

## Communicating with Your Recipient

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

### Provider Responsibilities:

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

### Recipient Responsibilities:

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

## Electronic Services Portal (ESP)

### What is ESP?

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

- ESP is a service that allows you to submit your timesheets online using the ESP.
- ESP is available in English, Spanish, Chinese, and Armenian for recipients and providers.

### Benefits to using ESP for Providers and Recipients:

#### **Providers:**

- Faster payment
- Help avoid violations
- Fewer timesheet errors
- Save on postage
- View payment history
- Enroll in Direct Deposit
- Submit Sick Leave Claim
- Check Payment Status
- Request Supplemental Timesheets

#### **Recipients:**

- Approve or Reject provider timesheets online
- Review timesheet details online
- Review timesheet history online

### What is TTS?

#### **Telephone Timesheet System (TTS)**

- TTS is a service that allows recipients to use their telephone to review, approve, or reject their provider's timesheet.
- Recipients have the option to enroll and use the TTS if they choose not to use ESP.

### Benefits to using TTS for Providers and Recipients:

#### **Providers:**

- Faster payment
- Help avoid violations

- Fewer timesheet errors
- Save on postage
- Check Payment Status
- Request Supplemental Timesheets

### **Recipients:**

- Approve or Reject provider timesheets using the telephone
- TTS will call the recipient on the phone when their provider(s) has submitted a timesheet for review.

Please contact your local county IHSS office for more TTS information.

### **For more information on ESP/TTS:**

- Access our website at [www.cdss.ca.gov/inforesources/IHSS-Providers/Resources/Timesheet-Information](http://www.cdss.ca.gov/inforesources/IHSS-Providers/Resources/Timesheet-Information)
- For additional assistance, contact the IHSS Service Help Desk at (866) 376-7066, Monday through Friday from 8:00 a.m. to 5:00 p.m.

### **To enroll for ESP:**

- Access the website at: [www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov)
- To complete the enrollment process, you will need to have all of the following:
  - Provider or Recipient Number
  - Last 4-digits of Social Security Number
  - Date of Birth
  - Valid email address

### **To enroll for TTS:**

- Access the telephone system at: (833) Dial-EVV (833)-342-5388.
- You will need your 9-digit provider number or 7-digit case number (recipient).
- Registration Code - Recipients and Providers will be mailed a registration code in a letter from IHSS.

## Violations

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

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

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

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

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

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

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

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

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

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

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

- Re-submit an application; and

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

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

### County Review Process

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

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

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

**Beginning July 1, 2018, active IHSS providers in all California counties became eligible for paid sick leave.**

### What is paid sick leave?

Paid sick leave is paid time off from work as an IHSS provider due to illness or a medical appointment. You may use paid sick leave for yourself or to care for a family member who is sick or has a medical appointment. You may also use paid sick leave if you are a victim of domestic violence, sexual assault, or stalking to obtain relief, medical attention, services, or counseling.

### How is paid sick leave earned and accrued?

As an IHSS provider, you earn eight (8) hours of paid sick leave after you work a total of 100 hours providing authorized services for one or more IHSS recipient(s). The accrual of paid sick leave will increase incrementally dependent upon increase in State minimum wages.

You may begin using the paid sick leave you earned after you have worked an additional 200 hours providing authorized services, or after 60 calendar days from the date you earned paid sick leave, whichever comes first.

### Example:

- If you began providing authorized services to your recipient on July 1<sup>st</sup> and worked 40 hours a week, you would reach 100 hours providing authorized services on approximately July 18<sup>th</sup>. At this point you would have earned eight (8) hours of paid sick leave.
- You would then have to work providing authorized services for an additional 200 hours or 60 calendar days (or approximately September 16<sup>th</sup>), whichever comes first, in order to use your accrued eight (8) hours of paid sick leave.

**Note:** Any unused paid sick leave will expire on June 30<sup>th</sup> each year. In other words, if you don't use it, you lose it. But don't worry, you will accrue the full amount of sick leave at the beginning of each fiscal year on July 1<sup>st</sup>.

