

IHSS/Public Authority PROVIDER HANDBOOK

Addendum For Registry Providers

Revised August 2017

Placer County
In-Home Supportive Services
Public Authority
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IHSS PUBLIC AUTHORITY REGISTRY APPLICATION AND CRITERIA FOR ACCEPTANCE

- The Registry is run by the Placer County In-Home Supportive Services (IHSS) Public Authority and offers referral lists of screened providers to IHSS consumers who want to hire someone to provide personal care and/or household assistance. The Registry is designed to assist both the IHSS consumer and provider.
- Potential providers accurately complete all sections of an application**; pass an interview; provide references; agree to complete a Livescan Fingerprint Clearance and background check through the DOJ; attend an orientation; review the IHSS and Registry Provider Handbook, and complete all mandatory forms. Not all misdemeanors and/or felonies will prohibit employment of a Registry provider.

**The application packet can be accessed online at: www.placer.ca.gov/pa

- Picture Identification/Documentation must be current and accurate. Social Security card and working phone number must be provided. **The name on the Social Security Card and picture ID must match**. Provide documentation for any training (e.g. First Aid, CPR, CNA, or other training).
- Registry staff must obtain *favorable* work and *favorable* personal references (*can be modified by PA Registry Specialists discretion*). **Family members may NOT be used as work or personal references**. All applicants will be placed on “probation” status for the first six (6) months. **NOTE: Be advised, if ONE Minor Offense is recorded against you while you are on probation, you will be automatically removed from our Registry. (See information regarding Minor Offenses.)**

- The Public Authority reserves the right to deny any provider who exhibits behaviors that are considered to be aggressive or inappropriate as confirmed and documented by Registry staff.
- Registry staff review potential provider applications and check references. Once background check information is received and you are accepted to the Registry, the information about the provider is entered into a computer database.
- Consumers request the names of providers who meet the consumers' specific service needs and preferences.
- A computer program searches the information about providers and creates a list to match the consumer's request. Provider names will be referred to consumers seeking an IHSS provider. The consumer then calls, interviews and hires the provider of their choice. The Registry does not hire providers; it is a referral service only.
- Once listed on the Registry, it is the providers' responsibility to **call their Registry Specialist** with any changes to their information. **Be advised that Registry providers who are available for referrals are required to call in with their status every month, even if they are on hold, on vacation, working for consumers not listed with the registry, or not working at all.** Providers who are working full time and are no longer available for referrals are not required to make monthly check in calls; however, they are required to call in with any changes. Please contact your Registry Specialist with any questions you might have regarding this process.
- The Public Authority Registry is divided up by the alphabet. Providers whose last names begin in **A-G** will call Lynn Gullion at 530-886-3685; last names beginning in **H-N** will call Angela Curtis 530-886-3687; last names beginning in **O-Z** will call Patrice Meluskey at 530-886-3684. If you are still available for referrals and you do not call in for your monthly check in, please know that you **will receive a First Minor Offense (see information regarding minor offenses).**
- Providers will be removed from the Registry for actions that indicate they are not appropriate to be referred as a provider. An appeal procedure is in place to hear reasons from a provider about why removal from the Registry is inappropriate (see appeal process in Minor/Major Offense section).
- There is no charge for being listed on the Registry and referring providers to IHSS consumers. Registry providers may ask the Registry Specialists for assistance with problems they may have with the consumer/s that cannot be resolved on their own.

PROVIDER EXCLUSION OR REMOVAL FROM REGISTRY

GENERAL POLICY

1. These rules only apply for persons seeking employment through the IHSS Public Authority Registry.
2. The Public Authority Manager (or designee) will evaluate complaints and determine what action to take including its right to remove a provider from the Registry, subject to the appeals process described below.
3. Complaints concerning a provider may be given in writing to the Public Authority Manager (or designee). The Public Authority Manager will document all complaints. Public Authority staff will assist those unable to put complaints in writing in order to ensure documentation of all complaints.

