



IHSS



IN-HOME SUPPORTIVE SERVICES

Handbook



In-Home Supportive Services
808 E St., Eureka, CA 95501
707-476-2100



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Introduction

Welcome to Humboldt County In-Home Supportive Services (IHSS). IHSS is a program that provides domestic services and personal care to individuals who are elderly or disabled and require assistance in their homes.

This handbook contains information for both the recipient and the care provider. It is divided into two separate sections: the beginning of the book contains information that for the IHSS recipient and the second half of the book has important information for the IHSS care provider. It is our suggestions that you read the entire book, as there is useful information for both the recipients and the care providers in both sections. The very end of this handbook (Page 37) has a page of phone numbers that may be useful to you.

We hope that you find this handbook useful and informative. If you have questions or need clarification, please do not hesitate to call the main IHSS office at 707-476-2100 or your IHSS Social Worker/Public Health Nurse. All IHSS workers can provide you with a personal business card that you can place in a convenient location for future reference.

Respectfully,

The In-Home Supportive Services Staff
Humboldt County Social Services Branch



Helpful Contacts

Call 707-476-2100 to reach:
IHSS Social Workers / Public Health Nurses
Provide information on IHSS Determine eligibility and need for IHSS services Evaluate ongoing case management issues Make home visits to evaluate need for services Social Workers/Public Health Nurses are available by appointment, Monday-Friday 8 a.m. to 5:00 p.m.
Social Services Aides
Answer questions regarding performance of IHSS authorized tasks, time sheets, and provide orientation for new recipients. Problem solving with clients and providers, and conduct home visits to evaluate quality of service. Social Services Aides are available by appointment, Monday-Friday 8 a.m. to 5 p.m.
Payroll
Answers questions regarding paychecks, change of address, and W-4 forms for income taxes. All inquiries regarding your IHSS paycheck require a waiting period of ten business days after the time sheet was mailed. Payroll desk hours are Monday – Friday: 8 to 11:45 a.m. 1 to 4:45 p.m.

If the staff member you wish to speak with is unavailable, please leave a message and they will call you back as soon as possible. If you believe you need emergency Adult Protective Services, call Adult Services Reception at 707-476-2100 during business hours, Monday-Friday, 8 a.m. to 5 p.m. After hours, call 707-445-6180.

The In-Home Supportive Services Program

The In-Home Supportive Services Program (IHSS) is a Federal, State, and County-funded program that provides services to the elderly and people with disabilities who would be unable to remain safely in their homes without this support. How? By paying someone to go into their homes to do the tasks that they are no longer able to do for themselves.

How Does IHSS Work?

Social Services Branch Social Workers/Public Health Nurses determine eligibility and need for the service. They authorize specific hours for specific tasks. If the Social Worker/Public Health Nurse determines that a recipient is eligible for the IHSS program, the recipient will receive a Notice of Action (NOA) listing the tasks authorized and how many hours have been allocated for a care provider to complete those specific tasks.

The recipient becomes the employer and is responsible for hiring, supervising and firing of a care provider. The State of California is responsible for paying the salary of the care provider on behalf of the recipient.

The IHSS Public Authority is the recipient of record for collective bargaining purposes. For general information regarding wages, and terms and conditions of employment, contact the IHSS Public Authority Executive Director at 605 K St., Eureka or at 707-388-6302.

IHSS RECIPIENTS

Tasks that are covered by IHSS

Domestic Services

Sweeping, vacuuming and mopping floors. Cleaning the oven and stove. Washing kitchen counters and sinks. Cleaning and defrosting the refrigerator. Cleaning the bathroom. Bringing in fuel for heating and cooking purposes. Storing food and supplies. Changing bed sheets. Dusting and tidying. Taking out the garbage.

Meal Preparation and Cleanup

Menu planning, preparing, cooking and serving meals. Washing, drying and putting dishes away.

Laundry

Washing and drying laundry, folding clothes and putting clothes away.



Shopping and Errands

Food shopping and errands should be to the nearest available store in line with the recipient's budget and needs. Due to time limitations (and insurance purposes), it is recommended that recipients not accompany the care provider, but instead use a list with the recipient's favorite brands is preferred.

Help with Prosthesis and/or Setting up Medications

Assistance with taking off or putting on, maintaining or cleaning

prosthetic devices, as well as glasses/hearing aids. Assistance with medication, such as organizing medication in a medi-set or reminding a recipient to take their medication.

