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ALL COUNTY LETTER 14-76

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
IHSS PROGRAM MANAGERS
IN-HOME OPERATIONS COORDINATORS

SUBJECT: **IMPLEMENTATION OF PROVISIONS OF SENATE BILLS 855 AND 873 (CHAPTERS 29 AND 685, STATUTES OF 2014) RELATING TO THE IHSS AND WAIVER PERSONAL CARE SERVICES PROGRAMS**

REFERENCE: Senate Bills [855](#) AND [873](#); [ACL 12-19 \(April 11, 2012\)](#); [ACL 12-55 \(November 1, 2012\)](#); [ACL 13-66 \(September 30, 2013\)](#); [ACL 14-35 \(May 27, 2014\)](#)

This All-County Letter (ACL) provides counties with information and instructions for implementing the provisions of Senate Bill (SB) 855 and SB 873 that establish limits on the number of authorized hours providers in the In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) programs are permitted to work in a workweek. In addition, it provides information and instructions for implementing new policies that require that IHSS/WPCS providers receive compensation for travel time and wait time under certain circumstances. Finally, this ACL transmits new and revised forms and notices to be used by counties in implementing the provider workweek limit and travel time and wait time compensation policies.

BACKGROUND

Overtime Compensation

On October 1, 2013, the United States Department of Labor (DOL) published the Final Rule on the Application of the Fair Labor Standards Act (FLSA) to Domestic Service (RIN 1235-AA05). The Final Rule extends the protections of the FLSA to these workers by effectively removing the ability of “third party” agencies to claim an exemption for

personal care workers from minimum wage and overtime pay as providers of “companionship services” or as live-in providers.

The Final Rule additionally narrows the definition of “companionship services” to strictly “fellowship and protection” that may include “provision of care” (i.e., assistance with Activities of Daily Living and Instrumental Activities of Daily Living only if the care is provided as part of fellowship and protection and does not exceed 20 percent of the total hours worked per person and per workweek).

In addition, the federal rules relating to pay for travel time or wait time remain the same; therefore, requirements under FLSA are applicable to IHSS providers, including compensation for providers traveling between multiple recipients. Additionally, the IHSS service medical accompaniment that includes wait time as part of the service shall have that wait time compensated in certain situations as described later in this ACL under “Compensation for Wait Time.”

As a result of the changes in the FLSA rules, IHSS/WPCS providers will be required to be paid overtime, at a rate equal to one and one-half times the regular rate of hourly pay, when their time worked exceeds 40 authorized hours per workweek.

Limit on Overtime Compensation

SB 855 added section 12300.4 to the Welfare and Institutions Code (WIC) to specify that IHSS and/or WPCS providers are not permitted to work a total number of authorized hours within a workweek that exceed 66, as reduced by the net percentage defined in WIC sections 12301.02 and 12301.03. The term “workweek” is defined in statute as the period beginning at 12:00 a.m. on Sunday and including the next consecutive 168 hours, terminating at 11:59 p.m. the following Saturday. The maximum 66-hour-per-week figure was derived by dividing the statutory maximum 283 authorized hours a recipient may receive each month by 4.33, the average number of weeks per month and rounding the resulting figure up to the next whole number. WIC section 12301.02 required that a 7 percent reduction in IHSS recipients’ monthly authorized hours go into effect on July 1, 2014. When the 7 percent reduction is applied to the 66-hour maximum workweek limit, as required pursuant to WIC section 12300.4, the resulting figure is 61 hours. Therefore, the maximum amount of time an IHSS/WPCS provider will be permitted to work each workweek, regardless of the number of recipients for whom he/she provides services, will be between 61 and 66 hours. The specific maximum number of authorized hours will depend on the number of service hours his/her recipient(s) is (are) authorized to receive, and more specifically, whether the recipient(s) had any documented unmet need when the 7 percent reduction took effect.

WIC section 12301.02 specifies that the 7 percent reduction first be applied to any documented unmet need. Documented unmet need refers to a recipient's total number of hours of assessed need for IHSS, *excluding protective supervision*, in excess of the statutory maximum of 283 authorized hours per month. For any recipient who had documented unmet need when the 7 percent reduction took effect, the reduction would have been accounted for, in part or in full, by his/her unmet need hours. Any recipient who had up to 21.3 documented unmet need hours would actually have experienced less than a 7 percent reduction in his/her authorized monthly service hours, and any recipient who had a documented unmet need of 21.3 hours or more per month would not have experienced any reduction at all in his/her monthly authorized service hours. Refer to ACL 13-66 (September 30, 2013) on assessing and documenting unmet need in the IHSS program.

WIC section 12301.03 specifies that the 7 percent reduction will be offset if a home care services assessment provides General Fund savings upon implementation. If this were to occur in the future, the maximum number of authorized hours a provider is permitted to work each workweek would be adjusted accordingly but would not exceed 66 hours. An ACL would be released to provide the new maximum hour per workweek limits were that to occur.

Additionally, SB 873, allows a recipient with a single provider to request his/her provider to work in excess of the recipient's weekly maximum hours (between 61 and 66 hours) with county approval if the additional overtime hours of work that result from the request do not exceed the total number of hours worked that are compensable at an overtime rate that the provider would have been authorized to work in that month if the weekly hours had not been adjusted.

Further, IHSS recipients are not authorized to approve compensable time for the meal breaks, sleep time, personal time, breaks while accompanying a recipient on overnight travel away from home, or other uninterrupted periods long enough for a provider to use the time effectively for his/her own purposes, nor is a provider entitled to compensation.

Compensation for Travel Time

The existing FLSA travel time and wait time rules will apply to IHSS and WPCS providers as of January 1, 2015.

The DOL rules require employers to pay an IHSS employee, as defined in SB 855, for travel time when the employee is required to travel for the benefit of the employer and when the employee is required to travel from one job site to another job site during the same workday. The rules do not require an employee to be compensated for travel to and from home and the job site.

Current IHSS program regulations allow a provider to receive payment for time spent traveling with a recipient who has been authorized medical accompaniment when the provider's assistance is necessary to accomplish travel to and from appointments with physicians, dentists, and other health care practitioners. In addition, three other IHSS service categories already allow a provider to travel to and from the destination where the service is performed: out-of-home laundry services (when laundry facilities are not available on the premises); food shopping; and other shopping/errands. Travel time is included in the total amount of time allocated when these services are authorized.

Existing IHSS program rules do not address the requirement to compensate employees for authorized time spent traveling from one job site to another job site during the same workday. SB 855 allows an individual who provides authorized services for more than one IHSS/WPCS recipient on the same workday to be paid for travel time, which is the time spent traveling directly from one location where an individual provides services for a recipient to another location where he/she provides services for a different recipient; specifies that, "a provider...shall not engage in travel time in excess of 7 hours per week" and requires that a provider coordinate hours of work with his/her recipients to ensure compliance with this limit.

Compensation for Wait Time

The FLSA rules require employers to pay employees for certain periods of time when they are not actively engaged in the performance of work. The DOL provides two definitions for the different types of wait time: time spent engaged to wait and time spent waiting to be engaged.

- "Engaged to wait" means that the employee is not performing work duties but he/she is unable to use the time effectively for his/her 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 the employer.
- "Waiting to be engaged" means that the employee is completely relieved from performing work duties and he/she has enough time to enable him/her to use the time effectively for his/her own purposes. The employee must be informed in advance that he/she may leave the job and that he/she will not have to resume work until a specified time.

The FLSA rules require employers to pay an employee for time he/she spends engaged to wait; however, an employee is not required to be compensated for time he/she spends waiting to be engaged.

NEW PROGRAM REQUIREMENTS

Effective Date

The newly established requirements detailed below will become effective on January 1, 2015, the date the Final Rule is scheduled to take effect. However, if DOL delays the effective date of the Final Rule, these requirements will become effective when the Final Rule goes into effect.

Three-Month Transition Period

SB 855 added WIC section 12300.41 to specify that, “for three months following the effective date...timesheets submitted by providers may be paid in excess of the limitations...so long as the number of hours worked by the provider within a month do not exceed the authorized hours of the recipient or recipients served by that provider.” Assuming the DOL does not delay the effective date of the Final Rule and it goes into effect as scheduled, a three-month transition period will be in effect from January 1, 2015, through March 31, 2015. During this period, provided that a provider does not work more than his/her recipient’s (or recipients’) total monthly authorized service hours, the provider will not receive a violation for working more than the maximum number of hours per workweek (between 61 and 66) and will receive overtime compensation for the hours he/she works in excess of 40 hours per workweek. In addition, during this period, while the seven-hour limit on travel time will be in effect, providers will be paid for travel time they report on their timesheets in excess of the seven-hour limit and no violations will be assessed. Beginning April 1, 2015, the policies limiting both overtime and travel time will be enforced.

Weekly Hours Calculation

As noted above, each recipient’s monthly authorized number of hours will be divided by 4.33 to establish the recipient’s weekly authorized number of hours. As required by the statute, recipients will receive notice of their total monthly and weekly authorized hours. Providers will also receive notice of each of his/her recipient’s monthly and weekly authorized hours. (See Forms and Notices section of this ACL for additional information about these notifications.)

Workweek Agreements

WIC section 12300.4(b)(4)(A) requires that a provider inform each of his/her recipients of the number of hours he/she is available to work for that recipient. To assist those recipients who have multiple providers with establishing a work schedule that complies

with the workweek limits, California Department of Social Services (CDSS) has created the Recipient/Provider Workweek Agreement (SOC 2256). The SOC 2256 will be completed and signed by the recipient and each of his/her providers. It will document the number of hours each provider will work providing authorized services for the recipient each workweek. The total number of hours in the workweek agreement must correspond to the recipient's weekly authorized hours.

Additionally, to assist IHSS providers who work for multiple recipients, with establishing a work schedule including any applicable travel to stay within the limitation for providers, CDSS created the IHSS Program Provider Workweek and Travel Agreement, (SOC 2255). The SOC 2255 will be completed and signed by the provider if he/she works for multiple recipients.

Overtime Limitation

In accordance with WIC section 12300.4(d), regardless of how many recipients an individual provides services for, the maximum number of authorized hours a provider may work each workweek is between 61 and 66. Recipients shall not authorize or require any provider to work hours that exceed this limit with certain permissible exceptions (see section on Overtime Approval/Exception Process). Each recipient will be required to employ multiple providers, if necessary, to ensure that no provider works more than the maximum number of authorized hours in a workweek.

The specific number of authorized hours a provider will be permitted to work each week will depend on multiple factors including:

- Whether the provider works for a single recipient or multiple recipients;
- The number of authorized weekly hours his/her recipient(s) receive(s); and
- Whether the recipient(s) the provider work(s) for has/have any other providers.

Travel Time Between IHSS Recipients

Individuals who provide services for multiple recipients on the same workday will be paid for travel time subject to the limitations set forth in this ACL. WIC section 12300.4(f) defines "travel time" as the time spent traveling directly from a location where authorized services are provided to one recipient, to another location where authorized services are to be provided to another recipient. If, while traveling between the locations where an individual provides services for two different recipients, the provider uses time to engage in purely personal business, he/she will only be paid for the time it actually takes to make the trip directly, not for the time he/she uses for personal business.

The statute prohibits a provider from engaging in travel time more than seven hours per workweek. Each provider must coordinate his/her work hours with his/her recipients to ensure that his/her travel time does not exceed the limit of seven hours per workweek. If a provider engages in travel time in excess of the 7-hour limit he/she will be paid for the travel hours reported; however, the provider will incur a violation. (See the Policy Violations section of this ACL for additional information regarding policy violations.)

When an individual provides authorized services for recipients who reside in different counties, and he/she provides authorized services for the recipients on the same day, the travel time between the locations where authorized services are provided for these recipients will be compensated based on the hourly wage in the destination county. Similarly, when a provider serves both an IHSS recipient and a WPCS recipient, and he/she provides authorized services for the recipients on the same day, the costs for travel time between the locations where authorized services are provided for these recipients will be charged to the program that authorized the services for the recipient at the destination.

Individuals who provide authorized services for multiple recipients will be required to complete and sign a travel time agreement to estimate their weekly travel time and total work hours before they are eligible to receive payment for travel time.

Travel time will not be included as part of the 61-66 hour provider workweek limitation, and a provider's travel time will not be deducted from any recipient's authorized service hours. Providers will be required to claim travel time separately from time spent performing authorized services on their timesheets. Travel time will be claimed on the timesheet of the recipient to whom the provider traveled.

Adjustments to Weekly Authorized Hours

On occasion, it may be necessary for a recipient to authorize his/her provider to work more than the recipient's weekly authorized hours. WIC section 12300.4(b)(4)(C) provides that a recipient may make such an authorization without requesting approval from the county as long as the hours worked do not result in the provider working more than 40 hours in the workweek for that recipient or, if the provider already works more than 40 hours in the workweek for the recipient, the provider is not working more overtime in the month than he/she would have worked without the adjustment. In either circumstance, the provider cannot work more than the recipient's monthly authorized hours and cannot work more than the provider workweek limitation maximum.

Additionally, SB 873 allows a recipient with a single provider to request his/her provider to work in excess of the recipient's weekly maximum hours (between 61 and 66 hours) with county approval if the additional overtime hours of work that result from the request do not exceed the total number of hours worked that are compensable at an overtime rate that the provider would have been authorized to work in that month if the weekly hours had not been adjusted.

Overtime Approval/Exception Process

If a recipient needs his/her provider to work an adjusted schedule that would result in the provider working overtime (the provider would need to work more than 40 hours in a workweek when he/she would normally work 40 or fewer hours during the workweek), the recipient will be required to contact the county to obtain an exception to allow the provider to work overtime hours.

An exception thus is defined as a request by an IHSS recipient to a county to allow his/her IHSS provider to adjust his/her workweek schedule to accommodate for working additional hours during a particular workweek, which will cause the provider to work and be compensated for overtime hours.

Counties shall utilize the following criteria to determine whether to approve an exception request:

- a) The additional hours must be needed to meet an unanticipated need;
- b) The additional hours must be related to an immediate need that cannot be postponed until the arrival of a backup provider; and
- c) The additional hours must be related to a need that would have a direct and significant impact to ensure the health and/or safety of the IHSS recipient.

