assisting the recipient with getting on and off the toilet or commode; wiping</td>
</tr>
<tr>
<td>IHSS Service</td>
<td>Tasks</td>
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<tr>
<td>------------------------------</td>
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</tr>
<tr>
<td>IHSS Service</td>
<td>and cleaning the recipient; helping the recipient with using, emptying, and cleaning bed pans/bedside commodes, urinals, ostomy, enema and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable gloves; and washing/drying recipient’s and provider’s hands. This service does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program for a person with paralysis, or colostomy irrigation. All of those tasks are part of “Paramedical Services.”</td>
</tr>
<tr>
<td>Care and Assistance with Prosthesis</td>
<td>Assistance with taking off or putting on, maintaining, or cleaning prosthetic devices such as an artificial limb and glasses/hearing aids as well as washing and drying hands before and after performing these tasks. This service area also includes assisting the recipient with self-administration of medication, i.e., reminding the recipient to take prescribed and/or over-the-counter medications at appropriate times and/or setting up the medications.</td>
</tr>
<tr>
<td>Domestic (Housework)</td>
<td>Limited to sweeping, vacuuming, and washing floors, kitchen counters, and sinks; cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; changing bed linen; cleaning oven and stovetop; cleaning and defrosting refrigerator; bringing in wood for cooking for those who only have a wood stove; changing light bulbs; and wheelchair cleaning or recharging wheelchair batteries.</td>
</tr>
<tr>
<td>Dressing</td>
<td>Washing/drying hands; helping the recipient put on and take off clothes, corsets, elastic stockings, and braces and/or fastening/ unfastening,</td>
</tr>
</tbody>
</table>