Non-Medical Personal Services

Assistance with self-administered oxygen. Assistance with feeding. Bowel and bladder care, including assistance on and off the commode or toilet. Routine bed baths. Bathing, oral hygiene and grooming. Dressing. Moving into and out of bed. Repositioning in bed, chairs, wheelchairs and assistance in and out of car. Ambulation, assisting the recipient with walking, or moving the recipient from place to place inside the home. Routine menstrual care. Rubbing the skin to promote circulation.

Medical Accompaniment

Assistance with accompaniment to and from medical appointments.



Protective Supervision

Monitoring the behavior of non-self-directing, confused, mentally impaired or mentally ill persons who require 24-hour supervision.

Paramedical Services*

Assistance with activities necessary to maintain recipient's health, such as giving shots or assisting with wound care.

*A physician must authorize services and an authorized health care professional must train the care provider before assisting the recipient with these services.

Heavy Cleaning

Heavy cleaning may be authorized only once, at the time of approval of the IHSS case, and only if heavy cleaning is

necessary to remove the risk of injury or illness.

Rights and Responsibilities for Recipients

Recipient Rights

- You have the right to have your privacy respected.
- You have the right to be treated with dignity and respect.
- You have the right to receive a written copy of the IHSS tasks and hours authorized by a social worker/public health nurse. This information is provided on a Notice of Action (NOA).
- You have the right to request an early reassessment if your condition changes.
- You have the right to request a fair hearing if you do not agree with a decision made by the IHSS program.
- You have the right to have your care provider complete the household tasks the way you want them done, within reason. Be sure to discuss this with the care provider at your first meeting to avoid any misunderstandings or problems.
- You have the right to arrange a work schedule with a care provider (the days and times you want each care provider to work) that you both agree with.
- You have the right to expect your care provider to notify you when he/she is going to be late or unable to work. It may be possible for the care provider to make up the hours some time later during the same month.
- You have the right to receive a receipt for money given to the care provider (if your care provider does shopping or errands for you).

Recipient Responsibilities

- You are responsible for letting the IHSS Payroll Department know when you **hire** a care provider so that we can sign her or him up as a care provider and send time sheets. If your new care provider does not complete the enrollment process with IHSS to receive a time sheet, there **will be a delay** in payments.
- You are also responsible for letting the IHSS Payroll Department when you **fire** a care provider and telling us the date of the last day the care provider worked. If you do not inform the IHSS Payroll Department, the care provider will continue to have timesheets sent to them even after they are no longer working for you.
- You are responsible for keeping a record of the hours worked by each care provider, and you are required by law to sign the care providers' completed time cards for all authorized hours that the care provider worked.
- You have the responsibility to notify your care provider, in advance when possible, if you are going to be on vacation, in the hospital, etc. Remember - care providers are not allowed to work for you when you are out of your home.
- If your care provider does shopping and errands for you, prior to services begin, you have the responsibility to agree upon financial arrangements with the care provider.
- If you have more than one care provider working during the month, you have the responsibility to coordinate the workers' hours and tasks.
- You are responsible for paying any Share of Cost (SOC) to your care provider each month. The SOC will be deducted from the

care provider's check(s) until the SOC has been met.

- **A time sheet is a legal document.** You have the responsibility to review each timesheet to ensure that it is accurate and complete before you sign it. **DO NOT** sign a blank time sheet and **DO NOT** ask or allow your care provider to sign your name! When you sign a time sheet, you are verifying that the care provider has worked the authorized number of hours and has completed the tasks to your satisfaction. If you have any concerns about the hours the care provider is or is not working, or about the time sheet, contact the IHSS Payroll Staff right away. Do not let a problem get out of hand!
- You have the responsibility to provide written instructions for your care provider to follow in case of an emergency (telephone numbers of doctors and family, instructions regarding ambulance service, etc.). Complete the File of Life that was provided to you. If you do not have one call the IHSS office at 707-476-2100 to ask for one.
- You have the responsibility to inform your social worker/public health nurse if you move, change mailing addresses, or change your phone number within 10 days of the change.
- It is your responsibility to let your care provider know your service authorization, such as the tasks and the time that has been authorized for each task. Refer to the NOA you were mailed for this information. If you do not know where your most recent NOA is, you can call your caseworker and ask for an additional copy.

Exceptions, Overtime and Violations

Exceptions

An exception is defined as a **request by an IHSS Recipient to**



the County to allow the recipient to adjust their maximum weekly hours to allow their care provider to work additional hours during a particular workweek, which may cause the care provider to work and be compensated for additional overtime hours within a calendar month.

Per CDSS, the following criteria will be used to determine whether to approve an exception request:

- a) **Unanticipated Need** – The additional hours must be necessary to meet an unanticipated need;
- b) **Immediate Need** – The additional hours must be related to an immediate need that cannot be postponed until the arrival of a back-up provider; and
- c) **Recipient’s Health or Safety in Danger** – The additional hours must be related to a need that would have a direct impact on the recipient’s health and/or safety.

