



The In-Home Supportive Services
**CONSUMER TRAINING
HANDBOOK**

Prepared for the California Department of Social Services



By the

CALIFORNIA STATE UNIVERSITY,
SACRAMENTO
Institute for Social Research

Carole Barnes
Valory Logsdon
Sandie Sutherland
Erin Gonzales

September 2006, amended November 2011



IHSS Consumer Training Handbook

1. The Consumer's Role as an Employer

Consumer Responsibility for Hiring and Firing	1
Finding a Homecare Provider	2
The Hiring Process	3
Preparing for the interviews	3
Questions for the telephone interview	4
Questions for the face-to-face interview	6
Reference checking	7
Selecting a provider	8
Enrolling your new provider	8
Deciding When to Fire a Provider	13

2. Getting Started with a New Provider

Starting Off on the Right Foot	15
Issues to Discuss with a New Provider	16
Identifying responsibility for transportation to medical appointments and errands	17
Paramedical services	17
Disclosing infectious diseases	18
Job Agreement	19
Task Grid	22

3. Supervising Your Provider

Setting Priorities	25
Communicating Preferences	26
Maintaining Reasonable Expectations	26
Providing Feedback	27
Giving praise	27
Offering correction	27
Appropriate Use of Time	28
Documenting Expenditures	30

4. Communication

Communicating with Your Provider	33
Communicating with Others	35

- 5. Setting and Maintaining Boundaries**
 - Setting Boundaries 37
 - Restrictions on tasks and hours 37
 - Professional behavior when the workplace is a home 38
 - Protecting your privacy 39
 - Handling Money Appropriately 39
 - Keeping Belongings Safe. 40
 - Recognizing Abusive Behaviors 40
 - Physical or sexual abuse 41
 - Financial abuse 41
 - Neglect by the provider or family members 42
 - Psychological abuse or intimidation 42
 - Reporting Abuse 43

- 6. Enrolling and Paying Your Provider**
 - The Enrollment Process 45
 - The Consumer’s Timesheet Responsibilities 46
 - How to Fill Out a Timesheet. 47
 - Common Timesheet Mistakes 49
 - Share-of-Cost (SOC) 50
 - Conlan Claims 51
 - Advance Pay. 52
 - Payroll Deductions and Benefits 52
 - Deductions. 53
 - Benefits 54

- 7. Safety**
 - Universal Precautions 57
 - Basics of universal precautions 57
 - Hand Washing. 58
 - Removing Gloves Safely 59
 - Home Safety and Emergencies. 60
 - Hazardous chemicals and cleaners 60
 - Electrical cords 60
 - Throw rugs and floor coverings 60
 - Walkways. 60
 - Water 61
 - Preventing Falls 62
 - Fire Prevention – Watch for Fire Hazards. 63

The following information is intended to assist you in selecting, managing and dismissing your homecare provider.



The Consumer's Role as an Employer

Consumer Responsibility for Hiring and Firing

The IHSS consumer is the primary employer of his/her homecare provider. In most cases, the consumer does everything but negotiate pay and benefits and write the check. The Public Authority negotiates with the local homecare providers' union to set wages, benefits and working conditions. Using federal, state and county funds, the State writes the check. A few consumers, with incomes above the SSI maximum, do pay a share of the cost of their IHSS care. All other employer responsibilities are carried out by the IHSS consumer. These responsibilities include hiring, training, supervising and, if necessary, firing the provider.

The role of employer may be unfamiliar for some IHSS consumers. Hiring or supervising others may be a new experience. Defining and prioritizing tasks for someone else to do – and training them to do it – takes energy and communication skills. Providing feedback and making suggestions for improvement in how tasks are done requires compassion, courage and patience. Hiring and firing demands good judgment in addition to all of the above. The good news is that all of these qualities improve with practice and a willingness to learn.

In addition, help is available through the Public Authority, Independent Living Centers, your IHSS social worker, and sometimes case management agencies in your community. The Public Authority maintains a Registry of providers, which can simplify the hiring process by eliminating the step of advertising for a provider. Many Public Authorities also offer employer skills classes for consumers. Call your IHSS Public Authority to find out how they can assist you

with your employer responsibilities. Family members and friends are another resource. Consider including them when you interview prospective providers to get another opinion on the best choice for your needs.

Finding a Homecare Provider

The most important – and maybe the most difficult – task is finding a good homecare provider. With the right person, training and supervision are easier and more like building a relationship than supervising an employee. It is worth putting some effort into the search process and taking the time to make a good decision.

As an IHSS consumer, you are free to hire anyone who can meet your needs. The person could be a friend or family member or someone you find through a provider Registry, advertising, or word of mouth. Here are some common ways that consumers find a homecare provider:

- **WORD OF MOUTH** – Tell everyone you know, (friends, relatives, neighbors, etc.) that you are looking for a homecare provider. Family and friends are the most common source of homecare providers. Word of mouth is one of the best forms of advertising.
- **THE IHSS PUBLIC AUTHORITY REGISTRY** – Call the Registry in your area. They can provide you with a list of homecare providers who match your needs and preferences. Public Authority services are free. For a current list of public authorities and phone numbers, see the list at the end of this handbook.
- **FLYERS** – Put up flyers or cards on local bulletin boards. You can find bulletin boards in church lobbies, supermarkets, senior centers, schools and libraries. Consumer should be cautious about listing personal information.
- **LOCAL COLLEGES** – Call and ask for the campus program that helps students find work. Ask them to list your job opening wherever they advertise employment opportunities for students.
- **LOCAL PAPERS** – Place an ad in the local newspaper. There is usually a charge for this service, although some communities have “Penny Ads” or “Magic Ads” that are very inexpensive.

- **UNION** – Contact the homecare provider's union to see if they have a job referral service or registry.
- **EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)** – Place an ad at the local EDD office.

If you use flyers or ads, make sure that you are easily reachable by phone, pager, cell phone or answering machine. Use a short, simple message on your voice mail giving your family name and telephone number. Ask callers to leave a message and return calls promptly. When interviewing strangers it is good to have someone else present at the interview

The Hiring Process

Getting the word out that you are looking for a provider is the first step. Finding and hiring the right person is more involved. There are five stages in the hiring process:

1. Screen applicants through a telephone interview.
2. Meet for face-to-face interviews with the strongest candidates.
3. Check references.
4. Select a new provider and communicate your decision to those you have interviewed.
5. Communicate your decision to your social worker to begin the provider enrollment process and, if you have hired someone from the Public Authority's Registry, let them know as well.

Preparing for the interviews

Before talking with prospective candidates, it helps to write out a brief description of the job and the questions you wish to ask the candidates for your position. You can use the Notice of Action that you received from IHSS to summarize what you want the provider to do and how many hours a month you will need him/her to work. The Notice of Action describes the tasks that have been authorized for your care and the number of hours per month that IHSS will pay someone to provide those services. Remember that IHSS providers are only allowed to help you with duties authorized by your

The Consumer's Role as an Employer

IHSS social worker. If you have any questions about what tasks are authorized, call your social worker before you hire someone.

Another important part of the job description is the days and times you want the provider to come. This is for you to decide. If you can be flexible about when the provider comes, you may have more options in choosing a good provider. Finally, plan to tell the candidate in general terms where you live and indicate any special requirements you have for the person you hire. For example, indicate whether you want a non-smoker, someone who has their own car and is willing to drive you to appointments or someone who can lift a certain number of pounds.

Next, write out the questions you wish to ask candidates over the phone and other questions that you want to ask those you interview in person.

Questions for the telephone interview

Here are some questions you might consider asking during the telephone interview:

- Can you tell me something about yourself?
- Are you available to work the days and times I need you?
- Would you have any problem doing the tasks I need done?
- Do you have experience performing these tasks?
- Have you had any training in home and personal care? If so, please describe where you received this training and what it covered.
- Where else have you worked?
- Do you have reliable transportation for getting to work?
- Do you smoke?
- Do you use alcohol or drugs?
- Could you give me work and personal references that I could check?
I will need names and phone numbers and, if this is a work reference, the dates of your employment and the type of work.

If you are not satisfied with the person's availability, experience, or ability to perform the needed tasks or get to your home on a reliable basis, thank the person for his/her time and wish the person the best in finding a more suitable position.

If the candidate's responses are generally positive, but you have reservations, tell him/her that you would like to check some of his/her references and get back to him/her within a few days. Then, try to define and address your reservations when you talk with the person's references.

If, on the other hand, the person has the necessary experience, meets your special requirements, and communicates well with you over the phone, schedule a personal interview with him/her. This interview can take place in your home or in a public place nearby. Be clear about the date, time, and location of the interview (a cross-street is helpful) and make sure the candidate has your name and phone number. Consider asking a friend or family member to join you so that you can compare your assessments of the candidate. Ask the candidate to bring the following items to the interview:

- A valid Driver's License or California picture Identification Card.
- His/her Social Security card or green card indicating that s/he has permission to work within the U.S.
- The names and phone numbers of at least three references. These should include previous employers or instructors who are familiar with his/her homecare skills.
- Proof of auto insurance if the provider will be driving his/her own car as part of the job.
- A Department of Motor Vehicles (DMV) printout of his/her driving record if the provider will be driving you to appointments in either his/her car or yours. Printouts are available from their local DMV office for a \$5 fee.
- Applicable training certificates, if any.
- TB test results indicating that s/he does not have the disease.