If the exception request meets all of the above criteria, the county shall approve the request; otherwise, the county shall deny it.

Examples of an acceptable exception request include, but are not limited to:

- An unforeseen situation (i.e. illness, wheelchair malfunction, etc.) occurs which requires the provider to provide additional services to the recipient than would otherwise be required during a typical workweek;
- Another IHSS provider has been called away from service due to illness or other family emergency and the individual listed as the emergency back-up provider (on the Individualized Back-up Plan and Risk Assessment [SOC 864]) is not available.

WIC section 12301.1(b)(1)(C) states that the county, "...shall not unreasonably withhold approval..." of an exception request.

Examples of an exception request that does not meet all of the above referenced criteria include, but are not limited to:

- The provider wants to work additional hours during a given week in order to take time off for personal business or vacation the following week;
- The recipient requests a service (such as preparing and cooking a gourmet meal) that would take more time than is allotted for that service during a given day. The service is not a medical necessity and will have no impact on the health and/or safety of the recipient.

An IHSS recipient seeking an exception must contact the county IHSS office via telephone or written request. The exception request must be made either prior to or immediately after the event which caused the need for the exception request, but before the timesheet for the pay period has been submitted.

In the event the IHSS recipient, who has an authorized representative, is unable to contact the county IHSS office, the recipient's authorized representative may contact the county to initiate the exception request. However, if the recipient's authorized representative is the provider for whom the exception is being requested, he/she is not permitted to contact the county on behalf of the recipient to make the exception request unless he/she is the parent, guardian, or person having legal custody of a minor recipient or the conservator, spouse, or registered domestic partner of an adult recipient. Documentation of the relationship between the recipient and the provider can be established by referring to the information entered in the Provider's Relationship to Recipient field (item #8) on the IHSS Program Recipient Designation of Provider form (SOC 426A). This is consistent with departmental policy related to providers acting as authorized representatives for their recipients being unable to sign timesheets (as stated in ACL 12-55, dated November 1, 2012) and individual waivers to allow the providers to work for the recipients despite disqualifying felony convictions (as stated in ACL 12-19, dated April 11, 2012).

County IHSS staff must document the exception request in Cash Management, Information Payrolling System II (CMIPS II). An automatic response letter will be generated that will be sent to both the recipient and the provider within ten calendar days of the receipt of the exception request. This response letter will verify receipt of the request and inform each individual of the decision regarding acceptance or denial of the exception request.

If the county denies the exception request after the provider has worked the hours, submitted a timesheet and been paid, the recipient and the provider will also be sent a notification that the provider has been charged with a violation. This notification will detail the penalty, if any, for the violation.

If the recipient or his/her authorized representative did not seek approval and the provider worked the extra hours and documented the hours on his/her timesheet, when the timesheet is submitted for processing and payment to the Timesheet Processing Facility, it will be placed into a hold queue and payment will be processed. The county IHSS office will be informed of the additional hours worked by the provider and will have five business days to review the circumstances and to contact the recipient to discuss the reason the additional hours were worked to determine whether it meets the criteria for an exception or not. If, after five business days, the county is unable to determine that the additional hours worked meet the criteria to grant an exception, a violation will be sent to the provider and an informational notice regarding the violation will be sent to the recipient. At that time, the recipient or his/her authorized representative may contact the county IHSS office within ten calendar days of the date on the violation notification to obtain an exception for the excess time. If the county determines that the exception is acceptable, the violation against the provider will be rescinded.

If the recipient or his/her authorized representative did seek approval for the extra hours and the approval was denied but the provider worked the hours and documented them on his/her timesheet, when the timesheet is submitted for processing and payment to the Timesheet Processing Facility, the payment will be processed and a violation notice will be automatically sent to the provider. The recipient will also be informed of the violation on a separate notice.

Approval for Recurring Needs

Pursuant to WIC section 12301.1(b)(1)(A), a county IHSS office may adjust the authorized weekly hours of a recipient for any particular week for known recurring or periodic needs of the recipient. Therefore, in situations in which the county becomes aware during a recipient's assessment, or any time thereafter, of a recipient's recurring need that requires an adjustment of his/her weekly authorized hours, the county can adjust the recipient's weekly authorized hours and issue an IHSS Recipient Approval for Provider to Work Alternate Schedule Due to Recurring Event notice (SOC 2268) which will detail the adjustment to his/her weekly authorized hours. A similar notice (SOC 2269) will be sent to the provider informing him/her of the adjustment in the recipient's weekly authorized hours.

Policy Violations

In accordance with WIC sections 12300.4(b)(5), a provider who violates the limitations on overtime and/or the travel time regulations on multiple occasions will be terminated as a provider. Multiple incidents occurring in the same pay period will be counted as a single violation. Each time a provider incurs a violation, the provider and each recipient for whom that provider works will receive notice that the provider has incurred a violation.

Violations are assessed in a four-stage process:

The first time a provider exceeds the work hour and/or travel time limits, the provider will be paid overtime and/or travel time; however, the provider will receive a written notice of warning.

The second time a provider exceeds the work hour and/or travel time limits, he/she will be paid overtime and/or travel time; however, the provider will receive a second written warning notice and will be required to attend a mandatory training. The time the provider spends participating in the training will be compensable and the provider will receive instructions on how to claim this time. If he/she does not request a county review of the violation within 10 calendar days or does not attend the mandatory training within 14 calendar days of the written warning notice, he/she will automatically receive a third violation.

The third time a provider exceeds the work hour and/or travel time limits, or if he/she fails to complete the required training within 14 calendar days, the provider will be paid for the hours worked; however, the provider will be suspended as a provider for a period of 3 months. At the end of the suspension period, he/she will not be required to recomplete the provider enrollment requirements in order to be reinstated.

Lastly, once the three-month suspension period ends and the provider is reinstated, if he/she exceeds the work hour and/or travel time limits again (for a fourth time), he/she will again be paid for the hours worked; however, he/she will be terminated as provider for a period of one year. After the one-year termination period has ended, the individual will be required to complete the provider enrollment requirements, including undergoing a new criminal background check, attending provider orientation, and completing and submitting all required forms, in order to be reinstated as a provider.

Whenever a provider receives a violation notice of any kind, he/she has 10 calendar days from the date of the notice to request a county review of the violation. If the provider does not request a county review within the ten calendar days, the violation remains in effect. Once the county receives the request for review, it has ten calendar days to review and investigate the circumstances that led to the violation and send the provider a notice stating the outcome of the review.

For the third and fourth violations, if the county does not choose to rescind the violation after the county review, the provider may request an administrative written review of the violation by the CDSS Adult Program Division's Appeals Unit within 10 calendar days of the date of the notice. The notice will explain how the provider can request a state-level review. The state will release subsequent ACL providing information about the State administrative written review process for four-stage provider violations.

The violations will add up over the course of the provider's employment as an IHSS provider. However, if after receiving a violation, the provider does not receive another violation for one year, the number of violations he/she has received will be reduced by one. As long as the provider does not receive any additional violations, for each year after the last violation, the number of violations he/she has received will be reduced by one.

However, if the provider has received a fourth violation and has been terminated from the IHSS program as a provider for one year, when the year has expired and the individual has undergone the provider enrollment requirements to be re-enrolled as a provider, his/her violations count will be reset to zero.

Wait Time

Under current IHSS program rules, providers are not compensated for wait time; they are only paid for the time they spend while actively engaged in performance of authorized services for recipients. However, providers will now be eligible to receive payment for certain periods of inactivity when they are waiting to perform an authorized service. In order to determine whether wait time is compensable, a distinction will need to be made whether the provider is engaged to wait or he/she is waiting to be engaged.

During periods when the provider is engaged to wait, he/she is not actively performing work but he/she cannot effectively use the time for his/her own purposes because the time is unpredictable and of unknown duration. The provider must be paid for time he/she spends engaged to wait. An example of time spent engaged to wait would be when a provider accompanies a recipient to a medical appointment of unknown duration and the provider is required to remain at the medical office because, at any moment, he/she may be called upon to assist the recipient with returning to his/her home.

However, if the provider is informed in advance that he/she is relieved from performing work duties for a specified and generally longer period of time during which he/she is free to engage in his/her own personal business, he/she is considered to be waiting to be engaged. Time spent waiting to be engaged is not compensable. An example of time spent waiting to be engaged would be when a provider accompanies a recipient to a hemodialysis treatment that is scheduled to last for three hours. In such a case, the provider would be informed that he/she is not required to remain on the premises and that he/she need not return to retrieve the recipient until the designated time. He/she could use the time to conduct his/her own personal business or engage in personal activities, and this time would not be considered work hours for which he/she would be required to be compensated.

The only service category that this wait time policy change is applicable to is medical accompaniment. When a recipient is authorized for medical accompaniment, if all of the following conditions are met, his/her provider will be considered to be waiting to be engaged:

- The duration of the recipient's appointment is known in advance;
- The appointment is scheduled to last longer than 30 minutes; and
- The provider is not required or able to perform any other authorized service, e.g., food shopping, other shopping/errands, during the duration of the appointment.

If these conditions are met, the provider must be informed by the recipient that he/she is relieved of his/her duties until a specified time when he/she is to return to accompany the recipient home. He/she will not be paid for this time. If all of the above conditions are not met, the provider will be considered to be engaged to wait, and he/she must be paid for the time he/she spends waiting for the recipient.

STATE RESPONSIBILITIES

Informing Notices to Recipients (TEMP 3001) and Providers (TEMP 3002)

The CDSS will mail notices to all recipients and providers to inform them of the program changes related to SB 855. It is anticipated that the informing notices will be mailed beginning on November 1, 2014. Follow-up mailings will occur in December 2014 and January 2015.

A newly developed form, the Overtime and Workweek Requirements Recipient Declaration (TEMP 3000), will be enclosed with the informing notice being sent to all recipients. The notice will instruct recipients that they must sign the TEMP 3000 and return it to the county by December 15, 2014. Counties will follow-up with recipients who fail to return the signed TEMP 3000 timely.

Those recipients who have more than one provider will also receive the SOC 2256. The recipient accompanying informing notice (TEMP 3002) will explain that a recipient who has multiple providers must complete the SOC 2256 along with his/her providers. The SOC 2256 will be used to document the hours that each provider will work for the recipient each workweek. The notice will instruct the recipient to sign the SOC 2256 and have each of his/her providers sign it. The notice will explain that the recipient is responsible for returning the completed SOC 2256 to the county no later than December 15, 2014, and the consequences of not submitting it timely.

A revised version of the Provider Enrollment Agreement (SOC 846) will be enclosed with the provider informing notice (TEMP 3001) being sent to all providers. The informing notice will instruct providers that they must sign the revised SOC 846 and return it to the county by December 15, 2014. Providers who fail to return the signed SOC 846 will be terminated.

Those providers who provide services to more than one recipient will also receive the newly developed Provider Workweek and Travel Time Agreement (SOC 2255). The SOC 2255 will be used to document which recipients the provider works for, how many authorized hours the provider will work for each recipient each workweek, how many total authorized hours the provider will work for all recipients each workweek, and how much travel time the provider will engage in each workweek. The informing notice will instruct the provider to complete the SOC 2255, sign it and return it to the county. If the provider fails to submit the completed and signed SOC 2255 to the county by December 15, 2014, he/she will not receive payment for any compensable travel time until he/she submits the completed and signed form to the county. If the provider fails to submit the completed and signed SOC 2255 to the county by March 1, 2015, he/she will be terminated as a provider as of April 1, 2015.

Prior to the mailing of the notices to recipients and providers, CDSS will provide counties with the following lists so that counties can begin outreach efforts to assist these individuals with the new requirements:

- Recipients who currently have more than one provider;
- Recipients who have a single provider but who will need to employ multiple providers so that the workweek limit is not exceeded; and
- Providers who serve more than one recipient.

Case Management, Information and Payrolling System (CMIPS) II Programming Changes and Revision of Timesheet

CDSS is working with the Office of Systems Integration and Hewlett Packard (the CMIPS II vendor) to make necessary programming changes to CMIPS II to implement the provider workweek limitations and travel and wait time compensation requirements. CDSS will release a forthcoming ACL to address these changes as well as changes to the provider timesheet associated with the new provider workweek limitations.

Revision of Provider Orientation Materials

CDSS is in the process of revising provider orientation materials to include an explanation of the overtime limitation and travel time and wait time compensation requirements. New materials will be transmitted via a forthcoming All-County Information Notice (ACIN).

New and Revised Forms and Notices

CDSS has revised existing forms and developed new forms and notices for use by counties in implementing the new provider work hour limitation and travel time requirements. The attached table provides the numbers, titles and intended uses of the new and revised forms and notices.

Counties should begin using the new and revised forms effective January 1, 2015. The new and revised forms, which are designated as "Required – No Substitutes Permitted," are available in camera-ready format on the CDSS Forms/Brochures web page at:

<http://www.dss.cahwnet.gov/cdssweb/PG183.htm>

Upon completion of translations, CDSS will post Armenian, Chinese and Spanish versions of the forms on the Translated Forms and Publications web page at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm

The designated Forms Coordinator for your county must distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited-English proficient populations, as required by the Dymally-Alatorre Bilingual Services Act (Government Code section 7290 et seq.) and by state regulation (California Department of Social Services Manual of Policies and Procedures Division 21, Civil Rights Nondiscrimination, section 115).

Questions about accessing the forms may be directed to the Forms Management Unit at fmudss@dss.ca.gov. Questions about translations may be directed to the Language Services Unit at LTS@dss.ca.gov.

COUNTY RESPONSIBILITIES

Counties will be responsible for implementing and enforcing the new 61-66 hour workweek limitation and travel time and wait time compensation requirements. Counties will be required to hire additional staff to support all operational/administrative activities to effectively implement the new statute. These activities include, but are not limited to, providing outreach and additional assistance to recipients to ensure that they understand the implications of the new requirements and that they take all the necessary steps to successfully comply with statutes. Funding is available to support the hiring of additional staff for these new activities.

