

In-Home Supportive Services—Handbook

Calaveras Works and Human Services Agency (CWHSA) In-Home Supportive Services Program, has compiled the information in this handbook to better inform the Recipient and Provider about the In-Home Supportive Services Program

This handbook will provide information on the following:

- ◆ Eligibility Criteria
- ◆ Types of Services Available
- ◆ Services Delivery Modes
- ◆ Recipient and Provider Responsibilities
- ◆ Confidentiality
- ◆ Independent Provider Benefits
- ◆ Answers to Frequently Asked Questions
- ◆ Community Resource Guide

IHSS Coordinator/Social Worker (209) 754-6452

IHSS Payroll Clerk (209) 754-6443

Please take the time to thoroughly read this handbook. If you have any questions after reviewing the material, call your IHSS Coordinator/Social Worker.

What is “In-Home Supportive Services” (IHSS)?

The In-Home Supportive Services Program, (IHSS) is provided by the Calaveras Works and Human Services Agency (CWHSA) in order to enable aged, blind, disabled and handicapped persons to maintain independent living arrangements.

IHSS is an alternative to “out-of-home” care for those persons who desire to live in their own home, but require certain domestic and non-medical personal services to ensure their safety.

The IHSS Program is under the direction and guidance of Calaveras Works and Human Services - Social Services Staff. It is their responsibility to determine both eligibility and service needs. Authorized services are delivered by Independent Providers, (IP) employed by each recipient.

What is “IHSS Recipient”?

An Independent Provider is a Registry service provider who has completed the Public Authority screening and application process and is available to be referred to provide services for IHSS Consumers.

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Calaveras County IHSS Public Authority

The Calaveras County IHSS Public Authority is a public agency whose general purpose is to enhance the IHSS program for IHSS consumers and service providers.

Public Authority services include:

- ◆ IHSS provider recruitment, background checks and screening
- ◆ A Registry of available providers.
- ◆ Referral of Registry providers to IHSS consumers.
- ◆ Provider and consumer training.
- ◆ Consumer and provider support services.

What are the Eligibility Requirements for IHSS?

A person is eligible for IHSS if they reside in their own home and meet the following conditions:

1. Recipient is currently receiving SSI/SSP benefits.
2. Recipient has at least one personal care or paramedical service need.
3. Disability is expected to last 12 months or longer.

IHSS/Income Eligible

To be IHSS/Income Eligible, a person must meet all SSI/SSP eligibility criteria.

If income exceeds the SSI/SSP eligibility standards, the Recipient is required to pay a **share of cost** for the services provided.

What Types of Services are Available?

Non Medical Personal Services

- Assistance with Ambulation and Repositioning
- Bathing, Oral Hygiene and Grooming
- Dressing
- Care and Assistance with Prosthetic Devices
- Bowel and Bladder Care
- Routine Menstrual Care
- Skin Care to Promote Circulation
- Range of Motion Exercises and Transfers
- Feeding and Assurance of Adequate Fluid Intake
- Respiration
- Moving in/out of Bed
- Assistance with Self-Administration of Medications—including Oxygen

Related Services

- Routine Mending and Laundry
- Shopping for Food (*limited to once a week at nearest store*)
- Other Shopping and Errands (*once a week limit*)
 - Post Office
 - Pick-up Medications
 - Banking

Accompaniment Services

- Medical Appointments
- Alternative Resources

Protective Supervision

Paramedical Service

Domestic Service (*maximum hours monthly, limited to one time per week*)

- Sweeping, Vacuuming, Mopping
- Cleaning Kitchen, Bath Counters and Sinks
- Storing Food and Supplies
- Taking Out Garbage
- Dusting and Picking Up
- Cleaning Appliances
- Bringing in Fuel for Heating or Cooking
- Changing Bed Linen and Making Bed

Meals

- Planning Menus
- Preparing, Cooking and Serving Meals
- Meal Clean-up including Washing, Drying and Putting Away Dishes

Yard Hazard Abatement—(*very limited conditions*)

What are the Responsibilities of the IHSS Recipient?

As a recipient, you are responsible for keeping your social worker informed about circumstances which may affect your eligibility. Your social worker will need to know whenever there is a change, such as:

- ⇒ The number of people staying in your home changes
- ⇒ You are no longer eligible for SSI or Medi-Cal
- ⇒ Your need for services increases or decreases
- ⇒ Your address, phone number or living situation changes

As a recipient, you are considered the employer of the provider who is providing your services. As the employer, you are responsible for the following:

1. Instructing your provider as to how you want authorized services performed.
2. Notifying or leaving a note for your provider if you will not be home.
3. If you have shopping and/or medical accompaniment authorized, you must pay for the provider's fuel and use of their car.
4. Have available, the cleaning materials and equipment necessary to do the job.
5. If you wish to have EXTRA chores done that are not authorized, you are responsible for arranging this with your Provider and you must pay for the EXTRA services yourself.