Policy - Minor Offenses:

The Public Authority Manager may remove a provider from the Registry after *two* complaints of minor offenses (***one minor offense if on probation***) that have been reported by one or more sources within a 90-day period, ***or after three complaints of minor offenses that have been reported by one or more sources within a one-year period; and after these complaints*** have been determined to be valid by the Public Authority Manager. Sufficient Cause for Action: The following are sufficient causes for such action; the list is indicative rather than inclusive of minor offenses, ***i.e. removal of a provider from the Registry may be based on reasons other than those specifically mentioned:***

- Failure to appear at scheduled interviews without notice
- Being late for work without reasonable cause
- Discourtesy, rudeness or inappropriate behavior toward consumer or consumer's representatives (e.g., guardians or conservators) or Public Authority staff, or verbal abuse of any kind
- Refusal to do the authorized tasks agreed to upon hire
- Not performing requested and authorized tasks during work hours
- Inadequate job performance
- Not returning IHSS-related consumer phone calls within a reasonable amount of time
- Not returning Registry phone calls within a reasonable amount of time
- Failure to update Registry files with changes, or every 30 days when on probation, available or on hold status.
- Bringing anyone else to work with you, such as a child, relative, friend or any pets.
- Quitting Registry assignment (without a good reason) without a two-week notice

Policy - Major Offenses:

The Public Authority Manager may remove a provider from the Registry after one complaint of a major offense that has been determined to be valid by the Public Authority Manager. Sufficient Cause for Action: The following are sufficient causes for such action; the list is indicative rather than inclusive of major offenses, ***i.e. removal of a provider from the Registry may be based on reasons other than those specifically mentioned:***

- Abuse: sexual, physical, fiduciary, mental and neglect
- Discrimination of any kind
- Dishonesty or misrepresentation related to job duties
- Falsifying information on the Registry application
- Unauthorized disclosure of confidential information
- Being intoxicated or under the influence or possession of any illegal substance while on duty
- Asking the consumer to supplement the allowable IHSS wage for authorized IHSS services
- Absence from or leaving the job without notice
- Possession of a firearm or other dangerous weapon while on duty
- Conviction of felony/felonies
- Knowingly putting the consumer in jeopardy
- Submitting time worked when consumer was not at home.

PROCEDURE:

1. **First Minor Offense:**

If a credible complaint regarding a first minor offense for a **provider that is on probation**, and after a verbal warning has been given, the Public Authority shall send the provider a written statement via certified and regular mail describing the complaint and notifying the provider that a second complaint of a similar offense will constitute grounds for removal from the Registry. If a credible complaint regarding a second minor offense (within a 90-day period) is received by Public Authority staff, the provider will be removed from the Registry. The Public Authority shall mail notice to the provider of this action within two working days via certified and regular mail. The notice shall describe the complaint and shall direct the provider to the appeal process section in the Registry Provider Handbook.

If two credible complaints of minor offense (within a 90-day period) for a **provider that has completed probation** are received by the Public Authority, and after a verbal warning has been given, the Public Authority shall send the provider a written letter of warning via certified and regular mail describing the complaint. If a third credible complaint is received by the Public Authority, a second written letter of warning will be sent via certified and regular mail describing the complaint. **If a fourth credible complaint is received by the Public Authority staff, the provider will be removed from the Registry.** The Public Authority shall mail notice to the provider of this action within two working days via certified and regular mail. The notice shall describe the complaint and shall direct the provider to the appeal process section in the Registry Provider Handbook.

If proof of receipt, via certified mail, of the written statement described in this section is received by the Public Authority Manager; or if the written statement described in this section is not returned (by the post office) to the Public Authority Manager, it will be considered as received by the addressee.

2. **Major Offense:**

If a credible complaint regarding a major offense is received by the Public Authority staff, the provider *will be removed* from the Registry. The Public Authority shall mail notice to the provider of this action within two working days via certified and regular mail. The notice shall describe the complaint and shall direct the provider to the appeal process section in the Registry Provider Handbook.

If proof of receipt, via certified mail, of the written statement described in this section is received by the Public Authority Manager; or if the written statement described in this section is not returned (by the post office) to the Public Authority Manager, it will be considered as received by the addressee.

Appeal Process (For removal or exclusion only): A panel made up of IHSS Advisory Committee members will hear all appeals.