Counties will be responsible for ensuring providers understand their obligations under the workweek requirements and must develop a process to assist recipients and providers in preparing the workweek agreement and completing the workweek agreement forms (SOC 2255 and SOC 2256) that identify the authorized hours to be worked by the recipient's provider(s). The workweek agreements must comply with the statutory limitations and, therefore, all providers shall not work beyond the maximum 61 to 66 hours per week starting January 1, 2015, unless they are currently serving or plan to serve only one recipient. Further, pursuant to WIC sections 12300.4(f)(5) and 12301.1(b)(2)(D), counties must provide technical assistance to recipients and providers to ensure that providers do not exceed the seven-hour per week limit on travel time and must discuss changes to the workweek agreement at reassessment or other times.

Technical Support for Recipients with Multiple Providers and for Providers with Multiple Recipients

Counties must follow-up with recipients who employ multiple providers who fail to submit the SOC 2256 timely to determine whether these individuals understand the new workweek limits and provide any needed assistance in negotiating workweek agreements with their providers. If a recipient fails to submit a completed and signed SOC 2256 by March 1, 2015, the county shall send the recipient the Notice to Recipient of Failure to Complete Workweek Agreement (SOC 2270). Counties must provide copies of the signed SOC 2256 to the providers.

Counties must establish procedures to ensure that each provider with multiple recipients submits the SOC 2255. The county must provide a copy of the signed SOC 2255 form to the provider for his/her own records and retain the original in the provider's file.

The county must review the SOC 2255 to ensure that it has been completed and signed by the provider. The county may use a web-based mapping service application (e.g., Google Maps, Bing Maps, MapQuest, etc.) and/or other methods (e.g., public transit schedules/timetables) to determine whether the travel times the provider has provided for travel between service locations are reasonable. In making this determination, the county must take into consideration the mode of transit being used; traffic patterns; seasonal issues affecting road conditions, such as snow/ice; and any other factors that may impact the amount of time required to travel between the service locations.

If, after the SOC 2255 has been accepted by the county, a provider, on multiple occasions, submits timesheets reporting actual travel times that exceed the estimate he/she provided on the SOC 2255, the county must contact the provider to determine the reason the provider is claiming more travel time than he/she estimated. If, in discussing the issue with the provider, the county determines that the circumstances the provider based his/her estimated travel time on have changed, the county must require the provider to complete a new SOC 2255 with the corrected travel information.

If a provider fails to submit the completed and signed SOC 2255 by December 15, 2014, he/she will not be eligible to be paid for travel time until the completed and signed form has been received by the county. If a provider fails to submit the SOC 2255 to the county by March 1, 2015, the county shall terminate the provider effective April 1, 2015. The county shall utilize the Notice to Applicant Provider of Ineligibility Incomplete Provider Process (SOC 851) to inform the provider of his/her termination. The county shall also send the recipient the Notice to Recipient of Provider Ineligibility Incomplete Provider Process (SOC 855) to inform him/her that his/her provider has been terminated from the program and he/she will need to obtain a new provider.

An existing IHSS provider terminated for failing to submit the SOC 2255 may be reinstated if he/she submits the completed and signed form within 60 calendar days, and he/she can be paid retroactively for any authorized services he/she provided to eligible recipients during that period he/she was terminated.

Required Recipient Form (TEMP 3000)

Counties must establish procedures to ensure that each recipient submits a TEMP 3000, and each recipient who employs multiple providers submits a SOC 2256. Counties shall contact recipients who fail to submit the TEMP 3000 by December 15, 2014, as required, to obtain a signed copy of the form.

The county must provide the recipient with a copy of the signed TEMP 3000 form for his/her own records and retain the original in the recipient's case file. The counties must also provide copies of the signed TEMP 3000 form to each of the recipient's providers.

Required Provider Form (SOC 846)

Counties must establish procedures to ensure that each currently-enrolled provider submits a newly signed SOC 846. The county must provide a copy of the signed SOC 846 form to the provider for his/her own records and retain the original in the provider's file.

If a currently-enrolled provider fails to submit the SOC 846 to the county by March 1, 2015, the county shall terminate the provider effective April 1, 2015. The county shall utilize the Notice to Applicant Provider of Ineligibility Incomplete Provider Process (SOC 851) to inform the provider of his/her termination. The county shall also send the recipient the Notice to Recipient of Provider Ineligibility Incomplete Provider Process (SOC 855) to inform him/her that his/her provider has been terminated from the program and he/she will need to obtain a new provider.

A currently-enrolled provider terminated for failing to submit a newly signed SOC 846 may be reinstated if he/she submits the completed and signed form within 60 calendar days, and he/she can be paid retroactively for any authorized services he/she provided to eligible recipients during that period he/she was terminated.

County Review of Provider Violations

When a county receives a request from a provider to review a violation, the county has 10 calendar days from the day of the telephone call or written request to respond to the request. The county should review the circumstances that led to the violation to determine if the violation was correctly assessed against the provider, including contacting the recipient to determine if the exception for which the provider received the violation was appropriate or not. Once the county has reviewed the violation and made a determination of the outcome of the review, the county must send a county-developed written notice to the provider informing him/her of the outcome.

Wait Time

For existing cases, the county must review all recipients who have been authorized medical accompaniment to make a determination, for each medical appointment, based on the estimated length of the appointment(s) and other factors, whether provider is engaged to wait or waiting to be engaged, and must adjust the recipients' service

authorization for any time during which a provider would be engaged to wait. For cases in which the provider is determined to be engaged to wait, the county must authorize medical accompaniment accordingly. Counties shall complete this review as soon as administratively feasible but no later than the next regularly scheduled reassessment.

For new cases, any time a county worker authorizes time for medical accompaniment for a recipient, he/she must make a similar determination for each medical appointment and authorize wait time in cases where the provider would be considered to be engaged to wait.

CDSS is developing a new form which counties may use to assist in determining how much wait time should be authorized when a need for medical accompaniment has been assessed. Upon completion, the new form will be transmitted via ACL.

FORTHCOMING ACLs/ACINs

This ACL is the first in a series of ACLs and ACINs that will be transmitted to provide additional information and instructions for implementing SB 855 and SB 873. In the coming months, CDSS will release ACLs/ACINs to address the following issues:

- Changes to CMIPS II to Address Overtime Requirements, Including New Timesheets and Programming for Exceptions Requests and Violations
- Revised Provider Orientation Materials
- Mandatory Timesheet/Workweek Training Video and Materials
- IHSS Providers Administrative Written Review Process of the Violations
- Accompaniment to Medical Appointments and Alternative Resources

Questions or requests for clarification regarding the information in this letter should be directed to the appropriate Bureau within the Adult Programs Division as follows:

For questions regarding:	Contact the:
– Work Hour Limitation Policies – Travel Time and Wait Time Policies – Usage of New and Revised Forms/Notices – State Administrative Review Process for Third/Fourth Violations	Policy and Operations Bureau at (916) 651-5350
– CMIPS II Procedures – Provider Timesheet Questions and Issues	Fiscal, Administrative and Systems Bureau at (916) 653-3850
– Revised Provider Orientation Materials	Quality Assurance and Improvement Bureau at (916) 651-3494

Sincerely,

Original Document Signed by

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachment A

c: CWDA

**REVISED AND NEW FORMS AND NOTICES
FOR USE IN IMPLEMENTING SENATE BILL (SB) 855 AND SB 873**

NUMBER	TITLE	INTENDED PURPOSE
REVISED FORMS & NOTICES		
SOC 426A	In-Home Supportive Services Program Recipient Designation of Provider & Workweek Agreement	To designate a provider. To advise recipient and provider of overtime requirements and workweek schedule.
SOC 846	Provider Enrollment Agreement Form	Provider’s agreement given at time of orientation. Revisions include overtime policy and maximum hour limitation.
SOC 851	IHSS Program Notice to Applicant Provider of Provider Ineligibility Incomplete Provider Process	To inform the provider that he or she has not completed all the necessary requirements to be enrolled as an IHSS provider. These requirements include completing and signing the Provider Enrollment Form, attending the provider orientation, signing the Provider Enrollment Agreement, submitting fingerprints for the criminal background check, and completing and signing the SOC 2255 if he or she will be providing services for more than one recipient.
SOC 855	IHSS Program Notice to Recipient of Provider Ineligibility Incomplete Provider Process	To inform recipient that the provider he or she has chosen is not eligible to receive payment for IHSS services performed.
NEW FORMS & NOTICES		
SOC 2255	In-Home Supportive Services Provider Workweek And Travel Agreement	To be completed by the provider serving multiple recipients to document how many hours the provider will work for each recipient and how much travel, if any, the provider will engage in.
SOC 2256	In-Home Supportive Services Program Recipient and Provider Workweek Agreement	To allow the recipient and their providers to agree on a workweek schedule.
SOC 2257	In-Home Supportive Services Program Notice To Provider of First/Second Violation for Exceeding Workweek and/or Travel Time Limits	To inform provider of his or her first or second violation.

NEW FORMS & NOTICES

SOC 2257 A	In-Home Supportive Services Program Notice to Recipient of Provider's First/Second Violation for Exceeding Workweek and/or Travel Time Limits	To inform recipient of his or her provider's first or second violation.
SOC 2258	In-Home Supportive Services Program Notice to Provider of Third Violation and Three-Month Suspension for Exceeding Workweek and/or Travel Time Limits	To inform the provider of his or her third violation resulting in a three-month suspension.
SOC 2258 A	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	To inform the recipient of his or her provider's third violation resulting in a three-month suspension.
SOC 2259	In-Home Supportive Services Program Notice to Provider of Fourth Violation and Termination for Exceeding Workweek and/or Travel Time Limits	To inform provider of fourth violation resulting in a one-year termination.
SOC 2259 A	In-Home Supportive Services Program Notice to Recipient of Provider's Fourth Violation and Termination for Exceeding Workweek and/or Travel Time Limits	To inform recipient of his or her provider's fourth violation, resulting in a one-year termination.
SOC 2263	IHSS Program Notice to Provider Rescinding Violation	To inform provider of the rescinding of one of his or her violations by the county.
SOC 2264	IHSS Program Notice to Recipient Rescinding Provider Violation	To inform recipient of the rescinding of one of his or her provider's violations by the county.
SOC 2265	IHSS Program Notice to Provider Reduction of Total Violation Count	To inform provider that one of his or her violations has been removed from his or her record due to lack of additional violations in the previous twelve months.
SOC 2266	IHSS Program Notice to Recipient Approval of Exception to Exceed Weekly Hours	To inform recipient of the approval of exception to exceed overtime weekly hours and to inform recipient he or she must adjust the provider's work hours the next week to accommodate any increase.

NEW FORMS & NOTICES		
SOC 2266A	IHSS Program Notice to Provider Approval of Exception to Exceed Weekly Hours	To inform provider of the approval of exception to exceed overtime weekly hours and to inform provider he or she must adjust his or her work hours the next week to accommodate any increase.
SOC 2267	IHSS Program Notice to Recipient Denial of Exception to Exceed Weekly Hours	To inform recipient of the denial of exception to exceed overtime weekly hours, the reason for this denial, and to inform recipient that he or she must adjust the provider's work hours the next week to accommodate any increase.
SOC 2267A	IHSS Program Notice to Provider Denial of Exception to Exceed Weekly Hours	To inform provider of the denial of exception to exceed overtime weekly hours and to inform provider he or she must adjust his or her work hours the next week to accommodate any increase.
SOC 2268	IHSS Program Notice to Recipient Approval for Provider to Work Alternate Schedule Due to Recurring Event	To inform the recipient that their provider is approved to work an alternate schedule, due to a recurring event.
SOC 2269	IHSS Program Notice to Provider Approval to Work Alternate Schedule Due to Recurring Event	To inform the provider that they are approved to work an alternate schedule for a particular recipient, due to a recurring event.
SOC 2270	IHSS Program Notice to Recipient Failure to Complete Workweek Agreement	To inform the recipient that SOC 2256 has not been completed and submitted to the county.
SOC 2271	IHSS Program Provider Notice of Recipient Authorized Hours and Services	To inform the provider of his or her recipient's monthly and weekly authorized hours and of the services the provider is allowed to perform for the recipient.
SOC 2271A	IHSS Program Recipient Notice of Weekly Authorized Hours	To inform the recipient of his or her weekly authorized hours.
TEMP 3000	In-Home Supportive Services Program Overtime and Workweek Requirements Recipient Declaration	To require that existing recipients read and agree to the new workweek requirements.
INFORMING NOTICES		
TEMP 3001	Informing Notice to Recipients	To inform the recipient of the changes in legislation and to provide him or her with the SOC 426A. Also, if applicable, to provide him or her the SOC 2256 to complete.
TEMP 3002	Informing Notice to Providers	To inform the provider of the changes in legislation, to provide him or her with the SOC 2255 if applicable, and instruct him or her to work with his or her recipient(s) to complete the SOC 426A.

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM RECIPIENT DESIGNATION OF PROVIDER

INSTRUCTIONS:

- Use black or blue ink. Print information clearly.
- You (or your authorized representative) must complete PART A of this form to let the county know who you have chosen to provide your authorized services.
- If you have multiple providers, you must fill out a separate form for each person who will be providing authorized services for you.
- You must sign the acknowledgement in PART C of this form.
- Please return this completed and signed form to the county. The county will keep the original form and give you a copy.

PART A. RECIPIENT DESIGNATION OF PROVIDER

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

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

- I choose the person listed above to be my IHSS provider. This person will provide some or all of the services authorized by the county.

PART B. RECIPIENT AGREEMENT**I UNDERSTAND AND AGREE THAT:**

- The person I have chosen to be my provider cannot be paid federal and/or state money for providing services to me until he/she completes all of the provider enrollment requirements, including completing, signing, and returning (in person) the Provider Enrollment Form (SOC 426), submitting fingerprints and being cleared of disqualifying crimes through a criminal background check, completing a provider orientation, and signing and returning the Provider Enrollment Agreement (SOC 846).
- The county will send me a notice telling me if the person I have chosen as my provider does not complete the provider enrollment requirements or if he/she is not eligible to be an IHSS provider.
- If I choose to have this person provide services for me before he/she is enrolled as an IHSS provider, and the county sends me a notice telling me that he/she is not eligible to be an IHSS provider, I will have to pay him/her with my own money for the services that he/she provided before he/she was determined ineligible to be a provider and for any services he/she provides after the county notifies me that he/she is ineligible.
- Neither the county nor the State will be held responsible for any claims and/or losses caused by the above-named person I choose to hire as my IHSS provider. I agree to hold harmless the State and county, their officers, agents, and employees, and to take responsibility for any and all claims and/or losses to any person caused by the named person I choose to hire as my IHSS provider.
- The county can provide information about my authorized services and service hours to the person I have chosen as my provider. The county will send my provider the IHSS Provider Notice of Recipient Authorized Hours and Services (SOC 2271).
- Under state law, the maximum amount of time an IHSS provider can work providing authorized services in a workweek is 66 hours (less any required reduction). The workweek starts at 12:00 a.m. (midnight) on Sunday and ends at 11:59 pm on the following Saturday.
- My total authorized service hours for the month will be broken out into a weekly authorized amount.
- I can authorize my provider to adjust his/her schedule to work more than his/her normal work hours during the workweek without asking the county for approval as long as it does not cause my provider to:
 1. work for me more than 40 hours in a workweek; and
 2. work more than my total authorized monthly hours.