If you have questions about what services are authorized, please call your IHSS Coordinator/Social Worker. If there are problems with your providers, or you need a new provider, call your IHSS Coordinator/Social Worker.

The IHSS Coordinator/Social Worker is available to help you find a provider.

IN-HOME SUPPORTIVE SERVICE IS NOT A MAID SERVICE. PLEASE TREAT YOUR PROVIDER WITH RESPECT, AS THEY ARE PROVIDING A SERVICE FOR YOU

Remember, the social workers are here to help you obtain the services you are entitled to and help the process goes smooth as possible. Never be afraid to call your social worker and ask questions about anything you don't understand.

Service Delivery Modes

Calaveras County uses the "Individual Provider System" (IPS) as the method for providing IHSS to eligible recipients. Under the IP System, each recipient is considered the employer.

However, the county is available to assist the recipient in locating providers, setting up the work arrangements and helping resolve any problems that may occur.

Time Sheets and Timekeeping for the Recipient

- When a provider is hired, the recipient must immediately report the provider's name, address and telephone number to Calaveras Works and Human Services Agency. If that person is not currently working as a provider, an application will be mailed to them to be completed and returned as soon as possible.
- When the completed application is received by Calaveras Works and Human Services Agency, the provider will be sent a time sheet.
- The time sheet will show the amount of authorized hours per month. The recipient is responsible for payment of any time worked beyond the authorized hours.
- Keep track of the days and hours your provider works. Record on your calendar, the time your provider begins and ends work each day.
- Before signing the time sheet, verify the hours and days worked. **DO NOT** sign the time sheet if the hours or days are incorrect. **YOUR SIGNATURE CERTIFIES THE ACCURACY AND TRUTHFULNESS OF THE TIME SHEET.**
- Time sheets are to be reviewed, signed and dated on the last working day of the pay period. Please call the IHSS Coordinator/Social Worker if you have questions about the time sheet.
- The next time sheet is sent with the paycheck and is to be used for the next pay period.
- NEVER turn in an altered time sheet - it will NOT be accepted.
- If you are one of the IHSS Recipients who has a SHARE OF COST for IHSS services, you must pay the amount owed directly to your provider.

Provider Responsibilities

1. Provide service to recipient as authorized on the "Needs Assessment Summary".
2. Report to IHSS Coordinator/Social Worker any change in recipient's needs.
3. Submit IHSS time sheets bi-monthly to initiate payment for services provided.
4. Convey any problems to the IHSS Coordinator/Social Worker.
5. Report to IHSS Coordinator/Social Worker, any elder or dependent adult abuse.

Work only half of the authorized monthly hours for each pay period. Using too many hours in the first half of the month can leave the recipient without care at the end of the month.

The State Computer System will reject time sheets with 60% or more of the monthly hours reported in the first pay period.

As an In-Home Supportive Service Provider, you are required by law to report any elder or adult abuse. You **MUST** report physical abuse, but we encourage you to report observed or suspected fiduciary abuse, mental abuse, neglect, inability to manage or abandonment.

All referrals are confidential and the privacy of all reporting parties will be maintained.

Timekeeping for the Provider

Keep a record of the days and hours you worked. On a notebook or calendar, record the time you begin and end work each day. *Remember to work only half of the authorized monthly hours per pay period.*

There are two pay periods in each month -

- 1st through the 15th, and
- 16th through the end of the month

You should expect to receive your check about ten to fourteen working days after you have turned in your time sheet. Checks are issued from the State Controller's Office in Sacramento.

It is very important that your time sheet is completed accurately and turned in promptly on the last working day of each pay period. Your paycheck will be late if the time sheet is not completed or not mailed properly.

- √ Do not ask the recipient to sign the time sheet for hours you did not work.
- √ Do not have the recipient sign your time sheet until you have written in the number of hours you worked during the pay period.
- √ Please total your time worked.
- √ NEVER ask the recipient to sign a blank time sheet.
- √ Be sure that the time sheet is correctly SIGNED AND DATED before you turn it in.
- √ If your recipient is unable to sign the time sheet, contact your IHSS Coordinator/Social Worker. ***Never sign the recipient's name, yourself.***

Wages for the Provider

The hourly rate of pay is the current minimum wage. An Independent Provider is paid only for services authorized and worked.