IHSS Provider Orientation, July 2019
<table>
<thead>
<tr>
<th>IHSS Service</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHSS Service</td>
<td>buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments and undergarments; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing such as a sock aid.</td>
</tr>
<tr>
<td>Feeding</td>
<td>Helping the recipient eat and drink liquids; assisting the recipient reach for, pick up, and grasp utensils and cups; and washing and drying your hands before and after feeding. This does not include tube feeding, which is part of “Paramedical Services.” It also does not include cutting food into bite-sized pieces or pureeing food, which is part of “Prepare Meals.”</td>
</tr>
<tr>
<td>Heavy Cleaning</td>
<td>Thorough cleaning of the home to remove hazardous debris or dirt. This is a one-time service that usually involves throwing away large amounts of clutter into a dumpster. It is rarely needed or approved. You will be expected to keep the home clean with Domestic services (if approved) after the heavy cleaning is done.</td>
</tr>
<tr>
<td>Meal Cleanup</td>
<td>Washing, rinsing, drying dishes, pots, pans, utensils, and appliances, and putting them away; loading and unloading the dishwasher; storing/putting away leftovers; wiping up spills from the table, counter, stove, and sink; and washing and drying your hands.</td>
</tr>
<tr>
<td>Menstrual Care</td>
<td>Limited to external application and changing of sanitary napkins and external cleaning; and wiping and drying hands before and after performing these tasks. You should not insert a tampon, even if that is the recipient’s preference. If the recipient wears a diaper, time for menstrual care should not be necessary as the time</td>
</tr>
<tr>
<td>IHSS Service</td>
<td>Tasks</td>
</tr>
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</tr>
<tr>
<td><strong>Transfer</strong></td>
<td>Helping the recipient from a standing, sitting, or lying down position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or assistive device generally occurring within the same room. This may include using a Hoyer lift or similar device or a transfer belt. This service does not include turning a recipient who is bedbound to prevent skin breakdown or pressure sores. That is part of “Rub Skin and Repositioning.”</td>
</tr>
<tr>
<td><strong>Other Shopping and Errands</strong></td>
<td>Picking up prescriptions and shopping for non-food items the recipient needs. This includes making a shopping list, traveling to/from the store, shopping, loading, unloading, storing supplies purchased, and performing reasonable errands such as delivering a delinquent payment to prevent a utility shutoff or picking up a prescription. This does not include time to pay monthly bills.</td>
</tr>
<tr>
<td><strong>Paramedical Services</strong></td>
<td>Paramedical services are skilled tasks that the recipient’s doctor or a nurse has taught you to do such as the administration of medications, puncturing the skin to give the recipient a shot, inserting a medical device into a body orifice such as tube feeding, inserting a catheter or irrigating a colostomy, activities requiring sterile procedures such as caring for an open bed sore, or activities requiring judgment based on training given by a licensed health care professional such as putting a person who has paralysis into a standing frame.</td>
</tr>
<tr>
<td>IHSS Service</td>
<td>Tasks</td>
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</tr>
<tr>
<td>Prepare Meals</td>
<td>Planning meals; removing food from the refrigerator or pantry; washing/drying hands before meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating the stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-sized pieces. When the food is cooking and doesn’t need your attention, you are expected to be doing other services.</td>
</tr>
<tr>
<td>Protective Supervision</td>
<td>Observing the behavior of a recipient who is confused, mentally impaired or mentally ill in order to safeguard him/her against injury, hazard, or accident.</td>
</tr>
<tr>
<td>Removal of Ice and Snow</td>
<td>Removal of ice and snow from entrances and essential walkways when access to the home is hazardous.</td>
</tr>
<tr>
<td>Rub Skin and Repositioning</td>
<td>Rubbing of skin to promote circulation; turning in bed and other types of repositioning; and range of motion exercises. This does not include care of pressure sores if they have developed. That care would be part of “Paramedical Services.”</td>
</tr>
<tr>
<td>Respiration Assistance</td>
<td>Limited to non-medical services such as assistance with self-administration of oxygen, assistance with setting up CPAP machine, and cleaning IPPB and CPAP machines.</td>
</tr>
<tr>
<td>Routine Bed Baths</td>
<td>Bringing soap, washcloth, and towel to the recipient; filling a basin with water and bringing it to the recipient; washing, rinsing, and drying body; applying lotion, powder, and deodorant; cleaning basin or other materials used for bed sponge baths and putting them away; and washing and drying your hands before and after bathing.</td>
</tr>
<tr>
<td>IHSS Service</td>
<td>Tasks</td>
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</tr>
<tr>
<td>Routine Laundry</td>
<td>Washing and drying laundry, mending, ironing, folding, and storing clothes in closets, on shelves, or in drawers. You are expected to do other IHSS services while the clothes are in the washer and dryer.</td>
</tr>
<tr>
<td>Shopping for Food</td>
<td>Grocery shopping at the nearest grocery store. No additional time is allowed for the recipient to go to the store with you. Shopping for food includes making a grocery list, travel to/from the store, shopping, loading, unloading, and storing groceries.</td>
</tr>
<tr>
<td>Teaching and Demonstration</td>
<td>Teaching the recipient how to perform certain tasks when they could learn to become independent if taught. Teaching and Demonstration is only allowed for a short period of time.</td>
</tr>
<tr>
<td>Yard Hazard Abatement</td>
<td>Removal of grass, weeds, rubbish, or other hazardous items when they are a fire hazard. This is not gardening.</td>
</tr>
</tbody>
</table>
Tier 1 Crimes

Tier 1 Crimes Include:

- Specified abuse of a child, pursuant to Penal Code (PC) Section 273a(a);
- Abuse of an elder or dependent adult, as specified in PC Section 368; and
- Fraud against a government health care or supportive services program.

If you have been convicted of, OR incarcerated following a conviction for a Tier 1 crime WITHIN THE PAST 10 YEARS, you are NOT eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing supportive services, even if your crime was expunged from your record.

Appeal Request

If you believe you have been erroneously denied eligibility by the County/Public Authority/Non-Profit Consortium, you have the right to file an Appeal Request form (SOC 856), with the Appeals and Administrative Review Unit (AARU) by mailing a completed Appeal Request form to the following address:

California Department of Social Services
Fiscal, Appeals, and Benefit Programs Branch
Appeals, Administrative Review, and Reimbursement Bureau
Attn: AARU, MS 9-11-04
P.O. Box 944243
Sacramento, CA 94244-2430

An Appeal Request must be filed with the AARU within 60 days of the date of the denial notice from the County/Public Authority/Non-Profit Consortium.