- If my provider normally works for me more than 40 hours in a workweek, I can authorize him/her to work more overtime hours for me in a workweek as long as I have him/her work less hours in the next workweek(s) of the month so I do not go over my authorized monthly hours.
- I have to ask the county for an exception if I need my provider to work for me more than 40 hours in a workweek, and he/she does not normally work for me more than 40 hours in a workweek.
- If I do not get an approved exception, my provider will get a violation.
- Even if the county approves my request for an exception, I will need to have my provider work less hours in the next workweek(s) of the month so that I don't go over my authorized monthly hours.
- I cannot ever authorize my provider to work more than 66 hour (less any required reduction) in a workweek unless my provider and I are in a one-to-one recipient/provider relationship and I receive the maximum monthly authorized service hours.
- The county will send me a notice each time my provider gets a violation. If my provider gets three violations, he/she will be suspended from providing IHSS for three months. If he/she gets another violation after being reinstated from the three-month suspension, he/she will be terminated as a provider for one year.
- My provider is not eligible to get paid for his/her meal periods (lunch breaks) while he/she is working to provide authorized services for me. I will not allow him/her to take a meal period (lunch break) unless it is at least 30 minutes long and I completely release him/her from his/her work duties during that time.

PART C. RECIPIENT ACKNOWLEDGMENT

I understand and agree to follow all of the requirements listed in this form.

RECIPIENT'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE:

DATE:

PRINTED NAME:

FOR COUNTY USE ONLY

WORKER NAME:

DATE:

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER ENROLLMENT AGREEMENT

IHSS PROVIDER CASE NUMBER

PROVIDER NAME (FIRST, MIDDLE, LAST)

1. I attended the required orientation for IHSS providers and I understand and agree to the following:
 - I was given information about being a provider in the IHSS program.
 - I was informed of my responsibilities as an IHSS provider.
 - I was informed of the consequences of committing fraud in the IHSS program.
 - I was given the Medi-Cal toll-free telephone fraud hotline number, 1-800-822-6222 and web site, <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx> for reporting suspected fraud or abuse in the IHSS program.
2. I received training on, and understand how to complete my timesheet.
 - I understand that I should report on my timesheet only the time I worked providing authorized services for the recipient.
 - I understand that by signing my timesheet I am saying that the information I reported on it is true and correct.
 - I understand that I must submit my timesheet (signed by both my recipient and me) within two weeks after the end of each pay period. If I submit my timesheet on time, I will get paid within 10 days of the day it is received at the timesheet processing facility. If I do not submit my timesheet on time, my pay will be delayed.
 - I understand that if I am convicted of fraudulently reporting information on my timesheet, in addition to any criminal penalties, I may be required to pay civil penalties of at least \$500, and not more than \$1,000, for each violation of fraud.
3. I received information and training regarding the workweek and travel time requirements. This information and training included the following topics:

Overtime Pay

- Beginning January 1, 2015, IHSS providers will get paid overtime (one and a half times the regular pay rate) when they work more than 40 hours in a workweek. The workweek begins at 12:00 a.m. (midnight) on Sunday and ends at 11:59 p.m. on the following Saturday.

Workweek Limit

- Beginning April 1, 2015, the maximum number of hours IHSS providers will be allowed to work in a workweek will be 66 (less any required reduction). The exact number of hours I will be allowed to work will depend on:
 - How many hours of authorized services my recipient gets each week;
 - How many recipients I work for; and
 - Whether my recipient has any other providers.
- Both my recipient and I will get a notice telling us how many authorized service hours he/she gets each month and each week.
- If I work for more than one recipient, the combined hours I work for all my recipients cannot add up to more than 66 hours (less any required reduction) each workweek.

Working More Than Your Recipient's Weekly Hours

- A recipient can authorize me to work more than his/her weekly hours without asking the county for approval as long as the authorization does not cause me to work:
 - More than 40 hours for him/her in a workweek; and
 - More than his/her total authorized monthly service hours.
- If I only work for a single IHSS recipient that gets the maximum number of monthly authorized service hours and I am the recipient's only provider, my recipient can allow me to work more than his/her weekly authorized hours. My recipient needs to ask the county for approval for an adjustment for that week's hours and also make sure that I work less hours the following week(s) and that I do not work more than my recipient's total authorized monthly service hours.
- A recipient cannot authorize me to work more than his/her total authorized monthly service hours. If a recipient asks me to work more than his/her weekly hours in one week, he/she must reduce my hours the following week(s) so that I do not work more than his/her total monthly service hours.

Limit on Travel Time

- Also beginning April 1, 2015, the maximum amount of time I will be allowed to travel during a workweek is seven hours. Travel time means the time I spend on the same workday traveling directly from one location where I provide authorized services for a recipient to another location where I provide authorized services for a different recipient.

- Travel time will not be counted as part of the 66 maximum hours (less any required reduction) I can work in a workweek.

Violations for Going Over Workweek & Travel Time Limits

- Beginning April 1, 2015, if I submit a timesheet reporting hours that go over the workweek or travel time limits, I will get a violation. Each time I do any of the following I will get a violation:
 - I work more than 40 hours in a workweek for a recipient without the recipient getting approval from the county (when I would not normally work more than 40 hours in a workweek for that recipient);
 - I work more than a total of 66 hours (less any required reduction) in a workweek for a recipient that I am not in a one-to-one recipient/provider relationship with; or
 - my travel time is more than seven hours in a workweek.

First Violation:

- I will get a written warning notice.

Second Violation:

- I will get a second written warning notice, and I will have to complete special training about the workweek and travel time limits. (I will get paid for the time I spend attending the training.)
- If I do not complete the training within 14 calendar days of the date of the violation notice, I will automatically get my third violation.

Third Violation:

- I will be suspended as an IHSS provider for three months.

Fourth Violation (upon being reinstated after the three-month suspension):

- I will be terminated as an IHSS provider for one year.
- Once I have received a violation, the violation will remain on my record. However, after one year, if I do not receive another violation, the number of violations I have received will be reduced by one. As long as I do not receive any additional violations, each year after the last violation, my number of violations will be reduced by one.
- If I receive a fourth violation and are terminated as a provider for one year, when the year is up and I apply again to be an IHSS provider, my violations count will be reset to zero.

- If I get terminated as a provider because I get multiple violations, when the one year termination ends, I will have to complete all of the provider enrollment requirements again, including the criminal background check, provider orientation, and completing all required forms, before I can be reinstated.
4. I understand that I am required to complete the Employment and Eligibility Verification (Form I-9), a form kept on file by the recipient, which states that I have the legal right to work in the United States.
 5. I understand I have the option to submit an Employee's Withholding Allowance Certification (Form W-4) to request federal income tax withholding and/or California Employee's Withholding Allowance Certification (Form DE 4) to request state income tax withholding from my wages. I understand that if I do not submit Form W-4 and/or DE 4, no federal or state taxes will be withheld from my wages.
 6. I understand that authorized IHSS services cannot be performed when the recipient is away from his/her home unless my recipient gets approval from his/her social worker for such services.
 7. I understand that in the future I will receive the In-Home Supportive Services (IHSS) Program Provider Notice of Recipient Authorized Hours and Services (SOC 2271) that names the recipient and the services I am authorized to perform for that recipient.
 8. I will cooperate with state or county staff to provide requested information related to the evaluation of a recipient's IHSS case.

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

IHSS Provider's Signature

Date

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO APPLICANT PROVIDER OF PROVIDER INELIGIBILITY
INCOMPLETE PROVIDER PROCESS**

(ADDRESSEE)

County of: _____

Notice Date: _____

Applicant Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Applicant Provider:

The county/public authority has determined that you are not eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing services. You are not eligible because you did not complete one or more of the required tasks of the IHSS provider enrollment process. You did not complete the task(s) marked below:

- You did not complete, sign or return the IHSS Provider Enrollment Form (SOC 426).
- You did not attend an IHSS Provider Orientation session.
- You did not sign the IHSS Provider Enrollment Agreement (SOC 846).
- You did not submit fingerprints for a California Department of Justice criminal background check.
- You did not complete, sign, or return the Provider Workweek & Travel Time Agreement (SOC 2255) which must be completed, signed, and returned if you are providing services for more than one recipient.

If you believe you have completed all of the tasks necessary to be eligible as an IHSS provider, you may contact _____ to ensure that you receive proper credit for completing all of the necessary tasks.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT OF PROVIDER INELIGIBILITY
INCOMPLETE PROVIDER PROCESS**

(ADDRESSEE)

County of: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

Applicant Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Recipient:

The person you have chosen to employ to provide IHSS services to you, _____, is not eligible to receive payment from the IHSS program for providing services to you or to any other IHSS recipient. Here's why:

He/she did not complete one or more of the required steps of the provider enrollment process listed below.

- He/she did not complete, sign and return the IHSS Provider enrollment Form (SOC 426) to the county
- He/she did not attend an IHSS Provider Orientation
- He/she did not sign an IHSS Provider Enrollment Agreement (SOC 846)
- He/she did not complete a California Department of Justice criminal background check.
- He/she did not complete, sign, or return the Provider Workweek & Travel Time Agreement (SOC 2255) which must be completed, signed, and returned by all providers who are providing services for more than one recipient.

Until the person you have chosen to act as your provider has completed the required steps of the provider enrollment process as listed above, you must either choose an enrolled provider to provide services, or if you choose to continue receiving services from this person before he/she has completed the required steps, you will be responsible for paying him/her with your own money for any services provided.

If you need help finding a different provider, call _____ .

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER WORKWEEK & TRAVEL TIME AGREEMENT

(To be completed by a provider who provides authorized services to multiple recipients)

PROVIDER NAME:

PROVIDER NUMBER:

PART A. WORKWEEK SCHEDULE

PROVIDER REQUIREMENTS:

- State law (Welfare and Institutions Code section 12300.4) does not allow providers in the IHSS and Waiver Personal Care Services (WPCS) programs to work more than 66 hours (less any required reduction) in one workweek providing authorized IHSS services to two or more recipients. This maximum weekly workweek does not include travel time as described below in Part B. The workweek starts on Sunday at 12:00 a.m. (midnight) and ends at 11:59 p.m. on the following Saturday. You will get a notice telling you how many authorized service hours each of your recipients gets weekly and monthly.
- A recipient may adjust his or her weekly authorized hours, but he/she must get approval from the county if the adjustment will result in you working over 40 hours in any workweek for him/her (when, based on your workweek agreement, you would not normally work more than 40 hours in a workweek for him/her).
- It is your responsibility as a provider to:
 - Make sure that the total combined hours you work in a workweek providing authorized services for all providers you work for do not total more than 66 hours (less any requires reduction) in one workweek.
 - Make sure that the hours you work providing services to any one of your recipients are not more than that recipient's weekly authorized hours.
 - Make sure that if one of your recipients adjust your work schedule to give you more hours in a workweek than you normally get, that you work less hours in a following week to make sure you are not working more than his/her authorized monthly hours.

- If you submit a timesheet in which you violate the workweek schedule in any of the following ways, you will receive a violation:
 - Work more than 40 hours in a workweek without county approval if you would normally work 40 hours or less in a workweek;
 - Work more than 66 hours (less any required reduction) in a workweek;
 - Claim more than seven hours of travel time (see Part B of this agreement).
- If you violate the workweek schedule in any of the ways described above, you will receive the following:
 - 1st Violation = You will receive a written warning notice;
 - 2nd Violation = You will receive a second written warning notice, and you will be required to complete training about workweek and travel time limits. If you do not complete the training within 14 calendar days of the date of the violation notice, you will automatically receive your third violation;
 - 3rd Violation = You will receive a three (3) month suspension from providing IHSS services;
 - 4th Violation = You will be terminated from providing IHSS services for a period of one (1) year. At that time, if you wish to return as an IHSS provider, you must complete all of the provider enrollment requirements again, including the criminal background check, the provider orientation, and completion of all required forms.

INSTRUCTIONS: You must complete the chart on the next page to help you plan your workweek schedule. Your schedule must include services provided to all recipients you work for and must not be more than 66 hours (less any statutory deduction) in one workweek. You will be notified of each of your recipients' total weekly authorized hours in a separate notice.

1. In Column A, write the **name** of each recipient you provide authorized IHSS services for.
2. In Column B, write the **case number** of each recipient listed in Column A.
3. In Column C, write the **address** of each recipient listed in Column A.

4. In Column D, write the total number of hours per day (for each day of the week) you work or plan to work providing authorized IHSS services for each recipient listed in Column A.
5. For Column E, add the total number of hours from each day in Column D that you work or plan to work providing authorized IHSS services for each recipient listed in Column A and write the total number of hours for the week for each recipient in Column E.
6. At the bottom of Column E, add the total number of hours you work or plan to work providing authorized IHSS services for all of your recipients each week.

A	B	C			D							E	
Recipient's Name	Recipient Case #	Recipient's Address			Total Number of Hours I Work or Plan to Work							Total Hours	
		Street Address	City	Zip Code	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.		