If the candidates have a resume, it will be helpful if they can bring a copy to the interview. It is a good idea to interview at least two or three candidates. The process of comparing their strengths helps you decide what skills are most important to you. Another good reason to interview multiple candidates is that it is nice to have a back-up provider for times when your regular provider is ill or has other unavoidable commitments. The back-up provider may also serve as a second or subsequent provider if the person you hire moves on to another job.

Consumers with a large number of authorized hours should consider hiring multiple providers. Having multiple providers gives you a built-in back-up provider and makes your job easier when you have to replace one of them. Having multiple providers does place more responsibility on the consumer to coordinate their schedules so that, together, they do not exceed the total number of authorized hours. If they do, the person whose timesheet is processed second will not be paid for some of the hours they worked. The consumer should ensure that each provider works only the number of hours s/he has been assigned.

Questions for the face-to-face interview

In the face-to-face interview, it is a good idea to review the tasks and work schedule that you described over the phone. Make sure that the candidate is comfortable with the tasks that have been authorized and that you can agree on a work schedule. You can use the Sample Job Agreement that appears at the end of the next chapter as a guide for your discussion. This will give you an opportunity to discuss whether you will be paying a share of the cost of your care directly to the provider and, if the provider will be driving you to appointments in his/her car, who will pay for gas. Topics to cover during the interview include:

1. **IDENTIFICATION** – Ask to see his/her identification. Examples include a valid California Driver's License or Identification Card with a picture and social security card.
2. **JOB DESCRIPTION** – Review the job agreement or job description. Point out any special requirements.

3. **TASK LIMITATIONS** – Ask if there are any tasks s/he will not perform.
4. **REFERENCES** – Ask for references, both personal and job-related. Make sure you get names and current phone numbers so you can call the references later.
5. **EDUCATION AND EXPERIENCE** – Ask for information on education, training, and experience in homecare services.
6. **DRIVER'S LICENSE** – If you need the homecare provider to drive for you, make sure the provider shows you a valid Driver's License and ask to see proof of insurance if the provider will be using his/her own car. Clarify with the provider if you will be paying for gas and at what rate.
7. **TRIAL PERIOD** – Tell the homecare provider that for the first few weeks you will be showing him/her how you want things done and seeing if s/he learns the tasks well.
8. **REASONS FOR FIRING** – Explain what actions might require you to fire the provider. Reasons may include using your belongings without your permission, consistently arriving late, or being unable to meet your needs. A complete list of reasons for firing can be found in Chapter 3 of this handbook in the section on major and minor offenses justifying removal from the Registry.

Reference checking

Checking references is essential. It will give you valuable information about the applicant. When calling references ask questions such as the following:

1. Did (name of applicant) work with you in (dates of employment)?
2. What kind of work did s/he do for you?
3. Why did (name of applicant) stop working for you?
4. Would you hire him/her again?
5. What were his/her strengths?
6. What could have been improved about his/her job performance?

Selecting a provider

After you have interviewed a sufficient number of individuals, you will want to choose the provider who will best help you with your needs. With a friend or family member, compare the strengths and weaknesses of each candidate and consider which of the candidates' qualities are most important to you. Trust your judgment. When you have made your decision, call the provider you would like to hire and offer him/her the job. Remind the provider of the pay level and number of hours, discuss a start date with the provider and obtain his/her commitment to begin work on the agreed upon day.

If you interviewed other individuals, it is important to call them and inform them that you have made your decision and have hired someone else. If you liked another person, however, you may want to ask if you can keep his/her number available in case you need a back up provider.

If you interviewed candidates from the Public Authority's Registry, call the Registry to let them know you have hired someone. They can assist you with the paperwork and help you calculate the number of pro-rated hours that your new provider can work during his/her first month on the job.

Enrolling your new provider

The final step in the hiring process is for you to enroll your new provider as an employee of the statewide IHSS program. This is done by calling your social worker or Public Authority. They will be able to explain to you the process required to enroll your new provider. Each county is required to follow a state mandated process for enrolling providers, but each county may differ in how that process is completed.

You, the consumer, will be required to fill out form SOC 426A "The Recipient Designation of Provider" form. This form states who you have chosen to be your provider and on what date you would like them to be hired. It also explains your responsibilities within the hiring process. Once this form is received by the county or their designee, the process begins.

Next, it is the responsibility of your new provider to continue the process. They will receive information from the county concerning the steps they should follow. They will be required to:

1. Complete and sign the IHSS Program Provider Enrollment Form (SOC 426)

Your provider must complete the SOC 426 form being careful to answer all questions completely and truthfully. They must report if they have been convicted of any crimes that would prevent them from providing services for you (refer to chart on the following page).

2. They will need to provide the county with a U.S. government issued picture ID AND an original Social Security card. They should have this with them when they go to the county to complete the process.

3. They will be required to submit to a criminal background check

- The County IHSS Office or Public Authority will give your provider instructions on how to get fingerprinted. It is important that they do not do this on their own and await instructions from the county.
- State law requires that your provider pay the costs for fingerprinting and the criminal background check. Fees vary depending where your provider chooses to get fingerprinted.

4. Your Provider must attend a Provider Orientation

5. Your Provider will be required to sign Form SOC 846

- In signing this form your provider is stating that they understand and agree to the rules and requirements of being your IHSS provider.

Results of the Background check:

- If the background check verifies that your provider has not been convicted of any Tier 1 or Tier 2 crimes, they will be told they can proceed with the remainder of the enrollment process.

Tier 1 and Tier 2 crimes

Type 1 crimes include:

- Specified abuse of a child (Penal Code (PC) section 273a(a);
- Abuse of an elder or dependent adult (PC section 368); or
- Fraud against a government health care or supportive services program.

If they have a conviction for any of the **Tier 1 crimes** in the past 10 years, they will **NOT** be eligible to be a provider.

- They will **NOT** be eligible even if they had a **Tier 1** crime that was expunged from their record.

Tier 2 crimes include:

- A violent or serious felony, as specified in PC section 667.5(c), and PC section 1192.7(c),
- A felony offense for which a person is required to register as a sex offender pursuant to PC section 290(c), and
- A felony offense for fraud against a public social services program, as defined in W&IC section 10980(c) (2) and (g) (2).

If your provider has a conviction for any of the **Tier 2 crimes** in the past 10 years they may be eligible IF:

- their Tier 2 crime has been or can be expunged from your provider's record.
- you request an individual waiver to hire the provider (form SOC 862)
- your provider is approved for a general exception.

You can ask the County IHSS Office or IHSS Public Authority for a list of the Tier 2 crimes.

If the background check verifies that your provider **has been convicted** of any Tier 2 crime, then you and your provider will have these options:

Waivers and Expungement for a Tier 2 crime:

- If your provider has a certificate of rehabilitation or an expungement for a Tier 2 crime, they may be eligible to be an IHSS provider. They should provide copies of their certification of rehabilitation or documentation regarding the expungement with their completed SOC 426.
- If they are in the process of having a crime expunged, they should complete the expungement process before continuing the criminal background check.

Individual Waiver of Exclusion for a Tier 2 crime:

An individual waiver allows you as the consumer to state that you choose to hire this provider in spite of their criminal conviction(s) and therefore you request an individual waiver. This waiver is good only for services to the consumer who signs the waiver.

- You the consumer must request and submit the Recipient Request for Provider Waiver (SOC 862) to the County IHSS Office to allow your chosen provider to provide services.
- Your provider should know that you, the consumer who wants to hire them, must be told of their conviction; however, when given the information you will be directed to keep the conviction information confidential.

General Exception for a Tier 2 crime:

An individual who has been found ineligible to be enrolled as a provider based on a conviction for a Tier 2 crime, but who wishes to be listed on a provider registry, may apply for a general exception of the exclusion. They should contact the county for details on how to proceed with this process.

If your provider believes the information on their criminal background is incorrect, they can dispute the information through the DOJ record review process.

The DOJ record review process includes submitting fingerprints, paying a processing fee and following the instructions found on the DOJ website at <http://ag.ca.gov/fingerprints/security.php>. If there is criminal information on their record, a Claim of Alleged Inaccuracy or Incompleteness (FORM BCII 8706) will be included along with the response.

Your Provider may request an appeal of their provider enrollment denial if they believe the county's denial was in error.

- Your provider must request an appeal review within sixty (60) calendar days of the date they received the notice informing them that the county has denied their eligibility to serve as an IHSS provider. The county will provide your provider with the steps required to appeal or your provider can contact the appeals Unit at (916) 556-1156 or send a letter to the following address:

California Department of Social Services
Adult Programs Branch
IHSS Provider Enrollment Appeals Unit, MS 19-04
P.O. Box 944243
Sacramento, CA 94244-2430

- The California Department of Social Services (CDSS), IHSS Provider Enrollment Appeals Unit (PEAU), will review the information provided by your provider and the county/Public Authority/Non-Profit Consortium and will make a decision regarding your eligibility.

You should encourage your provider to maintain copies of all documents they submitted and/or received for their records.

Providers cannot be paid until the entire enrollment process is complete and Payroll receives and processes the enrollment form. A provider who completes the process and is approved will be paid from the date you stated they began to work. For this reason it is important that you begin to track hours worked from the date of hire.

Deciding When to Fire a Provider

The decision to replace a provider should be considered carefully. It is difficult and usually unpleasant to tell someone that you no longer need his/her services. It is also hard work to find a new provider. So, there is reason to invest some energy in making a list of the provider's shortcomings, ranking them in order of importance, and then respectfully discussing with your provider the most important improvements you would like to see in his/her job performance. You can enlist the aid of your social worker or someone from the Public Authority in communicating your concerns to the provider. If your provider is willing to work on his/her skills and willing to try to meet your expectations, it may save you time in the long run to give him/her a chance.

