

2020 IHSS Provider Orientation Video Script

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Section 1: Introduction

Hi. Welcome to the In-Home Supportive Services (or IHSS) Provider Orientation! You are about to become a part of a very special group of people.

Currently, over 500,000 individuals in California are enrolled as IHSS providers to help

people continue to live safely in their own homes. You, the IHSS provider, are critical in making it possible for individuals to remain safely in their own homes, where they can enjoy personal freedom and independence, and continue being part of their community. During this video, we will give you some basic information about the IHSS program, as well as the program's rules that will guide you as a provider.

We'll be referring to you—the person providing the service—as the Provider (or Employee), and the person receiving the help, as the Recipient (or Employer).

The Recipient is considered the employer since he or she has the authority and responsibility to hire the provider, supervise their work, define how tasks will be done, sign timesheets, and terminate the provider if he or she chooses to.

So, let's start off by talking a little about the IHSS program and what you will be doing.

Section 2: IHSS Background

The In-Home Supportive Services program provides services to income eligible people over the age of 65, and those who are blind or disabled. IHSS is a Medi-Cal program funded by federal, state, and county dollars. Therefore, recipients must meet all Medi-Cal income eligibility requirements to receive IHSS services.

The goal of the IHSS program is to allow people to live safely in their own homes and avoid the need for out-of-home care. IHSS allows the recipient to hire someone, like yourself, to help with services such as housework, laundry, meal preparation, and personal care. Later in this video we'll go over some of the services that you, the provider, are allowed to do.

To qualify for IHSS, services almost always need to be provided in the recipient's own home. IHSS provides an individual the benefit of staying in their own home where they feel most comfortable and where they can remain a part of their community and make decisions that affect their quality of life. Their home could be a house, apartment, hotel, home of a relative, or any other living situation where IHSS can safely be provided, as long as it is not an acute care hospital, skilled nursing, intermediate care, community care, or a licensed board and care facility.

Although services need to be provided in the recipient's home, there may be times

when providers will need to perform services outside of the home, such as when you accompany the recipient to the doctor.

Services may also be provided in the workplace or when the recipient requires IHSS assistance when temporarily traveling and you must accompany them to provide IHSS services.

But before providing any services outside the home, make sure you check that your recipient has informed their social worker to verify that the circumstances qualify for IHSS payment.

Section 3: IHSS Program Structure

As you know, IHSS is a huge program in California made up of over one million recipients and providers.

To make a program this large run as smoothly as possible, many agencies are involved. While this provides support on multiple levels, it can sometimes be confusing on who to contact when you have questions. We will break down how everything is structured so that you, the provider, understand where you fit in and who you can contact.

The state oversees and direct all 58 counties in California.

These counties are responsible for managing the IHSS program on a local level. It is at this level where a county social worker will conduct an assessment to determine the needs of the recipients you work for. This assessment process includes identifying which services a recipient needs to remain safely in their homes (such as meal preparation or laundry), how much help is needed, and the amount of time it takes to provide the services.

It is also at this level where counties enroll providers, like yourself, in the IHSS program; answer questions from recipients about IHSS; and participate in fraud detection activities.

Another level of support includes the 56 IHSS Public Authority agencies throughout California.

These agencies are responsible for activities related to IHSS providers, which include maintaining the county's provider registry, making provider referrals to recipients, and

offering training to providers. Public Authorities are also responsible for performing collective bargaining as well as providing wage and health benefit information to providers.

If you have any questions related to your job as an IHSS provider, make sure to contact your IHSS county office or Public Authority.

Section 4: Provider Requirements and Responsibilities

Now, let's talk about you and the requirements for IHSS providers.

One of the first things you have to do is attend a Provider Orientation to get important information about IHSS rules and regulations.

The good news is that watching this video is part of your orientation, so you are already well on your way.