TOTAL HOURS I WORK OR PLAN TO WORK PROVIDING AUTHORIZED SERVICES FOR ALL RECIPIENTS:

PART B. TRAVEL TIME**PROVIDER REQUIREMENTS:**

- If you travel from one recipient's location to another recipient's location on the same workday in order to provide authorized IHSS services to both recipients, you can get paid for that travel time, but that time cannot be more than seven hours per workweek. These seven hours are in addition to the above workweek limit of 66 hours (less any required reduction).
- To get paid for that travel time, you must travel directly from one recipient's location to the other recipient's location without stopping. If you make only a brief stop on your way to the second recipient's location, such as to fill your gas tank at a service station, you are still considered to be traveling directly. However, if you stop to conduct personal business or if you return to your own home, you can only be paid for the time that it would have taken to travel between the two locations where services are provided without the personal stops.
- If your total estimated travel time will be more than seven hours, you will need to adjust your work schedule so that your travel time is less than seven hours.

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

YES NO

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

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

1. In Column A below, write the name(s) of the recipient(s) you will be traveling from.
2. In Column B below, write the name(s) of the recipient(s) you will be traveling to.
3. In Column C below, write how far (in miles) it takes to travel directly from one recipient's location to the next recipient's location.

4. In Column D below, write how long (in minutes) you estimate it takes to travel directly from one recipient's location to the next recipient's location.
5. In Column E below, write how many days each workweek you plan to travel from one recipient's location to another recipient's location on the same day?
6. In Column F, multiply the amount of time you estimate it takes to travel directly from one recipient's location to the next recipient's location (Column D) by the number of days you will travel between recipients' locations each workweek (Column E) to indicate your total travel time between the two recipients' locations (Column A and B).
7. Add up the total of all the time listed on the lines in Column F and write the total at the bottom of Column F.

PART B. TRAVEL TIME

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

How will you travel between recipients' locations?

- CAR*
 PUBLIC TRANSIT
 OTHER Specify: _____

**** If you will be driving yourself to travel between recipients, you must have a valid California driver's license and proof of insurance, and your vehicle must have current registration. If you do not have a valid California driver's license, proof of insurance, or current vehicle registration, you are not legally allowed to drive your vehicle for the purpose of providing IHSS. You must choose a different form of transportation, such as public transit. If you have chosen to drive yourself and there is a negative change to the status of your legal right to drive your vehicle (i.e., your California driver's license, auto insurance, or vehicle registration expires or is no longer valid), you must inform the county and select a different form of transportation. If you fail to inform the county of this change in status, you will be considered in violation of IHSS program requirements and may be terminated.***

PART C. PROVIDER AGREEMENT

I declare that I have read and understand the requirements as stated in this document and I agree to comply with these requirements. I further declare that all of the information I have provided on this form is true and correct. I agree to notify the county within 10 calendar days if any of the information I have provided in this Provider Workweek and Travel time Agreement changes, and depending on what information has changed, I may be required to complete a new SOC 2255.

PROVIDER SIGNATURE:

DATE:

PROVIDER'S PRINTED NAME:

FOR COUNTY USE ONLY

WORKER NAME:

DATE:

ESTIMATED TRAVEL TIME REVIEWED:

SOURCE USED TO VERIFY TRAVEL TIME:

YES NO

NOTES:

IN-HOME SUPPORTIVE SERVICES PROGRAM RECIPIENT AND PROVIDER WORKWEEK AGREEMENT

IHSS RECIPIENT CASE NUMBER

RECIPIENT NAME (FIRST, MIDDLE, LAST)

My total authorized hours are _____ per week and _____ per month.

I understand that I have to assign hours to my provider(s) which is why I must complete this form. This schedule helps to ensure that my provider(s) stay(s) within my monthly authorized hours. Under certain circumstances I may be able to adjust the hours I have assigned.

INSTRUCTIONS:

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

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

RECIPIENT ACKNOWLEDGMENT:

- I understand that by completing and submitting this form to the county In-Home Supportive Services (IHSS) program, I am requesting the IHSS program to assign the indicated number of my authorized hours to the named provider(s).
- I understand that I have received information on the workweek requirements and overtime limitations which I must follow.
- I understand that if I want the weekly assigned hours of my provider(s) to stay the same and the timesheets of my provider(s) to always be processed for the hours I have assigned to him/her, I will request and complete a Recipient Request for Assignment of Authorized Hours to Providers (SOC 838) form and submit it to the county.

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

PROVIDER ACKNOWLEDGMENT:

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

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

FOR COUNTY USE ONLY

WORKER NAME (FIRST MIDDLE LAST):	WORKER PHONE:
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**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER OF FIRST/SECOND VIOLATION
FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS**

(ADDRESSEE)

County of: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Provider:

On ____/____/____ you exceeded your workweek and/or travel time limits by doing one or more of the following within one pay period:

- Working more than 40 hours in a workweek for a recipient without the recipient getting approval from the county (when you would not normally work more than 40 hours in a workweek for that recipient);
- Working more than a total of 66 hours (less any required reduction) in a workweek for a recipient with whom you are not in a one-to-one recipient/provider relationship (which means a provider who only works for one recipient when that recipient has no other providers working for him/her);
- Working more than 66 hours (less any required reduction) in a workweek without the recipient getting an approval from the county;
- Going over the 7 hour weekly travel time limit.

Because you exceeded your workweek and/or travel time limits, you received your:

- First Violation
 - This is a warning notice only; no action will be taken against you at this time.
- Second Violation
 - You must attend a mandatory training.
 - If you do not attend the training within 14 calendar days, you will automatically receive a third violation and be suspended from providing IHSS services for three (3) months.

If you disagree with this decision you may contact the county at the number listed above. You have ten (10) calendar days from the date of this notice to request a county review. The county IHSS office then has ten (10) calendar days to review and investigate and decide whether to rescind the violation.

IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO RECIPIENT OF PROVIDER'S FIRST/SECOND VIOLATION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS

(ADDRESSEE)

County of: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Recipient:

Your Provider, _____, has exceeded his/her workweek and/or travel time limits by doing one or more of the following within one pay period:

- Working more than 40 hours in a workweek for a recipient without the recipient getting approval from the county (when he/she would not normally work more than 40 hours in a workweek for that recipient);
- Working more than a total of 66 hours (less any required reduction) in a workweek for a recipient with whom he/she is not in a one-to-one recipient/provider relationship (which means a provider who only works for one recipient when that recipient has no other providers working for him/her);
- Working more than 66 hours (less any required reduction) in a workweek without the recipient getting an approval from the county;
- Going over the 7 hour weekly travel time limit.

On ___/___/___ your provider received his/her:

- First Violation
- Second Violation
 - If your provider does not attend mandatory training, or if they receive another violation, he/she will automatically receive a third violation and be suspended from providing IHSS services for three (3) months.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER OF THIRD VIOLATION AND THREE-MONTH SUSPENSION
FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS**

(ADDRESSEE)

County of: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Provider:

Effective ten (10) calendar days from the date of this notice, you are no longer eligible to receive payment from the IHSS program for providing services to your current recipient or to any other IHSS recipients for a period of three months.

On ____/____/____ you violated your workweek and travel time limits for a third time by doing one or more of the following within one pay period:

- Working more than 40 hours in a workweek for a recipient without the recipient getting approval from the county (when you would not normally work more than 40 hours in a workweek for that recipient);
- Working more than a total of 66 hours (less any required reduction) in a workweek for a recipient with whom you are not in a one-to-one recipient/provider relationship (which means a provider who only works for one recipient when that recipient has no other providers working for him/her);
- Working more than 66 hours (less any required reduction) in a workweek without the recipient getting an approval from the county;
- Going over the 7 hour weekly travel time limit;
- Not attending mandatory training within 14 calendar days after receiving your second violation.

If you disagree with this decision you may contact the county at the number listed above. You have ten (10) calendar days from the date of this notice to request a county review. The county IHSS office then has ten (10) calendar days to review and investigate and decide whether to rescind the violation.

**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**

(ADDRESSEE)

County of: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Recipient:

Your Provider, _____, received a third violation on ___/___/___
by doing one or more of the following:

- Not attending mandatory training;
- Going over the workweek limits;
- Going over the 7 hour weekly travel time limit.

As a result, your provider will be suspended for three months beginning ten (10) calendar days from the date of this notice. He/she cannot provide services for you or any other IHSS recipients during this period.

You must find a new provider within ten (10) calendar days of the date of this notice. During this ten-day period your current provider will still be able to continue to provide you services. If you need assistance finding a new provider, please contact your county IHSS office at the number listed above.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER OF FOURTH VIOLATION AND TERMINATION
FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS**

(ADDRESSEE)

County of: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Provider:

Effective ten (10) calendar days from the date of this notice, you are no longer eligible to receive payment from the IHSS program for providing services to your current recipient or to any other IHSS recipients for a period of one year.

On ____/____/____ you violated your workweek and travel time limits for a fourth time by doing one or more of the following within one pay period:

- Working more than 40 hours in a workweek for a recipient without the recipient getting approval from the county (when you would not normally work more than 40 hours in a workweek for that recipient);
- Working more than a total of 66 hours (less any required reduction) in a workweek for a recipient with whom you are not in a one-to-one recipient/provider relationship (which means a provider who only works for one recipient when that recipient has no other providers working for him/her);
- Working more than 66 hours (less any required reduction) in a workweek without the recipient getting an approval from the county;
- Going over the 7 hour weekly travel time limit.

After the one year termination period, to be reinstated as a provider, you will have to complete all of the provider enrollment requirements again, including the criminal background check, provider orientation, and completing all required forms.

If you disagree with this decision you may contact the county at the number listed above. You have ten (10) calendar days from the date of this notice to request a county review. The county IHSS office then has ten (10) calendar days to review and investigate and decide whether to rescind the violation.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT OF PROVIDER'S FOURTH VIOLATION AND
TERMINATION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS**

(ADDRESSEE)

County of: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Recipient:

Your Provider, _____, has received a fourth violation on ___/___/___ for exceeding his/her workweek and/or travel time limits. As a result, your provider will be terminated for one year. Your provider cannot provide services for you or any other IHSS recipients during this period.

You must find a new provider within ten (10) calendar days of the date of this notice. During this ten-day period your current provider will still be able to continue to provide you services. If you need assistance finding a new provider, please contact your county IHSS office at the number listed above.

IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER RESCINDING VIOLATION

(ADDRESSEE)

County of: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Provider:

This notice is to inform you that the violation you received on _____ has
been withdrawn as of the date of this notice. The reason for the withdrawal of this
violation is:

DATE

Although this violation has been withdrawn, you could receive another violation at a later time if you fail to follow the workweek and travel time limits in the Provider Enrollment Agreement (SOC 846).

If you have any questions about this notice, you may contact your county IHSS office at the phone number above.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT
RESCINDING PROVIDER VIOLATION**

(ADDRESSEE)

County of: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Recipient:

This notice is to inform you that the violation your provider, _____, PROVIDER NAME
received on _____ has been withdrawn as of the date of this notice.
DATE

Although this violation has been withdrawn, your provider could receive another violation at a later time if he/she fails to follow the workweek and travel time limits in the Provider Enrollment Agreement (SOC 846).

If you have any questions about this notice, you may contact your county IHSS office at the phone number above.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER
REDUCTION OF TOTAL VIOLATION COUNT**

(ADDRESSEE)

County of: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Provider:

This notice is to inform you that one of the violations on your record has been removed as of the date of this notice because you have not received an additional violation in the past twelve months.

Although this violation has been removed, you could receive another violation at a later time if you fail to follow the workweek and travel time limits in the Provider Enrollment Agreement (SOC 846).

If you have any questions about this notice, you may contact your county IHSS office at the phone number above.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT APPROVAL OF EXCEPTION
TO EXCEED WEEKLY HOURS**

(ADDRESSEE)

County of: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Recipient:

This notice is to inform you that the request for exception to exceed the weekly authorized hours of your provider, _____, has been approved for the workweek of _____ to _____.
PROVIDER NAME
DATE DATE

You will need to adjust your provider's work hours before the end of the month to make sure he/she does not exceed your monthly authorized hours. If your provider does not do so, he/she will not be paid for the excess hours by the IHSS program, and you will be responsible for the payment of any service hours beyond your authorized monthly hours.

If you have any questions about this notice, you may contact your county IHSS office at the phone number above.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER APPROVAL OF EXCEPTION
TO EXCEED WEEKLY HOURS**

(ADDRESSEE)

County of: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Provider:

This notice is to inform you that the request for exception to exceed your weekly authorized hours that was made by your recipient, _____, RECIPIENT NAME has been approved for the workweek of _____ to _____.
DATE DATE

You will need to adjust your work hours before the end of the month to make sure you do not exceed your recipient's monthly authorized hours. If you do not do so, you will not be paid for the excess hours by the IHSS program, and your recipient will be responsible for the payment of any service hours beyond his/her authorized monthly hours.

If you have any questions about this notice, you may contact your county IHSS office at the phone number above.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT
DENIAL OF EXCEPTION TO EXCEED WEEKLY HOURS**

(ADDRESSEE)

County of: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Recipient:

This notice is to inform you that the request for exception to exceed the weekly authorized hours of your provider, _____, for the workweek of
PROVIDER NAME

_____ to _____ has been denied.
DATE DATE

The reason for this denial is:

- The need for the additional hours was known ahead of time and could have been handled by your backup provider.
- The need for the additional hours was not for an immediate service that could have waited until a later time or until your backup provider arrived.
- The need for the additional hours did not involve a risk to your health and safety.

If your provider has already worked these hours, he/she will be paid for the time worked but will receive a violation notice. The penalty for the violation will be based on the number of violations he/she has received in the past. You will receive a notice informing you of the provider's violation and any penalty given.

Further, you will need to adjust your provider's work hours before the end of the month to make sure he/she does not exceed your monthly authorized hours. If your provider does not do so, he/she will not be paid for the excess hours by the IHSS program, and you will be responsible for the payment of any service hours beyond your authorized monthly hours.

If you have any questions about this notice, you may contact your county IHSS office at the phone number above.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER DENIAL OF EXCEPTION
TO EXCEED WEEKLY HOURS**

(ADDRESSEE)

County of: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Provider:

This notice is to inform you that the request for exception to exceed your weekly authorized hours that was made by your recipient, _____, for the
RECIPIENT NAME

workweek of _____ to _____ has been denied.
DATE 1 DATE 2

If you have already worked these hours, you will be paid for the time worked but you will receive a violation. The penalty for this violation will be based on the number of violations you have received in the past. You will receive a notification informing you of the violation and any penalty given.