Overtime

Effective Feb. 1, 2016, providers now qualify to receive overtime payment. With the implementation of overtime, a recipient has the ability to adjust their hours on a week-to-week basis and in certain circumstances must request County approval to adjust. This is referred to as Flexible Hours in the system. The requests that require County approval are for additional overtime hours in a service month, but will not affect the case authorized hours for the service month.

Violations

Effective May 1, 2016, there are four (4) different types of violations for going over the workweek limitations. The management

and processes of these violations are described below.

Providers will receive a violation for:

- Working **more than 40 hours in a workweek** for a recipient **without the recipient getting approval from the County** when that recipient's maximum weekly hours are 40 hours or less.
- Working **more than a recipient's maximum weekly hours without the recipient getting approval from the County**, which causes a provider to work more overtime hours in the month than they normally would.
- Working **more than 66 hours in a workweek** when the provider works for multiple recipients.
- Claiming **more than seven (7) hours of travel time** in a workweek.

Exemptions

To ensure continuity in care and to allow IHSS recipients to remain safely in their homes, the California Department of Social Services (CDSS) has established two exemptions for limited, specific circumstances that allow the maximum weekly hours to be exceeded.

Exemption 1: Live-In Family Care Providers

IHSS care providers who meet the following requirements may provide services to two or more live-in family member recipients and work up to 12 hours per day, or 90 hours per workweek, **not to exceed 360 hours per month**:

- The IHSS provider must work for two or more IHSS recipients; and
- The IHSS provider lives in the same home as all the IHSS recipients for who she/he provides services; and

- The IHSS provider is related to all the IHSS recipients for who she/he provides services, as her/his parent, step-parent, grandparent, or legal guardian.

Exemption 2: Extraordinary Circumstances

The CDSS is developing a temporary exemption to allow IHSS providers to work beyond the recipient's maximum weekly hours or beyond the 66-hour limitations for two or more IHSS recipients where there are extraordinary circumstances which place the recipient(s) at imminent risk of out-of-home institutionalized care.

Criteria A: The recipient's medical/behavioral needs must be met by a provider that lives in the same home.

Criteria B: The recipient lives in a rural or remote area.

Criteria C: The recipient is unable to hire a provider who speaks her/his same language.

Finding a Provider

As the IHSS recipient, you are authorized to receive In-Home Supportive Services as described to you on the **NOA**. Actual services cannot begin until you hire someone to work for you.

If you need assistance in finding a care provider, call the IHSS office and they will connect you with the Humboldt County IHSS Care Provider Registry for a list of potential care providers. The Registry will refer all care providers that most closely match your needs. We recommend that you also attempt to find a care provider yourself so that you may receive services as soon as possible.

Tips for Locating a Care Provider

- Check with neighbors, friends, church members or relatives who might be interested in working for you.

- Call the student employment office at the local colleges.
- Call the Employment Development Department: **707-441-5627**
- Place an ad in the local newspaper and/or local advertising websites (i.e. Craigslist) for an “In-Home Care Provider” or an “In-Home Helper.”

Once you find a care provider, ask the care provider to come into the IHSS office to register for work. The IHSS staff will assist the care provider and explain the rules of the IHSS program. Until the care provider comes to the IHSS office and completes the IHSS Care Provider Enrollment Process, they **cannot be paid**.

Interviewing Potential Providers

As an employer, you will have to interview potential providers. If you are unsure about doing this, you may want to have a friend or relative with you. If you wish, someone from IHSS may be present.

During the interview, ask for the provider’s work history and **ask for references**. You should call these references before deciding on hiring anyone. If you call the references, ask about honesty, dependability, punctuality and about the provider’s ability to do the work you need done.

Ask providers questions in your interview that cannot be answered with a yes or no answer. For example, “How do you feel about...?” or “What is your experience with...?” This gives them a chance to tell you more about themselves.

Be sure to tell the potential in-home care provider exactly what you need help with, the way you like the work done, and when you want the work to be done.

Some of the topics you may want to cover are:

- Does the provider smoke? If so, is it a problem for you?
- Does the provider have transportation? If you need assistance with shopping and errands, how can this be done?
- Does the provider have car insurance? A current California driver’s license? A good driving record?
- Does the provider have experience in this type of work?
- When was the provider last employed? What was their last employment? Can you talk to their last employer?
- Has the provider ever been fired from a job? When and why?
- Is the provider a punctual person? Do they have a phone and agree to call if sick or unable to come to work on time?
- Can the provider cook the kind of food you like? Be sure to explain what kind of food you like, or if you are on a special diet.
- Is there anything that could affect the provider’s ability to do certain tasks?
- How does the person feel about: caring for the elderly or people with disabilities, having pets in the home, working independently, taking instructions from you, and/or learning to do household tasks the way you like them done?