Once we are done with this orientation, you will be asked to sign the IHSS Provider Enrollment Agreement Form (or SOC 846). By signing the form, you agree that:

- You will report and submit on your timesheet only the authorized services you provided for your recipient and cannot sign your timesheet for the recipient or approve your own timesheet unless you are the recipient's legal representative.
- You understand workweek, overtime, travel limitations, and violations.
- You understand the program's expectations as described in today's orientation.
- You will cooperate with the state and county staff to provide necessary information.
- You are aware of measures that the state and county may take to enforce program integrity (also known as fraud).
- You understand the requirement to complete the Employment and Eligibility Verification form (Form I-9) stating that you have the legal right to work in the United States.
- You understand that you have the option to submit an Employee's Withholding Allowance Certification (W-4) to request federal income tax withholding and/or California Employee's Withholding Allowance Certification (Form DE 4) to request state income tax withholding from your wages. If you do not submit

Form W-4 and/or DE 4, federal and state income taxes will not be withheld from your wages.

- You understand the eligibility requirements and provisions to earn and use paid sick leave.
- You understand that, if your recipient has a Medi-Cal share of cost, he or she will be responsible for paying this amount to you directly as a part of your wages and it will not be included in your paycheck.
- You understand that as a “mandated reporter,” you are required by law to report any abuse or neglect that you observe while working.
- You understand that your name, address, home and cell telephone numbers, and personal email address will be given to the local labor organization so they may contact you to invite you to join the union.
- You understand that if you don’t follow the rules and requirements to be a provider, you may be ineligible to provide services in the IHSS program.
- And lastly, the information you are giving is correct under penalty of lying under oath.

This video will cover key areas of this form to help you understand the agreement and what you need to know to be enrolled in the program.

As part of the provider enrollment process, you will also need to set up a time to get fingerprinted and go through a criminal background check by the California Department of Justice.

Even if you have previously had your fingerprints taken for something other than IHSS, such as school or a prior job, you will still need to do it again to become an IHSS provider. You will also need your fingerprints re-done if you stop working for IHSS for a year or more and have no payroll activity for one year or more.

State law mandates that you are responsible for paying all costs related to the fingerprinting and your background check. Fees vary depending where you choose to get fingerprinted; the costs range from \$40 to \$90. Your county IHSS office or IHSS Public Authority can give you a list of nearby locations where you can be fingerprinted and the correct LiveScan form so the results are properly reported back to the county

where you intend to work.

Please note: While most background check results are received by the Department of Justice in less than one week, there may be times when the Department of Justice requires additional time to thoroughly complete your background check, resulting in a “delay” status. Be sure to keep the Automated Transaction Identifier (ATI) number printed on the fingerprinting form, as it is needed to trace your fingerprinting, if needed. It is important to note that fingerprinting fees are not reimbursed. You will also not receive a timesheet nor be paid for working until your fingerprints/background check has cleared. Once the fingerprints clear, timesheets will be made available to you for payment, including potential back pay.

For providers who work for more than one recipient in the same county, you only need to be fingerprinted once.

If the criminal background check finds that you have been convicted of certain crimes, you may be ineligible to become an IHSS provider.

If in the last 10 years you have been convicted of, or incarcerated following a conviction of certain crimes, you are not eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing services.

There are two categories of crimes that will make you ineligible to be an IHSS provider; they are referred to as Tier 1 and Tier 2 crimes.

Tier 1 crimes include child abuse, elder abuse, or fraud against a government health care or supportive services program. Tier 2 crimes include, but are not limited to, a violent or serious felony; a felony offense for which a person is required to register as a sex offender; and a felony for fraud against a public social services program.

If you have been convicted of a Tier 2 crime, you may be able to be an IHSS provider if you receive an individual waiver or general exception. Please refer to the Tier 2 handout in your packets, or contact your local IHSS office or Public Authority, for more information about an individual waiver or general exception.

This is a lot of information to absorb. You can find all the requirements and definitions of Tier 1 and Tier 2 crimes also in your packet, or at the county IHSS office or Public Authority.