You will need to adjust your work hours before the end of the month to make sure you do not exceed your recipient's monthly authorized hours. If you do not do so, you will not be paid for the excess hours by the IHSS program, and your recipient will be responsible for the payment of any service hours beyond his/her authorized monthly hours.

If you have any questions about this notice, you may contact your county IHSS office at the phone number above.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT APPROVAL FOR PROVIDER TO WORK
ALTERNATE SCHEDULE DUE TO RECURRING EVENT**

(ADDRESSEE)

County of: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Recipient:

This notice is to inform you that your request to allow your provider,
_____, to work an alternate schedule due to a monthly recurring
PROVIDER NAME

event has been approved as of _____.
APPROVAL DATE

Your provider's weekly hours for the week in which the recurring event takes place have
been increased to _____.

Your provider's weekly hours for the remainder of the month have been reduced to
_____.

Your provider may continue to work this schedule in all subsequent months as long as
the recurring event continues to occur. You must notify the county immediately if the
situation changes and the alternate schedule is no longer needed.

If you have any questions about this notice, you may contact your county IHSS office at
the phone number above.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER APPROVAL TO WORK
ALTERNATE SCHEDULE DUE TO RECURRING EVENT**

(ADDRESSEE)

County of: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Provider:

This notice is to inform you that your recipient's request to allow you to work an alternate schedule due to a monthly recurring event has been approved as of

_____,
APPROVAL DATE

Your weekly hours for the week in which the recurring event takes place have been increased to _____.

Your weekly hours for the remainder of the month have been reduced to _____.

You may continue to work this schedule in all subsequent months as long as the recurring event continues to occur. Your recipient must notify the county immediately if the situation changes and the alternate schedule is no longer needed.

If you have any questions about this notice, you may contact your county IHSS office at the phone number above.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT
FAILURE TO COMPLETE WORKWEEK AGREEMENT**

(ADDRESSEE)

County of: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To In-Home Supportive Services (IHSS) Provider:

You have been identified as a recipient who has or needs more than one IHSS provider and, therefore, must complete an IHSS Program Recipient and Provider Workweek Agreement (SOC 2256) form. The enclosed form must be completed, signed by you and each of the providers working for you, and returned to the county IHSS office listed above before you can be found eligible for the IHSS program. Failure to return this form to the county IHSS office will result in you being found ineligible for the IHSS program.

If you have any questions about this notice or need assistance in completing the SOC 2256 form, you may contact your county IHSS office at the phone number above.

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER NOTICE OF RECIPIENT AUTHORIZED HOURS AND SERVICES

County of: _____

Effective Date: _____

Provider Name: _____

Provider Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

You are receiving this notice because you are a provider of IHSS for

_____.

The notice is to inform you of your recipient's monthly and weekly authorized hours and the services you are allowed to perform for your recipient.

Your recipient's monthly authorized hours are _____.

Since the number of days in each month is different, your recipient's weekly authorized hours will be different for each month. If a month ends in the middle of a week, the authorized hours for the partial week will be calculated based on the days remaining in the month. The chart below shows the weekly authorized hours that your recipient will have each month:

Month	Weekly Authorized Hours	Month	Weekly Authorized Hours
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

The chart on the following page lists the services that have been authorized for your recipient (which have been marked with an X), along with a brief description of the types of work that may be performed as part of each service. You will only be paid for providing the authorized services that have been marked. Your recipient is responsible for creating a work schedule with you within his/her weekly and monthly authorized hours.

Auth*	Service Types	Description of Services
	Domestic Services	Household chores to maintain the cleanliness of the home including sweeping, vacuuming, washing and waxing of floor surfaces, dusting, and picking up. MPP 30-757.11
	Meal Preparation	Planning menus, preparing food, cooking and serving meals. MPP 30-575.131
	Meal Clean-Up	Cleaning up the cooking area and washing, drying and putting away cookware, dishes and utensils. MPP 30-757.132
	Laundry	Washing, drying, folding and putting away clothes and linens. If in-home laundry facilities are not available, this service will include travel to an out-of-home laundromat. MPP 30-575.134
	Shopping for Food	Making a grocery list, traveling to/from the store, shopping, loading, unloading and storing food purchased. MPP 30-757.135(b)
	Other Shopping and Errands	Includes, 1) Shopping for other necessary supplies, and 2) Performing small and necessary errands, e.g., picking up prescription. MPP 757.135(c)
	Respiration Assistance	Assisting recipient with nonmedical breathing related services such as self-administration of oxygen and cleaning breathing machines. MPP 30-757.14(b)
	Bowel and/or Bladder Care	Assisting the recipient with using the toilet, bed pans/bedside commode or urinal; emptying/cleaning ostomy, enema and/or catheter receptacles; applying diapers, disposable undergarments and disposable barrier pads, wiping/cleaning recipients; washing/drying recipient's hands. MPP 30-757.14(e)
	Feeding	Assisting the recipient to eat meals, including cleaning his/her face and hands before and after meals. MPP 30.757.14(c)
	Routine Bed Baths	Giving a recipient who is confined to bed a routine sponge bath. MPP 30-757.14(d)
	Dressing	Assisting the recipient to put on and take off his/her clothes as necessary. MPP 30-757.14(f)
	Menstrual Care	Assistance with the external placement of sanitary napkins and barrier pads. MPP 30-757.14(j)
	Ambulation	Assisting the recipient with walking or moving about the home, including to/from the bathroom and to/from and into/out of the car for transporting to medical appointments and/or alternative resources. MPP 30-757-14(k)
	Transfer	Assisting recipient from standing, sitting, or prone position to another position and/or from one piece of furniture or equipment to another. MPP 30-757.14(h)
	Bathing, Oral Hygiene and Grooming	Assisting the recipient with: bathing or showering, brushing teeth, flossing, and cleaning dentures; shampooing, drying, combing/brushing hair; shaving; applying lotion, powder and deodorant. MPP 30-757.14(e)
	Rubbing Skin and Repositioning	Rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and supervising range of motion exercises. MPP 30-757.14(g)
	Care and Assistance w/Prosthetics & Medication	Taking off/putting on and maintaining and cleaning prosthetic devices, including vision/hearing aids; reminding the recipient to take prescribed and/or over-the-counter medications, and setting up medi-sets. MPP 30-757.14(i)
	Accompaniment to Medical Appointments	Accompanying the recipient during necessary travel to and from health related appointments. If you are required to stay to provide authorized services for your recipient during the appointment and the length of the appointment is not known, you will be paid for the time that you are "engaged to wait" for the services that must be provided. MPP 30-757.151
	Accompaniment to Alternative Resources	Accompanying the recipient during necessary travel to and from alternative resources. MPP 30-757.174
	Heavy Cleaning	Thorough cleaning of the home to remove hazardous debris and dirt. (One time only) MPP 30-757.12
	Yard Hazard Abatement	Light work in the yard to remove high grass or weeds, and rubbish when these materials pose a fire hazard. MPP 30-757.16
	Removal of Ice and Snow	Light work in the yard to remove ice and snow or other hazardous substances from entrances and essential walkways when these materials make access to the home hazardous. MPP 30-757.16
	Protective Supervision	Observing the behavior of a non-self-directing, confused, mentally impaired or mentally ill recipient and intervening as appropriate to safeguard the recipient against injury, hazard or accident. MPP 30-757.17
	Teaching and Demonstration	Teaching and demonstrating services handled by the IHSS provider to help the recipient perform these services on his or her own. MPP 30-757.18
	Paramedical Services	Services meeting the following conditions: 1) Activities which recipients would normally perform themselves if they did not have functional limitations, 2) Activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health, and 3) Activities which include the administration of medications, puncturing the skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or requiring judgment based on training given by a licensed health care professional. MPP 30-757.19

Important Things to Remember:

- If you need any additional information on the services that have been authorized for your recipient and the work you must provide to him/her beyond what has been provided to you in the chart on the previous page, you may view the Manual of Policies and Procedures (MPP) sections referenced in the chart on the CDSS website at <http://www.dss.ca.gov/ord/PG310.htm> or contact your county IHSS office.
- It is your responsibility to follow the workweek schedule created by your recipient.
- If your recipient's monthly hours change, you will receive another notification of your recipient's weekly authorized hours reflecting the change in hours.
- If your recipient has more than one provider, it is the responsibility of your recipient to set a schedule for each provider so that the total hours worked by all providers is not more than the recipient's authorized weekly or monthly hours.
- If more than the recipient's authorized monthly hours are worked, it is the responsibility of your recipient to provide payment for those hours.
- If you work more than your recipient's authorized weekly hours without your recipient receiving county approval, you may incur a violation. However, your recipient may adjust the weekly authorized hours in specific circumstances without county approval.
- The hours you can claim on your timesheet will be reduced if you start or stop work in the middle of a month.
- It is the responsibility of the recipient to make payment of any share of cost deducted from your paycheck.
- Contact your county IHSS office immediately if your recipient is hospitalized or passes away. Without county approval, you cannot claim hours for work done while the recipient is hospitalized or after the date-of-death.
- Social Security taxes and State Disability are automatically deducted from your paycheck. To have State or Federal income tax withholding deducted from your paycheck, you must turn in a W-4 and/or DE-4 to your county IHSS office.
- If the recipient for whom you work is your parent, spouse, or minor child, you may not be eligible for withholding of Social Security or Medicare taxes.
- If you are injured while providing IHSS services, contact your county IHSS office immediately.

Should you have any questions regarding any of the information provided on this notice or if you are no longer working as an IHSS provider, please contact your county IHSS office at the number on the first page.

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM RECIPIENT NOTICE OF WEEKLY AUTHORIZED HOURS

County of: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

You are receiving this notice to inform you of your weekly authorized hours for the IHSS program.

You were sent a notice of action indicating, as of _____, your **monthly authorized hours** are _____.

DATE

Since the number of days in each month is different, your weekly authorized hours will be different for each month. If a month ends in the middle of a week, the authorized hours for the partial week will be calculated based on the days remaining in the month. The chart below shows the weekly authorized hours you will have each month:

Month	Weekly Authorized Hours	Month	Weekly Authorized Hours
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

If a month has an asterisk (*) after it, that means that one-time services (heavy cleaning, yard hazard abatement, teaching and demonstration, etc.) have been authorized for that month and there will be more weekly and monthly authorized hours for that month only.

If your monthly hours change, you will receive a notice of action detailing the increase or decrease in hours. You will also receive another notification of weekly authorized hours reflecting the change in hours.

Should you have any questions regarding the above notice, please contact your county IHSS office at the number above.

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

This document provides information about IHSS program overtime and workweek requirements that are based on state law (Welfare and Institutions Code section 12300.4). I must read the information and sign this form to show that I understand and agree to follow these requirements.

- Under state law, the maximum amount of time an IHSS provider can work providing authorized services in a workweek is 66 hours (less any required reduction). The workweek starts at 12:00 a.m. (midnight) on Sunday and ends at 11:59 pm on the following Saturday.
- My total authorized service hours for the month will be broken out into a weekly authorized amount.
- I can authorize my provider to adjust his/her schedule to work more than his/her normal work hours during the workweek without asking the county for approval as long as it does not cause my provider to:
 1. work for me more than 40 hours in a workweek; and
 2. work more than my total authorized monthly hours.
- If my provider normally works for me more than 40 hours in a workweek, I can authorize him/her to work more overtime hours for me in a workweek without asking the county for approval as long as I have him/her work less hours in the next workweek(s) of the month so I do not go over my authorized monthly hours.
- I have to ask the county for an exception if I need my provider to work for me more than 40 hours in a workweek, and he/she does not normally work for me more than 40 hours in a workweek.
- If I do not get an approved exception, my provider will get a violation.
- Even if the county approves my request for an exception, I will need to have my provider work less hours in the next workweek(s) of the month so that I don't go over my authorized monthly hours.

- I cannot ever authorize my provider to work more than 61 to 66 hours (less any required reduction) in a workweek unless my provider and I are in a one-to-one recipient/provider relationship and I receive the maximum monthly authorized service hours.
- The county will send me a notice each time my provider gets a violation. If my provider gets three violations, he/she will be suspended from providing IHSS for three months. If he/she gets another violation after being reinstated from the three-month suspension, he/she will be terminated as a provider for one year.
- My provider is not eligible to get paid for his/her meal periods (lunch breaks) while he/she is working to provide authorized services for me. I will not allow him/her to take a meal period (lunch break) unless it is at least 30 minutes long and I completely release him/her from his/her work duties during that time.

RECIPIENT ACKNOWLEDGMENT

I understand and agree to follow all of the requirements listed in this form.

RECIPIENT'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE:

DATE:

PRINTED NAME:

FOR COUNTY USE ONLY

WORKER NAME:

DATE:

PLEASE READ CAREFULLY



STATE OF CALIFORNIA –
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
ADULT PROGRAMS DIVISION

Important Information for the In-Home Supportive Services (IHSS) Provider



This notice is regarding a **recent change in state law that affects IHSS recipients and providers.** (Welfare and Institutions Code sections 12300.4, 12300.41 and 12301.1) The new law says that IHSS **providers will be paid overtime** within certain limits, and **will be paid for their travel time** between recipients, within limits.

You must read and sign the attached SOC 846 form to show that you understand the new workweek limits explained in this notice. You must return the signed SOC 846 form to the county **by December 15, 2014.**

When the Changes Go Into Effect

The changes go into effect January 1, 2015. At that time, you will have a **new timesheet** (please see attached sample). Training on how to complete the new timesheet will be available prior to January 1, 2015, and ongoing. The workweek and travel time limits will not be enforced for the first three months after the changes go into effect. This means that you 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.

After April 1, 2015, if you submit a timesheet reporting hours over the workweek and travel time limits, you will get a violation.

This notice gives you information about the workweek and travel time limits and the violations for exceeding the limits.

What Has Changed?

Limit on How Many Hours You Can Work in a Workweek

The maximum number of hours you will be allowed to work in a workweek will be between 61 and 66.

The exact number of hours you will be allowed to work will depend on:

1. How many hours of authorized services your recipient gets each week.
2. How many recipients you work for.
3. Whether your recipient has any other providers.