- Does the provider have any questions or concerns about the job or anything that you have discussed?



It is your responsibility, as the employer, to inform the care provider of the tasks to be performed, the amount of time authorized for each task, and the rate of pay. See your NOA for this information. If you need assistance, please call the IHSS staff.

IHSS Enrollment, Payroll and Time Sheets (for Recipients)

Enrollment

- All IHSS care providers must complete and return an IHSS Care Provider Enrollment packet. They must also come into the IHSS office to have their ID and Social Security Card viewed and copied by IHSS payroll staff. This must be completed before attending the IHSS Care Provider Orientation.
- All IHSS care providers must complete and clear the required Department of Justice Live Scan Fingerprint Clearance and background check before they are eligible to receive a paycheck.
- It is the care provider's responsibility to pay for the Live Scan. It requires a cashier's check or money order made out to **“DHHS/IHSS” in the amount of \$32.75.**
- All IHSS care providers must attend and IHSS Program Provider Orientation. This must be done after completing and returning an IHSS Care provider Enrollment packet or IHSS Care Provider Registry application.

Payroll and Time Sheets

- IHSS in Humboldt County currently pays California State minimum wage. Effective Jan. 1, 2017, Humboldt County care providers will be paid an hourly rate of \$10.50.
- The IHSS recipient and the IHSS care provider are both responsible for keeping an accurate record of time worked. One way of keeping an accurate record is to write on a calendar the time the care provider arrives and what time they leave. **DO NOT** sign a blank or incomplete time sheet. Please review the completed time sheet with the IHSS care provider for accuracy and completeness.
- All timesheets must be completed in **black ink** and must be signed by the recipient **and** the care provider. Incomplete timesheets will be rejected by the processing facility.
- There are two pay periods per month: the 1st through the 15th, and the 16th through the end of the month. Time sheets should be mailed to the CDSS Time Sheet Processing Facility (TPF) in Chico, California on the last day of the pay period. This address will be pre-printed on each time sheet.

**IHSS Timesheet Processing Facility
PO Box 272862, Chico, CA 95927-2862**

- If more than 70 percent of the hours are worked and claimed in the first half of the month, State regulations require that these time sheets be reviewed. The care provider should not be working more than 70 percent of the total monthly hours in the first 15 days of the month. If too many of your authorized hours are used during the first pay period, your needs may not be met during the rest of the month.

General Information for Providers

Welcome to In-Home Supportive Services! We look forward to working with you in the coming months. To help you get off to a good start, we would like to take a moment to clarify some important information.

IHSS Care Provider Registry

The Care Provider Registry maintains a registry of providers for recipients. If you wish to be considered for additional work, you should apply with the Registry. The Registry is located at the IHSS Office at 808 E St., Eureka and can be reached by calling 707-476-2100.

Employer/Employee Relationship

The IHSS recipient is your employer, not the County of Humboldt. If you work for multiple recipients, then you have multiple employers. If you must quit a job or take time off, please tell your employer(s) first, then call the IHSS office.

Wages

The Humboldt County IHSS program currently pays California State minimum wage. Effective January 1, 2017, Humboldt County providers will be paid an hourly rate of \$10.50.

Pay Periods and Paychecks

There are two pay periods per month, the 1st through the 15th, and the 16th through the last day of the month. Time sheets are processed at the CDSS Time Sheet Processing Facility (TPF) in

Chico at the end of each pay period. You can expect to receive your paycheck in the mail **seven (7) to ten (10) business days** after CDSS receives the data from your processed time sheet.

Time Sheets

Take your timesheet with you each day and fill in the hours worked after you have completed the day's work. Have your employer review and sign your time sheet after you have filled in the hours of the days that you have worked during that time period. Contact IHSS Payroll if your employer is unable or unwilling to sign the time sheet. **Do not** sign your recipient's name to the time sheet (with or without your recipient's consent). This is considered **forgery**.

W-4 and Tax Withholding

It takes approximately 4 to 6 weeks for your W-4 to be entered in the State Payroll System. This means that your first few paychecks may only show withholding for FICA (Social Security) and SDI (State Disability). If you earn less than \$100 (gross) per paycheck, you may not earn enough for taxes to be withheld. If you work for multiple employers, however, your total combined wages could result in a tax liability at the end of the year. **You must complete all IHSS, state and federal payroll documents for each IHSS recipient for whom you work.** As individual situations vary by care provider, the best source for W-4 and tax related questions is the IRS. The toll free number is **1-800-829-1040**.