It's important that you complete the entire provider enrollment process within 90 calendar days of starting the process or you will have to start the entire process again. If you don't complete the provider enrollment requirements within 90 calendar days, you will receive a Notice of Provider Ineligibility form (SOC 851) informing you of your inability to be enrolled as an IHSS provider and the steps you did not complete. The SOC 851 form will provide a phone number to call if you wish to dispute the Notice. Once you have completed all the enrollment conditions and meet eligibility requirements, you will receive the IHSS Program Notice of Provider Eligibility confirming that you can begin working as an IHSS provider. Please note that if you provide IHSS services and don't complete your provider enrollment paperwork, you will void pay for the services that you provided.

Section 5: Confidentiality and Mandated Reporter

As an IHSS provider, there are two more important laws that you should know. They are Confidentiality and Mandated Reporter laws.

You probably know that when you go to the doctor, your confidentiality is protected. This means that your doctor is required to keep all your medical information private. This information is protected by Confidentiality laws also known as the Health Insurance Portability and Accountability Act (HIPAA).

These same confidentiality rules apply to all health care providers and hospitals, and they apply to you as an IHSS provider.

You cannot give out any information about the services your recipient receives. You also cannot discuss any information about your recipient without written permission from the recipient or the person legally responsible for that recipient. Anyone sharing information inappropriately about someone they care for is guilty of a misdemeanor.

As an IHSS provider, you are also a Mandated Reporter.

This means that by law you must report any known or suspected abuse as soon as possible to the County Adult Protective Services Agency, the County Children's Protective Services agency, or local law enforcement. Your county IHSS office or Public Authority should have the contact information. Some types of abuse that must

be reported include physical abuse, mental suffering, abandonment, isolation, financial abuse, neglect, self-neglect, abduction, and sexual abuse. The victim of abuse might be the recipient you serve, you the provider, someone else in the recipient's home, or anyone else.

Your report is confidential, which means the abused person or the abuser will not be told who made the report. Remember, as a mandated reporter, you must report any known or suspected abuse as soon as possible. If you witness physical and/or sexual abuse in progress, you should notify law enforcement immediately by calling 9-1-1.

Section 6: IHSS Authorized Services

Now we are going to talk about what services IHSS covers and does not cover. These are also the services that you, the provider, may be doing for your recipient.

In your packets you should have a handout called *Services Covered by IHSS*. You may also get this handout at the county IHSS office or Public Authority.

This handout provides a complete list of the services and tasks that you may be authorized to provide for your recipient.

For instance, if you are helping someone who is unable to do house cleaning or personal care -- depending on the recipient's level of need, IHSS may be able to pay you to help with:

- Meal preparation and clean-up;
- Laundry;
- Shopping and Other Errands;
- Bathing and Oral Hygiene;
- Feeding and Dressing; and/or
- Medical Accompaniment (assisting your recipient to or at a medical appointment)

There are a lot of services available within the IHSS program. However, you will not have to provide all these services for the person you are caring for. You will only have to provide the services that the county social worker has authorized for that individual. Each recipient will receive a list showing what services their provider can be paid for and how much time is authorized to do the services each month. This list is called a

Notice of Action.

Before providing services to an IHSS recipient, you should ask the recipient to tell you which IHSS tasks are authorized, the number of hours available to perform the services, and the schedule you are being hired to work.

You, the provider, will also receive a notice that contains the same list of approved services for your recipient.

Remember, IHSS will only pay for a service that has been authorized for your recipient. There may be situations when the recipient you work for chooses to pay you to provide services that IHSS does not pay for. This agreement would be between you and your recipient, but IHSS will not pay for those services.

If your recipient asks you to perform work that is not authorized and you do not have an agreement for them to pay you for that work directly, it is best to politely remind the recipient about the Notice of Action list of the services authorized.

