

Frequently Asked Questions regarding Overtime Implementation

- **When do these changes begin (go into effect)?** February 1, 2016
- **Will the number of authorized hours of recipient change?** No, recipient will continue to get the same number of monthly authorized service hours they get now.
- **Has the calculation of authorized hours changed?** Yes, total monthly authorized hours will now be divided by 4 to determine recipient's maximum weekly hours.

Example: If recipient receives 120 monthly authorized hours, the maximum weekly hours will be 30 hours. This means that no matter how many days are in each month, provider may not exceed the maximum weekly hours. Since most months have more than 28 days, recipients will need to work with their provider to spread authorized hours throughout the month in order to make sure all assessed services are met for the month.

- **I have applied for IHSS and have not had a home visit from Social Worker yet. Does this letter mean that my application was approved?**
No, if you have a pending application for IHSS your assigned social worker will explain the new changes to IHSS at your home visit.
- **What Has Changed?** IHSS providers can be paid overtime, within certain limits, beginning February 1. Also, providers who work for multiple recipients in a single day will be paid for their travel time between recipients, within limits.
- **What are the limits?** The workweek for IHSS providers begins at 12:00am on Sunday and ends at 11:59pm the following Saturday. IHSS providers will get paid the overtime pay rate when he/she works more than 40 hours in a workweek but is limited to 66 hours in a work week when working for multiple recipients, for maximum total of 264 hours per month. If provider works for only 1 recipient (1:1) and this recipient receives up to 283 hours (State Max), provider may work over the 66 hour weekly limit, up to 70:45 hours, as long as total monthly hours do not exceed the total authorized hours.

- **Will recipients need authorization when asking provider to work overtime hours?** Yes, if recipient needs their provider to work more than the weekly maximum hours, they must call SW for approval to adjust your weekly maximum hours only if the change requires provider to work overtime in case which would not otherwise have overtime.

Example 1: if recipient receives 120 monthly authorized hours, the maximum weekly hours will be 30 hours per workweek. One week during that month, however, recipient needs him/her to work 42 hours.

Because this adjustment would cause provider to work 2 hours over 40 hours in a workweek when your authorized hours are less than 40, recipient will need to ask the social worker for approval for this adjustment in authorized workweek as it will result in overtime for case that otherwise would not have overtime hours.

If provider and recipient 1:1 relationship, the recipient does not have to contact SW to receive OT authorization as long as provider does not work more than recipient's monthly authorized hours and does not work more overtime for recipient than he/she normally would in a month

Example 2: Recipient has 200 authorized hours per month and has a 1:1 relationship with provider. The normal weekly hours are 50 hours per workweek (200 hours divided by 4). Therefore this provider has potential to work 10 hours overtime per week.

- **What if provider works overtime hours before recipient can receive approval?** Recipient can call the SW for approval to adjust maximum weekly hours either at the time adjustment is needed or as soon as possible afterwards. Contact to the county for approval prior to submitting the timesheet is necessary so the county has the correct information to pay provider the correct wages.
- **Who determines request for overtime?** The county SW will review recipient's request to determine if all of the following conditions exist that support request for an adjustment:

Does (did) provider need to work more hours because recipient has (or had) a sudden need for services that was unexpected?

Is (was) need immediate and cannot be (could not have been) delayed until a back-up provider arrives (arrived)?

- Does (did) recipient need the services because they believed their health and/or safety were in danger?

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

- **How does Provider claim travel time?** Only providers who work for more than one recipient at different locations on the same day will get paid for travel time from the first recipient's home to the next. The provider will need complete and sign a travel agreement which says he/she cannot travel more than 7 hours per week before authorization of travel time. Travel time is not counted as part of recipients' monthly authorized hours.
- **Will there be training on these changes and how to complete new timesheets?** Public Authority will begin conducting trainings in February. Providers will be notified by mail of the training dates.
- **What do I do with the forms that were mailed and need to be completed?** If you are a provider you received a Provider Enrollment Agreement (SOC 846) that needs to be signed and returned to the Placer County Public Authority office please send to (11512 B Ave Auburn CA 95603) by April 15th if you have any questions contact the Public Authority Call Center 530-889-7115.

Beginning in February the State will begin mailing the Provider Workweek and Travel Time Agreement (SOC 2255), the Recipient & Provider Workweek Agreement (SOC2256) and Recipient Notification of Maximum Weekly Hours (SOC 2271A), which will include information on your maximum weekly hours so recipient can use it to make the work schedule for their provider(s).

- **What will happen if provider violates the workweek and/or travel time limits?** From **February 1 through April 30, 2016** there will be no violations incurred in order for recipients and providers to become familiar with changes. But beginning **May 1, 2016** if provider submits a timesheet

reporting hours that go over the workweek (without prior approval) or travel time limits, they will get a violation.

- **Violations:** For the **first violation** both recipient(s) and provider will get a notice of the violation. For the **second violation** recipient and provider will get a notice of the violation, and Provider will have a choice to complete a one-time training about the workweek and travel time limits. If provider completes the training, they will avoid incurring the second violation. If training is not completed within 14 calendar days of the date of the notice, provider will be sent a notice of second violation. If provider incurs a **third violation** provider and recipient(s) will get a notice of the third violation and provider will be **suspended** as an IHSS provider with the IHSS program for three months. Finally if a **fourth violation** occurs then again notices will be sent to both provider and recipient(s) and provider will be terminated as an IHSS provider with the IHSS program for one year.

Whenever a provider receives a violation of any type, provider has ten calendar days from the date of the violation notice to contact the county and request a county review of the violation. Once the county receives the request for review, it has ten calendar days to review the violation and to send you a notice stating the outcome of the review.

For the **third and fourth violations**, if the county does not remove the violation, provider may request a review of the violation by the California Department of Social Services Adult Programs Division's Appeals Unit.