Share of Cost

Some IHSS recipients have what is known as a "share of cost". The recipient is obligated to pay a portion of your wages directly to you. Submit your regular hours worked for each pay period on

your time sheet. The State Payroll System will automatically deduct the share of cost from your net wages and this is the amount the recipient owes you. Taxes are deducted based on your gross salary.

Vacation/Sick Leave Pay

Under the IHSS program there is no vacation or sick leave pay. Holidays are considered regular workdays.



Mileage and Travel Time

If an IHSS Care Provider works for two or more recipients, they may qualify to be compensated for up to **seven hours** of Travel Time per workweek. Travel Time is the time it takes for a provider to travel directly from providing services to one recipient to providing services for another recipient in the same day.

On-the-Job Accidents*

If you are hurt on the job, seek medical treatment immediately and notify the IHSS office of the incident within 24 hours at **707-476-2100**. Be sure to state that you are calling to report a work injury and need to speak to IHSS payroll staff. You may be eligible to receive Workers' Compensation. If you are doing a task that is not authorized by IHSS (chopping wood, climbing a ladder, etc.), you are not covered by Workers' Compensation. You may also be eligible for Disability Insurance or Unemployment Benefits if you become injured or unemployed.

*Note: The IHSS Program does not provide health care insurance coverage other than Workers' Compensation.

Emergencies

If your employer becomes ill or is injured while you are at work and needs immediate assistance, call 911. Stay calm and explain

the problem to the operator. Make your employer as comfortable as possible without moving them and wait for help to arrive. If you know who your employer wants notified in an emergency, call that person. Also, notify the IHSS office about the incident.

Mandatory Reporting

California Law requires mandatory reporting of physical, emotional and/or financial abuse and neglect of dependent adults 18 to 64 years of age, and of elderly persons, 65 years and older. **As an IHSS care provider you are required to report any such abuse that you see or suspect.** Failure to report is a misdemeanor, subject to fine and/or jail time. To report suspected Elder/Dependent Adult Abuse call **707-476-2100** or **707-445-6180** (after hours).

Home Visits

IHSS Social Service Aides make periodic announced and unannounced visits to recipients' homes to assess the recipient's ongoing needs, determine that their care provider is providing appropriate care, and assess the quality of service.

Confidentiality

Information about any IHSS recipient should never be discussed with anyone other than the IHSS staff. Discussing matters with friends, relatives or anyone else is strictly prohibited under State law.

Personal Security

To protect your personal belongings, we suggest that you lock your purse or bag in the trunk of your car before you go into your recipient's home to avoid any accusations of theft.

Risky Situations

To avoid ever putting yourself in situations that could become legal issues, **never** borrow money or accept gifts from your employer, and **never** work in your recipient's house when she/he is not home.

Sub-Contracting

Sub-contracting is **Fraud**. Each person working for your employer must go through the IHSS enrollment process.

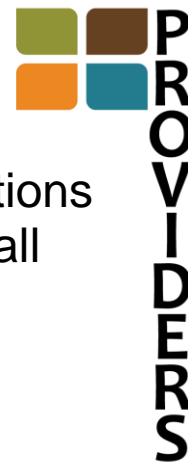
Humboldt County IHSS Advisory Board

The IHSS Advisory Board advises and makes recommendations to the Board of Supervisors, the IHSS program and the IHSS Public Authority about the delivery and implementation of IHSS services to recipients and care providers.

Role of IHSS Advisory Board Members

- Gather information related to the IHSS program;
- Present information and provide recommendations to the Humboldt County Board of Supervisors and Public Authority;
- Develop and implement educational activities and materials to enhance the IHSS program; and
- Attend monthly meetings and serve on subcommittees. Meetings are held the fourth Monday of every month from 2 to 4p.m.

If you are interested in serving on the IHSS Advisory Board and you are current or past recipient/care provider, or a representative from a community-based organization, you may be eligible for appointment. Applications can be picked up at **808 E St., Eureka, CA** or you can call **707-476-2100** to request an application.



Rights and Responsibilities (for Providers)

Provider Rights

- You have the right to be treated with dignity and respect.
- You have the right to schedule the days and times you will report for work with the recipient(s) that you work for.
- You have the right to have federal income tax (FIT) withheld from your check if you apply and meet certain conditions.
- You have the right to apply for **Workers' Compensation** if you are injured on the job. Applying does not guarantee you will receive Workers' Compensation. Worker's Compensation will only apply if injured while performing IHSS authorized tasks.
- You have the right to receive **Social Security** (FICA) coverage if you make at least \$50 per quarter and otherwise qualify. If you are a recipient's parent or child under 21 you do not qualify for Social Security. Call **1-800-772-1213** for further information.
- You have the right to receive **State Disability Insurance** (SDI), if you qualify. Qualified providers have SDI payments deducted from their checks. Parents, children and spouse

IHSS Advisory Board
Humboldt County



Dignity Independence

providers can elect to have SDI in certain circumstances. For more information, call the IHSS Payroll Department.