1. The provider may appeal the Public Authority's action to the Public Authority Manager *within 20 days* of mailing of the removal notification letter.
 - The appeal must be in writing and state why the provider believes the Public Authority's action was inappropriate.
 - The Public Authority Manager has the discretion to extend the 20 day time frame if s/he deems it appropriate and reasonable to do so.
2. The Public Authority Manager will present the appeal to the IHSS Advisory Committee members for consideration.
3. The IHSS Advisory Committee members will make recommendations related to the disposition of the appeal. The Public Authority Manager will mail the provider written notice of the decision within 90 days of receipt of the provider's appeal. The 90 day time frame can be modified by the Public Authority Manager at any time.
4. Providers will remain in an inactive Registry status (HOLD status) until or unless the decision to remove the provider is reversed through the appeal process. If the appeal is denied, the provider will be removed from the Registry immediately.
5. Providers removed from the Registry may re-apply to be on the Registry one year from the date of the appeal decision. Providers will be required to submit a written detailed explanation of why they should be considered for reinstatement, which will be review by the Public Authority staff and the Public Authority Program Manager. The Public Authority Program Manager will make the decision regarding reinstatement. If reinstatement is approved, the application process to become a Registry provider will need to start over. A second removal from the Registry will be permanent.

HOW TO PRESENT YOURSELF

When the IHSS consumer calls the Registry to find a provider, Registry staff asks for the consumer's service needs and preferences. This information is entered into a computer database and a search is made to match the provider's skills with the consumer's needs and preferences. The computer prints a letter listing two to six worker names, which are sent to the consumer. The consumer calls, sets up interviews, and decides whom he/she wants to hire. If the provider makes a good impression over the phone they will be more likely to be asked for an interview.

INTERVIEW

By the end of the interview potential providers should have answers to these basic questions:

- What days and times would they be expected to work?
- When would they be expected to start?
- What are the total hours they would be expected to work?
- What tasks would they be expected to perform?
- Is this a temporary (time-limited) or permanent job?
- Is lifting required, what kind, how much, how heavy?
- Are there any special care needs, equipment, special diet, or cooking?
- ***Is there a Share of Cost?*** (This is important!)
- Is driving expected?

Be prepared to describe the following during the interview:

- Your availability and previous home care experience
- The kinds of task you have performed
- Whether you smoke and if you are OK with dogs or cats in the house
- Special skills or training you may have
- Why you like home-care work
- Something about yourself: dependable, hard working, able to follow directions, etc.
- Note: Making a good impression during the telephone interview will more likely lead to a face-to-face interview. If the person wants to meet you, be sure to get the name and address. You may want to ask directions from your home to the interview site.

Please bring:

- References, identification, and training certificates.

Work Agreement: If you are being hired, consider creating a work agreement or contract you both sign that identifies the following:

- The tasks to be done, when and how often the tasks are to be done, any special instructions about how tasks are to be done.
- Any special arrangements about pay, expenses, shopping, driving, etc.

HIRING PROCEDURES

The consumer must let the Public Authority know when a worker is hired. The provider should call also.

The Public Authority will provide you with an **Enrollment Agreement** packet each time you are hired for a job in order to be paid. If your **recipient's last name** begins in **A-G** will call Lynn Gullion at 530-886-3685; last names beginning in **H-N** will call Angela Curtis 530-886-3687; last names beginning in **O-Z** will call Patrice Meluskey at 530-886-3684 to request enrollment paperwork.

As the provider, you must fill out (in ink) Page 1 of the **Recipient Designation of Provider Agreement** (SOC 426A). The spaces for name, address, phone number, Date of Birth, gender, relationship, signature and start date **must be completed. Public Authority staff will enter the IHSS case number.**

Your employer (the consumer) must fill out and sign (in ink) Page 2 of the enrollment form. The spaces for name, signature and date must be completed. Public Authority Staff will enter the IHSS Case number. (The consumer's authorized representative may complete this part of the form.)

A **W4** form, Employee's Withholding Allowance Certificate, must be completed, signed, and returned to the Public Authority.

The **Notice of Action Lite** form will be mailed out by the state. This form outlines the approved tasks for the consumer paid for by IHSS; however, you may not be performing all the approved tasks. The Notice of Action also includes the Social Worker's name and phone number.

**STAY INFORMED
RECEIVE NOTICES FOR PROVIDER TRAININGS &
PUBLIC AUTHORITY NEWS**

We can notify you by email. We must have your permission to use your email address.
(Your email address will not be shared or sold)

Yes, I give permission to the Public Authority to use my email address for the purpose of notifying me
of provider trainings & Public Authority news.

Print Name: _____

Signature: _____

Email: _____

HANDBOOK SIGNATURE PAGE

I, _____, certify that I have reviewed, understand, and
(Print full name)

agree with the materials in the Placer County IHSS and Registry Provider Handbook. I agree to abide
by these policies and procedures in order to continue working with the IHSS program.

Signature

Date