On the other hand, if your provider is not being respectful or is treating you in an abusive or threatening manner, you should end their employment quickly, seeking help, if you need it, to do so. You may refer to the list of minor and major offenses in Chapter 3 of this handbook to help you recognize unacceptable behavior on the part of a provider. Your personal safety is most important. Contact your social worker, the Public Authority's Registry, friends and family members to help you through the transition to a new provider.

If you have decided to replace a provider and the situation is tolerable, it is best to give the provider a two-week notice. This gives them time to look for a new position and it gives you time to start the process of finding a replacement.



Getting Started with a New Provider

Starting Off on the Right Foot

During your first meeting with a new provider, you should summarize many of the things you discussed during the job interview. You will review the authorized tasks that the provider will be doing for you, showing the provider where necessary supplies are kept and how you would like things done, and you will go over the provider's work schedule so that you are both clear on what days the provider will be coming and how many hours the provider will work each day. Then, you will want to share with the provider all of the information the provider needs to give you the best care and protect you if an emergency occurs. Providers need to know the following information:

- Any health issues you have that will require special actions on the provider's part.
- How to correctly use any special equipment that helps you with your daily activities or maintains your health.
- Any allergies or special dietary concerns and how you would like the provider to respond to these concerns.
- If you need assistance with self-administration of medication, how your medications are organized so that the provider can help you take them correctly. If you do not already have a system for organizing your medications, ask your provider to work with you in setting up a system for managing your medications. The system should include a list of medications, including the schedule and amount.

Getting Started with a New Provider

- Who to contact in case of an emergency. If you have a “File of Life” that summarizes the names and telephone numbers for your doctor, social worker, and key family members and friends, show the provider where this is kept. If you do not have a “File of Life,” create one with the help of friends, family members and your provider. This should include a list of phone numbers for doctors, clinics, therapists, social workers, relatives or friends to call in the event of an emergency.
- How to get out of the house in case of an emergency
- The best times for you to contact each other and all of the phone numbers where each of you can be reached.
- How you will track the hours your provider works and how you will each check to make sure that the hours worked are correctly entered on the time sheet every two weeks. Consider using a task grid to assign tasks and summarize hours worked on a daily basis. Task grids are discussed later in this chapter. A sample task grid appears at the end of the chapter.

Issues to Discuss with a New Provider

There are some important issues that you should always discuss when a provider begins work for you. Even if these issues were mentioned during the job interview, you should talk about them again. Some of the issues affect the health of both the consumer and the provider and some have been found to lead to misunderstandings that can disrupt the relationship between employer and employee. It is best to deal with any potentially difficult issues in the beginning. This gives the provider a chance to change their mind if some of the conditions of employment are unacceptable. It also gives you an opportunity to change your mind if you cannot agree on the provision of necessary services or if the provider discloses health conditions that make you uncomfortable.

Identifying responsibility for transportation to medical appointments and errands

If you have authorized hours for accompaniment to medical appointments, shopping or other errands, you and your provider need to know that IHSS does not pay for the cost of gas, insurance, or public transportation. Since IHSS does not cover these costs, it is important for you and your provider to determine – at the time of hiring – who will pay these costs. This decision should be included in the job agreement, which is discussed later in this chapter. Being clear about this issue from the beginning will lessen the chance of misunderstandings later.

If the provider will be driving his/her own car, you should discuss whether you will pay for gas. Make sure that the provider's insurance is up to date and covers you as a passenger and ask to see a valid Driver's License and a copy of their DMV record. If the provider will be driving your car, you should provide proof of current insurance that covers both persons in case of an accident and ask to see the provider's current Driver's License and a copy of their DMV record. If the provider will use public transportation to accompany you to medical appointments and for shopping or other errands, you should discuss whether you will pay for public transportation.

IHSS pays for the provider's time to accompany you to and from medical appointments, but it does not pay the provider to wait during the medical appointment. You may want to suggest that the provider use this waiting time to complete his/her own errands, phone calls or other personal business.

Paramedical services

If you require paramedical services, you should discuss this with the provider during the job interview. Some providers will not want the responsibility that comes with this type of care. The first day on the job is the time to review the paramedical services you need and to make arrangements for the new provider to be trained by your doctor or nurse in how to administer the service. IHSS regulations require that a licensed health care professional order and supervise paramedical services. The provider should not perform any

paramedical service unless a licensed health care professional has taught them how to provide the service, explained the risks involved, and told them what to do in an emergency if something goes wrong. Paramedical services include:

- Administering medication or giving injections
- Blood/Urine testing
- Wound care
- Catheter care and ostomy irrigation
- Any treatments requiring sterile procedures
- Enemas, digital stimulation, or the insertion of suppositories
- Tube feeding
- Suctioning

Disclosing infectious diseases

Consumers and providers are strongly encouraged to disclose to each other whatever health conditions they have that may negatively affect the health of the other. This includes all infectious diseases, including HIV, Hepatitis, Tuberculosis (TB), and others. If you are concerned about your own possible exposure to TB, you may ask to see proof of your provider's negative test. Make sure your providers use universal precautions against infectious disease all the time, whether or not there is disclosure of a medical condition. (See Chapter 9, Safety.)

If you have hired a provider from the Public Authority Registry, remind them to let the Registry know that they have accepted a job. (You should do this as well.) Unless they want to work additional hours for another client, they should ask to be placed on the inactive list. When the provider stops working for you, the provider can ask to be reinstated to the Registry's active list. If the provider wants to work additional hours for another client, the provider should remain on the active list. To do this, the provider must call the Registry once a month to confirm his/her active status. It would be helpful if you reminded the provider that it is his/her responsibility to do this.

Job Agreement

A clear understanding of job duties and work schedule at the beginning of a job can reduce the likelihood of conflict or misunderstanding later. When you put that understanding in writing, you have a job agreement or contract. You can use the form on the next two pages as a basis for discussion with your new provider. This discussion should cover:

- The duties to be performed within the authorized hours
- The expectations and standards you each have
- When and how the duties are to be performed

A completed and signed job agreement can be used to remind you and your provider of your respective responsibilities.

IHSS CONSUMER and PROVIDER JOB AGREEMENT

1. This job agreement is between:

_____ and _____
 Employer (Print consumer name) Employee (Print provider name)

2. The consumer and provider agree to the following general principles.

The consumer agrees to:

- Assign and direct the work of the provider
- Give the provider advance notice, whenever possible, when hours or duties change
- Only ask the provider to do work for the consumer
- Sign the provider's time sheet if it reflects the hours that were worked

The provider agrees to:

- Perform the agreed-upon tasks and duties (see duties and responsibilities below)
- Call the consumer as soon as possible if they are late, sick or unable to work
- Come to work on time (see hours of work below)
- Not make personal or long distance telephone calls while at work
- Not ask to borrow money or ask for a cash advance
- Give the consumer a two-week notice, whenever possible, before leaving the job

3. The provider will be paid at the rate set by the county for IHSS providers.

4. The total number of hours per week for this job are _____.

5. The hours of work for this job are shown below. Changes in the scheduled days and hours are to be negotiated by both parties, with advance notice. (It may be necessary for providers to work split shifts each day in order to meet the consumer's need. This should be discussed both at the interview and again at the beginning of the work period.)

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start							
End							
Start 2							
End 2							

6. Will consumer pay provider for gas used to drive to shopping or medical appointments?
 ___ No ___ Yes

7. Does consumer have a Share-of-Cost?
 ___ No ___ Yes
 If yes, indicate maximum amount: _____

8. The duties and responsibilities for this job are shown below. The consumer should mark the tasks they need the provider to do and show how often the task needs to be done (D=Daily, W=Weekly, M=Monthly, O=Other). If a task needs to be done on a different schedule, the consumer should write this in next to the task.

D=Daily W=Weekly M=Monthly O=Other



Meals

- Prepare meals
- Meal cleanup
- Wash dishes
- Help with eating



Cleaning and Laundry

- Empty trash
- Wipe counter
- Clean sinks
- Clean stove top
- Clean oven
- Clean refrigerator
- Vacuum/sweep
- Dust
- Mop kitchen & bathroom floors
- Clean bathroom
- Make bed
- Change bed linen
- Routine laundry (wash, dry, fold and put away laundry)
- Heavy house cleaning (one-time only with approval from IHSS)



Shopping

- Grocery shopping
- Other shopping errands



Non-Medical Personal Services

- Dressing
 - Grooming and oral hygiene
 - Bathing
 - Bed baths
 - Bowel and bladder care
 - Menstrual care
 - Help with walking
 - Move in and out of bed
 - Help on/off seat or in/out of vehicle
 - Repositioning
 - Rub skin
 - Care/assistance with prosthesis
 - Respiration assistance
 - Other personal services:
-



Paramedical Services

- Administration of medication
 - Blood sugar checks
 - Injections
 - Other paramedical services:
-



Transportation Services

- Escorting to medical appointments
- Escorting to alternative resources

The consumer and provider, by signing this document, agree to the terms outlined above. If the agreement changes, both parties will initial and date the changes.

Consumer Signature

Provider Signature

Date Phone Number

Date Phone Number

Task Grid

The authorized tasks summarized on the job agreement can be checked off on a task grid that you can use to direct your provider's work. (See a sample task grid on the following pages.) Each task grid covers a two-week period. This allows you to change what tasks you want done on particular days and, if you save the completed grids, gives you a permanent record of the hours your provider worked. If you have multiple providers, you would have a separate task grid for each provider with their assigned hours and tasks. This makes it easy for you to check that together they are not working more than the authorized number of hours.