<p>Under state law, the maximum total number of weekly authorized hours in the IHSS program is 283 hours per month, which, divided by 4.33 weeks, equals 66 hours per week.</p>	<p>4.33 weeks/month $\frac{\text{66 hours/week}}{\text{283 hours/month}}$</p>
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If you provide services for a recipient who gets up to 66 weekly authorized hours, you can work up to 66 hours per workweek if that person is the **only** recipient you work for. Otherwise, you cannot work more than 61 hours per workweek.

Recipient Hours / Week	Provider Hours Allowed
Up to 66 weekly authorized hours	66 hours / workweek
Less than 66 weekly authorized hours	Not more than 61 hours / workweek

Both you and your recipient will get a **notice telling you how many authorized service hours** he/she gets each month and each week. Generally, you will be able to work up to your recipient's authorized weekly hours. You must tell your recipient(s) how many hours you are available to work for him/her/them.

If you work for more than one recipient, the combined hours you work for all your recipients cannot add up to more than 61-66 hours each workweek. Your recipient(s) may need to hire another provider(s) to make sure you do not work more than 61-66 hours in a workweek.

Overtime Pay

You will get paid the overtime pay rate when you work more than 40 hours in a workweek. The workweek begins at midnight (12:00 a.m.) on Sunday and ends just before midnight (11:59 p.m.) the following Saturday.

The overtime pay rate is one and a half times the regular pay rate. If your pay rate is \$10 then your overtime rate will be \$15 ($1.5 \times \$10 = \15).

Example

If you earn \$10 per hour and you work 45 hours in a workweek:

- you will get paid \$10 per hour for the first 40 hours
($\$10 \times 40 = \400)

and

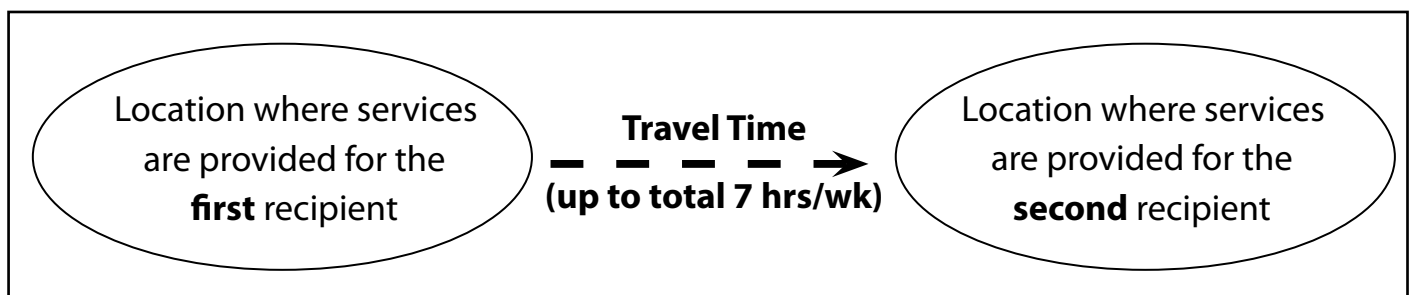
- \$15 per hour for the 5 hours you work over 40 hours in the workweek
($5 \times \$15 = \75)

Your Total Pay would be \$475

Travel Time Pay

Beginning January 1, 2015, if you work for more than one recipient on the same day, you will get paid for travel time.

Travel time is the time it takes to **travel directly** from the location where you provide services for one recipient to another location where you provide services for a different recipient.



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.

You will get paid for travel time whether you **drive a car or you take public transit**.

You must **keep track of your travel time** each week so that you can report it on your timesheet.

Limit on Travel Time

The maximum amount of time providers will be allowed to travel during a workweek is **7 hours**. Travel time **will not be counted** as part of the 61-66 maximum hours you can work in a workweek.

- If your travel time is going to be more than 7 hours per workweek, you will have to rearrange your work schedule with your recipients to make sure your travel time is no more than seven hours per workweek.
- If you submit a timesheet reporting travel time of more than 7 hours in a workweek, you will get paid for the travel time claimed BUT you will get a violation.

More information on the Violations for Going Over Workweek & Travel Time Limits section is on page 8.

Adjusting Hours

Working More Than Your Recipient's Weekly Hours

A recipient can authorize you to work more than his/her weekly hours without asking the county for approval **as long as** the authorization does **not cause you to work**:

- More than 40 hours for him/her in a workweek; **and**
- More than his/her total authorized monthly service hours

If you do not normally work more than 40 hours in a workweek for a recipient, and he/she needs you to work more than 40 hours in a workweek, the recipient needs to ask the county for approval to adjust authorized weekly hours.

Approval of an Adjustment Request is when the recipient asks the county to allow him/her to authorize you to adjust your schedule to work more than your normal hours during a workweek and it causes you to work overtime.

The recipient can ask the county for approval for an adjustment either before or after he/she authorizes you to work more hours.

- **Within 10 days** of the day your recipient asks for approval for an adjustment over the phone, both the recipient and you will get a notice from the county telling you whether the request for an adjustment has been approved or denied.

A recipient can never authorize you to work more than 61-66 hours during a workweek.

Also, a recipient cannot authorize you to work more than his/her total authorized monthly service hours.

If a recipient asks you to work more than his/her weekly hours in one week, the recipient must reduce your hours the following week(s) so that you do not work more than the recipient's total monthly service hours.

If you work for more than one recipient:

- When one recipient asks you to work more than his/her weekly hours, you have to consider how working more hours for that recipient will affect the hours you work for your other recipient(s) and your total workweek hours.
- If working more hours for one recipient would cause you to **work more than 61-66 total hours** for all of your recipients, **you must tell your recipient that you cannot work more hours**. He/she will need to have another provider work the additional hours.

If you submit a timesheet(s) reporting that you worked more hours in a workweek than you are allowed to work, you will get a violation.

More information on the Violations for Going Over Workweek & Travel Time Limits section is on page 8.

For Recipients with “61 to 66 Weekly Authorized Hours and One Provider” – Working More Than Your Recipient’s Weekly Hours

If you only work for a single IHSS recipient that gets weekly authorized service hours between 61 to 66 hours and you are that recipient’s only provider, your recipient can allow you to work more than his/her weekly authorized hours.

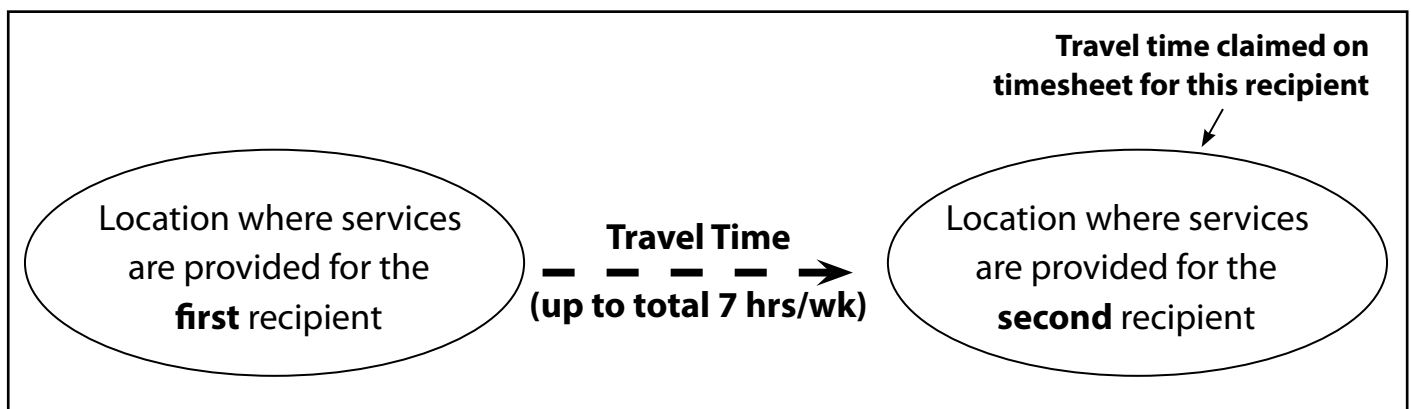
The recipient needs to ask the county for approval for an adjustment and you and your recipient must make sure that you work less hours the following week(s) to make sure you do not work more than your recipient’s total authorized monthly service hours and that you do not work more overtime than you normally would for the month.

Submitting Your Timesheet

When the new workweek and travel time rules go into effect on **January 1, 2015**, you will report all of the hours you work on your timesheet like you do now.

If you are traveling between the locations where you provide services for different recipients on the same day, you will also report your travel time on your timesheet.

- **Your travel time will be claimed on the timesheet of the recipient who you traveled to.**



You must submit your timesheet (signed by both you and your recipient) on time.

- That means you must submit it within two weeks after the end of each pay period.
- If you submit your timesheet on time, you will get paid within 10 days of the day it is received at the timesheet processing facility.
- If you do not submit your timesheet on time, it may take up to 30 days from the day your timesheet is received at the timesheet processing facility for you to get paid.

Forms

IHSS Provider Enrollment Agreement (SOC 846)

You must read and sign the attached SOC 846 form to show that you understand the new workweek limits explained in this notice. You must return the signed SOC 846 form to the county **by December 15, 2014**.

The county will send you a photocopy of your signed SOC 846 form for your records. If you work for (or plan to work for) more than one recipient, you must also complete, sign and submit to the county the IHSS Provider Workweek and Travel Time Agreement (SOC 2255).

Note: If you need to complete the SOC 2255 form and a blank one is not attached to this notice, call the county and ask for one to be sent to you.

IHSS Recipient / Provider Workweek Agreement (SOC 2256)

If you provide services for a recipient who also gets services from another provider(s), you and that recipient must complete the SOC 2256 form together to let the recipient and the county know how many hours you will work for him/her each week.

Both you and the recipient must sign the same SOC 2256 form, and the recipient must return it to the county by **December 15, 2014**.

If the recipient does not return the signed SOC 2256 form to the county by December 15, 2014, the recipient will not be authorized to receive IHSS until the county has informed the recipient that they have received the form.

The county will send both you and your recipient a copy of the completed and signed SOC 2256 form for your records.

Violations for Going Over Workweek & Travel Time Limits

Beginning on April 1, 2015, If you submit a timesheet reporting hours that go over the workweek or travel time limits, you will get a violation.

Each time you do any of the following you will get a violation:

- You work more than 40 hours in a workweek for a recipient without the recipient getting approval from the county (when you would not normally work more than 40 hours in a workweek for that recipient);
- You work more than a total of 61-66 hours in a workweek for a recipient that you are not in a one-to-one recipient/provider relationship with;
- You work more than 61-66 hours in a workweek without the recipient getting an approval from the county; or
- Your travel time is more than 7 hours in a workweek.

For each violation you get, your recipient(s) will be informed, and there will be a consequence:

First Violation	<ul style="list-style-type: none"> • You will get a violation notice.
Second Violation	<ul style="list-style-type: none"> • You will get another violation notice, and you will have to complete special training about the workweek and travel time limits. You will get paid for the time you spend completing the training. • If you do not complete the training within 14 calendar days of getting the violation notice, you will automatically get your third violation.
Third Violation	<ul style="list-style-type: none"> • You will be suspended as a provider for three months.
Fourth Violation <i>(upon being reinstated after the three - month suspension)</i>	<ul style="list-style-type: none"> • You will be terminated as a provider for one year.

Once you have received a violation, the violation will remain on your record. However, after one year, if you do not receive another violation, the number of violations you have received will be reduced by one.

- As long as you do not receive any additional violations, each year after the last violation, your number of violations will be reduced by one.

If you receive a fourth violation and are terminated as a provider for one year, when the year is up and you apply again to be an IHSS provider, your violations count will be reset to zero.

If you get terminated as a provider because you get multiple violations, when the one- year termination ends, you will have to complete all of the provider enrollment requirements again, including the criminal background check, provider orientation, and completing all required forms, before you can be reinstated. Once you are reinstated, your violations count will be reset to zero.

**If you do not understand the information in this notice or
if you have any questions about it, call the county
IHSS Office or the county IHSS Public Authority.**

This page will only be sent to providers that CMIPS II identifies as providing services for more than one recipient.

SOC 2255

If you work for (or plan to work for) more than one IHSS recipient, you must complete the attached SOC 2255 form.

The purpose of the SOC 2255 form is to let the county know:

- All of the recipients you work for;
- How many hours you will work for each recipient each workweek;
- How many total hours you will work for all recipients each workweek; and
- How much travel time you will have each workweek.

Completing the SOC 2255 form will help make sure that you do not work more or travel more than you are allowed to each workweek.

You must sign the SOC 2255 form to show that you understand and agree to the new workweek and travel time limits. **You must return it to the county by December 15, 2014.**

If you do not return the completed and signed SOC 2255 form to the county by:

- **December 15, 2014** – You will not get paid for travel time until you return it to the county.
- **March 1, 2015** – You will be terminated as a provider as of April 1, 2015.

The county will send you a photocopy of the completed and signed SOC 2255 form for your records.

Important Information for the In-Home Supportive Services (IHSS) Recipient



This notice is regarding a **recent change in state law that affects IHSS recipients and providers.** (Welfare and Institutions Code sections 12300.4, 12300.41 and 12301.1) The new law says that IHSS **providers will be paid overtime** within certain limits, and **will be paid for their travel time** between recipients, within limits.

You must return the signed IHSS Program Overtime and Workweek Requirements Recipient Declaration (TEMP 3000) to the county **no later than December 15, 2014.** If you do not return the signed Declaration to

the county by this date, the county will contact you to ask for it. The county will send you a copy of the signed Declaration for your records so you can refer back to it as needed.

When the Changes Go Into Effect

The changes go into effect January 1, 2015. At that time, you will have a **new timesheet** (please see attached sample). Training on how to complete the new timesheet will be available prior to January 1, 2015, and ongoing. The workweek and travel time limits will not be enforced for the first three months after the changes go into effect. This means that your provider 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.**

After April 1, 2015, if your provider submits a timesheet reporting hours over the workweek and travel time limits, he/she will get a violation.

This notice gives you information about the workweek and travel time limits and the violations for exceeding the limits.

Weekly Authorized Number of Hours

You will continue to get the same number of monthly authorized service hours you get now.

Your current total authorized monthly hours will be divided by 4.33, which is the average number of weeks in a month, to determine your weekly authorized number of hours.