You may also contact the AARU at (916) 651-3488 if you have any questions concerning the Appeals process.

Please be advised that you are NOT eligible to receive an individual waiver or file a general exception request for Tier 1 convictions.
Tier 2 Crimes

Tier 2 Crimes Include:

- A violent or serious felony, as specified in Penal Code (PC) Section 667.5(c), and PC Section 1192.7(c);
- A felony offense for which a person is required to register as a sex offender, pursuant to PC Section 290(c); and
- A felony offense for fraud against a public social services program, as defined in Welfare and Institutions Code (W&IC) Section 10980(c)(2) and (g)(2).

(Note: The above list is not exhaustive; other crimes may meet the criteria of a Tier 2 crime.)

If you have been convicted of, OR incarcerated following a conviction for a Tier 2 crime WITHIN THE PAST 10 YEARS, you are NOT eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing supportive services. However, if a County/Public Authority/Non-Profit Consortium determines you are ineligible based on a Tier 2 conviction, you MAY be eligible to be enrolled as an IHSS provider if one of the following conditions apply/occur:

- You filed an Appeal Request form (SOC 856) with the Appeals and Administrative Review Unit (AARU) and AARU overturned the decision of the County/Public Authority/Non-Profit Consortium to deny you eligibility to be an IHSS provider;
- You have obtained a certificate of rehabilitation or your conviction has been expunged from your record pursuant to PC Section 1203.4;
  - Expungement pursuant to PC Section 1203.4 does not, however, apply to certain crimes, and therefore, a conviction for any of the Tier 2 crimes listed below will not allow you to be enrolled as an IHSS provider:
    - PC 286(c) Sodomy of a child under 14 and who is more than 10 years younger than the attacker
    - PC 288 Lewd or lascivious acts with a child
    - PC 288a(c) Oral copulation
    - PC 288.5 Continuous sexual abuse of a child
    - PC 289(j) Sexual penetration of a child under 14 and who is more than 10 years younger than the attacker
- Your IHSS recipient requests an individual waiver to hire you; or
• You request and are approved for a general exception from the CDSS Community Care Licensing Division, Caregiver Background Check Bureau (CBCB).

Below is a description of the ways in which you may be eligible to become an IHSS provider, despite a conviction for a Tier 2 crime.

**Appeal Request**

If you believe you have wrongly been denied eligibility by the County/Public Authority/Non-Profit Consortium, you have the right to file an Appeal Request by mailing a completed Appeal Request form (SOC 856) to the AARU at the following address:

| California Department of Social Services          |
| Fiscal, Appeals and Benefit Programs Branch       |
| Appeals, Administrative Review, and Reimbursement Bureau |
| Attn: AARU, MS 9-11-04                           |
| P.O. Box 944243                                  |
| Sacramento, CA 94244-2430                        |

An Appeal Request must be filed with the AARU within 60 days of the date of the denial notice from the County/Public Authority/Non-Profit Consortium.

You may also contact the AARU at (916) 651-3488 if you have any questions concerning the Appeals process.

**Certificate of Rehabilitation or Expungement**

If you have been convicted of a Tier 2 crime, and have obtained a certificate of rehabilitation (under Chapter 3.5 [commencing with Section 4852.01] of Title 6 of Part 3 of the PC), or the information or accusation against you has been dismissed pursuant to PC Section 1203.4, you are eligible to be enrolled as a provider if all other provider enrollment requirements have been met.

**Waiver**

If you have been found ineligible to be an IHSS provider on the basis of a conviction(s) for a Tier 2 crime, but otherwise meet all of the provider enrollment requirements, you may be permitted to provide services to a specific IHSS recipient(s) if that IHSS recipient(s) chooses to hire you in spite of your criminal conviction(s) and submits a request to the County/Public Authority/Non-Profit Consortium for an individual waiver.
The County/Public Authority/Non-Profit Consortium will enclose with the notice of ineligibility sent to the recipient(s) the IHSS Recipient Request for Provider Waiver form (SOC 862) with information about the specific conviction(s) that make you ineligible to be an IHSS provider.