To complete the grid, write the provider's name, the month and total authorized (scheduled) hours for the month in the top row. Then, fill in the days of the week starting with the 1st or the 16th day of the month and the number of hours scheduled for each day. Finally, check off the tasks you want done each day in the column for that day. Columns for days your provider does not work will be blank.

At the end of *each day*, both you and your provider should initial the total hours worked that day in the spaces provided at the bottom of the task grid. It is important to do this while the day is fresh in your mind. The "total hours worked" row should sum to no more than half the number of authorized hours for the month – assuming that you need help on a fairly continuous basis. At the end of each two-week period, your provider can use the task grid to complete their time sheet, copying the number of hours worked each day from the task grid onto the time sheet. Remember that it is your responsibility to ensure that the task grid accurately reflects the hours worked and the time sheet accurately reflects the hours noted on the task grid. It is also your responsibility to make sure that the total hours worked in a month by all providers do not exceed the total hours authorized.

IHSS Task Grid - Meals and Cleaning		Month: _____	Total Authorized Hours for Month: _____
Provider Name: _____			
Day of the week: _____			
Date: _____			
Hours scheduled for day: _____			
Meals	Meal preparation		
	Help with eating		
	Wash dishes and clean up kitchen		
	Menu planning/shopping list		
	Shopping for food		
Cleaning	Empty trash		
	Clean kitchen surfaces/appliances		
	Throw out spoiled food		
	Make bed		
	Change linen		
	Clutter management/tidy up		
	Dust		
	Clean bathroom		
	Sweep/vacuum		
	Mop		
Laundry/ironing			



Supervising Your Provider

As an IHSS consumer, one of your on-going responsibilities is supervising your provider. Supervision involves:

- Setting priorities for the tasks to be completed each day
- Communicating your preferences for how things are done
- Maintaining reasonable expectations for your provider's job performance
- Providing feedback on his/her work
- Making sure the provider uses his/her time appropriately
- Documenting expenditures

These responsibilities may feel awkward at first, but experience will build confidence in your supervision skills.

Setting Priorities

One of your first supervisory responsibilities is to let your provider know which tasks are most important to accomplish on a particular day. The provider may not be able to complete all of the tasks that day, but you want the provider to get to the most important ones. The task grid provided in Chapter 5 of this handbook may help you organize your priorities for your provider. The task grid starts out as a plan for things that need doing over a two-week period—a plan that will probably be changed by medical appointments, variations in your health status and unplanned events.

Communicating Preferences

For better or for worse, we all like things done a certain way, whether it's the way dishes are stacked in the dishwasher, toilet-paper spools out of the dispenser, or stains are cleaned from the sink. A provider working in your home should follow your preferences for how household and personal tasks are accomplished. Each time your provider takes on a new task, it is helpful for you to explain in detail how you would like him/her to do it. In the beginning, you may need to remind the provider how you would like him/her to do the task several times because the provider will be learning many new things at once – and in a strange environment – so not everything you communicate will “stick.” Be patient and don't forget to praise your provider when s/he does the task correctly. This helps to reinforce the way you would like things done.

Preferences, of course, include specific brands of foods and other household items. Be as specific as you can in describing brand preferences, using brand names and the volume desired (e.g., a 15-oz. can of Brand X tomato soup) rather than “the small can with the blue label.” Write out a detailed shopping list so that your provider has something clear to refer to and check off.

Let your provider know if you have allergies to laundry detergents, bleaches, or fabric softeners. You should also tell your provider about any preferences for specific laundry detergent brands and let them know if you want them to use bleach or fabric softener for some of your laundry.

If you are receiving assistance with personal care, it is particularly important for you to communicate and demonstrate how you want tasks performed. You may find it more comfortable to start with the less personal tasks first—if you have that luxury—when you are training a new provider. As you get to know and trust each other, it will get easier to perform and accept this assistance.

Maintaining Reasonable Expectations

You should expect that it will take a new provider longer to complete the authorized tasks than one who has been with you for some time. Adjust your expectations accordingly and give a new provider time to “come up to speed.” Remember, too, that medical appointments may prevent your provider from completing other tasks that day – particularly if your appointment is a great

distance from your home. One option that serves both of your needs is to have the provider complete those tasks on another day.

Another reason to keep your expectations within bounds is that the hours authorized by IHSS for a specific task do not necessarily reflect the time it takes to accomplish that task in your household. If a task completed to your satisfaction takes longer than the hours authorized, you should work on accepting that the completed task may not meet your expectations. Flexibility on your part may be required. You can also talk to your social worker if you feel that the time assessed for a task is insufficient.

Providing Feedback

Giving praise

It is important to praise your provider when s/he is completing tasks the way you like them done and when s/he is working efficiently – making good use of his/her time and getting things accomplished. A couple of sentences are all that is required. For example: “I liked the dinner you prepared today. It tasted really great!” This tells the provider that you notice what s/he is doing, that you care about how s/he does it, and that you appreciate his/her efforts to please you.

Offering correction

It is equally important to let your providers know when they are not doing things correctly and to let them know sooner rather than later. In the end, it is unfair to the provider to pretend that s/he is performing a task correctly when, inside you feel the provider is not. It is hard not to get resentful if your provider is not making the best use of his/her time or not doing things the way you would like. It’s only fair to let the provider know so s/he can adjust his/her behavior. Assume that your provider wants to do the best job possible.

- Discuss problems as they arise – don’t bottle them up. Discuss them firmly and calmly.
- When offering corrections, first try to comment on a task that has been done correctly. Then let the caregiver know pleasantly but firmly, how you want the incorrectly performed task done.

- When making corrections, start by saying something positive, for example: “I am happy to see the bathroom so clean. But next time, could you please remember to rinse out the tub more thoroughly?”
- Explaining why you like a task performed a certain way or why you need the provider to be reliable and prompt in showing up for work also make the requests more acceptable. Sometimes, a provider may not understand the consequences of being late or doing something a different way.
- Avoid blaming or humiliating your provider. This will damage your relationship and increase the chance that your provider will look for another job. If you find it difficult to communicate with your provider, ask for help from a family member or friend, your social worker or a Registry Specialist at the IHSS Public Authority.
- Treating your providers with respect will encourage them to be respectful of you in return.

Appropriate Use of Time

An important way to show respect for your providers is to confine their work to the tasks authorized by your IHSS social worker. It is tempting to ask them to help with other household jobs, but the IHSS program can only pay for a limited range of tasks. If you need help with tasks not covered by the IHSS program, you will need to identify family members, friends, church volunteers, or others who can provide assistance. You may need to give up some responsibilities if you cannot manage them on your own and no one is available to help you. Maintaining a pet is one example. If you are unable to walk a dog or change a cat’s litter box, you may have to give up pet ownership unless you have a friend or neighbor who can help you with these activities.

You should not ask your IHSS provider to do unauthorized tasks. Doing so puts providers in a difficult position and they may be afraid they will lose their job if they refuse your request. It also puts them at risk because providers are not covered by Workers’ Compensation Insurance if they are hurt while doing unauthorized work.

The following are examples of services that **are not** paid for by the IHSS program:

- Washing the dog. Scooping up dog droppings.
- Changing the cat litter box.
- Washing windows.
- Cleaning/shampooing carpets or rugs.
- Washing down cupboards, walls or window coverings.
- Watering plants, mowing the lawn, or any gardening.
- Weekly ironing, beyond just a few items.
- Cleaning the house while you are in the hospital or away from your home on vacation or for other reasons.
- Cooking or cleaning for other family members in your home unless they are also on IHSS.
- Transportation to do bill paying, unless it is to deliver a delinquent payment to avoid a utility being shut-off.
- Paying bills.

In addition, IHSS **does not** provide reimbursement for:

- The time it takes a provider to get to your home.
- Bus fare for the provider to do your shopping or errands.
- Gas for the provider to do your shopping, errands, or to take you to medical appointments. It is important to work out an agreement with your provider about how you will handle the issue of gas money.

As your provider's employer and supervisor, it is also your responsibility to remind the provider that s/he is being paid to complete the authorized tasks and that the provider should be using his/her time in your home to do these tasks efficiently. The following are not appropriate provider activities during work hours:

- Making personal telephone calls
- Watching TV

- Spending too much time talking with you
- Bringing children or others to work with them
- Reading or engaging in personal business or activities.

Documenting Expenditures

If your provider is authorized to shop and run errands for you, in addition to giving him/her a list of the items you need, you need to give the provider the money to pay for the items. It protects both you and your provider to keep a log of the amount of money given, the amount spent and the amount of change returned. A notebook is useful for this purpose. You can have a column for the date, a column for the amount of money given, a place for you and the provider to initial that amount, a column for the amount spent as indicated by the receipts, and a column for the amount of change returned along with a place for your initials. A sample expenditure form is included at the end of this chapter. The following is an example of how to fill out this form:

Date	Money given to provider by consumer			Amount Spent (from Receipts)	Change returned to consumer by provider		
	Amount \$	Consumer Initials	Provider Initials		Amount \$	Consumer Initials	Provider Initials
10/15/06	\$20	FM	SS	\$16.85	\$3.15	FM	SS
10/22/06	\$5	FM	SS	\$4.25	\$0.75	FM	SS

If you keep the receipts in a large manila envelope or folding file, you can easily answer any questions that arise about the exchange of money. No one's memory is good enough to keep track of expenditures without documentation. Keeping good financial records is a part of your supervisory responsibilities as an employer. It is also an investment in the relationship with your provider.



