



Important Date Involving In-Home Supportive Services Program Changes

Due December 15, 2014

Forms:

- **TEMP 3000** (recipient)
 - ❖ **IHSS Program Overtime and Worksheet Requirements Consumer Declaration** to the county.
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMP3000.pdf>
- **SOC 846 & 2255** (provider)
 - ❖ All providers must return the signed revised **Provider Enrollment Agreement** (SOC 846) form to the county.
<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC846.pdf>
 - ❖ Providers caring for multiple consumers must complete and submit the **IHSS Program Provider Workweek & Travel Time Agreement** (SOC 2255) to the county.
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2255.pdf>
- **Provider that works for multiple consumers:**
 - ❖ **SOC 2255: IHSS Program Provider Workweek & Travel Time Agreement** to the county.
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2255.pdf>
- **For the consumer with multiple providers (recipient):**
 - ❖ **SOC 2256: IHSS Program Recipient and Provider Workweek Agreement** to the county.
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2256.pdf>
- **SOC 426A: IHSS Program Recipient Designation of Provider** to the county.
<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC426A.pdf>

When Changes go into Effect

January 1, 2015:

- 3 months until overtime and travel time and workweek limits are enforced.
- Providers will not receive a violation for claiming more hours than the workweek limit and/or more than the weekly travel time limit until after March 31, 2015.

April 1, 2015:

- **New program rules will be enforced.**



Violations

- Works more than 40 hours/workweek without county approval if does not normally work more than 40 hours/workweek.
- Works more than a total of 61 hours/workweek for a consumer that has more than one provider.
- Works more than 61-66 hours/workweek for one consumer without county approval.
- Travel time claimed is more than 7 hours in a workweek.

Notices

- **Violation Notices**

1st & 2nd violations:

- ❖ **To Provider:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER OF FIRST/SECOND VIOLATION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS (**SOC 2257**)

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2257.pdf>

- ❖ **To Consumer:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO RECIPIENT OF PROVIDER'S FIRST/SECOND VIOLATION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS (**SOC 2257A**)

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2257A.pdf>

3rd violation & 3 month suspension:

- ❖ **To Provider:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER OF THIRD VIOLATION AND THREE-MONTH SUSPENSION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS (**SOC 2258**)
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2258.pdf>
- ❖ **To Consumer:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO RECIPIENT OF PROVIDER'S THIRD VIOLATION AND THREE-MONTH SUSPENSION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS (**SOC 2258A**)
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2258A.pdf>

4th violation and termination:

- ❖ **To Provider:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER OF FOURTH VIOLATION AND TERMINATION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS (**SOC 2259**)
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2259.pdf>
- ❖ **To Consumer:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO RECIPIENT OF PROVIDER'S FOURTH VIOLATION AND TERMINATION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS (**SOC 2259A**)
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2259A.pdf>

Rescinding violation

- ❖ **To Provider:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER RESCINDING VIOLATION (**SOC 2263**)
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2263.pdf>
- ❖ **To Consumer:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO RECIPIENT RESCINDING PROVIDER VIOLATION (**SOC 2264**)
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2264.pdf>

Reduction of total violation count

- ❖ **To Provider:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER REDUCTION OF TOTAL VIOLATION COUNT (**SOC 2265**)
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2265.pdf>

Notices – continued

➤ Exceptions

Approval of exception of exceeded hours

- ❖ **To Provider:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER APPROVAL OF EXCEPTION TO EXCEED WEEKLY HOURS (SOC 2266A)

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2266a.pdf>

- ❖ **To Consumer:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO RECIPIENT APPROVAL OF EXCEPTION TO EXCEED WEEKLY HOURS (SOC 2266)

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2266.pdf>

Denial of exception to exceed weekly hours

- ❖ **To Provider:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER DENIAL OF EXCEPTION TO EXCEED WEEKLY HOURS (SOC 2267A)

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/soc2267A.pdf>

- ❖ **To Consumer:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO RECIPIENT DENIAL OF EXCEPTION TO EXCEED WEEKLY HOURS (SOC 2266)

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/soc2267.pdf>

Approval for provider to work Alternate schedule due to recurring event.

- ❖ **To Provider:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER APPROVAL TO WORK ALTERNATE SCHEDULE DUE TO RECURRING EVENT (SOC 2269)

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/soc2269.pdf>

- ❖ **To Consumer:** IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO RECIPIENT APPROVAL FOR PROVIDER TO WORK ALTERNATE SCHEDULE DUE TO RECURRING EVENT (SOC 2268)

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/soc2268.pdf>

Provider Responsibilities

- Abide by the overtime and travel rules
 - 66 hours max (less statutory deductions)
 - 7 hours weekly max travel
- Sign the new SOC 846
- Providers with multiple Consumers must complete the SOC 2255
- Sign the Provider acknowledgement in SOC 2256 if you work for a Consumer with multiple Providers
- Accurately complete the appropriate timesheet

2015 NEW PROGRAM REQUIREMENTS/IHSS PROVIDER TIMESHEET TRAINING

Below is the power-point presentation referring to the above forms in PDF. It is 44 pages for those who need to print it.

http://www.cdss.ca.gov/agedblinddisabled/res/PptCountyPresSB855_SB873_2014-11-18-Notes.pdf

Information provided here is from the CDSS website:

<http://www.cdss.ca.gov/agedblinddisabled/P3653.htm>