How to Complete your Time Sheet

1. Return only the time sheet portion of the form.
2. Make sure that the printed provider number is the last six digits of your Social Security Number.
3. If the address printed for either you or the recipient is incorrect, fill in the correct address and mark the change box.
4. Write the number of hours you worked each day in the box under the date worked.
5. Total the hours. Write the total in the box to the right. This figure should be rounded to the nearest 1/10 in decimal or tenths form. See decimal conversion chart below.
6. Sign and date the time sheet and have your recipient also sign and date it.
7. Mail the signed time sheet to the address printed below your signature, or drop them off at Calaveras Works and Human Services Agency.
8. Contact the IHSS Payroll Clerk if you have any questions about completing your time sheets.

Decimal Conversion Chart		
Minutes	Decimals	Tenths
5	.08	0.1
10	.17	0.2
15	.25	0.3
20	.33	0.4
25	.42	0.5
30	.50	0.5
35	.58	0.6
40	.67	0.7
45	.75	0.8
50	.83	0.9
55	.82	0.9
60	1.00	1.0

THE TIMESHEET MUST BE COMPLETED WITH THE HOURS YOU WORKED AND RETURNED TO THE COUNTY IHSS ADDRESS LISTED BELOW
 LA HOJA DE HORAS TRABAJADAS TIENE QUE SER COMPLETADA CON LAS HORAS QUE USTED TRABAJÓ Y DEBE SER REGRESADA A LA DIRECCIÓN DEL CONDADO PARA IHSS.

IHSS Timesheet	
Recipient Number	Provider Number
Address Change Yes <input type="checkbox"/> Write new address on reverse side	Address Change Yes <input type="checkbox"/> Write new address on reverse side
Day of Month	
Hours Worked	
Fill in hours for each day worked and place total here Llene las horas para cada día que trabajó y apunte el total aquí ▲	
Share of Cost Liability	Other Liability
Provider Overpayment	
"Do not sign unless you have read and understand instructions above." "No firme hasta que haya leído y entendido las instrucciones al dorso."	
CALAVERAS WORKS AND HUMAN SERVICES AGENCY 509 EAST ST. CHARLES STREET SAN ANDREAS, CA 95249	Recipient Signature _____ Date _____ X
	Provider Signature _____ Date _____ X ← After work has been completed, sign, date and mail to this address: Una vez que se haya completado el trabajo, firmese y envíese a esta dirección:
This is to certify that the information contained in this form is true, accurate and complete, and that the provider and recipient have read, understand and agree to be bound by and comply with the statements, affirmations and conditions contained on the back of this form. Por medio de la presente certifico que la información que contiene esta forma es verdadera, correcta y completa, y que el proveedor y la persona que recibe los beneficios han leído, entienden y están de acuerdo en someterse a, y cumplir con las declaraciones, afirmaciones y condiciones que contiene el dorso de esta forma.	

SOC 361 IR (1/98) STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY - DEPARTMENT OF SOCIAL SERVICES

Provider Payment Process

1. Recipients are responsible for locating, (*with the help of the IHSS Coordinator/Social Worker*) hiring and supervising their providers.
2. The IHSS Coordinator/Social Worker must be notified of the hiring before payment can begin.
3. Providers must complete an application and turn it in to the IHSS Coordinator/Social Worker within a reasonable time (*approximately ten days*).
4. For each pay period, the provider fills out a time sheet listing the hours worked.
5. BOTH the provider and the recipient MUST sign the time sheet. Unsigned time sheets will be returned for signatures, unless prior arrangements are made with the IHSS Coordinator/Social Worker.
6. The provider sends the completed time sheet to Calaveras Works and Human Services Agency at the end of each pay period.
7. Calaveras Works and Human Services Agency will process the time sheets and send the information to the payroll contractor.
8. The payroll contractor mails a check, statement of earnings and a new time sheet to the provider.

Provider Guidelines Regarding IHSS

- Working with handicapped and elderly persons may be difficult at times. The majority of IHSS Recipients are easy to get along with. However, there are some recipients that may, at times, be irritable, confused or obstinate. Patience and understanding will usually enable you to develop a trusting and cooperative relationship with the recipients.
- It is up to the provider and the recipient to come to an agreement on the work arrangements and hours.
- When starting work with a new recipient, it is best to allow them to show you their home and explain how they would like things done. Some may be very particular about doing tasks a certain way. It is usually best to follow their directions, as long as the requests are not extraordinary or potentially dangerous. If you feel the request is not appropriate, contact the IHSS Coordinator/Social Worker for assistance in resolving the problem.
- Avoid conflicts with the recipient. Arguments can create a stressful situation for both parties. Personal problems, religion, politics or other sensitive issues should not be discussed with recipients.
- Your responsibility is to provide only those services that have been authorized for the recipient. If you feel that more service is needed for a recipient, discuss it with the IHSS Coordinator/Social Worker.
- Report any changes in the recipient's condition to the IHSS Coordinator/Social Worker immediately.
- Never give advice or make decisions for the recipient. If you become personally involved and problems develop later, you may be blamed.
- Holidays may be taken off without pay. If you do not work on a holiday or if you want to take a vacation, it is your responsibility to rearrange your schedule.
- Refer to the "Individual Provider Benefits and Services Information Brochure" for information concerning:
 - √ Social Security
 - √ State Disability Insurance (SDI)
 - √ Unemployment Insurance (UI)
 - √ Worker's Compensation Income Tax Withholding
- When a recipient is out of the home, on vacation, or in the hospital, services are **NOT** to be provided and will **NOT** be paid. Services should be provided only when the recipient is physically in the home.
- When the recipient is temporarily absent, (*for example: gone to a doctor's appointment, the store, visiting, etc.*) rearrange your schedule to provide service when the recipient is present. This will reduce the complaints about theft or damage to the recipient's personal property and questions about the completion of tasks.