Keep in mind that if you choose to do any services not listed on the Notice of Action, you cannot record this service and time on your timesheet because it is not part of the IHSS program. We will go over timesheet information later in this video.

Some of the things IHSS will not pay for include:

- Moving furniture
- Paying bills
- Reading mail to your recipient
- Caring for pets, including service animals
- Gardening
- Sitting with them to visit or watch TV
- Reimbursement for gas or transportation expense
- Repair services
- Any work that is not authorized as part of the recipient's authorized hours

There may also be times when you will not be authorized to perform services that were previously authorized, such as house cleaning. Earlier in this video, we mentioned that services need to be provided in the recipients' home or, in some cases, outside the home. However, services may never be performed in a licensed institution or facility,

such as a skilled nursing home. During your employment with a recipient, the recipient may be admitted to a nursing home or hospital. In this case, you will not be paid for providing any services while your recipient is in a licensed care facility.

If your recipient is hospitalized or passes away, you cannot claim hours and/or be paid during their hospitalization or after their death, and you should notify the county social worker immediately.

For example: If your recipient was admitted to the hospital on 12/01/2019 and was discharged on 12/15/2019, you are not allowed to claim hours from 12/02/2019 to 12/14/2019.

Claiming time on your timesheet for services you did not perform or should not perform will result in you repaying any money received and/or face criminal penalties.

Deliberately filling out your timesheet with incorrect information can carry serious consequences. We will talk more about timesheets and fraud later in this video.

The Notice of Action also includes the number of hours for each service the recipient is approved for, and thus the number of hours the provider is authorized each month.

You, the provider, will not be paid for any time above these approved monthly hours. If you find that it consistently takes more or less time to complete an authorized service, you should have your recipient report these changes to the county social worker. The social worker will then be required to reassess the recipient whenever there is a change in circumstances affecting their need for services.

If your recipient refuses the services you are authorized to do, you need to make sure not to include these hours on your timesheet.

Keep in mind that in addition to hiring you as a provider, the recipient may also have multiple providers that help them with certain tasks.

In this case, make sure your timesheet only reflects the time you spent doing authorized services and tasks.

Section 7: Workweek and Overtime

Now, let's discuss the workweek program requirements that may affect you as an IHSS provider.

First, we will review some key terms to help you understand the program requirements.

- **Monthly Authorized Hours.** Monthly Authorized Hours is the total number of IHSS hours a recipient is authorized per month. This number of authorized hours is determined by your recipient's social worker at their assessment.
- **IHSS Workweek.** The IHSS workweek begins at 12:00 a.m. on Sunday and ends at 11:59p.m. the following Saturday. It is important for you to remember and be aware of the workweek when planning out your work hours with your recipient.
- **Maximum Weekly Hours.** As a guideline, Maximum Weekly Hours are the number of service hours that you, the provider, are allowed to work per workweek.
- **Overtime.** Overtime is any amount of hours in a workweek over 40 hours. Overtime is paid at a rate of one and half times regular pay.
- **Exemption.** Exemption is an exception that allows a provider to work more than 66 hours per week when working for more than one recipient, when certain criteria are met.

Now that we've reviewed these important key terms, let's talk about how they are used in your work hours.

As a provider, you may be working for one recipient or multiple recipients. Depending on the number of recipients you work for, determining your maximum weekly hours will differ.

If you work for one recipient –

To determine your Maximum Weekly Hours that you can work each workweek, take the Monthly Authorized Hours and divide it by 4 weeks (in the month).

However, most months are longer than four weeks. This means that your weekly hours won't always equal the maximum weekly hours; therefore, keep in mind that dividing your Monthly Authorized Hours by 4 weeks is just a guideline. Make sure to plan with your recipient to ensure there are enough hours to cover their authorized services until the end of the month.

If you work for multiple recipients –

You cannot work more than a combined total of 66 hours per workweek, with a few exceptions.

