



## **Adult Services Main Line: (805) 781-1790**

- **Adult Protective Services (APS)**
- **In-Home Supportive Services (IHSS)**
- **IHSS Public Authority (PA)**

## **How to Make an APS Report - If an EMERGENCY, Call **9-1-1****

- **Non-Emergency Calls (805) 781-1790 OR Toll Free 1-800-834-3002 (M-F 8 to 5)**
- **After Business Hours Toll Free 1-844-729-8011 (24-Hour Line)**

## **IHSS Applications: (805) 461-6110 or (805) 474-2103**

## **PROVIDER ORIENTATION QUESTIONS**

### **IHSS Public Authority (PA): (805) 474-2102**

- **General Questions, IHSS Provider Enrollment Process, Provider Orientation, Background Checks, Administers Workers' Compensation, & Wage Verifications**

## **IHSS Provider Orientation Reservation Line: (805) 474-2055**

## **PAYROLL/TIMESHEET QUESTIONS**

### **Electronic Services Portal: [www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov)**

### **Electronic Timesheet Help Desk: (866) 376-7066 option 4**

### **Atascadero IHSS Office: (805) 461-6110**

- **Covering IHSS clients who live in:** Atascadero, Bradley, California Valley, Cambria, Cayucos, Creston, Los Osos, Morro Bay, Paso Robles, San Miguel, Santa Margarita, San Simeon, Shandon, Templeton

### **Arroyo Grande IHSS Office: (805) 474-2103**

- **Covering IHSS clients who live in:** Arroyo Grande, Avila Beach, Grover Beach, Nipomo, Oceano, Pismo Beach, San Luis Obispo, Shell Beach

## **To Set Up Direct Deposit: 1-866-376-7066**

## **Telephone Timesheet Help Desk: (844) 576-5445**



# Provider Employment

## *Who handles what?*

### IHSS Recipient

- For the purpose of selecting, hiring, supervision & termination of providers
- Considered the “employer” of the provider
- If client has share of cost for Medi-Cal, they are responsible for paying the provider, up to the amount of the share of cost. Remaining pay would be issued by the State of California.

### State of California IHSS

- Provides services for: Payroll, Social Security, Worker’s Compensation, Disability & Unemployment

### Public Authority

- Collective bargaining with the union
- Conducting orientation and background checks for providers
- Assist Providers with Worker’s Compensation process



## **E-Mail Information:**

1. E-Mail Address: \_\_\_\_\_

*Case Sensitive*

2. PASSWORD: \_\_\_\_\_

*Case Sensitive*

## **TO REGISTER: [www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov)**

Your information **MUST** match what IHSS has on file for you. You will need:

*(Check your Notice of Action or letters you received from the County to confirm information is a match)*

First & Last Name

Date of Birth

Provider or Case Number

Last 4 digits of your SSN

## **Electronic Services Portal (ESP) Enrollment:**

1. E-MAIL: \_\_\_\_\_

*Case Sensitive*

2. USER NAME: \_\_\_\_\_

*Case Sensitive. Must be at least 6 characters in length. Cannot contain blank spaces or #, %, &, ', ", >, or ? symbols*

3. PASSWORD: \_\_\_\_\_

*Case Sensitive. Must contain at least 2 numbers and be at least 8 characters in length.*

4. PROVIDER/CASE NUMBER: \_\_\_\_\_

5. SECURITY QUESTIONS (CHOOSE 3) ANSWERS:

What was your childhood nickname?

1. \_\_\_\_\_

In what city were you born?

2. \_\_\_\_\_

What school did you attend for sixth grade?

3. \_\_\_\_\_

What is your favorite color?

4. \_\_\_\_\_

6. Check your inbox for registration E-Mail and click link to sign in

*(Must verify E-Mail address within 3 hours or start the process over)*

**CONFIDENTIAL**

# Keep Information Confidential

## For Help Call: 1-866-376-7066

*Revised 2/19/2020*



# Telephone Timesheet System (TTS)

**NO COMPUTER OR E MAIL NEEDED!**

Call County IHSS to Register:

**Atascadero:** (805) 461-6110 **Arroyo Grande:** (805) 474-2103

Provider/Case Number: \_\_\_\_\_ Passcode: \_\_\_\_\_

## How to Approve Timesheets in TTS:

1. TTS will call you when you have a timesheet to review.  
If you have caller ID, it will show (833) 342-5388.
2. Log in with your 7-digit case number and 4-digit passcode.
3. Once you log in, press **1** to review pending timesheets from the Activity Menu.
4. TTS will tell you which provider and pay period you are reviewing.
5. You can choose to review daily hours, weekly hours or total hours.
6. You should review the information entered on the timesheet, including Hours Worked for each workweek.
7. After your timesheet review is complete you can approve your provider's timesheet by pressing **1**.
8. If you are sure the information entered on the timesheet is true and correct, enter your 4-digit passcode followed by the **#** key to complete the timesheet approval.
9. Once the timesheet is approved you can request that a paper copy be mailed to you.

**Note:** *This line does not support verbal responses. You must use your phone's touchpad. You don't need to wait for TTS to call you. You can call TTS by calling (833)-342-5388 or (833)-DIALEV.*

**For Help Call: 1-866-376-7066**

*Revised 2/19/2020*

### Pre-designation Of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury/illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) or medical group if: You have health care insurance for injuries/illness that are not work related, the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records; your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries; prior to the injury your doctor agrees to treat you for work injuries or illnesses; prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury/illness, and (2) your personal doctor's name and business address.

You may use this form, a form provided by your employer or provide all the information in writing to notify your employer if you wish to have your personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury/illness and the above requirements are met.

### Notice Of Pre-designation Of Personal Physician

#### Employee: Complete this section

Employer \_\_\_\_\_

If I have a work-related injury or illness, I choose to be treated by:

\_\_\_\_\_  
(Name of doctor) (M.D., D.O., or medical group)

\_\_\_\_\_  
(street address, city, state, zip)

\_\_\_\_\_  
(telephone number)

Employee Name (please print): \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Note to Employee: Unless you agree in writing, neither your employer or York may contact your personal physician to confirm a pre-designation. If your physician does not sign this form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree, your employer or York may contact your personal physician to confirm this pre-designation, sign and date below:

Employee Signature \_\_\_\_\_

Employee # \_\_\_\_\_ Date \_\_\_\_\_

#### Physician: I agree to this Pre-designation:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Physician or Designated Employee of the Physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

### Notice Of Personal Chiropractic Or Personal Acupuncturist

If your employer or your employer's insurer does not have a Medical Provider Network (MPN), you may be able to change your treating physician to your personal chiropractor (D.C.) or acupuncturist (L.A.C.) following a work-related injury/illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal D.C. or L.A.C. in writing prior to the injury/illness. York generally has the right to select your treating physician within the first 30 days after your employer knows of your injury/illness. After your employer or York has initiated your treatment with another physician during this period, you may then, upon request, have your treatment transferred to your personal D.C. or L.A.C. You may use this form to notify your employer of your personal D.C. or L.A.C., or your employer may have their own form. The D.C. or L.A.C. must be your regular D.C. or L.A.C. who has directed your treatment and retains your chiropractic records and history. If your employer has an MPN, you may only switch to a D.C. or L.A.C. within the MPN. A chiropractor cannot be your treating physician after 24 visits. If you still require medical treatment thereafter, you will have to select a physician who is not a chiropractor.

\_\_\_\_\_  
Name of chiropractor or acupuncturist (D.C., L.A.C.)

\_\_\_\_\_  
(street address, city, state, zip code)

\_\_\_\_\_  
(telephone number)

Employee Name (Please Print): \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### WHEN A WORK INJURY OCCURS...

- **Quickly seek first aid.**
- **Call 9-1-1 for help immediately if emergency medical care is needed.**
- **Immediately report injuries to your recipient and the IHSS Payroll Department by calling (916) 874-9805.**

Information & Assistance Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Employer MUST complete this information



# YORK™

# The Facts About Workers' Compensation

For dates of injury on or after  
January 1, 2013

**York Risk Services Group, Inc.**  
P.O. Box 619079  
Roseville, CA 95661  
Phone (866) 221-2402  
Fax (866) 548-2637

Approved by Division of Workers' Compensation

**What is workers' compensation?** Its purpose is to insure that an employee who is found to sustain an industrial injury or illness will be provided with benefits to medically cure or relieve them from the effects of the injury/illness, provide temporary compensation when they are medically unable to perform any occupational function, compensation for any residual handicap and/or impairment of bodily function, benefits for dependents if an employee dies as a result of an injury/illness, protection from discrimination by his/her employer because of the injury/illness.

**Am I Covered?** Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. York Risk Services Group (York) is your employer's claims administrator. Your employer or York can answer any questions you might have about coverage.

**What Does Workers' Compensation Cover?** If you have an injury/illness due to your job, it is covered. The cause can be a single event, like a fall or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from first-aid to serious accidents are covered. Even injuries related to a workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered. Check with your employer or York if you have questions. Coverage begins the moment you start your job. There is no probationary period or wage rate.