<p>For example, if you get 144 monthly authorized service hours, your weekly authorized number of hours will be 33.26</p>	$4.33 \text{ weeks/month} \left \frac{144 \text{ hours/month}}{4.33} \right. = \mathbf{33.26 \text{ hours/week}^*}$ <p>* or 33 hours and 16 minutes per week</p>
<p>Under state law, the maximum total number of weekly authorized hours in the IHSS program is 283 hours per month, which, divided by 4.33 weeks, equals 66 hours per week.</p>	$4.33 \text{ weeks/month} \left \frac{283 \text{ hours/month}}{4.33} \right. = \mathbf{66 \text{ hours/week}}$
<p>Because of the current 7% reduction, for those recipients who receive the maximum number of hours, their hours will be 66 minus 7% = 61 hours.</p>	$\begin{array}{r} 66 \text{ hours/week} \\ - 5 \text{ hours (7\% reduction)} \\ \hline \mathbf{61 \text{ hours/week}} \end{array}$

There may be some IHSS recipients who, because of a documented unmet need, may receive authorized weekly hours up to 66 authorized hours a week.

- A documented unmet need means that during the assessment it was noted that a recipient's need for IHSS service hours was more than the 283 hours allowed under state law.

IHSS recipients who do not have a documented unmet need can get up to 61 weekly authorized hours.

Both you and your provider(s) will get a notice telling you, your weekly authorized hours of service.

What Has Changed?

Limit on the Provider Workweek

The maximum number of hours your IHSS provider will be allowed to work in a workweek will be between 61 and 66, based upon the authorized weekly hours available to his/her recipient(s).

The exact number of hours your provider will be allowed to work will depend on:

1. How many hours of authorized services you get each week.
2. Whether you have multiple providers.
3. Whether your provider also works for other recipients.

Generally, your provider will be able to work up to your weekly authorized number of hours.

If your provider works for other recipients in addition to you, he/she may not be able to work all of your weekly authorized hours. Your provider must tell you how many hours he/she is available to work for you each workweek. If your provider cannot work all the hours you need, you may need to have your back-up provider provide needed services or you may have to hire another provider(s).

If you need help finding and hiring another provider(s), you can call the county IHSS office or the county IHSS Public Authority.

If your provider submits a timesheet(s) reporting that he/she worked more hours than the workweek limit or traveled more than the travel time limit, he/she will get a violation.

More information on the Provider Violations for Going Over Workweek & Travel Time Limits section is on page 8.

Overtime Pay

Your IHSS provider will get paid the overtime pay rate when you work more than 40 hours in a workweek.

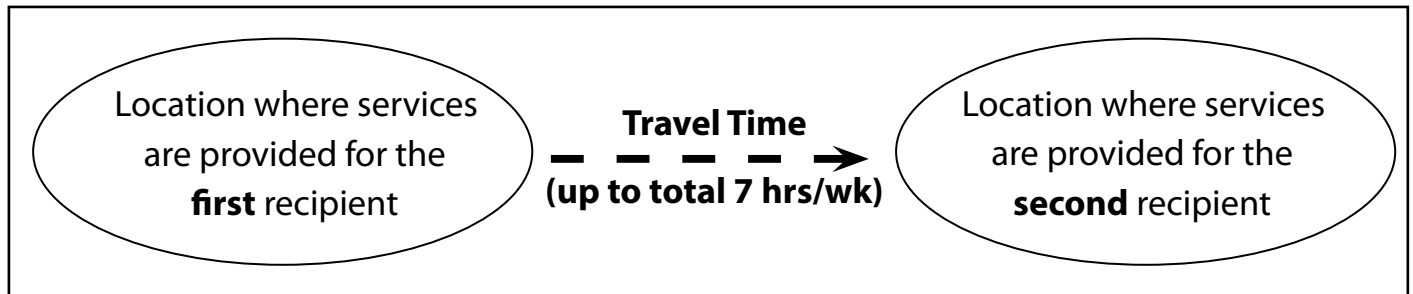
The workweek begins at midnight (12:00 a.m.) on Sunday and ends just before midnight (11:59 p.m.) the following Saturday.

The overtime pay rate is one and a half times the regular pay rate.

Travel Time Pay

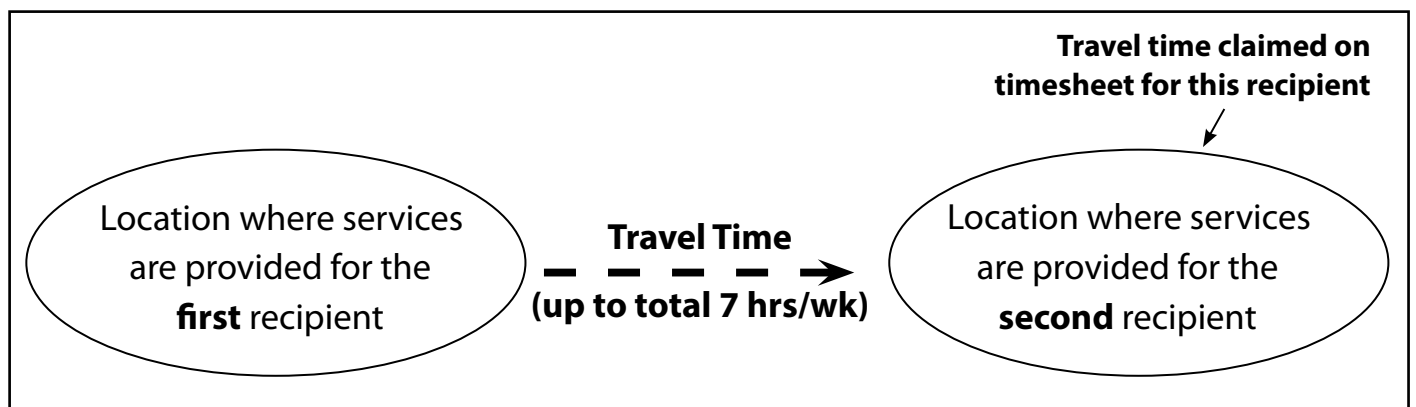
Beginning January 1, 2015, IHSS providers who must sign a travel agreement which says they cannot travel more than 7 hours per week.

They will get paid for the time it takes to travel directly from the location where services are provided for the first recipient to the location where services are provided for the second recipient, up to a total of 7 hours per week.



New timesheets will have a space to enter travel time. Your provider will include their travel time on the timesheet of the recipient they are travelling to.

- If your provider travels from another recipient's location to your location where you need services, the timesheet related to you will include travel.



A provider's time spent travelling is not counted towards the 61-66 hour workweek limitation and is not deducted from a recipient's monthly hours.

Adjusting Hours

Authorizing Your Provider to Work More Hours

Sometimes you may need your provider to work more than your authorized weekly hours. You may have to ask your county for approval to adjust your weekly authorized hours if changing your weekly hours causes your provider to work overtime.



See ***How to Ask the County for Approval to Adjust Authorized Weekly Hours When Necessary*** section of this notice below.

The recipient can authorize the provider to work more than your weekly hours without asking the county for approval as long as the authorization does not cause your provider to work:

- More than 40 hours for him/her in a workweek; and
- More than his/her total authorized monthly service hours

If your provider does not normally work more than 40 hours in a workweek, and you need him/her to work more than 40 hours in a workweek, you need to ask the county for approval to adjust authorized weekly hours.

Below are a few examples to show when a recipient does or does not need to ask the county for approval to authorize his/her provider to work more than the recipient's authorized weekly hours:

Example 1

Provider works for a recipient who gets 22 authorized weekly hours (95.3 monthly hours). One week the recipient needs the provider to work 26 hours, four more than his/her authorized weekly hours.

The recipient can authorize the provider to work the additional hours without asking the county for approval because working the additional hours does not cause the provider to work more than 40 hours in a workweek.

Example 2

Provider works for a recipient, who gets 40 authorized weekly hours (173.2 monthly hours). One week the recipient needs the provider to work 42 hours, two more than his/her authorized weekly hours.

The recipient needs to ask the county for approval to have the provider work the additional hours because working the additional hours causes the provider to work more than 40 hours in a workweek. The recipient can ask the county for approval either before the provider works the additional hours or after he/she works them.

Example 3

Provider works for a recipient who gets 47 authorized weekly hours (203.5 monthly hours). One week the recipient needs the provider to work 50 hours, three more than his/her authorized weekly hours. The provider will work three hours less another week in the same month.

The recipient does not need to ask the county for approval to have the provider work the additional hours because working the additional hours in one week does not cause the provider to work more than the amount of authorized overtime for the month.

Important: Whenever you authorize your provider to work extra hours in one week, you must have the provider work fewer hours the other week(s) of the month so that the provider does not work more than your total monthly service hours.

Keep in mind that:

You can never authorize your provider to work more than 61-66 hours during a workweek or more than your total authorized monthly service hours.

If your provider works for you and another recipient(s), the hours the provider works for you and the hours the provider works for the other recipient(s) cannot add up to more than 61-66 hours each workweek.

- This means that if you need your provider to work more hours in a workweek, he/she may not be able to work more because it would cause him/her to go over the 61-66 hour workweek limit.
- If you need your provider to work more hours in a workweek and he/she is not able to work more, you will need to have your back-up provider work the additional hours, or you may need to hire another provider(s).

If you need assistance hiring a regular or back-up provider, you can call the county IHSS office or the county IHSS Public Authority.

For Recipients with “61 to 66 Weekly Authorized Hours and One Provider” – Authorizing Your Provider to Work More Hours

If you are an IHSS recipient who gets 61 to 66 weekly authorized service hours and you need your provider to work more than your weekly authorized hours of 61 or 66 hours, you can allow him/her to do so as long as:

- You do not have any other providers working for you.
- Your provider does not work for any other recipients.
- Your provider adjusts his/her weekly work schedule by working fewer hours for you the other week(s) to make sure he/she does not work more than your total authorized monthly service hours.

How to Ask the County for Approval to Adjust Authorized Weekly Hours When Necessary

You can ask the county for approval to adjust your authorized weekly hours either before or after you allow your provider to work more hours.

To ask the county for approval for this adjustment you can call the county and request an adjustment.

If you have a monthly recurring need that requires a change in your weekly hours, you may request an adjustment from the county.

The county will review your request to determine if all of the following conditions exist that support your request for an adjustment:

- Does (did) your provider need to work more hours because you have (had) an unanticipated need?
- Is (was) your need immediate or can it be (could it have been) delayed until a back-up provider arrives (arrived)?
- Does (did) the request have a direct and significant impact on your health and/or safety?

If the adjustment request meets all of these conditions, the county will approve it. Otherwise, the county will deny the request.

Within 10 days of the call requesting an adjustment, the county will mail a notice to you and your provider that tells you whether your request for an adjustment was approved or denied. If the request is denied, the notice will tell you why the county denied it and you may contact the county for a review of the denial.

Overtime and Workweek Requirements Recipient Declaration **(TEMP 3000)**

You must sign the attached IHSS Program Overtime and Workweek Requirements Recipient Declaration (TEMP 3000) to show that you understand and agree to the new workweek limits explained in this notice.

You must return the signed Declaration (TEMP 3000) to the county **no later than December 15, 2014**.

If you do not return the signed Declaration (TEMP 3000) to the county by this date, the county will contact you to ask for it.

The county will send you a copy of the signed Declaration (TEMP 3000) for your records so you can refer back to it as needed.

Provider Violations for Going Over Workweek & Travel Time Limits

Beginning on April 1, 2015, if your provider submits a timesheet reporting hours that go over the workweek or travel time limits, you and the provider will receive a notice of the provider's violation.

Violations occur when your provider:

- Works more than your authorized weekly hours if your authorized weekly hours are less than 40 hours and you do not request or receive approval for an adjustment to those hours from the county, if required.
- Works more than a total of 61-66 hours in a workweek for you and/or any other recipient.
- Works more than the 7-hour limit on travel time.

For each violation your provider receives there will be a consequence:

First Violation	<ul style="list-style-type: none"> • The provider will get a violation notice. • The recipient(s) will also be notified of the first violation.
Second Violation	<ul style="list-style-type: none"> • The provider will be sent another notice of the second violation, and the provider will have to complete special training about the workweek and travel time limits. • If the provider does not complete the training within 14 calendar days of receiving the second notice of violation, the provider will automatically be sent a notice of their third violation. • The recipient(s) will also be notified of the second violation.
Third Violation	<ul style="list-style-type: none"> • The provider will be sent a notice of the violation, telling him/her that he/she will be suspended as an IHSS provider for 3 months. • The recipient(s) will also be notified of the suspension.
Fourth Violation (upon being reinstated after the three - month suspension)	<ul style="list-style-type: none"> • The provider will be sent a notice of the violation telling him/her that he/she will be terminated as an IHSS provider for one year. • The recipient(s) will also be notified of the termination.

Once your provider has received a violation, the violation will remain on his/her record.

However, after one year, if your provider does not receive another violation, the number of violations he/she have received will be reduced by one.

- As long as the provider does not receive any additional violations, each year after the last violation, his/her number of violations will be reduced by one.
- If your provider receives a fourth violation and is terminated as a provider for one year, when the year is up and he/she applies again to be an IHSS provider, his/her violations count will be reset to zero.

If your provider gets terminated because he/she receive multiple violations, when the one-year termination ends, he/she will have to complete all of the provider enrollment requirements again before he/she can be reinstated, including the criminal background check, provider orientation and all required forms.

**If you do not understand the information in this notice or
if you have any questions about it, call the county
IHSS Office or the county IHSS Public Authority.**

This page will only be sent to recipients that CMIPS II identifies as having or needing more than one provider.

IHSS Recipient/Provider Workweek Agreement (SOC 2256)

If you get authorized services from more than one provider, you and each of your providers must complete and sign the SOC 2256 form that will show the schedule of authorized hours each of your providers will work for you each week based on your agreement with each provider. **You and each of your providers must sign the same SOC 2256 form, and you must return it to the county by December 15, 2014. If you do not return the signed SOC 2256 form to the county by December 15, 2014, you will not be authorized to receive IHSS until the county has informed you that they have received the form.**

The county will send you and each of your providers a copy of the completed and signed SOC 2256 form for your records.