As previously stated, an exemption is a type of exception that allows a provider to work more than 66 hours per week when working for more than one recipient. The exemption does not allow a recipient to exceed their monthly authorized hours.

One exemption you may be eligible for if you work for multiple recipients is Exemption 2. Exemption 2 allows a provider to work up to 360 hours per month for two or more recipients if there are extraordinary circumstances which place the recipients at risk of out of home placement. If you or the recipient feels you are eligible for either exemption, contact your local county office or the recipient's social worker for more information.

Whether you work for one or for multiple recipients, you will be informed of your recipient's maximum weekly hours and the services you can provide via the Provider Notice of Action (or the SOC 2271). Anytime there is a change in your recipient's authorized hours, you will receive an updated SOC 2271.

Please be aware that if your recipient has multiple providers, the hours noted on the SOC 2271 may not all be available to you.

Make sure to always communicate with your recipient to ensure you are both on the same page and to avoid disagreement or confusion about your number of working hours.

Section 8: Timesheets

Now that we've discussed the workweek requirements and have reviewed the key terms, let's go over how and where to fill out and submit your timesheets.

You will need to know how to properly fill out your timesheet so that you are paid for the hours worked, and any errors on the timesheet could mean your payment will be delayed.

Due to a new federal law under the 21st Century Cures Act, the California Department of Social Services is required to electronically collect information about the time and location where IHSS services or Waiver Personal Care Services (WPCS) are provided

to a recipient. This requirement is known as Electronic Visit Verification (or EVV). EVV replaces the paper timesheet process, which means providers will need to submit their timesheets electronically, either using the Electronic Services Portal or the Telephone Timesheet System. Recipients will also need to approve timesheets electronically. With EVV, you will be required to include three additional entries when submitting your timesheets, in addition to hours worked:

- **Start Time** - The time the first service begins on the day.
- **End Time** - The time the last service is completed for that day.
- **Location** - Where the services were performed that day, in the recipient's home, in the community (anywhere other than the recipient's home), or both

To begin submitting electronic timesheets online, you will first need to register for an account on the Electronic Services Portal (or ESP). You will need to provide your first and last name, date of birth, 9-digit provider number, the last four digits of your Social Security Number, and a valid email address. Make sure you have all this information handy before you register for an account.

To access the Electronic Services Portal to begin the registration process – using a smartphone, computer, tablet, or laptop, visit www.etimesheets.ihss.ca.gov. This portal is available in English, Spanish, Chinese, and Armenian.

The Registration Process includes five steps that you will need to complete before you can begin filling out and submitting your timesheets. These steps are only required to be completed once, and after that, all you need to do is log in.

To get started, you need to select the blue “Register Here” button on the right side of the screen and then select if you are a recipient or a provider. You are considered a provider.

Step 1: Enter your name, 9-digit provider number, date of birth, and Social Security Number. If you entered all your information but still receive a message informing you that the information does not match our records, contact your local county IHSS office.

Step 2: Create your username, password, and enter your email address. Although it is not recommended, you may use the same email address to register as a provider and as a recipient. However, we strongly suggest that you only use the same email address

to register as the recipient if you are the authorized Timesheet Signatory or have Legal Authority, such as being the parent of a minor recipient.

Step 3: Select your security questions and enter your answers.

Step 4: Check your email and select the link to complete your registration. If you don't see a message in your inbox, check your spam folder for the email.

Step 5: Enter your user name, password, and one of the security questions you selected in Step 3.

And that's it! Now that you've completed all five steps for registration, you are now registered and have an account with the Electronic Services Portal website.

To assist providers and recipients, the California Department of Social Services has developed EVV webcasts to provide detailed information on how to register and use the Electronic Services Portal, including detailed instructions on how to use the Telephone Timesheet System. Please refer to the *Electronic Visit Verification* handout in your packet for more information on how to access these webcasts, including how to register for an account, or contact your IHSS county office or Public Authority.