### How do I request paid sick leave?

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

### **Paper Paid Sick Leave Request**

- 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 \(www.cdss.ca.gov\)](http://www.cdss.ca.gov) or obtain a printed copy from the county IHSS office.
- Once you've completed the SOC 2302 and it has been signed and dated by you and the recipient, send the SOC 2302 in a separate envelope to the address printed on the SOC 2302. Mail the SOC 2302 at the same time that you submit your timesheet for processing.
- The completed SOC 2302 must be received by the end of the following month in which the sick leave is claimed for your claim to be processed.

### **Electronic Paid Sick Leave Request**

- To request paid sick leave electronically, you will need to be registered to use the Electronic Services Portal (ESP).
- Once you log into the ESP, go to the Sick Leave Claim tab. There you can fill out a request for paid sick leave electronically.
- Recipient approval is not required with electronic paid sick leave request
- The benefits of submitting an electronic paid sick leave request include not having to obtain a SOC 2302 from the county or CDSS website and avoiding potential delays in mailing the SOC 2302, which can cause delayed payments.

### **How do I receive payment for paid sick leave?**

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

**For more information, contact your local county IHSS office.**

## Share-Of-Cost

### What is Share-Of-Cost?

Most people receive In-Home Supportive Services (IHSS) as a part of their Medi-Cal benefits. Depending on the recipient's income, some recipients must agree to pay a certain amount each month toward their Medi-Cal expenses, before Medi-Cal will pay. The money that must be paid before Medi-Cal will pay for any medical costs is called a Share-of-Cost (SOC). The SOC allows a person with income above the allowed amount to receive IHSS if he/she agrees to pay the SOC. The recipient's SOC may be paid to their IHSS provider, a pharmacy, doctor's office, or when purchasing other medical services or goods.

### How does the Share-of-Cost affect provider payment?

At the end of the month of care, the recipient will receive an "Explanation of Share-of-Cost" letter that identifies the remaining amount of the SOC to be paid. The SOC amount will also appear on your timesheet under "Share-of-Cost Liability." The recipient must pay the outstanding SOC balance directly to you, as the remainder of the recipient's SOC is collected by the payment to you. Since the recipient is paying this portion of the SOC directly to you, the program deducts it from your paycheck and will be counted as income for tax purposes.

The amount your recipient needs to pay you directly may change each pay period, depending on whether the recipient has paid some or all of their SOC for other medical expenses before the timesheet for each pay period is processed. If your recipient has more than one IHSS provider, he or she will not be able to choose which provider the SOC is paid to. Any SOC that has not been paid by the recipient will be subtracted from the first IHSS provider's timesheet that is processed.

**If you or your recipient has questions about the SOC, contact your county IHSS or Public Authority office.**

**Here are some examples of how Share-of-Cost works:**

**Example 1:**

Mrs. Smith has a \$200 share-of-cost (SOC) for the month of June. She makes the following SOC payments:

- \$50 for a medical appointment at the doctor's office on the 6<sup>th</sup>
- \$60 for a prescription at the pharmacy on the same day

Mrs. Smith has paid a total of \$110 towards her SOC. She has a remaining SOC balance of \$90.

Because Mrs. Smith has an SOC balance of \$90, when her provider submits the timesheet on the 16<sup>th</sup>, the State will deduct \$90 from the provider's paycheck. Mrs. Smith is required to pay the first \$90 of the provider's wages for hours worked between June 1<sup>st</sup>-15<sup>th</sup> directly to the provider. The state will pay provider wages over the \$90 SOC.

Since all of the SOC was paid during the first half of the month, all of the provider's wages for hours worked between June 16<sup>th</sup>-30<sup>th</sup> will be included in the provider's paycheck.

**Example 2:**

Mr. Lee has a \$100 share-of cost for the month of June. He makes the following SOC payments throughout the first half of the month.

- \$75 for a medical appointment at the doctor's office on the 13<sup>th</sup>
- \$25 for a prescription at the pharmacy on the 14<sup>th</sup>

Mr. Lee has paid a total of \$100 towards his share-of-cost. He has a remaining SOC balance of \$0.