- If a recipient is not home when you arrive, leave a note stating when you will return and then call to notify the IHSS Coordinator/Social Worker.
- If it is necessary to transport a recipient in your own vehicle, you are required by law to have liability insurance at established minimum levels. Providers shall check with the Department of Motor Vehicles to ascertain proper and adequate coverage.
- Providers are not reimbursed for their fuel through the IHSS Program. If you are required to provide transportation for a recipient, the recipient must pay for your fuel.
- If the recipient has shopping or errands authorized, start out as soon as possible after arriving at the recipient's home and do not go more than once a week. Perform the other duties after you return. Always go to the nearest store or market. **Do not purchase alcoholic beverages for the recipient.**
- Do not use the recipient's phone, television, radio or other belongings. The recipient is not obligated to feed you.
- It is recommended that you do not smoke in the recipient's home.
- Never accept money or gifts from the recipient. Do not lend money to the recipient.
- Leave your personal possessions at home. If you carry a purse, lock it in your vehicle. This will protect you from any allegation of theft.
- Never allow your friends, your children or any family member to go to work with you. When cleaning for a blind recipient, make sure that you do not move things around. A blind recipient may depend on their belongings being in a specific place.
- CalWORKs and Food Stamp recipients, who are working as IHSS Providers, must report all income to their eligibility worker.
- If the recipient becomes ill or is injured, know who to call and act immediately. Have emergency numbers readily available. If you do not know who to contact, call 911. Do not move the recipient. Stay calm. Make the recipient as comfortable as possible and wait for help to arrive. Contact the IHSS Coordinator/Social Worker as soon as possible so they can notify a relative or friend of the recipient.

Confidentiality

Providers are advised not to discuss with anyone, the names or personal business of the recipient for whom they work.

Problems or concerns about recipients should be brought to the attention of the IHSS Coordinator/Social Worker.

Provider Benefits

1. Some providers are entitled to Worker's Compensation Insurance. This insurance may pay benefits if the provider is injured on the job. There are no deductions from wages for this coverage.
2. Providers will receive a yearly Wage and Tax Statement, (IRS Form W-2), for each recipient, which will show the wages paid for the past year.
3. Providers working for their spouse or child, are NOT covered by Federal Insurance Contribution Act (FICA or Social Security). All other providers will have FICA withheld from their checks. However, if the provider has combined income of less than \$1,000 from ALL of their IHSS Recipients during the year, the provider should get a FICA refund.
4. Providers whose wages are \$1,000 or more, per quarter, are covered under State Disability Insurance (SDI). The payroll contractor will automatically deduct SDI from the employee's gross wages for qualified providers.
5. State and Federal Unemployment Insurance Benefits are also available to providers if the recipient pays wages of \$1,000 or more, per quarter, to all employees. The payroll contractor will compute and pay taxes for qualified employers. There are no deductions from the paycheck for this benefit.
6. Providers may have State and Federal Income Tax withheld from their paychecks, if they apply and meet certain eligibility requirements.

Income Tax withholding for individual providers is strictly voluntary. Providers who want State and Federal Income Tax withheld from their paycheck, need to complete an Income Tax Withholding Form (W-4) and mail it to:

Calaveras Works and Human Services Agency
509 East St. Charles Street
San Andreas, CA 95249

Return W-4 Form only if you want Federal and State Taxes withheld from your paycheck.

Worker's Compensation

Providers are covered by the State Compensation Insurance Fund (SCIF) for any injury or illness due to employment. If your injury or illness is determined to be work related, authorized medical and hospital bills will be paid.

Only injuries that occur while providing an authorized IHSS service will be covered. Be sure to check with the recipient and IHSS office to ascertain the correct authorized services.

For more details about Worker's Compensation coverage and benefits, refer to the pamphlet, "Guide to Worker's Compensation Benefits for Individual Providers", that you received when you first began work as an Individual Provider.