**Duty Of The Employee.** Immediately notify your employer or York so you can get the medical help that you need without delay. If your injury is greater than a first-aid injury, your supervisor will give you a Claim Form (Form DWC-1) for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the DWC-1. Keep one copy of this form and give the remaining pages to your supervisor. Your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another to York. York is in charge of handling your claim and informing you about your eligibility for benefits.

Your claim benefits do not start until your employer knows about your injury, so report and file the DWC-1 as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your Claim Form. Employers are liable for up to \$10,000 in treatment pending a

decision by York for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work related, or the date benefits were last provided.

**Duty of the Employer:** Provide this form to every employee at the time of hire or by the end of their first pay period.

Within one working day, upon knowledge or notice from any source of a work injury/illness greater than first-aid, provide the employee with a Claim Form (DWC-1) and authorize medical treatment and report the claim to York Risk Services Group.

**What are the benefits?** You may be entitled to various kinds of benefits under California workers' compensation law including:

**Medical Care:** Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of the injury/illness. There is no deductible or co-payment. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor.

State law limits certain medical services as of January 1, 2004. You should never receive a medical bill. If additional treatment is necessary, York will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly to York so your benefits can be paid.

The physician with overall responsibility for treating your injury/illness is your primary treating physician (PTP). The PTP decides what kind of medical care you need and if you have work restrictions. If necessary, the PTP will review your job description with you and your employer to define any limitation or restrictions that you may have. This doctor also is responsible for coordinating care between other medical providers and will write reports about any permanent impairment of bodily function(s) or the need for future medical care. Generally, your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or York. They're as interested as you are in your prompt recovery and return to work and will select a different doctor for you. If your employer has a Medical Provider Network (MPN) you will be directed to treat with a physician within the MPN and different rules apply regarding changing your physician.

You can be treated by your personal physician or medical group immediately if you have health care insurance for injuries or illness that are not work related, and your physician agrees in advance to treat you for any work injuries/illnesses and has previously directed your treatment and retains your medical records and agrees, prior to your injury/illness, to treat you for workplace injuries/illnesses and you gave your employer your physician's name and address in writing before the injury. You may use the form inside of this pamphlet or your employer may have a form for you to use.

If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected physician first.

**Temporary Disability Benefits:** If you are not medically able to work for more than three days due to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages. After two weeks from reporting the injury, you will receive a check. If your employer has a salary continuation plan, your benefit may be included in your regular paycheck. TD is payable every 14 days until the doctor states you can return to work (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or unable to work more than 14 days). The amount of the payments will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the TD payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 compensable weeks within five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can last up to 240 weeks within five years from the date of injury. If you reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary. See the "Other Benefits" section of this pamphlet for additional information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

**Permanent Disability:** If your doctor says your injury will always leave you with some permanent impairment of bodily function(s), you may receive permanent disability (PD) payments. The amount depends on the doctor's report, how much of the PD was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law determines minimum and maximum amounts, and they vary by injury date. If you are entitled to PD, York will send you a letter explaining how the benefit was calculated. If the injury causes PD, the first payment of PD benefits is made within 14 days after the last payment of TD, unless your employer has offered you a position that pays at

least 85% of your date of injury wages or if you are returned to a position that pays you 100% of the wages and, compensation paid to you on the date of injury, the PD would be paid after an Award issues.

**Supplemental Job Displacement Benefit (SJDB):** If you have a permanent whole person impairment, the eligibility for SJDB begins when your employer does not offer regular work, permanent, modified, or alternative work within 60 days of the receipt of a doctor's Medical Maximum Improvement (MMI) report. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools, tools, licensing, certification fees and other resources as possible benefits. If you qualify for the supplemental job displacement benefit, York will provide a voucher up to a maximum of \$6,000.

**Death Benefits:** If the injury/illness causes death, payments may be made to your dependents. State law sets these benefits and the total benefit depends on the number of dependents. The payments are made at the same rate as TD payments. In addition, workers' compensation provides a burial allowance.

**Discrimination:** It is a violation of Labor Code Section 132(a) and illegal for your employer to punish or fire you for having a workplace injury/illness, for filing a claim or for testifying in another person's workers' compensation case. If your employer is found guilty of discrimination, you would be entitled to increased benefits, reinstatement and reimbursement for lost wages and benefits.

**Other Benefits:** Sometimes people confuse workers' compensation with State Disability Insurance (SDI). Workers' compensation covers on-the-job injuries/illnesses and is paid for by your employer or their insurance. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information.

You may be eligible to access the return-to-work fund, for the purposes of making supplemental payments to injured worker's whose PD benefits are disproportionately low in comparison to their earnings loss. If you have questions or think you qualify, contact the Information & Assistance office listed in this pamphlet or visit the DIR website at: [www.dir.ca.gov](http://www.dir.ca.gov).

**If You Still Have Questions...**ask your supervisor or employer representative. Or contact York at the number indicated on workers' compensation posters at work and on this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance Officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed below and posted at your workplace. You can also call 800-736-7401 or visit the DWC website at: <http://www.dir.ca.gov/dwc>.

### **WORKERS' COMPENSATION FRAUD IS A FELONY**

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Fines can be up to \$150,000 and imprisonment up to five years.





# County of San Luis Obispo

Department of Social Services

In-Home Supportive Services

PO Box 8119

## IMPORTANT INFORMATION ON UNIVERSAL PRECAUTIONS

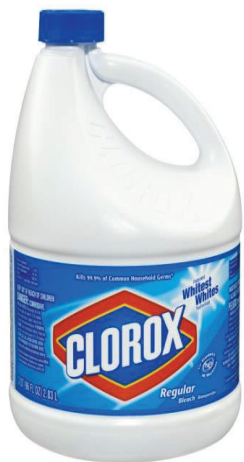
The Department of Social Services, In-Home Supportive Services Program (IHSS) wants to inform and educate you on appropriate methods that you, as an IHSS provider, should use daily to prevent exposure to germs, viruses, bacteria, and communicable diseases.

On the reverse side is an important publication describing Universal Precautions, which you should be using to protect yourself. As an IHSS provider, you may work with IHSS recipients who have contagious diseases. It is important to protect yourself against infection. Likewise, if you have a contagious illness, it is important to protect those around you from exposure to infection.

Please read the Universal Precautions flyer on the reverse side carefully and keep it handy so you can refer to it often. Universal Precautions help protect IHSS recipients, IHSS providers, family members, friends and others from infection. Thank you for your attention to this important matter.



The informational content in this document will be reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is NOT a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.



### **What are Universal Precautions?**

Universal precautions are guidelines you follow to prevent the spread of infection, including influenza and other airborne diseases. It means using precautions when handling blood & other body fluids of ALL people regardless of one's knowledge of whether the person is infected with a specific communicable disease. Using universal precautions will protect you from communicable diseases such as HIV or Hepatitis B & C. It will also result in fewer illnesses for you & the IHSS consumers you provide care for.

### **What Precautions Must I Take When Caring For Someone?**

1. You should wash your hands with soap and running water at regular times during your workday – and especially when you:
  - a. Come into contact with a person's blood and/or body fluids.
  - b. Prepare food
  - c. Perform personal care
  - d. Perform housecleaning tasks
  - e. Have physical contact with your client
2. Wear disposable gloves when there is a chance of being in contact with blood, semen, vaginal secretion, mucous membranes or other body fluids.
3. Take time to remove your gloves correctly to avoid the risk of contamination.
  - a. With right hand, pinch palm of glove on left hand and pull left glove down and off fingers.
  - b. Form left glove into a ball and hold in fist of right hand.
  - c. Insert 2 fingers of left ungloved hand under inside rim of right glove on palm side.
  - d. Push glove inside out and down onto fingers and over balled left glove.
  - e. Grasp gloves, which are now together and inside out, with left hand and remove from right hand.
  - f. Discard gloves in plastic bag with any used first aid material and seal bag.
  - g. WASH YOUR HANDS!!
4. Avoid punctures with objects that contain blood of others.
5. Carefully dispose of trash that contains body fluids. Use special containers with plastic liners for disposal of refuse that contains blood or for anybody spills that may contain blood.
6. Wash soiled laundry in HOT water and dry on HIGH heat.
7. Carefully dispose of sharp objects such as razors and needles. Use containers that cannot be broken or penetrated. Do not bend break or recap needles. Handle diabetes lancets with caution to avoid needle sticks.
8. Clean surfaces that have blood or body fluids containing blood in them with a 1:10 solution of bleach and water mixed fresh daily. Wash dishes and utensils in hot, soapy water. Rinse in very hot water and let them air dry.



### SERVICE SATISFACTION STATEMENT

Please print or write legibly. Be specific.

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Name of Child/Adult: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Worker: \_\_\_\_\_ Service Program: \_\_\_\_\_

If dissatisfied, please note the Department of the DSS employees with whom you have discussed your concerns: \_\_\_\_\_

\_\_\_\_\_

**Describe your satisfaction/dissatisfaction with the service you received.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Overall, on a scale of 1-10, how do you rate your experience with the Department of Social Services?**

1	2	3	4	5	6	7	8	9	10
Poor		Fair		Good		Very good		Excellent	

**Indicate what change you would like to see.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

The Department of Social Services (DSS) wants to hear from you regarding the service you receive. This information is used to continuously improve service delivery.