Communication

Your ability to communicate with your provider, social worker, doctor and family directly affects the quality of care you receive. Learn to clearly express your needs and do not hesitate to ask questions about things you do not understand – whether these involve the IHSS program, your health, or your provider’s approach to his/her job. Communication begins with good observation and clarifying questions.

Communicating with Your Provider

The following tips can help you develop a good relationship with your provider:

- Take time to learn about your provider.
- Discover his/her favorite foods, clothes, games, music, animals, recipes, or memories. Include these favorites in conversations when you are supervising their work.
- Learn the name your provider prefers and use that name.
- Observe your provider’s use of humor.
- Learn about your provider’s perception of time and punctuality and be clear about the differences, if any, in how you see things.
- Note how the provider uses and interprets body language.
- Note the provider’s preferred ways of greeting.
- Listen and show respect for your provider’s concerns. Take time to understand the ways your provider interprets communication.

- Show your provider how you want him/her to help you with personal tasks. It may be easier to start with the less personal tasks first. As you get to know each other better, you will both become more comfortable with these tasks.

There are several techniques to remember in communicating with your provider.

Set a comfortable pace for conversation. Your provider may need time to process the information you are giving them. Do not speak too quickly. Find a pace that is comfortable for the provider. You can watch his/her facial expressions to find out whether the provider fully understands what you are saying. If you are not sure, ask.

“Please let me know if I am going too fast. I will be happy to slow down.”

Actively listen. Many cultures expect that people will make eye contact when they are listening to someone else. Listening in this way communicates interest and respect. Active listening is the first step in resolving problems.

Make “I” statements. Take responsibility for your own feelings and respect your provider’s feelings. Remember – people’s feelings are their own and no one can tell them they do not or should not feel a particular way. The pattern for an “I” statement is: “I see/hear/feel (state the issue at hand). It makes me feel (state your feelings). I need (state a possible solution).”

Accept your provider’s individuality. Accept your providers as they are and be open to how they may change over time. Respect their right to be an individual rather than criticizing them because they are different from you. Sometimes cultural differences between a provider and consumer lead to misunderstandings. Since there is no right or wrong culture, it is helpful to identify when cultural preferences are behind a disagreement. Using “I” statements, you can help each other understand how your separate cultures do things. Keep in mind that you may be asking a provider to do things that conflict with, or at least differ from, his/her culture’s way of doing things. Expect that this may take some adjustment on his/her part.

If you and your provider do not speak the same language, you may want to get help translating key words and phrases that you both can use in communicating. Be sure to include words and phrases that identify an emergency so that your provider can take appropriate action.

Communicating with Others

Communicating effectively with your provider is one of your most important responsibilities. A supportive provider can, in turn, help you communicate with your social worker, doctor, nurse, and family. You can help your provider do this by posting a list of their names and phone numbers in an easy-to-find location and indicating which you should call first in an emergency.

It is helpful for your provider to know your health history, if you feel comfortable sharing it with them. Ask your provider to help you note significant changes in your condition and abilities and help you communicate these changes to the appropriate person.

With your permission, your provider can also discuss with your doctor or nurse any special dietary needs, preventive measures or danger signals that they need to be aware of. The doctor or nurse can also tell your provider how to respond in different emergency situations and how to administer certain medical procedures, if these are required. You can also ask your provider to read about universal precautions and other safety measures in the last chapter of this book.

Finally, you should create a “Power of Attorney for Health Care” or advanced directive and a will. The “Power of Attorney for Health Care” or advanced directive states your wishes for resuscitation and end-of-life care and authorizes a family member or friend to make decisions on your behalf if you are unable to. A will indicates how your property should be distributed after your death. If you want particular individuals to have a particular piece of jewelry or a favorite quilt, you put that in your will and name an executor who will see that your wishes are carried out. It is important to tell your provider, family members and friends where these documents are stored in case of an emergency and to give your doctors copies of the “Power of Attorney for Health Care” or advanced directive.



Setting and Maintaining Boundaries

The previous chapter focused on how consumers show respect for their providers and build trusting relationships. Hopefully, providers, in turn, will be respectful of their clients. This chapter discusses some ways in which providers may, without meaning to, be disrespectful to their clients. The following discussion is designed to help consumers recognize disrespectful treatment and offers ideas about how to set reasonable limits to protect themselves from inappropriate requests and behaviors. This chapter also considers the problem of abusive behavior and recognizing and reporting these behaviors.

Setting Boundaries

Restrictions on tasks and hours

As an employer, you have the responsibility of supervising providers in the performance of tasks that have been authorized by the IHSS social worker. It is against the rules for an IHSS consumer to ask his/her provider to do a task that has not been authorized. It is also against the rules for the consumer to ask his/her provider to work more hours than have been authorized. These requests are disrespectful of the provider because IHSS will not pay for the extra hours.

On the other hand, providers who do not have a good understanding of the IHSS program may think that the authorized hours “belong” to the provider and may ask their employer to pay them for the total number of hours, whether they work them or not. This request is inappropriate and reflects a misunderstanding of the program. If your provider makes such a request, you can explain that, in the IHSS program, authorized hours belong to the

consumer. Consumers do not need to use all of their hours each month. Indeed, if the consumer is hospitalized or goes on vacation, no hours can be reported or paid for that time. Paying a provider for hours they do not work is fraud. If your provider has any questions about these rules, ask them to speak with your social worker.

Professional behavior when the workplace is a home

Another boundary issue concerns the definition of your home as a workplace. Providers with small children may want to bring their children to your home when they come to work for you. This is unprofessional and unacceptable. Children need supervision. The provider is being paid by the State to take care of your needs. They cannot do that and care for their children at the same time. Explain to your provider that your home is the provider's workplace. They should not accept a position as a homecare provider unless they have someone to care for their children.

Similarly, it may be tempting for providers to spend too much time talking with you or watching television when they should be performing the needed tasks. It is sometimes difficult to be in a home without feeling like a guest because most people don't think of a private home as a place of work. Your provider may need to be reminded, gently, that s/he is not being paid to keep you company.

Providers should also respect a client's property. They should bring their own lunch or dinner if they will be working in the client's home at meal time. They should not use the client's property or belongings for their own needs. This means that providers should not use the client's telephone or car for personal business, nor borrow money, supplies, equipment, or household goods. In cleaning and preparing meals for you, your provider should also use your supplies and food efficiently. As the employer, you may have to explain some of these limitations on the provider's behavior and help the provider understand that when the provider is in your home, s/he is an employee, not a guest.

Protecting your privacy

Finally, providers should respect their client's privacy. Your name, address, health, family situation or behaviors should not be shared with anyone. Consider carefully what information you share with your provider. It is important for your provider to know about your health conditions because you may have to depend upon your provider to take the right action in an emergency. Providers should also know which family members to contact in an emergency. But they usually do not need to know anything about you and your family members' lives or economic situation. Providers should not have access to your check book or bank accounts, or to money kept in your home. Valuable mementos should be kept in a private place. You do not need to share either their existence or their location with your provider.

Handling Money Appropriately

IHSS consumers frequently ask their providers to shop for them. This involves spending the consumer's money and returning change from the purchases. You can protect yourself by following these steps:

- If you ask the provider to take money from your purse or wallet, ask the provider to bring the purse or wallet to you, and watch the provider remove the bills.
- Verify the amount of money the provider is taking and record the amount in a log book, on a note or on the shopping list. The log book offers a more permanent record.
- When the provider returns, count the change and ask the provider to initial the receipt.
- Do not loan money to the provider.
- Do not borrow money from the provider, even if the provider offers it.
- Never ask the provider to contribute to anything, join anything, or buy anything.

Unless you are a relative or a close friend, you should not be involved in your provider's legal and financial affairs.

Keeping Belongings Safe

Trust between an employer and an employee develops gradually in any setting. In your home, you can help your provider respect your privacy and your belongings – building trust between the two of you -- by clearly defining boundaries for acceptable behavior and by limiting the provider's access to private papers and storage areas within your home. Here are some ways to help define boundaries:

- Don't let your provider sign your name at any time.
- Don't sign a timesheet that is incorrect.
- Do not add your provider's name to savings, checking or charge accounts.
- Ask for a receipt if you give money to your provider to purchase something for you.
- Do not leave valuables or important documents in a clearly visible location.
- Keep an eye on things such as phone usage, medications, etc.
- Try not to get overly involved with your employee's private life or lend things like money, vehicles, or furniture.

Recognizing Abusive Behaviors

Sometimes a provider, family member or friend steps over the line and becomes disrespectful or even abusive to an IHSS consumer. If you feel uncomfortable around your provider because of disrespectful treatment, or if you observe your provider taking advantage of you or mistreating you: it is important that you let your social worker know about the situation immediately. Describe the provider's behaviors to friends, family members, and your social worker; and ask them to help you evaluate whether you are seriously at risk in keeping this provider.

In California, abusing a dependent adult or an elderly person is a crime punishable by law. Criminal abuse of elderly and dependent adults includes physical or sexual abuse, financial abuse, neglect, and psychological abuse or intimidation. Some examples of each include:

Physical or sexual abuse

- Pushing, shoving, or pulling.
- Cuts, lacerations, bruises, welts.
- Any injury that is incompatible with the consumer's health history or not properly cared for.
- Poor skin condition or hygiene.
- Absence of hair and/or hemorrhaging scalp.
- Dehydration, malnourishment or unexplained weight-loss
- Cigarette burns or rope marks.
- Soiled clothing or bed.
- Physical coercion, confinement. A consumer may not be locked in rooms, tied down, or overmedicated
- Unwanted sexual advances, including assault accomplished through coercion, intimidation, force, or fear.