Once you are registered for the Electronic Services Portal and have an account, and the recipient or recipients you work for is also enrolled in either the Electronic Services Portal or Telephone Timesheet System, you can now begin filling out and submitting your timesheets. Simply visit the Electronic Services Portal website at

www.etimesheets.ihss.ca.gov and sign on using the username and password that you created during registration. Once you are logged on, you will see on the homepage the names of all the recipients that you work for. You will then be able to select the recipient that you want to enter in time for, as well as the pay period that you wish to enter time. The timesheet entry screen will include fields for Hours Worked, Minutes Worked, Start Time, End Time, and Location of where you provided services. You will be paid upon the number of Hours Worked and Minutes Worked you enter, not the time between the Start Time and End Time. Make sure you fill out all information correctly before submitting your timesheet for review. As long as you have not submitted your timesheet, you will have time to go back and fix any errors on the timesheet. Once you have submitted the timesheet, your recipient will need to review and approve it before it

is sent for payment. If you notice an error after submitting your timesheet for recipient approval, the recipient can reject the timesheet so you can correct the error.

If you work for multiple recipients, each recipient will have a separate timesheet for you to complete. Each timesheet must be completed and submitted for recipient approval separately.

For more information on how to fill out and submit timesheets, contact your IHSS county office or Public Authority. You may also watch the EVV webcasts provided by CDSS.

Section 9: Travel Time

For providers who work for more than one recipient on the same day, you may be eligible to be paid for travel time. Eligible providers may claim up to seven (7) hours of travel time per workweek.

Travel time is the amount of time it takes for you to travel from one recipient's home, or location of service, to another. Travel time is not included as part of your maximum weekly hours and is not deducted from your recipient's monthly authorized hours.

- For example, if you work a total of 35 hours a week for two recipients and it takes you 15 minutes each day to travel from one recipient to another recipient, the 15 minutes of travel per day is not part of your 35 total weekly hours. The 15 minutes of travel is counted separately and is claimed as **travel time**.

Travel time also does not include the time it takes you to travel from your own home to the location where you provide services for your recipient, or back home after your work is completed.

If you work for multiple recipients, you must complete the IHSS Program Provider Workweek & Travel Time Agreement (SOC 2255) and submit it to your county. This agreement explains the workweek, 7-hour travel time limits, and includes areas for you to plan your workweek schedule and record the estimated time between your recipients' locations each week.

Once the SOC 2255 has been received and processed by the county, if you are eligible to receive paid travel time, you will be sent a Travel Claim Form (SOC 2275) for each recipient that you travel to after providing services to another recipient the same day. In

order for Travel Claim Forms to be processed and paid, timesheets need to be processed first.

Please refer to the *Travel Claim Forms* handout in your packet or contact your county IHSS office for further instructions on how to claim travel time and where to mail in your Travel Claim Form.

Section 10: Adjusting Hours

On occasion, it may be necessary for your recipient to ask you to work more than their maximum weekly hours. Keep in mind that adjusting your weekly hours could cause you to work over 40 hours for the week, which would count as overtime. Also keep in mind that if you adjust your hours for one week, you will need to adjust the hours in the remaining weeks to avoid exceeding your recipient's authorized hours. Make sure you and your recipient get county approval first before you adjust your work hours if it causes overtime. You don't need to get county approval, however, if adjusting your workweek hours does not result in overtime.

If you do need to adjust your work hours for your recipient, but you also work for additional recipients, make sure you let your other recipients know your schedule to avoid any confusion or conflict. Please refer to the *Workweek Scheduling* handout in your packet for more information or contact your county IHSS office.

Section 11: Paid Sick Leave

Now that we've talked about your schedule and working hours, let's talk about what happens when you are unable to work. As an IHSS provider, there may be times when you are unable to work due to personal illness or are caring for a family member who is ill.

On July 1, 2018, the California Department of Social Services began a new program that allows current, active providers the ability to receive annual paid sick leave.