**If you are satisfied** with our service, complete the attached "Service Satisfaction Statement" (DSS 340) and mail to:

Department of Social Services  
Attn.: DSS Satisfaction Coordinator  
PO Box 8119  
San Luis Obispo, CA 93403-8119

The form can also be dropped off at our San Luis Obispo office:

3433 S. Higuera Street, San Luis Obispo

**If you are not satisfied** with our service:

1. Discuss your concern with your assigned worker. If you cannot resolve the problem, complete the "Service Satisfaction Statement" section of this brochure and either mail it or deliver it in person to the above addresses.
2. Discuss your concerns with your worker's supervisor. You can reach the supervisor by calling 781-1700 for child welfare program questions or 781-1600 for all other programs.
3. If you cannot resolve the problem with either your worker or his/her supervisor, contact a Regional Manager by calling 781-1825 or speaking to your assigned attorney or the judge who is hearing your case

If your problem involves the denial of a **Resource Family Home Approval** you may request a State Hearing by completing the back of the **Notice of Action - Denial of Home Assessment/Approval (NA 1271)** and mailing it to:

State Hearings Division  
744 P Street, M.S. 9-17-81  
Sacramento, CA 95814  
FAX: 916-651-5210

**You may also complete the attached Service Satisfaction Survey and return it to:**

Department of Social Services  
Attn.: DSS Satisfaction Coordinator  
PO Box 8119  
San Luis Obispo, CA 93403-8119

**Complaints have different filing dates. Beginning with the date of the action that caused the complaint, it must be filed within the following days:**

- General Complaint 90 days
- Resource Family Home 10 days

This pamphlet is available on the DSS Internet website:

<http://www.slocounty.ca.gov/dss.htm>



## County of San Luis Obispo Department of Social Services



## Service Satisfaction Survey

*A Responsible and Caring Community:  
Safe, Resilient, and Healthy*

## **IMPORTANT INFORMATION FOR PROSPECTIVE PROVIDERS ABOUT THE IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER ENROLLMENT PROCESS**

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An IHSS provider is someone who gets paid to provide services to a person who receives in-home supportive services under the IHSS program. If you want to become an IHSS provider, you must complete all of the steps outlined below within 90 days from the date you began the process before you can be enrolled as a provider and receive payment from the IHSS Program for providing services. These steps do not need to be done in any particular order. If you believe you have a criminal arrest and/or conviction within the previous ten years, no matter how minor, you should begin the process with Step 2 because you only have 90 days to complete all of the steps and it may take longer for the California Department of Justice (DOJ) to review your criminal history and provide the county with your Criminal Offender Record Information.

### **STEP 1. Complete and sign the IHSS Program Provider Enrollment Form (SOC 426) and return it in person to the County IHSS Office or IHSS Public Authority.**

- Get a blank copy of the SOC 426 from the County IHSS Office or Public Authority. *Read the information carefully before you complete the form.*
- Complete the SOC 426 form and answer all questions completely and truthfully. You **must report** if you have been convicted of any crimes that would not allow you to provide services.
- Bring a valid photo ID issued by a U.S. federal or state government agency or by a federally-recognized Native American or Alaskan Native tribal organization **AND** an original Social Security card or replacement card issued by the Social Security Administration.
- The information you provide on the SOC 426 will be verified by a criminal background check by the DOJ.

### **STEP 2. Be fingerprinted and go through a criminal background check by the California Department of Justice.**

- The County IHSS Office or Public Authority will give you instructions on how to get fingerprinted. *Do not try to be fingerprinted until you have received instructions from the county.*
- You can get fingerprinted at some local law enforcement agencies (Police or Sheriff Department) or at a business that offers digitally scanned fingerprinting (Live Scan) services. The County IHSS Office or Public Authority can give you a list of nearby locations.

- State law requires that you pay the costs for fingerprinting and the criminal background check. Fees vary depending where you choose to get fingerprinted; the costs range from \$40 to \$90.
- If the background check verifies that you **have been convicted** of any Tier 1 or Tier 2 crimes, please read the sections below and on the next page.

If you **have been** convicted of, **or** incarcerated following a conviction for, either a Tier 1 or Tier 2 crime **within the past 10 years**, you are **NOT** eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing supportive services.

**Tier 1 crimes include:**

- Specified abuse of a child (Penal Code (PC) section 273a(a);
- Abuse of an elder or dependent adult (PC section 368); or
- Fraud against a government health care or supportive services program.

**Tier 2 crimes include:**

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

*You can ask the County IHSS Office or IHSS Public Authority for a list of the Tier 2 crimes.*

If you have a conviction for any of the **Tier 1 crimes** in the past 10 years, you are **NOT** eligible to be a provider.

- You are **NOT** eligible even if you had a **Tier 1** crime that was expunged from your record.

If you have a conviction for any of the **Tier 2 crimes** in the past 10 years, you may be eligible to be a provider:

- If your **Tier 2** crime has been or can be expunged from your record.
- If a recipient submits an individual waiver to hire you.
- If you are approved for a general exception.

*Read the sections below for more information.*

**Expungement for Tier 2 Crime:**

- If you have a Certificate of Rehabilitation or an expungement for a Tier 2 crime, you may be eligible to be an IHSS provider. Provide copies of your Certificate of Rehabilitation or documentation regarding the expungement with your completed SOC 426.
- If you are in the process of having a crime expunged, you should complete the expungement process before continuing the criminal background check

## **Individual Waiver of Exclusion for a Tier 2 Crime:**

An individual waiver allows you to provide services **only** for a specific recipient who chooses to hire you in spite of your criminal conviction(s).

- A recipient must request and submit the Recipient Request for Provider Waiver (SOC 862) to the county IHSS Office or Public Authority to allow you to provide services.
- The IHSS recipient who wants to hire you must be told of your conviction; however, he/she will be directed to keep the conviction information confidential.
- If you, as the provider, are also the recipient's authorized representative, you are **not** allowed to sign the waiver on behalf of the recipient to waive crimes for which you have been convicted. In this case, the waiver must either be signed directly by the recipient or, if that is not possible, another individual must be declared an authorized representative for purposes of signing this waiver.

If your recipient signs an individual waiver form which allows you to work only for him/her and either he/she moves to another county or you decide to work for another recipient that lives in another county, you will have to do another criminal background check in the new county and the recipient you work for will need to complete and submit another request for an individual waiver in the new county.

## **General Exception for a Tier 2 Crime:**

An individual who has been found ineligible to be enrolled as a provider based on a conviction for a Tier 2 crime, but who wishes to be listed on a provider registry, may apply for a general exception of the exclusion.

- Apply for a General Exception by completing the IHSS Applicant Provider Request for General Exception (SOC 863) form.
- You will be required to provide backup documentation (e.g., employment history, personal references, etc.) to support your request for a general exception.

If you have been disqualified based on a Tier 1 or Tier 2 conviction, you may request a copy of your Criminal Offender Record Information (CORI) from the county. Please be advised that the CORI can only be used for this enrollment process.

**If you believe the information on your criminal background is incorrect, you can dispute the information through the DOJ record review process.**



The DOJ record review process includes submitting fingerprints, paying a processing fee, and following the instructions found on the DOJ website at <http://ag.ca.gov/fingerprints/security.php>. If there is criminal information on your record, a Claim of Alleged Inaccuracy or Incompleteness (Form BCII 8706) will be included along with the response.

**STEP 3: Attend an IHSS Program Provider Orientation given by the county.**

- The County IHSS Office or Public Authority will tell you when and where you can attend an orientation session.
- The orientation will give you important information about the IHSS Program and the rules and requirements you must follow as a provider.

**STEP 4: At the end of the Provider Orientation session, sign an IHSS Program Provider Enrollment Agreement (SOC 846).**

- By signing the SOC 846, you are saying that you understand and agree to the rules and requirements for being a provider in the IHSS Program.

You should maintain copies of all documents you submitted and any that you have received from the county for your records.

Once you have successfully completed these four (4) steps and have been approved by the county or Public Authority to be an IHSS provider, as long as you are an active provider and your criminal background check remains clear, you will continue to be eligible to provide services for any IHSS recipient.

**If you do not complete these four (4) steps within 90 days after you began the provider enrollment process, you will be found ineligible to work and be paid as an IHSS provider and will need to begin the process over again in order to be enrolled as an IHSS provider.**

If you have any questions about these provider enrollment requirements, contact your County IHSS Office or IHSS Public Authority.

## **IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM CALIFORNIA CODE SECTIONS**

### **CALIFORNIA PENAL CODE SECTION 273a, SUBDIVISION (a)**

- (a) Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four, or six years.