Because Mr. Lee has a SOC balance the \$0, when his provider submits a timesheet on the 16<sup>th</sup>, all of the provider's wages for hours worked between June 1<sup>st</sup>-15<sup>th</sup> will be included in the providers' paycheck.

Since all of the SOC was paid during the first half of the month, all of the provider's wages for hours worked between June 16<sup>th</sup>-30<sup>th</sup> will be included in the provider's paycheck.

**Services Covered by IHSS**

How to use this list:

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

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

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

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

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

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

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

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

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

## Mandated Reporter

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

### Adult Abuse

Adult abuse happens when an elder or dependent adult:

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

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

### Child Abuse

Child abuse happens when a child:

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

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

## Medi-Cal Fraud and Abuse

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

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

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

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



## Tips for Avoiding Fraud

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

|   |
|---|
| <p>Only put the hours you have worked on your timesheet. Hours on your timesheet should not include time for taking a meal break.</p>   |
| <p>Only put hours on your timesheet for services that are covered by IHSS. Examples of some services that are not covered by IHSS include gardening, pet care, moving furniture, or taking the recipient on social outings. Always refer to the “Services Covered by IHSS” handout if you are in doubt.</p> |
| <p>Only put hours on your timesheet for tasks that are authorized for your recipient.</p>   |
| <p>Only ask your recipient to sign a completed timesheet. Only sign your name on your timesheet. If your recipient is not able to sign your timesheet, you need to check with the county about who else may be authorized to sign for the recipient.</p>  |
| <p>Only put time on your timesheet for days that your recipient is living in their own home. Hours are not authorized when your recipient is in the hospital, a nursing home, board and care facility, in jail, out of the country, or on vacation without you.</p>   |
| <p>Keep written records of the hours worked and what you did each day that you work. Request that your recipient also keep track of the hours that you work.</p>  |
| <p>If you have differences with the recipient about the hours worked, show the recipient your records and explain the work you did on the date(s) in question.</p>  |
| <p>Only include the time you, the provider, are providing services and wish to be paid by IHSS on your timesheet. If another person is assisting the recipient and wishes to be paid by IHSS, they must be enrolled as a provider.</p>  |
| <p>Tell the truth in all of your interactions with the county.</p>  |

## STANDARD PRECAUTIONS

***You should treat every household as though the consumer has an infectious disease and use appropriate standard precautions against infectious disease at all times whether or not there is disclosure of a medical condition.***

Many illnesses and diseases may threaten your health, and the health of the consumer. Microorganisms (germs) such as viruses, parasites, and bacteria can spread disease or illness. Colds, influenza, tuberculosis, blood borne infections, or food related illnesses could be passed through or on the things we touch, eat, absorb, inject, or breathe. Disease prevention experts recommend that you take measures, while giving care to the consumer, that support infection control practices for both you and the consumer. Using Standard Precautions can reduce the risk of contracting or passing infections between consumer and care provider.

### **Why be concerned about blood or body fluids?**

Blood and body fluids can carry infection; some of these infections can be spread to others. Body fluids include: sputum (phlegm), stool, urine, semen, vaginal secretions, or secretions from wounds. Microorganisms are often passed in blood or body fluids between individuals when protective barriers are not used.

### **When to wash hands:**

- Before giving personal care (before putting on gloves)
- After giving personal care (after taking off gloves)
- After using the bathroom
- Before preparing food
- After handling raw meat
- After cleaning soiled items, handling soiled garments
- After caring for an animal (Although this is not an authorized task, this would still be a standard precaution for pet owners)
- Before you leave your work setting to do errands for consumer or to go home
- #1 infection control measure everyone can take to prevent the spread of germs!

### **What is a barrier and why use gloves?**

Disposable gloves and plastic aprons are barriers and can prevent the caregiver from coming into contact with potentially infected secretions, fluids, or blood. Gloves also protect the consumer from any potentially infectious sore or rash the provider might have on their hands.