- You have the right to apply for Unemployment Benefits, if you become unemployed.
- You have the right to receive a W-2 form listing wages and deductions for the previous tax year.

Provider Responsibilities

- You have the responsibility to notify the IHSS office immediately if you start working for a new recipient, stop working for a recipient, or if there are changes in the hours that you work.
- You have the responsibility to **immediately** notify IHSS Payroll if you have a change in your mailing address, and complete and return an SOC 840 change of address form. IHSS paychecks **cannot** be forwarded. If you do not notify the IHSS Payroll Department that you have moved, there will be a delay in receiving your paycheck.
- You have a responsibility to perform the care authorized in a professional, efficient and responsible manner. Keep in mind that elderly and persons with disabilities sometimes require extra patience and understanding.
- If your employer is away from home on vacation or in the hospital, you are not authorized to continue to work. **If you work during this time, you will not be paid for the hours that you work.** You must notify the IHSS office if your employer is hospitalized.



- You have a responsibility to notify the IHSS office about any changes in your recipient's condition or any safety hazards inside or outside the home, as soon as possible.
- Respect your recipient's religious beliefs and household rules.

Other IHSS Program Guidelines

- Please use household supplies sparingly; your recipient has limited income and cannot afford expensive products.
- Even though you are covered by Workers' Compensation, do not put yourself at risk by climbing ladders, lifting heavy objects, etc. These activities may not be covered by Workers' Compensation.
- Many clients are lonely and want to visit. This activity is not covered under the IHSS regulations. Do not sit and visit with your recipient, watch TV, use the recipient's phone (except in case of an emergency), or eat your recipient's food unless you are a member of your recipient's household.

- Social workers/public health nurses authorize only certain tasks and specific amounts of time to complete the tasks. Please complete only the tasks that the social worker/public health nurse has authorized. Some recipients may ask you to do tasks that are not authorized. **Ask to see the NOA.** You may also call the IHSS office to get information on hours and tasks authorized for your recipient. Explain to your recipient that you may not do a task unless the social worker/public health nurse has authorized it. If you are injured while you are doing a task that has not been authorized, you may not be eligible for Workers' Compensation. If your recipient continues to ask you to do tasks that are not authorized, call the IHSS office and explain the problem.
- You will receive a letter in the mail called a NOA Lite, which will indicate what tasks are authorized for the recipient you are working for. The NOA Lite will not, however, tell you how many hours the recipient you are working for is authorized. Ask to see the recipient's NOA to see how many authorized hours have been assigned.

Exceptions, Overtime and Violations

Exceptions

An exception is defined as a request by a recipient to the County to allow the Recipient to adjust their maximum weekly hours to allow their Provider to work additional hours during a particular workweek, which may cause the Provider to work and be compensated for additional overtime hours within a calendar month.

Overtime

Effective Feb. 1, 2016, providers now qualify to receive overtime payment. With the implementation of overtime, a recipient has the ability to adjust their hours on a week-to-week basis and in certain circumstances must request County approval to adjust. This is referred to as Flexible Hours.

Violations

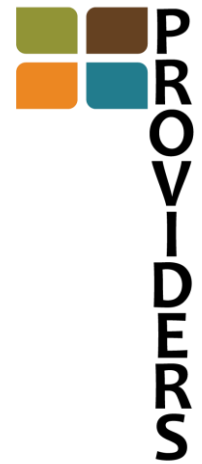
Effective July 1, 2016, providers can receive up to four violations for violating the workweek limitations. Providers will receive a violation for:

- Working **more than 40 hours in a work week** for a recipient **without the recipient getting approval from the County** when that recipient's maximum weekly hours are 40 hours or less.
- Working **more than a recipient's maximum weekly hours without the recipient getting approval from the County**, which causes a provider to work more overtime hours in the month than they normally would.
- Working **more than 66 hours in a work week** when the provider works for multiple Recipients.
- Claiming **more than seven (7) hours of travel time** in a workweek.

Infection Control

Infection control consists of the steps involved with preventing the spread of germs that cause disease. You may get an illnesses and even disease if you do not take safety precautions. You can also give weakened clients diseases such as colds or the flu, which can make them very sick.