### **CALIFORNIA PENAL CODE SECTION 368**

- (a) The Legislature finds and declares that crimes against elders and dependent adults are deserving of special consideration and protection, not unlike the special protections provided for minor children, because elders and dependent adults may be confused, on various medications, mentally or physically impaired, or incompetent, and therefore less able to protect themselves, to understand or report criminal conduct, or to testify in court proceedings on their own behalf.
- (b) (1) Any person who knows or reasonably should know that a person is an elder or dependent adult and who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured, or willfully causes or permits the elder or dependent adult to be placed in a situation in which his or her person or health is endangered, is punishable by imprisonment in a county jail not exceeding one year, or by a fine not to exceed six thousand dollars (\$6,000), or by both that fine and imprisonment, or by imprisonment in the state prison for two, three, or four years.
- (2) If in the commission of an offense described in paragraph (1), the victim suffers great bodily injury, as defined in Section 12022.7, the defendant shall receive an additional term in the state prison as follows:
- (A) Three years if the victim is under 70 years of age.
- (B) Five years if the victim is 70 years of age or older.
- (3) If in the commission of an offense described in paragraph (1), the defendant proximately causes the death of the victim, the defendant shall receive an additional term in the state prison as follows:
- (A) Five years if the victim is under 70 years of age.
- (B) Seven years if the victim is 70 years of age or older.
- (c) Any person who knows or reasonably should know that a person is an elder or dependent adult and who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured or willfully causes or permits the elder or dependent adult to be placed in a situation in which his or her person or health may be endangered, is guilty of a misdemeanor. A second or subsequent violation of this subdivision is punishable by a fine not to exceed two thousand dollars (\$2,000), or by imprisonment in a county jail not to exceed one year, or by both that fine and imprisonment.
- (d) Any person who is not a caretaker who violates any provision of law proscribing theft, embezzlement, forgery, or fraud, or who violates Section 530.5 proscribing identity theft, with respect to the property or personal identifying information of an elder or a dependent adult, and who knows or reasonably should know that the victim is an elder or a dependent adult, is punishable by Imprisonment in a county jail not exceeding one year, or in the state prison for two, three, or four years, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value exceeding four hundred dollars (\$400); and by a fine not exceeding one thousand dollars (\$1,000), by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, when the

## IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM CALIFORNIA CODE SECTIONS

moneys, labor, goods, services, or real or personal property taken or obtained is of a value not exceeding four hundred dollars (\$400).

- (e) Any caretaker of an elder or a dependent adult who violates any provision of law proscribing theft, embezzlement, forgery, or fraud, or who violates Section 530.5 proscribing identity theft, with respect to the property or personal identifying information of that elder or dependent adult, is punishable by imprisonment in a county jail not exceeding one year, or in the state prison for two, three, or four years when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value exceeding four hundred dollars (\$400), and by a fine not exceeding one thousand dollars (\$1,000), by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value not exceeding four hundred dollars (\$400).
- (f) Any person who commits the false imprisonment of an elder or a dependent adult by the use of violence, menace, fraud, or deceit is punishable by imprisonment in the state prison for two, three, or four years.
- (g) As used in this section, "elder" means any person who is 65 years of age or older.
- (h) As used in this section, "dependent adult" means any person who is between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. "Dependent adult" includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.
- (i) As used in this section, "caretaker" means any person who has the care, custody, or control of, or who stands in a position of trust with, an elder or a dependent adult.
- (j) Nothing in this section shall preclude prosecution under both this section and Section 187 or 12022.7 or any other provision of law. However, a person shall not receive an additional term of imprisonment under both paragraphs (2) and (3) of subdivision (b) for any single offense, nor shall a person receive an additional term of imprisonment under both Section 12022.7 and paragraph (2) or (3) of subdivision (b) for any single offense.
- (k) In any case in which a person is convicted of violating these provisions, the court may require him or her to receive appropriate counseling as a condition of probation. Any defendant ordered to be placed in a counseling program shall be responsible for paying the expense of his or her participation in the counseling program as determined by the court. The court shall take into consideration the ability of the defendant to pay, and no defendant shall be denied probation because of his or her inability to pay.

### **CALIFORNIA PENAL CODE SECTION 290, SUBDIVISION (c)**

(c) The following persons shall be required to register:

Any person who, since July 1, 1944, has been or is hereafter convicted in any court in this state or in any federal or military court of a violation of Section 187 committed in the perpetration, or an attempt to perpetrate, rape or any act punishable under Section 286, 288, 288a, or 289, Section 207 or 209 committed with intent to violate Section 261, 286, 288, 288a, or 289, Section 220, except assault to commit mayhem, Section 243.4, paragraph (1), (2), (3), (4), or (6) of subdivision (a) of Section 261, paragraph (1) of subdivision (a) of Section 262 involving the use of force or violence for which the person is sentenced to the state prison, Section 264.1, 266, or 266c, subdivision (b) of Section 266h, subdivision (b) of Section 266i, Section 266j, 267, 269, 285, 286, 288, 288a, 288.3, 288.4, 288.5, 288.7, 289, or 311.1, subdivision (b), (c), or (d) of Section 311.2, Section 311.3, 311.4, 311.10, 311.11, or 647.6, former Section 647a, subdivision (c) of Section 653f, subdivision 1 or 2 of Section 314, any offense involving lewd or lascivious conduct under Section 272, or any felony violation of Section 288.2; any statutory predecessor that includes all elements of one of the above-mentioned offenses; or any person who since that date has been or is hereafter convicted of the attempt or conspiracy to commit any of the above-mentioned offenses.

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM  
CALIFORNIA CODE SECTIONS****CALIFORNIA PENAL CODE SECTION 667.5, SUBDIVISION (c)**

(c) For the purpose of this section, "violent felony" shall mean any of the following:

- (1) Murder or voluntary manslaughter.
- (2) Mayhem.
- (3) Rape as defined in paragraph (2) or (6) of subdivision (a) of Section 261 or paragraph (1) or (4) of subdivision (a) of Section 262.
- (4) Sodomy as defined in subdivision (c) or (d) of Section 286.
- (5) Oral copulation as defined in subdivision (c) or (d) of Section 288a.
- (6) Lewd or lascivious act as defined in subdivision (a) or (b) of Section 288.
- (7) Any felony punishable by death or imprisonment in the state prison for life.
- (8) Any felony in which the defendant inflicts great bodily injury on any person other than an accomplice which has been charged and proved as provided for in Section 12022.7, 12022.8, or 12022.9 on or after July 1, 1977, or as specified prior to July 1, 1977, in Sections 213, 264, and 461, or any felony in which the defendant uses a firearm which use has been charged and proved as provided in subdivision (a) of Section 12022.3, or Section 12022.5 or 12022.55.
- (9) Any robbery.
- (10) Arson, in violation of subdivision (a) or (b) of Section 451.
- (11) Sexual penetration as defined in subdivision (a) or (j) of Section 289.
- (12) Attempted murder.
- (13) A violation of Section 12308, 12309, or 12310.
- (14) Kidnapping.
- (15) Assault with the intent to commit a specified felony, in violation of Section 220.
- (16) Continuous sexual abuse of a child, in violation of Section 288.5.
- (17) Carjacking, as defined in subdivision (a) of Section 215.
- (18) Rape, spousal rape, or sexual penetration, in concert, in violation of Section 264.1.
- (19) Extortion, as defined in Section 518, which would constitute a felony violation of Section 186.22 of the Penal Code.
- (20) Threats to victims or witnesses, as defined in Section 136.1, which would constitute a felony violation of Section 186.22 of the Penal Code.
- (21) Any burglary of the first degree, as defined in subdivision (a) of Section 460, wherein it is charged and proved that another person, other than an accomplice, was present in the residence during the commission of the burglary.
- (22) Any violation of Section 12022.53.
- (23) A violation of subdivision (b) or (c) of Section 11418. The Legislature finds and declares that these specified crimes merit special consideration when imposing a sentence to display society's condemnation for these extraordinary crimes of violence against the person.

**CALIFORNIA PENAL CODE SECTION 1192.7, SUBDIVISION (c)**

(c) As used in this section, "serious felony" means any of the following:

- (1) Murder or voluntary manslaughter; (2) mayhem; (3) rape; (4) sodomy by force, violence, duress, menace, threat of great bodily injury, or fear of immediate and unlawful bodily injury on the victim or another person; (5) oral copulation by force, violence, duress, menace, threat of great bodily injury, or fear of immediate and unlawful bodily injury on the victim or another person; (6) lewd or lascivious act on a child under 14 years of age; (7) any felony punishable by death or imprisonment in the state prison for life; (8) any felony in which the defendant personally inflicts great bodily injury on any person, other than an accomplice, or any felony in which the defendant personally uses a firearm; (9) attempted murder; (10) assault with intent to commit rape or robbery; (11) assault with a deadly weapon or instrument on a peace officer; (12) assault by a life prisoner on a noninmate; (13) assault with a deadly weapon by an inmate; (14) arson; (15) exploding a destructive device or any explosive