Financial abuse

- Opening new credit cards in consumer's name or asking to be added to a consumer's existing credit card or other accounts.
- Unusual or inappropriate activity in the consumer's bank account.
- Signatures on checks and other documents that do not resemble the consumer's signature.
- "Power of Attorney" signed, or recent changes in a will, when the consumer does not remember making such decisions.
- Lack of amenities that the consumer can afford, such as clothing, food, or medicine.
- Unpaid bills or overdue rent—when someone is supposed to be paying the bill.
- Extortion or fraud
- Missing personal belongings such as silverware or jewelry.

Neglect by the provider or family members

- Safety hazards in the environment
- Unattended rashes, sores, lice
- Inadequate food or water
- Insufficient heating or cooling
- Infrequent baths
- Infrequent changes of bedding and clothing
- Limited access to medical treatment
- Abandonment

Psychological abuse or intimidation

- The consumer may not be given the opportunity to speak for him/herself.
- Family members or provider “blames” the consumer for incontinence, stating that it is a “deliberate act” to get attention.
- Aggressive behavior (threats, insults, harassment) towards the consumer.
- Family member or provider problems with controlled substances (alcohol, drugs).
- Deliberate social isolation from family or friends, or restriction of the consumer’s regular activity.
- Conflicting accounts of incidents by the provider, family, supporters, and the consumer.
- Unwillingness or reluctance by the provider or family members to comply with care planning and implementation.
- Inappropriate defensiveness by the provider.
- Feelings of fear, depression or confusion on the part of the consumer.

Reporting Abuse

If you are being subjected to any form of abuse, report the situation to your local law enforcement agency, Adult Protective Services (APS) or the Sheriff's Office. It is important to get help, even if your abuser is a family member. There are people and organizations in every community who want to keep dependent and elderly adults safe. Don't be afraid to reach out and let them help you.

Finally, homecare providers are, under California law, "mandated reporters." This means that they must report to APS or law enforcement any abuse that they observe. If a provider observes abuse of his/her client by a family member, the provider is obligated to report that abuse to the authorities.

So if you are being abused by a family member, seek help from your provider in reporting that abuse. If you are being abused by a provider, seek help from your family, friends or social worker in reporting the abuse, and firing or otherwise controlling your provider.



Enrolling and Paying Your Provider

The Enrollment Process

To enroll a new provider, follow the process as outlined in Chapter 4, Section: Enrolling Your Provider.

As the employer, you can help your providers by reminding them to complete this process promptly. This will reduce the time it takes for their first paycheck to arrive.

When the IHSS payroll office receives the enrollment form, they will send the provider a timesheet in the mail. Providers will need to complete a timesheet at the end of each pay period. Both the provider and the consumer must sign and date the timesheet, and it must be mailed to the address printed on the timesheet. When a new provider is enrolled, they may receive more than one timesheet initially, representing the pay periods in which they worked while completing the enrollment process. These “catch up” Timesheets cannot be issued until the process is complete including the background clearance from the Department of Justice and the provider Social Security number is verified by Social Security.

Once the timesheet process is initiated your provider should receive their paycheck within 10 business days or 14 calendar days from the date the completed timesheet is received in the Payroll office. This timeline may be affected by holidays which are non business days. A timesheet for the next pay period is attached to each paycheck. IHSS pay periods run from the 1st of the month through the 15th and from the 16th through the last day of the month.

The Consumer's Timesheet Responsibilities

As the on-site employer, the consumer is responsible for keeping track of the number of hours a provider works each day and checking to make sure that the correct number of hours are entered on timesheets. Maintaining a task grid is one way to keep track of the number of hours worked. (See Chapter 5 for a sample task grid and a discussion of how to use it.) The provider can copy hours directly from the task grid to the timesheet and the consumer can compare the two to make sure they match.

If the consumer has multiple providers, they must also make sure that each provider does not report more than the number of hours they have been assigned. The assigned hours should be written on each provider's task grid. This helps the consumer and provider stay within the assigned number of hours and helps the consumer when they are checking the accuracy of the timesheet. Providers who work more than the assigned number of hours will not be paid for the extra hours. Consumers who allow their providers to work more than the authorized hours are taking advantage of their providers and risk losing them.

Timesheets should be completed after the first pay period, which ends on the 15th, and after the second pay period, which ends the last day of each month. After you and your provider sign the timesheet, your provider should make a photocopy of the timesheet and mail the original immediately to the address given on the form. You can help your provider receive their paycheck promptly by making sure that the timesheet is filled out correctly, signing it, and encouraging the provider to mail it immediately.

Payroll inputs timesheets the same day or the day after they are received, but incorrect timesheets take longer to process. If a timesheet has errors or is not complete, the provider's paycheck will be delayed. Incorrect timesheets will be returned to the provider so they can be completed correctly. The consumer and provider can avoid timesheet errors by reading the directions on how to fill out timesheets correctly that Payroll sends with the initial timesheet. These directions are also included in this chapter.

The provider's paycheck is mailed from the payroll processing facility and should be received within ten business days from the date the timesheet was received. If the provider loses their check or does not receive it within 10 business days from the date the timesheet was received in the payroll office, the provider should call their county payroll.

How to Fill Out a Timesheet

A provider's regular timesheet is printed by a computer and should already have the following information printed on it:

1. The consumer's and provider's name and address.
2. The consumer's and provider's identification numbers.
3. The number of service hours authorized for the consumer. The timesheet for the first half of the month shows the hours for the whole month. The hours shown on the timesheet for the second half of the month are the total hours for the month minus the hours paid in the first half of the month. If a consumer has multiple providers, the hours remaining include those assigned to other caregivers. It is the consumer's responsibility to let each provider know how many of the remaining hours are assigned to them. The State has no way to know how individual consumers assign hours to multiple providers. It is crucial that the consumer assign these hours at the beginning of the two week period, long before the new timesheet arrives. Otherwise, providers could work more than the remaining number of hours. In that case, they would not be paid for their work.
4. The dates of the pay period (including month and year).
5. The consumer's Share-of-Cost (if any). This is the maximum amount of money the consumer pays the provider directly for IHSS services during the month.
6. Any reduction in the check for a prior overpayment.
7. The IHSS Payroll Address where the provider should mail the completed timesheet.
8. The employee number of the consumer's IHSS social worker.

Enrolling and Paying Your Provider

If the timesheet is filled out correctly and submitted on time, the provider will receive their paycheck within 10 business days from the time it was received. The check will be delayed if the timesheet is torn, unreadable or incorrectly completed. It will also be delayed if it is turned in too early – before the end of the pay period – or too late.

Here are some tips to help you and your provider avoid timesheet problems:

Use black or blue ink **only** to write the hours worked. Numbers must be readable. *Timesheets completed in pencil will not be accepted.*

Write the number of hours worked in the boxes under the dates. The provider should fill in the number of hours s/he worked each day of the pay period on the day worked unless s/he is doing this on a task grid.

Check to make sure the hours reported for the days worked during the pay period are equal to, or less than, the hours authorized for that pay period.

Do not cross out or change provider or consumer names in the identification boxes at the top of the timesheet. Acceptable timesheets are preprinted with the consumer and provider names. These can be obtained from the local IHSS payroll office.

Cross out mistakes in the hours reported and write in the correct information. Do not fix mistakes with correction tape or correction fluid. The consumer and provider must initial the correction.

Sign and date the timesheet in ink at the end of the pay period, and not before. Both the provider and the consumer must sign the timesheet after the hours have been worked.

Tear off the “Statement of Earnings and Deductions” before mailing.

Mail completed timesheet to the IHSS Payroll Mailing Address given on the form as soon as possible after the 15th and the last day of each month.

Send questions or inquiries to the consumer’s social worker in a separate envelope.

The State asks that providers fill in the number of hours worked each day of the pay period using decimals to designate partial hours. Each tenth (.1) of an hour equals 6 minutes. To convert minutes into tenths of an hour, simply divide the number of minutes worked by 6. For example, 2 hours and 48 minutes would be written 2.8. Or, you can use the conversion table below to find the tenth of an hour that matches the number of minutes worked.

Minutes in tenths of an hour:

1–6 minutes = .1	31–36 minutes = .6
7–12 minutes = .2	37–42 minutes = .7
13–18 minutes = .3	43–48 minutes = .8
19–24 minutes = .4	49–54 minutes = .9
25–30 minutes = .5	55–60 minutes = .10

Example: If a provider works 1 hour and 42 minutes they should write “1.7”.

For days that the provider does not work, they may leave the box blank or put an “0” or an “x” in the box. Sum up the total hours worked for the pay period and put that number in the far right hand box of the “Hours worked” row. Or, leave this box blank and IHSS Payroll will write in the total.

If the provider’s address changes, check the “yes” box where indicated on the front of the timesheet and write the new address on the back of the timesheet.

Please note that it is a violation of IHSS regulations for the provider and the consumer to submit a timesheet showing more hours than the provider actually worked.

Common Timesheet Mistakes

- Information is left out.
- The timesheet is not signed by both the provider and the consumer.
- A pencil is used to fill out or sign the timesheet.
- The numbers cannot be read.

- A mistake is covered with correction fluid (white out).
- The number of hours worked in the pay period is not entered correctly.
- Some of the information on the timesheet was torn off when the pay stub (the upper part of the form) was detached.
- The timesheet was mailed before the last day worked in the pay period.
- More hours are claimed than were authorized for payment.