WE STRONGLY RECOMMEND YOU FOLLOW THESE STEPS WHEN CARING FOR A RECIPIENT:



HAND WASHING: Wash your hands with soap and water after using the toilet, handling uncooked foods, before preparing food, after smoking, and before and after all recipient contact.

GLOVES: Wear disposable gloves whenever there is the potential for contact with blood or other body fluids. This means wearing gloves while emptying the commode, cleaning the bathroom, handling dirty laundry, or providing personal care. Infectious waste is blood, urine, feces or other body fluids that can carry disease. **Always wear gloves** when handling these substances or anything soiled with them. **Always wash** your hands with soap and water when you are finished.

Linens or clothing soiled with blood or other body fluids should be soaked in bleach solution (one part bleach to ten parts water). Laundry should be washed in hot water. The same strength solution (1:10) can be used to clean floors, tubs, sinks, sponges, mops and other equipment. Toilets can be cleaned with pure bleach.



PRECAUTIONS:

Consider all clients as potentially infectious. Confidentiality laws restrict us from informing you when a recipient has an infectious disease and we may **not** be aware that a recipient may have

such a disease. Also, you are more likely to infect an elderly or disabled person than they are to pass a disease to you. Wear protective eyewear, a gown and mask if splatter with blood or bodily fluids is possible or anticipated. Please be careful and cautious when cleaning out clothing pockets, reaching between or lifting out chair or sofa cushions.

Monitoring personal health is the responsibility of the individual employee. Another step you may take in your own personal infection control is to be tested for hepatitis, TB and HIV. It is recommended that you maintain a current vaccine status for yourself and your family. If you have any questions regarding these tests or vaccines, you may call your private physician or contact Humboldt County Public Health **707-445-6200** or toll free **855-707-WELL (9355)**.

Time Sheets and Payroll (for Providers)

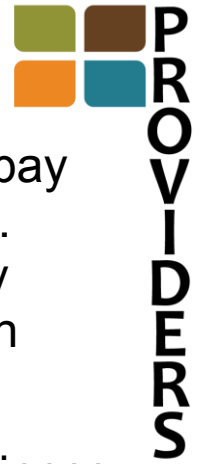
- All IHSS care providers must complete and return an IHSS Care Provider Enrollment packet. They must also come into the IHSS office to have their ID and Social Security Card viewed and copied by IHSS payroll staff. This must be completed before attending the IHSS Care Provider Orientation.
- All IHSS care providers must complete and clear the required Department of Justice Live Scan Fingerprint Clearance and background check before they are eligible to receive a paycheck.
- It is the care provider's responsibility to pay for the Live Scan. It requires a cashier's check or money order made out to **"DHHS/IHSS"** in the amount of **\$32.75**.

- All IHSS care providers must attend an IHSS Program Provider Orientation. This must be done after completing and returning an IHSS Care provider Enrollment packet.
- The IHSS recipient and the IHSS care provider are **both** responsible for keeping an accurate record of time worked. One way of keeping an accurate record is to write on a calendar the time the care provider arrives and what time they leave. **Do not sign a blank or incomplete time sheet.** Please review the completed time sheet with the IHSS care recipient for accuracy and completeness.
- There are two pay periods per month: the 1st through the 15th, and the 16th through the end of the month. Time sheets should be mailed to the Time Sheet Processing Facility (TPF) in Chico, CA. on the last day of the pay period.
- Send time sheets in promptly at the end of a pay period. Delaying sending in a timesheet will result in a delay in receiving the next pay period's time sheet.
- Timesheets are processed at the Timesheet Processing Facility (TPF) in Chico, California. Mail all timesheets to (this address will be also pre-printed on each time sheet.):

IHSS Timesheet Processing Facility
PO Box 272862
Chico, CA 95927-2862

- Timesheets must be mailed individually with the provided envelope. You are responsible for the postage paid to mail a time sheet envelope. You should not send multiple time

sheets in a single envelope; these will be rejected at the TPF.



- Timesheets that are turned in prior to the end of the pay period claiming hours not yet worked will be rejected. Timesheets that are sent in before the end of the pay period and are claiming hours that have already been worked will be held until the end of the pay period.
- You should receive your paycheck within 7 to 10 business days once your time sheet has been received and processed by CDSS at the TPF.
- If you stop working for a recipient, be sure to inform the IHSS Payroll Office **707-476-2100** of the last day you worked. You can then submit your final timesheet to the TPF and it will be processed upon receipt.
- The envelope you receive with the timesheet will have the TPF address printed on it. The TPF address is also on the back of the timesheet if the envelope is lost.
- Send **ONLY** the timesheet to the TPF. Do not send any other documents to the TPF. If you have information to report call the IHSS office at **707-476-2100**.
- If you change your contact information (address/phone) you must immediately contact the Payroll Department at 707-476-2100 and request the IHSS Program Provider or Recipient Change of Address and/or Telephone (SOC 840) form. If the Payroll Department does not have your correct address, your paycheck will be returned to the State Controller's Office. IHSS Paychecks cannot be forwarded!