## **IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM CALIFORNIA CODE SECTIONS**

with intent to injure; (16) exploding a destructive device or any explosive causing bodily injury, great bodily injury, or mayhem; (17) exploding a destructive device or any explosive with intent to murder; (18) any burglary of the first degree; (19) robbery or bank robbery; (20) kidnapping; (21) holding of a hostage by a person confined in a state prison; (22) attempt to commit a felony punishable by death or imprisonment in the state prison for life; (23) any felony in which the defendant personally used a dangerous or deadly weapon; (24) selling, furnishing, administering, giving, or offering to sell, furnish, administer, or give to a minor any heroin, cocaine, phencyclidine (PCP), or any methamphetamine-related drug, as described in paragraph (2) of subdivision (d) of Section 11055 of the Health and Safety Code, or any of the precursors of methamphetamines, as described in subparagraph (A) of paragraph (1) of subdivision (f) of Section 11055 or subdivision (a) of Section 11100 of the Health and Safety Code; (25) any violation of subdivision (a) of Section 289 where the act is accomplished against the victim's will by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person; (26) grand theft involving a firearm; (27) carjacking; (28) any felony offense, which would also constitute a felony violation of Section 186.22; (29) assault with the intent to commit mayhem, rape, sodomy, or oral copulation, in violation of Section 220; (30) throwing acid or flammable substances, in violation of Section 244; (31) assault with a deadly weapon, firearm, machinegun, assault weapon, or semiautomatic firearm or assault on a peace officer or firefighter, in violation of Section 245; (32) assault with a deadly weapon against a public transit employee, custodial officer, or school employee, in violation of Sections 245.2, 245.3, or 245.5; (33) discharge of a firearm at an inhabited dwelling, vehicle, or aircraft, in violation of Section 246; (34) commission of rape or sexual penetration in concert with another person, in violation of Section 264.1; (35) continuous sexual abuse of a child, in violation of Section 288.5; (36) shooting from a vehicle, in violation of subdivision (c) or (d) of Section 12034; (37) intimidation of victims or witnesses, in violation of Section 136.1; (38) criminal threats, in violation of Section 422; (39) any attempt to commit a crime listed in this subdivision other than an assault; (40) any violation of Section 12022.53; (41) a violation of subdivision (b) or (c) of Section 11418; and (42) any conspiracy to commit an offense described in this subdivision.

### **CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 10980, PARAGRAPH (2) OF SUBDIVISIONS (c) AND (g)**

(c) Whenever any person has, willfully and knowingly, with the intent to deceive, by means of false statement or representation, or by failing to disclose a material fact, or by impersonation or other fraudulent device, obtained or retained aid under the provisions of this division for himself or herself or for a child not in fact entitled thereto, the person obtaining this aid shall be punished as follows:

(2) If the total amount of the aid obtained or retained is more than nine hundred fifty dollars (\$950), by imprisonment in the state prison for a period of 16 months, two years, or three years, by a fine of not more than five thousand dollars (\$5,000), or by both that imprisonment and fine; or by imprisonment in the county jail for a period of not more than one year, by a fine of not more than one thousand dollars (\$1,000), or by both imprisonment and fine.

(g) Any person who knowingly uses, transfers, sells, purchases, or possesses food stamps, electronically transferred benefits, or authorizations to participate in the federal Supplemental Nutrition Assistance Program in any manner not authorized by Chapter 10 (commencing with Section 18900), of Part 6, or by the federal Food Stamp Act of 1977 (Public Law 95-113 and all amendments thereto) or the Food and Nutrition Act of 2008 (7 U.S.C. Sec. 2011 et seq.)

(2) is guilty of a felony if the face value of the food stamps or the authorizations to participate exceeds nine hundred fifty dollars (\$950), and shall be punished by imprisonment in the state prison for a period of 16 months, two years, or three years, by a fine of not more than five thousand dollars (\$5,000), or by both that imprisonment and fine, or by imprisonment in the county jail for a period of not more than one year, or by a fine of not more than one thousand dollars (\$1,000), or by both imprisonment and fine.



**Services Covered by IHSS**

How to use this list:

1. Review your **IHSS Provider Notification of Recipient Authorized Hours and Services and Maximum Weekly Hours (SOC 2271)** which lists the services that are authorized for your recipient by the IHSS program. Ask your recipient/employer how many hours they would like you to work each month. If they are unable to tell you, contact the county and ask about the services and hours authorized for the recipient.
2. Once you find out about the services and hours authorized for the recipient, look at the list below to determine which tasks are included.

Remember, most recipients will not be authorized all of these services, and you can only be paid for the services and tasks that are authorized to your recipient. Also keep in mind the amount of time authorized for each service. You cannot be paid by the IHSS program for any time over the amount that is authorized.

IHSS Service	Tasks
<b>Accompaniment to Alternative Resources</b>	Helping the recipient get to and from alternative resources where the IHSS recipient receives services instead of IHSS.
<b>Accompaniment to Medical Appointments</b>	Helping the recipient get to and from the doctor, dentist, or other health related appointments. Wait-time is included if the recipient needs assistance with specific IHSS tasks during transportation and/or to and from the destination. Wait-time is also included when the recipient is able to transport himself/herself to appointments but needs assistance at the destination. "Wait Time-On Duty" is only authorized as a part of accompaniment to medical appointments when the provider is not performing work duties while waiting but unable to use time effectively for his/her own purposes. Generally, "Wait Time-

IHSS Service	Tasks
	<p>On Duty” is unpredictable and short duration. “Wait Time-On Duty” is compensable. “Wait Time-Off Duty” is when the provider is completely relieved from work duties and has enough wait time to effectively use it for his/her own purposes. Examples include taking a meal break, running a personal errand, or reading a book. The provider must be informed in advance that they will not have to resume work until a specified time. “Wait Time-Off Duty” is not compensable.</p>
<p><b>Ambulation</b></p>	<p>Assisting the recipient with walking or moving from place to place inside the home, including: to and from the bathroom; climbing or descending stairs; moving and retrieving assistive devices such as a cane, walker, or wheelchair, etc.; and washing/drying hands before and after performing these tasks. Ambulation also includes assistance to and from the front door to the car, including (getting in and out of the car) for medical accompaniment and/or alternative resource travel.</p>
<p><b>Bathing, Oral Hygiene/Grooming</b></p>	<p>Helping the recipient take a bath or shower; bringing a washcloth, soap, and towel to the recipient and putting them away; turning on and off faucets and adjusting water temperature; assisting the recipient with getting in and out of the tub or shower; washing, rinsing, and drying the parts of the recipient’s body he/she can’t do; and applying lotion, powder, and deodorant. Brushing teeth, rinsing mouth, caring for dentures, and flossing. Hair combing/brushing; hair trimming when the recipient cannot get to the barber/salon; shampooing, applying conditioner, and</p>

IHSS Service	Tasks
	drying hair; shaving; and washing and drying your hands.
<b>Bowel and/or Bladder Care</b>	Assisting the recipient with getting on and off the toilet or commode; wiping and cleaning the recipient; helping the recipient with using, emptying, and cleaning bed pans/bedside commodes, urinals, ostomy, enema and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable gloves; and washing/drying recipient's and provider's hands. This service does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program for a person with paralysis, or colostomy irrigation. All of those tasks are authorized as "Paramedical Services."
<b>Care and Assistance with Prosthesis</b>	Assistance with taking off or putting on, maintaining, or cleaning prosthetic devices such as an artificial limb and glasses/hearing aids as well as washing and drying hands before and after performing these tasks. This service area also includes assisting the recipient with self-administration of medication, i.e., reminding the recipient to take prescribed and/or over-the-counter medications at appropriate times and/or setting up the medications.
<b>Domestic (Housework)</b>	Limited to sweeping, vacuuming, and washing floors, kitchen counters, and sinks; cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; changing bed linen; cleaning oven and stovetop; cleaning and defrosting refrigerator; bringing in wood for cooking for those who only have a wood stove; changing

IHSS Service	Tasks
	light bulbs; and wheelchair cleaning or recharging wheelchair batteries.
<b>Dressing</b>	Washing/drying hands; helping the recipient put on and take off clothes, corsets, elastic stockings, and braces and/or fastening/ unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments and undergarments; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing such as a sock aid.
<b>Feeding</b>	Helping the recipient eat and drink liquids; assisting the recipient reach for, pick up, and grasp utensils and cups; and washing and drying your hands before and after feeding. This does not include tube feeding, which is part of “Paramedical Services.” It also does not include cutting food into bite-sized pieces or pureeing food, which is part of “Prepare Meals.”
<b>Heavy Cleaning</b>	Thorough cleaning of the home to remove hazardous debris or dirt. This is a one-time service that usually involves throwing away large amounts of clutter into a dumpster. It is rarely needed or approved. You will be expected to keep the home clean with Domestic services (if approved) after the heavy cleaning is done.
<b>Meal Cleanup</b>	Washing, rinsing, drying dishes, pots, pans, utensils, and appliances, and putting them away; loading and unloading the dishwasher; storing/putting away leftovers; wiping up spills from the table, counter, stove, and sink; and washing and drying your hands.
<b>Meal Preparation</b>	Planning meals; removing food from the refrigerator or pantry; washing/drying hands before meal preparation;

IHSS Service	Tasks
	washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating the stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-sized pieces. When the food is cooking and doesn't need your attention, you are expected to be doing other services.
<b>Menstrual Care</b>	Limited to external application and changing of sanitary napkins and external cleaning; and washing and drying hands before and after performing these tasks. You should not insert a tampon, even if that is the recipient's preference. If the recipient wears a diaper, time for menstrual care should not be necessary as the time would be assessed as part of "Bowel and/or Bladder Care."
<b>Transfer</b>	Helping the recipient from a standing, sitting, or lying down position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or assistive device generally occurring within the same room. This may include using a Hoyer lift or similar device or a transfer belt. This service does not include turning a recipient who is bedbound to prevent skin breakdown or pressure sores. That is part of "Rub Skin and Repositioning."
<b>Other Shopping and Errands</b>	Picking up prescriptions and shopping for non-food items the recipient needs. This includes making a shopping list, traveling to/from the store, shopping, loading, unloading, storing supplies purchased, and performing reasonable