Earning and Accrual of Paid Sick Leave

All new providers who begin working for a recipient on or after January 1, 2020 will receive eight hours of paid sick leave after they work 100 hours (from their initial hire

date) providing authorized services for an IHSS recipient. However, these eight hours of accrued paid sick leave can't be used until they work an additional 200 hours of authorized services, or until after 60 calendar days has passed, whichever comes first.

- For example: Let's say you begin working 40 hours a week for your recipient on January 1, 2020. You will need to work 100 hours from that start date (January 1st) to begin earning 8 hours of paid sick leave. In this example, you will work 100 hours on approximately January 18th. However, to start using your accrued paid sick leave, you must work an additional 200 hours. If, by the time 60 calendar days has passed and you have not worked 200 hours, you may begin using your paid sick leave.

Keep in mind – at the end of the State Fiscal Year (June 30th), any unused paid sick leave will expire. In other words, if you don't use it, you lose it. But don't worry, beginning July 1st, you will continue to earn paid sick leave. Please note that using Paid Sick Leave hours will not be deducted from your monthly authorized hours.

After July 1, 2020, the accrual of paid sick leave will increase incrementally dependent upon increase in State minimum wages.

Requesting Paid Sick Leave

There are two ways that you, the provider, can request paid sick leave: by paper or electronically.

To request paid sick leave by paper, you must complete the IHSS Program Provider Sick Leave Request Form (SOC 2302). You can obtain the form by downloading and printing it from the CDSS webpage (www.cdss.ca.gov) or obtain a printed copy from the county IHSS office.

Once you've completed and signed the SOC 2302, submit the form in a separate envelope when you submit your timesheet for processing. The address where the form needs to be submitted is printed on the SOC 2302.

Keep in mind, if your SOC 2302 is not received for processing by the end of the following month in which the sick leave is claimed, your claim cannot be processed.

To request paid sick leave electronically, you will need to be registered to use the Electronic Services Portal. Once you log into the Electronic Services Portal, go to the

Sick Leave Claim tab and you can fill out a request for sick leave electronically. The benefits of filling out your sick claim on the Electronic Services Portal include not having to obtain a SOC 2302 from the county or CDSS website and avoid potential delays in mailing the SOC 2302, which can cause delayed payments.

Receiving Payment for Paid Sick Leave

Paid sick leave will be mailed to you, the provider, in a separate paycheck from your regular payment. If you are signed up for direct deposit, the sick leave payment will be delivered to you via direct deposit.

Section 12: Violations

Many of the rules we explored today are intended to make sure the program's limited resources are available to everyone who needs them.

One of the ways that the California Department of Social Services (or CDSS) has developed to ensure these rules are followed is the violation process.

A violation is a formal action taken by CDSS when certain program rules are broken.

Some of the things that will cause you to get a violation are:

- Working more than 40 hours in a workweek when your "maximum weekly hours" are 40 hours or less, meaning you have no approved overtime
- 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
- Exceeding the monthly overtime hours
- Working more than a total of 66 hours a workweek when you work for more than one recipient; or
- Claiming more than 7 hours of travel time in a workweek

If you do any of the above things, you will still be paid but will also get a violation.

Consequences for violations depend on how many violations you have already built up: For the first violation, you and each of your recipients will get a notice of the violation but incur no other consequences. After receiving your first violation, we recommend contacting your county to discuss how to avoid further violations.

If you incur a second violation, you will have the opportunity to complete a self-guided training to learn about violation rules. This training is completely voluntary, but if you complete it within 14 days of your violation, then the violation will be erased. Because of this, we strongly recommend completing the self-guided training. An important thing to note is that you will only have the opportunity to complete this training once.

After your second violation is removed, all future second violations will remain. This is also the last violation which will not directly affect your ability to work as a provider.

If you incur a third violation, you will be suspended as an IHSS provider for 90 days.

If you incur a fourth violation, you will be ineligible to work as an IHSS provider for 365 days.