### **How to use gloves:**

- Wash your hands with warm water and soap, suds up and rub for at least 30 seconds, (count to 30 or sing a round of the ABC song to get the time frame).
- Use a nailbrush to get under the fingernails.
- Dry your hands with a paper or dry cloth towel; never use anything damp as it could have germs on it.
- Put gloves on, complete the task, then remove and throw away. NEVER reuse gloves.

## **Personal Care Safety**

Ask the consumer to keep a supply of disposable gloves (vinyl or latex) and disposable plastic aprons for you to use whenever you give personal care, handle body waste, or assist the consumer in caring for a wound.

Try to do those tasks that require gloves all at one time so you don't have to keep changing your gloves. This may not always be practical.

- Wear disposable gloves when there is a chance of being in contact with:
  - Semen
  - Blood
  - Vaginal secretions
  - Mucous membranes
  - When assisting with toileting/bowel care
  - Wound secretions
  - When disposing of sanitary napkins
  - Handling soiled laundry
  - Assisting with menstrual care
- Wear disposable gloves if you (the provider) have a wound, a rash, or opening in the skin on your hands.
- Avoid handling sharp objects (such as razors or needles) that might have come in contact with blood or body fluids. Carefully place them in a puncture proof container for disposal.
- Do not eat, drink, apply cosmetics, or handle contact lenses in areas where exposure to blood or other body fluid is possible.
- If you or the consumer is experiencing a cough, be sure to cough into the elbow fold of your arm if possible, or into a tissue. Dispose of the tissue into the garbage, and wash hands.
- Notify those around you if you are ill or have a condition that might be contagious. It is best to try to be replaced for the time of illness to prevent spread of illness.

## **Food Handling Safety**

- Protect yourself and others by not preparing or handling food when you are ill or have open sores on your hands.
- Wear gloves if preparing food for others and handling raw items.
- Work on a clean surface.
- Avoid preparing ready to eat food items (such as vegetables) on the same surface as raw meat.
- After preparing raw meat on a cutting board, rinse off meat scraps, wash with hot soapy water, then sanitize it with the bleach and water solution to avoid spreading germs.
- Avoid reusing any plate that had raw meat on it after the item is cooked.
- Cook meat thoroughly.
- Avoid using meat marinade for a sauce, unless the recipe is specific as to how long to cook it to kill microorganisms.

## **Household Safety**

- When cleaning around the house for a consumer, wear household rubber gloves when cleaning the bathroom, floors, sinks, or other dirty surfaces. If possible keep bathroom and kitchen gloves separated.
- Use a mild bleach solution (10 parts water to 1 part bleach) to clean up blood or other body fluids.
- Clean up blood or body fluid spills immediately. Use the bleach solution to soak or disinfect possibly contaminated surfaces, linens, clothing, or other objects. (Note; use carefully as bleach can remove color.)
- Wash dishes and utensils in hot, soapy water: Rinse in very hot water and let them air dry.

## **SAFETY AND ACCIDENT PREVENTION**

### **You can help avoid accidents in the home by doing the following:**

- Be cautious when dealing with hazardous materials
- Lift properly
- Avoid wearing open-toe shoes
- Clean up spills immediately to avoid slippery floors
- Keep doorways and walkways clear
- Remove or secure throw rugs that might trip an elderly or disabled person
- Remove sharp or projecting objects
- Eliminate equipment or appliances that are broken or need repair
- Be cautious around machinery with moving parts
- Ensure rooms and stairs have sufficient lighting
- Be cautious when dealing with lighted cigarettes, candles, fireplaces, gas heaters, or stoves
- Be cautious when dealing with chemicals such as bleach and ammonia, and drain opening materials that can burn skin or eyes and give off toxic fumes
- Be cautious with electrical cords and avoid overloading power strips
- Keep medication organized to avoid mixing up medication

**The United Domestic Workers of America (provider union) offers protective supplies to ALL IHSS care providers. If you are interested, call your local UDW Union office at 916-751-2450 to request supplies.**