IHSS Service	Tasks
	errands such as delivering a delinquent payment to prevent a utility shutoff or picking up a prescription. This does not include time to pay monthly bills.
<b>Paramedical Services</b>	Paramedical services are skilled tasks that the recipient's doctor or a nurse has taught you to do such as the administration of medications, puncturing the skin to give the recipient a shot, inserting a medical device into a body orifice such as tube feeding, inserting a catheter or irrigating a colostomy, activities requiring sterile procedures such as caring for an open bed sore, or activities requiring judgment based on training given by a licensed health care professional such as putting a person who has paralysis into a standing frame.
<b>Protective Supervision</b>	Observing the behavior of a recipient who is confused, mentally impaired or mentally ill in order to safeguard him/her against injury, hazard, or accident.
<b>Removal of Ice and Snow</b>	Removal of ice and snow from entrances and essential walkways when access to the home is hazardous.
<b>Rub Skin and Repositioning</b>	Rubbing of skin to promote circulation; turning in bed and other types of repositioning; and range of motion exercises. This does not include care of pressure sores if they have developed. That care would be authorized as "Paramedical Services."
<b>Respiration Assistance</b>	Limited to non-medical services such as assistance with self-administration of oxygen, assistance with setting up CPAP machine, and cleaning IPPB and CPAP machines.
<b>Routine Bed Baths</b>	Bringing soap, washcloth, and towel to the recipient; filling a basin with water and bringing it to the recipient; washing, rinsing, and drying body; applying

IHSS Service	Tasks
	lotion, powder, and deodorant; cleaning basin or other materials used for bed sponge baths and putting them away; and washing and drying your hands before and after bathing.
<b>Routine Laundry</b>	Washing and drying laundry, mending, ironing, folding, and storing clothes in closets, on shelves, or in drawers. You are expected to do other IHSS services while the clothes are in the washer and dryer.
<b>Shopping for Food</b>	Grocery shopping at the nearest grocery store. No additional time is allowed for the recipient to go to the store with you. Shopping for food includes making a grocery list, travel to/from the store, shopping, loading, unloading, and storing groceries.
<b>Teaching and Demonstration</b>	Teaching the recipient how to perform certain tasks when they could learn to become independent if taught. Teaching and Demonstration is only allowed for a short period of time.
<b>Yard Hazard Abatement</b>	Removal of grass, weeds, rubbish, or other hazardous items when they are a fire hazard. This is not gardening.

## Medi-Cal Fraud and Abuse

**IHSS Hotline: 1-800-822-6222**  
**Email: [Fraud@dhcs.ca.gov](mailto:Fraud@dhcs.ca.gov)**  
**Website: [www.dhcs.ca.gov](http://www.dhcs.ca.gov)**

Medi-Cal fraud is an intentional attempt by some providers, and in some cases consumers, to receive unauthorized payments or benefits from any Medi-Cal program, including the In-Home Supportive Services (IHSS) program. This fraud can take many forms, but the most common in the IHSS program involves providers knowingly billing for unnecessary services or services not being performed.

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

The recorded message may be heard in English and ten other languages: Spanish, Vietnamese, Cantonese, Cambodian, Armenian, Hmong, Lao, Farsi, Korean, and Russian. The call is free and the caller may remain anonymous. You can also <mailto:Fraud@dhcs.ca.gov> or access the online complaint form at <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx>.



## TIPS FOR AVOIDING FRAUD

As an In-Home Supportive Services (IHSS) provider, there are some things that you can do to avoid committing fraud. These include the following examples:

Only put the hours you have worked on your timesheet. Hours on your timesheet should not include time for taking a meal break.

Only put hours on your timesheet for services that are covered by IHSS. Examples of some services that are not covered by IHSS include gardening, pet care, moving furniture, or taking the consumer on social outings. Always refer to the “Services Covered by IHSS” handout if you are in doubt.

Only put hours on your timesheet for tasks that are authorized for your recipient.

Only ask your recipient to sign a completed timesheet.

Only sign your name on your timesheet. If your recipient is not able to sign your timesheet, you need to check with the county about who else may be authorized to sign for the recipient.

Only put time on your timesheet for days that your recipient is living in their own home. Hours are not authorized when your recipient is in the hospital, a nursing home, board and care facility, or in jail.

Keep written records of the hours worked and what you did each day that you work. Request that your recipient also keep track of the hours that you work.

If you have differences with the recipient about the hours worked, show the recipient your records and explain the work you did on the date(s) in question.

Only include the time you, the provider, are providing services and wish to be paid by IHSS on your timesheet. If another person is assisting the recipient and wishes to be paid by IHSS, they must be enrolled as a provider.

Tell the truth in all of your interactions with the county.

## Department of Social Services Office Locations

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### **San Luis Obispo**

3433 S. Higuera St.  
(805) 781-1600  
1(800) 834-3002

### **Arroyo Grande**

1086 E. Grand Ave.  
(805) 474-2000

### **Nipomo**

681 W. Teft St., Ste. 1  
(805) 931-1800

### **Atascadero**

9415 El Camino Real  
(805) 461-6000

### **Paso Robles**

406 Spring St.  
(805) 237-3110

### **Morro Bay**

600 Quintana Rd.  
(805) 772-6405

### **Report Child Abuse**

1(800) 834-5437

### **Report Adult Abuse**

1(844) 729-8011

## Other Resources

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### **North S.A.F.E.**

#### **Family Resource Center**

Paso Robles  
1802 Chestnut  
(805) 237-3196

### **South S.A.F.E.**

#### **Family Resource Center**

Arroyo Grande  
1086 Grand Ave.  
(805) 474-2105

### **America's Job Center of California**

San Luis Obispo  
880 Industrial Way  
(805) 903-1421

## County of San Luis Obispo Department of Social Services Programs and Services



*Inside you will find brief  
descriptions of our programs  
and services along with a list of  
other helpful resources found  
within the county.*



## ■ CASH AID PROGRAMS ■

### **CalWORKs**

Temporary, time-limited cash assistance to families and children who are deprived of support or care due to the death, incapacity, unemployment, or continued absence of one or both parents.

### **CalWORKs Child Support**

A program administered by the District Attorney's Office to increase CalWORKs families' self-sufficiency by obtaining financial support from absent parents.

### **Diversion**

One-time cash assistance or services, when such services will prevent a family from needing to apply for ongoing assistance.

### **Foster Care**

Cash assistance to caretakers of foster children.

### **After 18**

Provides services and financial aid benefits for youth in foster care past age 18. Formerly known as AB12.

### **General Assistance**

Temporary assistance for needy persons not eligible for benefits through other Federal and State aid programs. Also provides for mortuary services for indigent persons, when necessary.

## ■ MEDICAL ASSISTANCE ■

### **Medi-Cal**

Comprehensive medical benefits to all public assistance recipients and to certain other eligible persons who don't have sufficient funds to meet the costs of their medical care.

## ■ FOOD ASSISTANCE ■

### **CalFresh**

Benefits for low income families to improve their diet and food purchasing power.

## ■ SERVICE PROGRAMS ■

### **Adoption**

Finding safe, stable, permanent families for children who are unable to be reunified with their birth parents.

### **Foster Home Licensing**

Finding and licensing nurturing homes for foster children.

### **Child Welfare Differential Response**

Responding to allegations of abuse or neglect in a timely and appropriate manner, in order to provide for the safety and stability of the children in our county.

### **Child Welfare Family Maintenance**

Providing child welfare services to families, while the children remain in the home under the supervision of a Social Worker.

### **Child Welfare Family Reunification**

Providing child welfare services after a child has been separated from his/her parents due to abuse or neglect, in order to stabilize the family and hopefully reunify the child back into the home.

### **Child Welfare Permanency Planning**

Providing child welfare services to children who can't return to their birth parents' home. This may include adoption, guardianship, or the establishment of a planned permanent living arrangement for the child.

### **Adult Protection**

Responding to allegations of abuse or neglect in a timely and appropriate manner, in order to provide for the safety and stability of the elderly and/or dependent adults in our county.

### **In-Home Support**

Providing personal care services and domestic services to eligible elderly and/or disabled individuals in our county, to enable them to remain living in their own homes.

### **Welfare-to-Work Employment and Training Program**

Training and/or education activities to assist adults who are receiving CalWORKs in finding employment and becoming self-sufficient. This program is mandatory for non-exempt adult CalWORKs participants.



**The CalFresh Program helps improve the health and well-being of qualified households and individuals by providing them a means to meet their nutritional need**



**MYTH:**

Only those that are unemployed can get CalFresh.

**FACT:**

Anyone who meets the income limits may be eligible for CalFresh, Regardless of whether he/she is working or not (see examples below).

**An IHSS provider working 40 hours a week @ \$14.00 Hr. = \$2,240.00 Month Gross (Potentially eligible to receive CalFresh benefits -minimum benefits \$16.00)**

**An IHSS provider working 12 hours a week @ \$14.00 Hr. = \$672.00 Month Gross (Potentially eligible to receive CalFresh benefits)**

If the number of people in your household combined with the gross monthly income of all household members (before taxes) is below the gross monthly income limit you may be eligible to CalFresh.