- You should not be working more than 70 percent of the total monthly hours in the first 15 days of the month. If more than 70 percent of the hours are worked in the first half of the month, State regulations require that these time sheets be reviewed. If too many of the recipient's authorized hours are used during the first pay period, the recipient's needs may not be met during the rest of the month.
- **Direct Deposit** is available if you wish to have your paychecks directly deposited into your bank accounts. To be eligible for direct deposit, you must be on payroll for 90 consecutive days. Be advised that if you were eligible for Direct Deposit in another county and then you transferred to Humboldt County, you will have to wait another 90 days to become eligible for Direct Deposit again. Once you have been paid as an IHSS provider for 90 days (three months) you may request a Direct Deposit Request Form, SOC 829, at the IHSS Office or you can request that the form is mailed to you by calling the IHSS Payroll Department at **707-476-2100**.
- **Share of Cost:** Some of your recipients may have a share of cost for their IHSS service. This amount must be paid directly to you by the recipient. This share of cost is deducted from your paychecks each month until the Share of Cost has been met. Show your recipient your pay stub to verify that the SOC has been deducted from your pay. **Remember, your recipient is responsible for reimbursing you for this amount.** Contact the IHSS office if you need more information.

Completing a Time Sheet

- On your time sheet you will write the time you worked in

hours and minutes each day. For example, if you worked four hours and forty-five minutes, you would enter a 4 in the “hours” boxes and 45 in the “minutes” boxes.

- You will not be paid for hours claimed more than the recipient’s IHSS Program authorized hours.
- You must enter hours for each day worked (total line is optional).
- Time sheets must be signed and dated on the backside by both the care provider and the recipient.
- Time sheets must be completed in **black ink**.
- **Do not** send any other documents with time sheet.
- Only write in the hours, minutes, signatures and date boxes. **Do not** write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.

Do not fold the timesheet. **Do not** use white out or correction tape on the time sheet.

Sample Time Sheet

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 0001 (04/17)

Record your daily hours and minutes like these samples.

Did not work	H	H	M	M
6 hours 30 minutes	H	6	3	0
4 hours 45 minutes	H	4	4	5
10 hours	1	0	M	M
Total	2	1	1	5

- Important Instructions**
1. Use black ink only and press firmly. Numbers must be readable.
 2. Your defined workweek is from Sunday, 12:00 AM to Saturday, 11:59 PM.
 3. Do not send any other documents with the timesheet.
 4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
 5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
 6. You must enter hours for each day worked (Total line is optional).
 7. You and your Recipient must sign and date the back of your timesheet.
 8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
 9. **Claimed** = hours worked and claimed in previous pay period.

Workweek #1

Workweek #2

Workweek #3

Workweek #4

H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M

H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M

H	H	M	M
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H	H	M	M

H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M
H	H	M	M

Total _____ Total _____ Total _____ Total _____

Turn over and sign. →

Helpful Phone Numbers

Adult Protective Services	476-2101 445-6180 after hours
Arcata Police Department	825-2587
Arcata Senior Lunch Site	825-2027
Area One Agency on Aging	442-3763
Care Provider Help Desk	866-376-7066
Child Protective Services	445-6180 (24 hours)
DHHS Call Center (CalFresh, Medi-Cal, CalWORKs, General Relief)	877-410-8809
Eureka Police Department	441-4060
Food for People	445-3166
Fortuna Police Department	725-9203
Fortuna Senior Lunch Site	725-9203
Friendship Line (24-hour warm line for elderly)	800-971-0016
Hoopa Tribal Police Department	530-625-1903
Hospice of Humboldt	445-8443
Humboldt County Domestic Violence Services	443-6042 866-668-6543
Humboldt County Mental Health	268-2900
Humboldt County Sheriff's Department	
Eureka	445-7251
Garberville	923-2761
McKinleyville	839-3857
Humboldt Senior Resource Center (Adult Day Health Care, MSSP, PACE, Senior Nutrition, Meals on Wheels)	443-9747
Mental Health 24-Hour Crisis Line	445-7715, or 888-849-5728
Public Authority	388-6302
Public Guardian	445-7343
Redwood Coast Regional Center	445-0893
Rio Dell Police Department	764-5642
Social Security Administration	866-828-1991
Veterans Service Office	445-7341