If you become ineligible due to a fourth violation, you will have to re-enroll after your ineligibility period and complete all the provider requirements again to resume working as an IHSS provider.

Anytime you incur a violation, you have the opportunity to challenge the violation through the county dispute process, and will have 10 calendar days from the date of the violation to do so.

Please refer to your *Violations* handout or contact your county IHSS office for more information about each of the four violations and the county dispute process.

Section 13: Fraud

As we said earlier, IHSS is a Medi-Cal program funded by federal, state, and county dollars. This means that IHSS fraud is also Medi-Cal fraud. Reducing and eliminating fraud helps save IHSS program resources. All fraud investigations are conducted by the California Department of Health Care Services.

If you suspect anyone may be committing IHSS or other Medi-Cal fraud, you **MUST** report this to Medi-Cal by calling the toll-free number, sending an email, filling out an online form, or contacting the county.

You do not have to have proof of fraud; there are investigators who will determine whether Medi-Cal fraud has been committed. The Department of Health Care Services Auditors, County District Attorney's office, and State and County welfare investigators

all investigate potential fraud when cases are referred to them, and they prosecute those accused of fraud.

In addition to public reporting, fraud may be detected in several ways:

- Through computer matches with other federal and state agencies,
- During the assessment process,
- While the county and/or state staff conduct quality assurance and fraud detection activities, and
- During authorized unannounced program integrity visits to recipients' homes.

These home visits are done by state and/or county staff.

In-Home Supportive Services provides help for those in need. It is important to preserve the program resources and avoid fraud.

In the following examples, we will show cases where fraud was committed. We know these examples represent the minority, but it is important for you to understand what is considered fraud. Understanding the rules can help you avoid a situation that can have significant consequences.

Take the case of Shirley Sayer. She thought she could be in two places at one time. She was an IHSS provider for her son in California and moved from California to Colorado, and still claimed IHSS benefits. That is illegal.

Shirley requested that her checks be mailed to a post office in Riverdale, California, and then forwarded to her address in Colorado. She submitted timesheets claiming she provided IHSS services for her son in California for five months.

Shirley is now serving 180 days in jail with three years' probation.

For 3 years, David was a provider and Joe was a recipient. David didn't actually perform any services for Joe because Joe didn't actually have anything wrong with him. When the checks came in, they split the money. Joe and David are serving 90 days in jail with 3 years' probation for IHSS fraud.

After filling out his timesheet, Brian needed his mother, who is also his recipient, to verify and sign his timesheet. Brian had just left for vacation and realized he would not be able to have his mother sign. He believed that since she would probably verify his hours anyway, he decided to sign the timesheet on her behalf. Since Brian does not



have authorization to sign for his recipient (in this case, his mother), this is also fraud. As you can see, the In-Home Supportive Services system can be abused in many ways, and the consequences for intentionally abusing the system can be very devastating to you and to your family.

If you have a question, or are unsure of IHSS policies and procedures, ask for help. If you assume something and you are incorrect, you could be liable for your mistake.

The District Attorney's office takes all fraud cases seriously.

Remember, by being aware of both the IHSS program rules and your own responsibilities as an IHSS provider, you can help protect the integrity of the IHSS program.

Please refer to your packets for tips on how to avoid fraud.

Section 14: Wrap-Up

Before we finish, there's one last thing you'll need to do before you leave today, and that is to sign the Provider Enrollment Agreement form (SOC 846).

We hope this presentation has given you a better understanding of the IHSS program and has provided helpful information on how to follow the requirements. We understand that this is a lot of information, but we encourage you to use the resources and handouts provided to you and to contact your local county IHSS office or Public Authority with any questions.

On behalf of the California Department of Social Services, we thank you for your willingness to serve as an IHSS provider.

Your job is definitely not an easy one, but thanks to you, it can help those who are elderly, blind, and disabled stay safely in their own homes.

We thank you for your assistance and dedication to this valuable program.