**Gross Monthly Income Limits for CalFresh Effective 10/01/2019**

<u>Household Size</u>	<u>Gross Monthly Income Limit</u>	<u>Max CalFresh</u>
1	\$2,082	up to \$194.00
2	\$2,820	up to \$355.00
3	\$3,556	up to \$509.00
4	\$4,292	up to \$646.00
5	\$5,030	up to \$768.00
6	\$5,766	up to \$921.00
<b>Ea add Member</b>	<b>+738</b>	<b>+\$146.00</b>

Apply now at the office nearest you or apply online at [www.mybenefitscalwin.org/](http://www.mybenefitscalwin.org/)

Look for the **CalWIN Mobile App** in the Apple App Store and Goggle Play Store



## MANDATED REPORTER

As an In-Home Supportive Services (IHSS) provider, you are a “Mandated Reporter”. Being a mandated reporter means that **by law** you must report any suspected abuse immediately to the County Adult Protective Services (APS) or Children’s Protective Services (CPS) agency. The abuse might be of the consumer you serve, someone else in the consumer’s home, or anyone else, whether you are working or not.

### ADULT ABUSE

Adult abuse happens when an elder or dependent adult:

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

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

### CHILD ABUSE

Child abuse happens when a child:

- Has a physical injury by other than accidental means;
- Is subjected to willful cruelty or unjustifiable punishment;
- Is abused or exploited sexually;
- Is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision

If you see or suspect abuse, you should report it as soon as possible. The county is responsible for investigating suspected abuse – that’s not your job. And your report is confidential – neither the abused person nor the abuser will be told who made the report. You can report abuse any time, any day. The phone line is answered 24 hours a day, 365 days a year.

**If you witness physical and/or sexual abuse in progress, you should notify law enforcement immediately by calling 911.**

**ADULT PROTECTIVE SERVICES: (805) 781-1790 or (844) 729-8011**

**CHILD WELFARE SERVICES: (805) 781-KIDS**

**EMERGENCY: 911**





## **SOCIAL SECURITY**

Social Security benefits are available to individual providers who are 18 years old or older and not the parent of the employer/recipient. The benefits are available if you become totally disabled or retire and meet certain eligibility requirements. There is a deduction from your paycheck for Social Security (FICA). The benefits include monthly retirement or disability payments to you or your dependents. You should contact your local Social Security Administration Office for information and/or to apply for Social Security. The telephone number and address of this office are listed in the white pages of your telephone book under "United States Government, Social Security Administration."

## **MEDICARE TAX**

Medicare is the health and medical benefits received as part of the total Social Security benefits package. In the past, the Medicare tax deduction was a part of the Social Security (FICA) tax deduction. Federal law now requires that the tax and the amount deducted be reported separately. Questions regarding the Medicare tax should be directed to the Social Security Administration.

## **STATE DISABILITY INSURANCE (SDI)**

State Disability Insurance benefits are available to you if you become disabled and are prevented from doing your regular work and you meet certain eligibility requirements. There is a deduction from your paycheck for SDI. State Disability Insurance benefits are available for a maximum of 52 weeks. You should contact your local California Employment Development Department (EDD) office for information and/or to apply for State Disability Insurance. The telephone number and address of this office are listed in the white pages of your telephone book under "California State of, Employment Development Department."

If you are the parent, spouse or child of the person you are providing services to you may choose to participate in the SDI program by applying for Elective State Disability Insurance. The forms for Elective SDI coverage are available from the county social services worker. If you want this optional coverage, the cost will be deducted from your paycheck. All other Individual Providers are automatically covered for SDI if they have IHSS quarterly wages in excess of \$750.

## **UNEMPLOYMENT INSURANCE (UI)**

Unemployment Insurance (UI) benefits may be available to you if you are not the parent or spouse of your employer/recipient and become unemployed, able and available to work and you meet certain eligibility requirements. There is no deduction from your paycheck for UI. Unemployment Insurance benefits are available for a maximum of 26 weeks. You should contact your local California Employment Development Department office for information and/or to apply for Unemployment Insurance. The telephone number and address of this office are listed in the white pages of your telephone book under "California State of, Employment Development Department."

## **WORKERS' COMPENSATION**

Workers' Compensation benefits are available to you if you are injured on the job or become ill due to your job, and you meet certain eligibility requirements. There is no deduction from your paycheck for Workers' Compensation. If you are injured on the job, you should seek medical attention immediately and then notify your employer/recipient's county social services worker. Claim forms to apply for Workers' Compensation are available from the county social services worker and should be returned to the County Welfare Department when completed. For more information about Workers' Compensation, you may call an Information and Assistance Officer at 1-800-736-7401.

## **INCOME TAX WITHHOLDING**

You may have state and federal income tax withheld from your paycheck if you apply and you meet certain eligibility requirements. Income tax withholding for individual providers is strictly voluntary. If you wish to have state and federal income tax withheld from your paycheck please complete the Income Tax Withholding Form (W-4) and mail it to your county welfare department. If you do not have state and/or federal income tax withheld from your paycheck, you are still required to file a tax return at the end of the year and possibly pay taxes on your earnings. You should contact your employer/recipient's county social service worker if you require additional W-4s, need to change your withholding, or need to determine the status of your withholding.

You should contact your local California Franchise Tax Board (FTB) office for information about state income tax withholding. The telephone number and address of this office are listed in the white pages of your telephone book under "California, State of, Franchise Tax Board." You should contact your local Internal Revenue Service (IRS) office for information about federal income tax withholding. The telephone number and address of this office are listed in the white pages of your telephone book under "United States Government, Internal Revenue Service."

## **EARNED INCOME CREDIT (EIC)**

You may be eligible for the Earned Income Credit (EIC). To find out about EIC and if you are eligible, carefully read the instructions for completing a form W-5 (Earned Income Credit Advance Payment Certificate). If you are eligible for EIC you can choose to get the credit in advance with your pay instead of waiting until you file your tax return. You should contact your local Internal Revenue Service office or your tax consultant for information about EIC.



**WELCOME TO YOUR JOB AS  
AN IN-HOME SUPPORTIVE  
SERVICES (IHSS)  
INDIVIDUAL PROVIDER**

This notice briefly describes benefits that may be available to you and your income tax responsibilities. Please read this pamphlet carefully. Also, remember that your employer is the IHSS recipient that hired you, not the State of California nor the County Welfare Department (CWD). The State of California issues this pamphlet and your paychecks on behalf of your employer and the CWD handles all the paper work.

Please contact the CWD whenever you have any questions about your paycheck or timesheet. Always sign and date your timesheet after the pay period ends (not before), also have your employer sign and date it, then mail your timesheet to the CWD address that appears in the lower right-hand corner of the timesheet to avoid any delay in receiving your paycheck. Remember: always keep the CWD notified of any change to your address and/or telephone number.

My County Service Worker is:

Name

Address

Phone:

County of:

**IN-HOME  
SUPPORTIVE  
SERVICES**

**INDIVIDUAL  
PROVIDER  
BENEFITS  
AND  
SERVICES  
INFORMATION**

For information about IHSS  
call the local  
county welfare department



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



## Communicating with Your Recipient

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

### Provider Responsibilities:

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

### Recipient Responsibilities:

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



## Exemption 2 – Extraordinary Circumstances

### EXEMPTION 2 – Extraordinary Circumstances

Exemption 2, the Extraordinary Circumstances exemption, may apply if you provide services to two or more recipients whose circumstances put them at serious risk of placement in out-of-home care. If an Exemption 2 is granted, you may work up to 360 hours total for all your recipients combined, not to exceed each IHSS recipient's monthly authorized hours.

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

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

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

The financial impact that hiring another provider could have on the current provider is not considered when determining whether an extraordinary circumstance exists which would qualify for Exemption 2.

Even if an Exemption 2 is granted, if two or more recipients have an excess of 360 authorized IHSS hours between them, they will be required to hire another provider to work the remaining hours beyond the 360 hours allowed by the exemption.



## County Approval Criteria for Adjusting Weekly Authorized Hours:

- Is this an unexpected need?
- Is the need immediate?
- Can the need wait for a backup provider?
- Is the recipient's health or safety in danger?

## To Avoid Violations....

### **DO**

- Only work the total maximum hours assigned by your recipient.
- Know and understand when your recipient(s) must request county approval for adjusting hours.

### **DON'T**

- Work more than a total of 66 hours per workweek if you work for more than one recipient.
- Travel more than 7 hours per workweek when traveling directly from one recipient to another on the same workday.



## Violations

A violation is the consequence of not following overtime and travel time limitations, and could cause you to be ineligible to be an IHSS provider for up to a year. It is important that you follow the overtime and travel time limitations to prevent getting a violation.

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

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

If the county determines that you have violated the weekly overtime and/or travel time limitations, you will be paid the overtime and/or travel time that exceeded the workweek and/or travel time limitations, but you will also receive a violation notice from the county. In addition to the violation notice, you will receive an IHSS Program Notice to Provider of Right to Dispute Violation for Exceeding Workweek and/or Travel Time Limits form, SOC 2272, with information on how to request a county review of the violation. A notice will also be sent to all of your recipients informing them of your violation and explaining why you received it.