Under state law, Counties/Public Authorities/Non-Profit Consortiums are authorized to only disclose your convictions that are listed in the Tier 1 and Tier 2 categories.

If, after reviewing the notice of ineligibility, your recipient(s) still wishes to hire you to be their provider despite your criminal conviction, the recipient(s) (or his/her authorized representative) must complete and sign the SOC 862 and return it to the County/Public Authority/Non-Profit Consortium in person or by mail within ten days from the date of notice of ineligibility. By signing the SOC 862, the recipient(s) accepts responsibility for hiring you, and agrees to hold the State and County/Public Authority/Non-Profit Consortium harmless from any liability that may result from the granting of the individual waiver. If your recipient moves to a new county and you wish to remain working as that recipient’s provider or if you wish to work as an IHSS provider for a recipient in a different county, you will need to submit to another criminal background check in the new county and each recipient you work for in the new county will need to complete and submit an SOC 862.

Please note that if you are the authorized representative for the recipient, you cannot sign the waiver on behalf of him/her. You will only be allowed to sign the waiver on behalf of the recipient if you are the parent, guardian, or have legal custody of the minor recipient, or the conservator, or the registered domestic partner of the adult recipient. In situations where you cannot sign the waiver on behalf of the recipient, the waiver must be signed by the recipient or (if that is not possible) a third individual must be designated as an authorized representative for purposes of signing the waiver.

Once a waiver has been signed by the recipient(s) and accepted by the County/Public Authority/Non-Profit Consortium, you will only be allowed to provide IHSS services for the recipient(s) who requested the waiver. You may provide services to additional recipients if each recipient who chooses to hire you submits a separate waiver request to the County/Public Authority/Non-Profit Consortium. A waiver is valid only for the conviction(s) specified in the waiver.

**General Exception Request**

If you have been found ineligible to be enrolled as an IHSS provider based on a conviction for a Tier 2 exclusionary crime but wish to be listed on a provider registry or to provide services for a recipient who has not requested an individual waiver, you may apply for a general exception of the exclusion.
If you choose to request a general exception, you must file the general exception form (SOC 863) within forty-five (45) calendar days from the date of your denial notice, along with the required information noted on the SOC 863.

Mail the SOC 863, along with the required documentation, to the following address:

California Department of Social Services
Caregiver Background Check Bureau
744 P Street, MS 9-15-65
Sacramento, CA 95814
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.
As an In-Home Supportive Services (IHSS) provider, there are some things that you can do to avoid committing fraud. These include the following examples:

- Only put the hours you have worked on your timesheet. Hours on your timesheet should not include time for taking a meal break.
- Only put hours on your timesheet for services that are covered by IHSS. Examples of some services that are not covered by IHSS include gardening, pet care, moving furniture, or taking the consumer on social outings. Always refer to the “Services Covered by IHSS” handout if you are in doubt.
- Only put hours on your timesheet for tasks that are authorized for your recipient.
- Only ask your recipient to sign a completed timesheet. Only sign your name on your timesheet. If your recipient is not able to sign your timesheet, you need to check with the county about who else may be authorized to sign for the recipient.
- Only put time on your timesheet for days that your recipient is living in their own home. Hours are not authorized when your recipient is in the hospital, a nursing home, board and care facility, or in jail.
- Keep written records of the hours worked and what you did each day that you work. Request that your recipient also keep track of the hours that you work.
- If you have differences with the recipient about the hours worked, show the recipient your records and explain the work you did on the date(s) in question.
- Only include the time you, the provider, are providing services and wish to be paid by IHSS on your timesheet. If another person is assisting the recipient and wishes to be paid by IHSS, they must be enrolled as a provider.
- Tell the truth in all of your interactions with the county.