Share-of-Cost (SOC)

Some IHSS consumers pay a share of the cost of their household and personal care directly to their provider. This happens when an applicant's age or disability status qualifies them for IHSS, but their income is higher than the Supplemental Security Income level. The State of California pays the remaining costs.

When you are interviewing a potential provider, you should tell them if you pay a SOC for their services. The maximum amount of your SOC should be included in your work agreement. This figure will be the maximum that you would pay directly to the provider.

An IHSS consumer with a Share-of-Cost (SOC) pays the consumer's share to the provider when the consumer receives an "Explanation of Share-of-Cost Letter" that identifies the amount of the SOC to be paid that pay period.

Typically, consumers will owe most, if not all, of their SOC for the first pay period of the month. The provider's paycheck for this period will arrive close to the end of the month. Consumers may need to plan ahead to have monies available if their monthly income arrives after the first of the month.

The State will deduct as much of the SOC as possible from the first pay period check. If first pay period earnings are greater than the SOC, all of the SOC will be deducted from the first pay period check. The consumer will pay the provider the full SOC for the month when that check arrives. If first pay period earnings are less than the SOC, the provider will receive a State paycheck for \$0.00 and the remaining SOC will be deducted from the second pay period check. In this case, the consumer will pay the provider part of the SOC when the first pay period check arrives and part when the second pay period check

is received. The Explanation of Share of Cost Letter will clearly explain how much you need to pay to your provider.

For consumers who receive IHSS as part of their Medi-Cal benefits, the consumer's total SOC can be applied to both IHSS and Medi-Cal services. In some months, the consumer may spend all of the SOC on Medi-Cal services. In that month, the consumer will not pay any of his/her SOC to the provider. Instead, the State will pay the provider for all the authorized hours the provider worked during that month. Please note that the amount the consumer pays to the provider may change with each paycheck issued, depending upon the amount of medical payments made by the consumer each month.

Here is an example:

Mrs. Smith has a share of cost of \$200 for the month of June.	\$200
She sees her doctor on the 5th and pays \$50 at the doctor's office	-\$50
She fills a prescription on the 6th and pays \$60 at the pharmacy	-60
Her provider submits her time sheet on the 16th	
Mrs. Smith receives letter stating she needs to pay her IHSS provider \$90	\$90

Conlan Claims

There may be a time when you have paid your doctor or your pharmacy and it is not recorded immediately. If this happens at the same time your provider's timesheet is being processed, you may find that you have paid your share of cost or part of it, twice. In order to be reimbursed this amount, you must be able to show proof of payment for both services.

When this happens you can contact the Department of Health Care Services Center at (916) 403-2007 and request a claims packet be mailed to you. Fill out the packet and return it as directed in the packet and your claim will be forwarded to the Conlan Claims unit at CDSS.

To request information on the status of your claim you may call (877) 508-1327. If your claim is denied you will receive information concerning your right to file for a fair hearing.

Advance Pay

Advance Pay is available to consumers who meet the IHSS definition for Severely Impaired. Your social worker can tell you if this is available to you. When you are paid by Advance Pay, IHSS pays the consumer at the beginning of the month, and the consumer then pays the provider (minus the withholding). Consumers track the hours each of their providers work and pay them accordingly. Providers then turn in only one timesheet at the end of each month representing all the hours they work in that month.

Although some deductions are removed from the monthly pay, some are not. Providers should be informed that all state and federal taxes remain their responsibility.

Payroll Deductions and Benefits

If you are an IHSS consumer with a family provider, you may be interested in knowing about the payroll deductions and benefits that affect your family member. This section explains the payroll deductions and the benefits available to all providers.

Deductions

IHSS providers are required to contribute to the federal Social Security system and some are required or may elect to contribute to State Disability Insurance (SDI). These contributions are deducted from the provider's paychecks. Each deduction is described in more detail below.

Social Security benefits are available if the provider becomes totally disabled or retires and meets certain eligibility requirements. The benefits include a monthly payment to the provider or their dependents from the Social Security system. The size of the payment depends upon their lifetime earnings and the number of years they contributed to the system. The provider will also be contributing to Medicare, a federally sponsored health care program. Medicare benefits will be available to the provider at age 65. They may qualify for Medicare before age 65 if they are receiving Social Security Disability (SSD) payments.

Federal Insurance Contributions Act (FICA). The Social Security deduction is called FICA. It is deducted from the paychecks of all IHSS providers except the parent provider of a child under 18 who is receiving IHSS. Your provider or family member may contact your local Social Security Administration Office for more information about Social Security and how to apply for it.

Medicare Tax. Medicare is the health and medical benefits that providers will receive along with the Social Security benefits package. Contributions are based on a percentage of their income.

State Disability Insurance (SDI). State Disability Insurance benefits are available for people who become disabled and are prevented from doing their regular work, if they meet certain eligibility requirements. SDI benefits are available for a maximum of 52 weeks. Contact your local Employment Development Department office for more information about SDI and, if needed, how to apply for it. Caregivers who are providing IHSS services for a parent, spouse, or child do not have to contribute to SDI. However, they may choose to participate in the SDI program by applying for Elective State Disability Insurance. Forms for Elective SDI coverage are available from the county social worker. If caregivers providing services for a parent, spouse, or child do not elect to participate in SDI, SDI will not be available to them should they become disabled for work. All other IHSS providers are automatically covered for SDI if they have IHSS quarterly wages in excess of \$750.00. SDI contributions are deducted from their paycheck.

Union dues. California's homecare workers are represented by three unions: the Service Employees International Union (SEIU), United Domestic Workers/ American Federation of State, County and Municipal Employees (UDW/ AFSCME), and California United Homecare Workers Union (CUHWU). The unions bargain with the IHSS Public Authorities for wages and benefits. Deductions for union dues are made from the paychecks of providers who have worked 15 or more hours per month.

Health and Dental Insurance. In many counties, health and dental insurance are available to homecare providers through the unions. To be eligible, providers must pay union dues and pay a share of the premium for both types of insurance. The specific plans and entry requirements vary by county.

Enrolling and Paying Your Provider

Call the local union or your social worker to find out more about the coverage in your county. Health and dental insurance can be terminated when the provider's hours drop too low. If provider insurance is terminated, there may be a disqualification period before eligibility for benefits can be reestablished. If your provider's health care insurance is terminated, he/she may be eligible for caregiver-paid coverage under COBRA.

- **Is your provider without insurance?**

If your provider does not have health insurance and needs assistance while waiting to be enrolled, contact the Health and Human Services Department in your county. This department has programs for individuals who economically qualify for care under Medi-Cal and the County Medical Services Program (CMSP).

- **Does your provider already have health coverage?**

If your provider has coverage now, they should carefully compare the plans, co-payments and costs to decide which plan is best for them. If, for example, they are covered by Medi-Cal, they may not have any monthly contribution or co-payment when using a service. This comprehensive health care system may be less expensive than the health insurance offered to IHSS providers through the unions.

- **Can spouses or dependents enroll?**

Plans vary by county. Healthy Families offers low cost coverage for dependent children of low-income families. Your provider can contact Healthy Families staff at (800) 880-5305 or at: www.healthyfamilies.ca.gov.

Benefits

Unemployment Insurance (UI). Unemployment Insurance (UI) benefits may be available to IHSS providers if they become unemployed and are able and available to work and meet certain eligibility requirements. UI benefits are available for a maximum of 26 weeks. Your provider may contact your local California Employment Development Department (EDD) office for information about unemployment insurance and how to apply for it or call 1-800-300-5616. UI benefits are not available to IHSS caregivers who are the parent or spouse of an IHSS recipient. There is no paycheck deduction for UI.

Workers' Compensation. If your provider is injured on the job or becomes ill as a result of it, the State will pay for their medical care and an income stipend through the State Compensation Insurance Fund (SCIF). To qualify, they must meet certain eligibility requirements. There is no deduction from their paycheck for the cost of Workers' Compensation.

If your provider is hurt on the job:

- They should seek medical attention immediately. IHSS caregivers can choose their own Primary Care Physician (PCP) for treatment as long as the physician receives reimbursement from SCIF. This can be confirmed on SCIF's website (<http://www.scif.com/MPN/MPNHome.html>).
- Then, notify the consumer's social worker.
- Ask the social worker for a claim form to apply for Workers' Compensation. The provider is required to file a form describing the nature of the injury or illness, when it occurred, and how and where it happened.
- Complete and return the form immediately to the IHSS office in the return envelope provided. IHSS will send the form to SCIF. Then, a representative from SCIF will contact the provider with an explanation of any benefit entitlement or to deny the claim.

Earned Income Credit (EIC). The Earned Income Credit (EIC), also known as the Earned Income Tax Credit (EITC), is a federal program that provides a credit or cash supplement to low and moderate-income workers who qualify. For those who are eligible, the EIC will either lower the amount of tax owed to the federal government for the prior year or provide a refund for taxes already paid. To qualify for the EIC:

- The provider (or their spouse) must have a job and file a federal tax return with the IRS.
- Income limits for this program change from year to year. The provider will need to check on the income ceiling limits for the year in which the provider applies for the EIC.

Claiming the EIC will not affect eligibility for other programs such as:

- Temporary Assistance to Needy Families (TANF)
- Medicaid (Medi-Cal)
- Supplemental Security Income/State Supplementary Payment (SSI/SSP)
- Food stamps
- Housing assistance

However, if the provider receives an Earned Income Credit (EIC) payment and fails to spend it in a certain period of time, it might be counted as an asset and affect their eligibility for these other programs. Immigrants who are legally authorized to work may claim the EIC.