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

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

**NOTE: If your actions result in more than one violation during a calendar month, it will only count as one violation. For example, if a timesheet or travel claim form triggers an error during the first pay period of May and another during the second pay period of May, the first error will result in a violation and the second error will be tracked by the system. A second violation will not be issued within the same calendar month.**

1 <sup>ST</sup> Violation	2 <sup>ND</sup> Violation	3 <sup>RD</sup> Violation	4 <sup>TH</sup> Violation
<p>For the first violation, you and each of your recipients will get a notice of the violation with information on how to request a county review.</p>	<p>If a second violation occurs, you will have an opportunity to complete the one-time self-certification training to have the second violation removed from your IHSS record.</p> <p>If you do not complete the one-time self-certification training within 14 calendar days of the date of the notice, the second violation will remain on your IHSS record.</p>	<p>If a third violation occurs, you will be suspended as an IHSS provider for 90 days.</p>	<p>If a fourth violation occurs, you will be ineligible to work as an IHSS provider for 365 days.</p>

If you receive a violation, the violation will generally remain on your IHSS record. However, the first time you receive a second violation, you will have the opportunity to have the violation removed by completing a one-time self-certification training. The training materials are mailed to the provider with the initial second violation. Please note that this training may be done only once. After you have had a violation removed by completing the training, if you get another violation you will not have the opportunity to have the violation removed by doing the training again.

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

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

- Re-submit an application; and

- Complete all of the provider enrollment requirements, including the criminal background check, provider orientation and all required forms.

If you re-enroll as an IHSS provider after being ineligible for 365 days, your violations count will be reset to zero.

### County Review Process

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

For the third and fourth violations, if, after submitting the SOC 2272, the county doesn't remove the violation, you may request a review by CDSS within ten business days of the date of receiving the county notice. The county notice will explain how you may request a review by CDSS.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<b>IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER OF RIGHT TO DISPUTE VIOLATION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS</b>			
(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 received a violation because you exceeded your workweek and/or travel time limits. If you believe you should not have been issued a violation because the additional hours you worked met all 3 of the criteria listed below, please review and respond to the questions on the following pages.			
If you provide services to only 1 recipient, you must answer questions 1 through 5 and questions 9 through 11. If you provide services to 2 or more recipients, you must answer questions 6 through 11.			
You have 10 calendar days from the date indicated on the violation notice to submit this form to the county requesting an official county review of the circumstances surrounding the additional hours you worked which led to the violation.			
<b>Criteria:</b>			
1. The need for additional hours was necessary to meet an unanticipated need;			
2. The additional hours were related to an immediate need that could not be postponed until the arrival of a back-up provider as designated on the IHSS Program Individual Emergency Back-Up Plan (SOC 827) form; and			
3. The additional hours were related to a need that would have had a direct impact on the IHSS recipient and were needed to ensure his/her health and/or safety.			
SOC 2272 (7/18)		PAGE 1 OF 4	

## Live-In Provider Self-Certification Information

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

### How do I exclude my wages from FIT and PIT?

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

#### **Return Completed SOC 2298 Forms to:**

IHSS – IRS Live-In Self-Certification  
P.O. Box 1677  
West Sacramento, CA 95691-6677

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

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

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

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

### **What happens if I stop living with the recipient?**

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

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


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

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

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

**Please Note:** CDSS and County staff are not tax consultants and cannot assist you with the IRS or FTB exclusions or how to file amended tax returns. Please contact the IRS, FTB, or your Tax Preparer for questions or how to file an amended return for past years. For more information, please visit the IRS website ([www.irs.gov](http://www.irs.gov)) or the FTB website ([www.ftb.ca.gov](http://www.ftb.ca.gov)).





**Want to get better  
at having difficult  
conversations?**

## Communication & Conflict Clinics

*for IHSS and Registry Care Providers*

**Are you a care provider through IHSS or the Public Authority?**

**What is it?** Join us for refreshments and an opportunity to:

- Receive coaching on how to work through conflict with clients
- Learn simple, practical communication tips and tools that you can apply in your work today.
- Connect with other care providers
- Share experiences and insights
- Brief one-on-one conflict coaching sessions with experienced mediators, available when time permits.
- Ask an IHSS social worker your questions

**Dates & Times** Clinics are offered monthly in locations throughout the county.

Please call to reserve your spot and learn more about dates and times that are available.

**Call to reserve your spot at 805.549.0442**



**WILSHIRE**

CREATIVE MEDIATION

**805.549.0442 · [www.creativemediation.org](http://www.creativemediation.org) · [info@creativemediation.net](mailto:info@creativemediation.net)**

Creative Mediation is a division of Wilshire Community Services, an agency of Wilshire Health and Community Services, a not-for-profit, 501(c)(3), tax-exempt organization.







## **IN-HOME SUPPORTIVE SERVICES (IHSS) PROVIDER'S RIGHT TO FILE A SEXUAL HARASSMENT COMPLAINT**

You have a right to be free from sexual harassment in the workplace. As your employer, it is the IHSS recipient's responsibility to keep the workplace free from sexual harassment.

### **WHAT IS SEXUAL HARASSMENT?**

There are two types of Sexual Harassment:

"Quid pro quo" (Latin for "this for that") sexual harassment is when someone makes you put up with or accept sexual advances or other sexual behaviors in order to gain or keep a job or gain any other work benefit.

"Hostile work environment" sexual harassment occurs when unwelcome comments or behavior based on sex interferes with your work or creates a very uncomfortable, unfriendly, or upsetting work environment. You may experience sexual harassment even if the rude and unwelcome conduct was not aimed directly at you.

Sexual harassment behaviors include but are not limited to:

- Unwanted sexual attention;
- Offering benefits in exchange for sexual favors;
- Threatening to do something to get even with a person after receiving a negative response to sexual attention;
- Staring that makes the person being looked at uncomfortable; sexual movements with the body; or displaying objects, pictures, cartoons, or posters that make a person think of sex;
- Insulting or rude comments about sex;
- Rude name calling, slurs, or jokes that are about sex;
- Sexual words, comments, messages or invitations that make a person feel uncomfortable;
- Unwanted physical touching or assault; or
- Stopping or blocking a person's movements

Harassment does not have to be of a sexual nature and can include rude and hurtful remarks about a person's sex or gender. For example, it is illegal to harass a woman by making rude comments about women in general.

Both the victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex/gender.

## **HOW CAN I AVOID SEXUAL HARASSMENT IN THE WORKPLACE?**

### Observe

- Be aware of sexual-harassment behaviors or incidents and do not do them;
- Be sensitive to individuals who may be upset by the verbal and non-verbal behavior of others;
- Be aware of forms of sexual harassment that are not easily noticed such as staring or unnecessary touching; and
- Watch for the way others in the home act/ behave and do not do anything that may have a negative effect on the way you communicate with others.

### Examine

- Pay attention to the response of others in order to avoid accidentally doing something they would find upsetting;
- Do not automatically think that anyone would enjoy or want to hear sexual jokes or sexual comments about their appearance;
- Do not automatically think that anyone would enjoy or want to be touched, stared at, flirted with, asked on dates or asked for sexual favors;
- Ask yourself if what you are saying or doing might have a negative effect on other people's feelings;
- Examine your behaviors, body language, and comments. Ask yourself, "Could I unknowingly be encouraging sexual feelings or conversations by the way I communicate?"
- Do not take sexual harassment lightly. If you think you are being sexually harassed by an individual or a group, do not accept it as a joke. Do not encourage the harasser by smiling, laughing at his/her jokes, or flirting back. Let the harasser know that you do not enjoy and do not want this type of attention.

## WHAT DO I DO IF I AM BEING SEXUALLY HARASSED?

### Confront

- Write down what happened whenever you have been sexually harassed. Write down as much detail as you can. Know the exact date it happened, as well as the time, location, and person/persons involved.
- If possible, tell the harasser that they are bothering you right away. Using your detailed notes, tell him/her that you find that type of attention upsetting.
- If possible, tell the harasser that their behavior upsets you and makes you uncomfortable;
- If possible, tell the harasser what behaviors (gestures, physical or verbal) you find upsetting;
- Consider writing a letter to the harasser and keep a copy for yourself.
- If you feel that the sexual harassment behavior places your safety at risk, leave the workplace and call 911 or local law enforcement immediately.

### Resolve

- If you cannot resolve your problem with your employer/recipient, you may inform the county that you no longer wish to be a provider for that recipient.
- You may also seek out new employment by registering with the IHSS Public Authority registry in your county. The provider registry may be able to connect you with new recipients who need a provider.
- You may also make a complaint to the Department of Fair Employment and Housing (DFEH) by calling in your complaint to DFEH's Communication Center at 800-884-1684 (voice) or 800-700-2320 (TTY) or turn in a complaint intake form online at: [www.dfeh.ca.gov/complaint-process/file-a-complaint/](http://www.dfeh.ca.gov/complaint-process/file-a-complaint/).
- For more information on sexual harassment prevention please visit the DFEH website at: [www.dfeh.ca.gov/resources/frequently-asked-questions/employment-faqs/sexual-harassment-faqs/](http://www.dfeh.ca.gov/resources/frequently-asked-questions/employment-faqs/sexual-harassment-faqs/).