Income Tax Withholding. Income tax withholding for IHSS homecare providers is strictly voluntary. If your provider wishes to have state and federal income tax withheld from their paycheck, they should complete the Income Tax Withholding Form (W-4) and mail it to your county welfare department.

All IHSS providers must file a tax return on or before April 15th of each year, whether or not they have state or federal taxes withheld from their paycheck. They should contact the consumer's IHSS social worker if they need additional W-4s, or if they need to change their withholding or determine the status of their withholding. Contact your local California Franchise Tax Board (FTB) office for additional information about state income tax withholding or your local Internal Revenue Service Office (IRS) office for additional information about federal income tax withholding.



Safety

Universal Precautions

Universal precautions are methods that providers should use to protect themselves and those they provide care for from getting ill. These precautions should be followed by anyone providing a service which may involve contact with blood or body fluids. Body fluids include saliva, mucus, vaginal secretions, semen or other internal body fluids such as urine or feces.

Basics of universal precautions

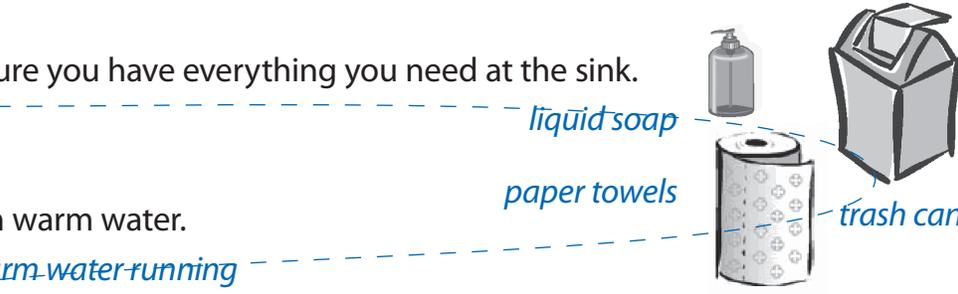
- Have your provider use protective barriers such as gloves or facemask depending on the type and amount of exposure expected.
- Remind your provider to be careful to always wash their hands before and after tasks. This includes reminding your provider to wash their hands:

Before and after contact with you
Before and after preparing food
Before eating
Before putting on and after removing gloves
Before and after using the restroom
After removing protective clothing
After contact with body fluid or other contaminated items
After blowing nose, sneezing, coughing, etc
After cleaning
After smoking
After handling pets

- Encourage your provider to avoid accidental cuts or needle sticks and to keep cuts covered.
- Remind your provider to use soap and water or bleach solution to clean and disinfect any surfaces contaminated with blood or body fluids.
- Remind your provider to launder any materials soiled with fecal matter separately.

Hand Washing

- 1 Make sure you have everything you need at the sink.
liquid soap
paper towels
trash can
- 2 Turn on warm water.
Keep warm water running while washing your hands.
- 3 Rub palms together to make lather. Scrub between fingers and entire surface of hands and wrists.
Clean fingernails by rubbing the tips of your fingers against your palms.
Scrub wrists.
Scrub hands for at least 10 to 15 seconds.
- 4 Rinse hands thoroughly.
Point fingers down so water does not run up your wrists.
- 5 Dry hands with clean towel
- 6 Use a clean paper towel to turn off the faucet. Use hand lotion if available to prevent chapping.



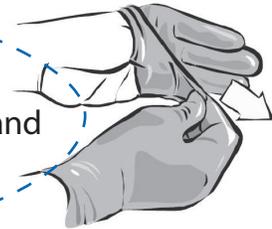
HANDWASHING IS THE SINGLE MOST IMPORTANT MEANS OF PREVENTING THE SPREAD OF INFECTION

Removing Gloves Safely

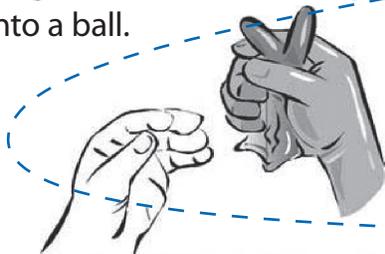
Assume that all used gloves are contaminated. When you or your provider removes them, make sure to follow these steps so that the outside of the gloves does not touch any bare skin.

- 1 With one gloved hand, grasp the other glove just below the cuff.

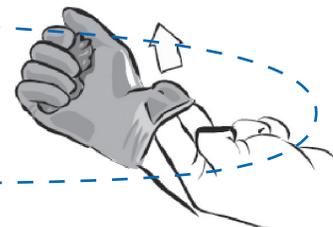
- 2 Pull the glove down over your hand so it is inside out.



- 3 Keep holding the glove with your gloved hand and crumple it into a ball.

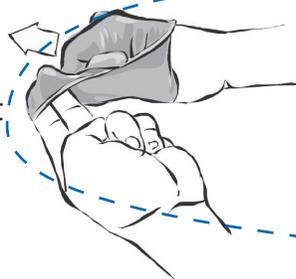


- 4 With two fingers of the bare hand, reach under the cuff of the second glove.



Danger: do NOT touch bare hand to dirty glove.

- 5 Pull the glove down inside out so it covers the first glove.



- 6 Both gloves are now inside out. You can throw them away safely.



- 7 Wash your hands.

Home Safety and Emergencies

You and your provider should discuss the best ways to make your home a safe environment. This includes talking about:

- Possible safety hazards in the home
- Finding ways to make things safer
- Knowing how to handle emergencies if they happen

Hazardous chemicals and cleaners, electrical cords, throw rugs and floor coverings, walkways and water pose some of the most common home safety hazards. By following these guidelines, you and your provider can make your home safer.

Hazardous chemicals and cleaners

- Label all containers.
- Know what steps need to be taken if the chemical is swallowed, splashed in the eyes, or comes in contact with the skin.

Electrical cords

- Do not use a cord if it is frayed or has exposed wires.
- Keep cords out of walkways. Do not place cords under rugs.
- Avoid overloading electrical outlets.

Throw rugs and floor coverings

- Secure all floor coverings to prevent tripping and falls.
- Repair loose threads or holes in carpets.

Walkways

- Keep walkways clear of clutter, especially walkways leading to doors/exits, in case of fire.
- Allow space for using walker, cane, or wheelchair.
- Keep walking paths well lit to prevent tripping.

Water

- Clean spills immediately to prevent slips or fall.
- Keep electrical appliances away from water.
- Use handrails and bathmat in tub/shower to prevent slips or falls.
- Set maximum water temperature on water heater to 120 degrees to prevent burns.

It is important for you and your provider to be prepared to deal with any emergencies that may happen.

- Discuss with your provider a plan for handling emergencies to include knowing the location of all life-sustaining medications.
- Make sure your provider knows the location of first aid kit, emergency supplies, and fire extinguisher, if available.
- Have a list of numbers to call in an emergency (for example, family, doctor, social worker).
- Have your medical information available for emergency response personnel, and make sure that your provider knows where this is located.
- Know what exit routes to take in case an emergency evacuation is needed, and go over it with your provider.
- Post your full address near all telephones, so it is available if calling 911.
- Make sure your provider knows if you have a living will, an advanced directive or a “Do Not Resuscitate” (DNR) order, and where it is located. This information is needed for any emergency personnel that may respond to a 911 call.

If you or your provider need to call 911:

- Briefly describe the problem.
- Give address and the nearest major street or intersection.
- Stay on the phone and follow the directions of the emergency operator.

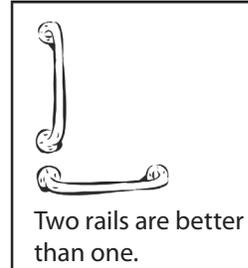
Preventing Falls



Wet, slippery surfaces make bathrooms high-risk areas for falls.



- Use mats in showers and tubs.



- Use hand rails in tubs and next to toilets.

Raised seat rests on normal toilet.



Hand Grips

- Safety toilet seats make standing and sitting easier. Hand grips help prevent falls. Special seats for the bath are also available.



Watch for fall hazards.



- Throw rugs are a serious trip hazard - even if they have a non-slip mat.

- All rooms should have good lighting, especially hallways and stairs.

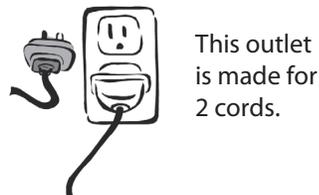
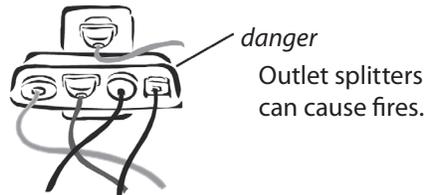
- Stairs should have a strong hand rail and be free of clutter.



Fire Prevention – Watch for Fire Hazards

Using damaged electrical cords or plugging too many cords into an outlet can start a fire.

- Lamp, appliance and extension cords that are frayed, discolored, or cracked.
- Cords under rugs - stepping on them can break the cord and start a fire.
- More cords in the outlet than it is made to take.



If you or your provider smoke, encourage smoking safety rules.

- No smoking in bed or when sleepy.
- Smoking near oxygen is like smoking near a bomb.
- Empty ashtrays when ashes are cool. Hot ash can cause fires.
- Move ashtrays away from things that burn easily, including papers, drapes, bedding, and cloth furniture.



Smoke Alarms



- Batteries need to be replaced twice a year.

The graphics used in this chapter were adapted from the Revised Fundamentals of Caregiving, Washington State Department of Social and Health Services.

