



# SOLANO COUNTY IHSS PROVIDER ENROLLMENT ORIENTATION

Presentation Revised August 2017



**While you are waiting...**

Please complete the first page of the packet in front of you, PROVIDER ENROLLMENT SUPPLEMENTAL FORM. Fill out as much information that you can. If you don't have your client's case number it is ok, just put their name and address.

THIS WILL BE COLLECTED DURING THE PRESENTATION.

We will discuss the W-4 and Livescan Form  
later in the presentation.

# TODAY'S AGENDA



- The Enrollment Process
- Wages & Benefits
- Union Presentation
- General Info
- Timesheets
- Preventing Violations
- Worker's Compensation
- Public Authority
- Checkout & Livescan

- Register and watch videos online
- Attend the Group Orientation
- Provide ID and SS card
- Sign documents electronically
- Pay for & Pass a DOJ background check (Livescan) –can be done here today for \$47
- Have an approved IHSS Recipient

Recipient must sign form **SOC 426A** to hire you and we will pay back to the date the recipient hired you

## How to Become an IHSS Provider in Solano County



***Once all these steps are completed, it can take up to 30 days to get your initial timesheet.***



## **WAGES AND BENEFITS**

# IHSS Provider Wages

IHSS Caregivers in Solano County are paid \$11.50 per hour



Overtime is paid at a \$5.75 per hour ***differential*** on any hours worked over 40 in a work week  
**(\$11.50 + \$5.75 = \$17.25)**

## How your paycheck will reflect Overtime

**Overtime Example** – IF you work 16 hours overtime in a pay period **Your paycheck will look like this:**

$$96 \times 11.50 = \$1104.00$$

$$16 \times \$5.75 = \underline{\$ 92.00}$$

**GROSS PAY \$1196.00**

*Here's what you might have expected the math to look like:*

$$80 \times 11.50 = \$920.00$$

$$16 \times \$17.25 = \underline{\$276.00}$$

**GROSS PAY \$1196.00**

**The math is exactly the same! You are not being shorted money.**

## **Select Benefits Coverage**

- Eligibility: Must work and continue to work 65 hours per month for 3 consecutive months to be eligible. You will receive a packet in the mail when you become eligible.
- Helps reduce health related expenses for the provider only
- Vision, and Dental are included
- Not a replacement for a major medical plan
- Does not satisfy requirements of ACA.

## **Safety Supplies**

- Latex gloves, masks, wipes within certain limits. Call the Public Authority 784-8200 to request.

**Benefits  
Currently  
Available to  
Solano County  
IHSS Providers**





## *California's Long Term Care Local.*

[SEIU2015.org](http://SEIU2015.org)

[@SEIU2015](https://twitter.com/SEIU2015)

[facebook.com/seiu2015.org](https://facebook.com/seiu2015.org)

- In Solano County, all IHSS Providers are represented by SEIU 2015.
- You may contact your union at: **1-855-810-2015**
- **Union Regional Meetings** are held every third Tuesday of month From 5:30-7pm at the SEIU 1021 Office located at: **2300 Boynton Ave. Suite 200, Fairfield, CA 94533**



# GENERAL INFORMATION ABOUT BEING AN IHSS CAREGIVER




- Work Week
- Monthly & Weekly Maximums
- Adjusting Hours
- Sharing Hours
- Tasks

| WORK WEEK |        |         |           |          |        |          |
|-----------|--------|---------|-----------|----------|--------|----------|
| Sunday    | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|           |        |         |           |          |        |          |

**Workweek is: Sunday 12:00am–Saturday 11:59pm**

If you work for only 1 client, your weekly max is their weekly maximum hours! To figure out a client's maximum weekly hours, take the monthly maximum hours and divide by 4.

If you work for more than 1 client, your weekly max is  hours!



If you adjust hours for the week you CANNOT exceed your client's monthly maximum hours.

# Adjusting Hours

## APPROVAL REQUIRED

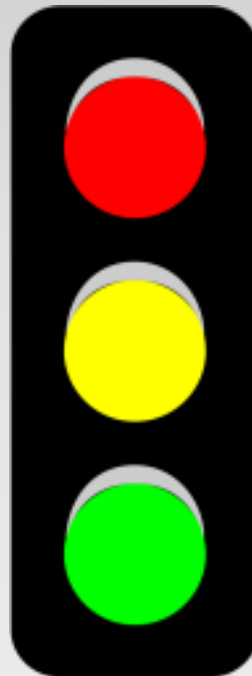
- If you normally work less than 40 hours per week, and you are asked to work more than 40; OR
- You work more overtime hours in the month than authorized for the case

# What happens if my client needs me to adjust weekly hours?

## NO APPROVAL NEEDED

### *All three conditions must be met:*

- There is only 1 provider in the case
- The provider does not work for other recipients
- The workweek is adjusted in the remaining workweeks to ensure they do not work more than is authorized



**The RECIPIENT must call the FLSA/Overtime Unit for Approval**



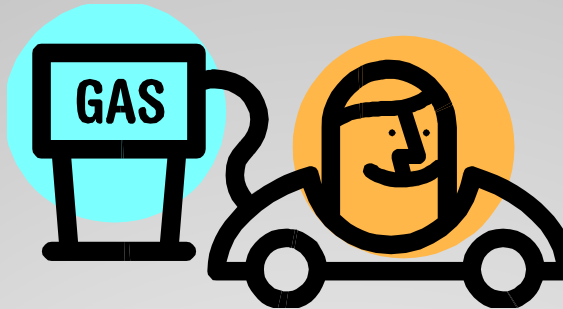
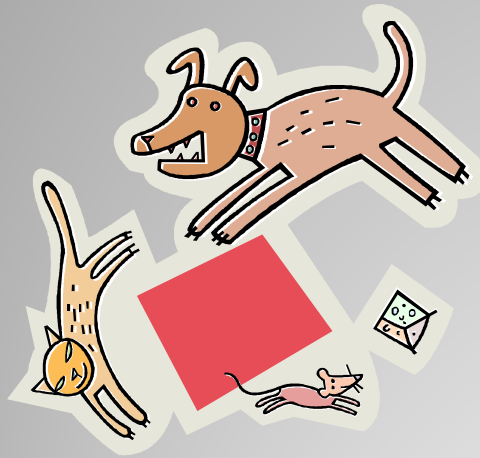
## Sharing Hours

- ❑ If you are sharing the total hours with other caregivers, we **strongly** encourage using a shared calendar to keep track of all the hours
- ❑ If another caregiver claims your hours by mistake, you may be short on your check. We **cannot** fix this problem.
- ❑ Your client or the County may ask you to sign a work week agreement SOC 2256

## Instances you cannot claim IHSS hours



# Some tasks **NOT** covered by the IHSS program.



IHSS only pays for specific IHSS **Authorized Tasks**.

IHSS will **NOT** pay for the time it takes the Provider to do anything else.

This will be on the Provider's own time, which is **NOT** paid time.



# Properly Completing Timesheets



## Payroll General Information

- 2 Timesheets per month
  - 1<sup>st</sup>-15<sup>th</sup>
  - 16<sup>th</sup>-end of the month
- Timesheets are MAILED to processing plant in Chico and timesheets are read by a computer, not a person.
- One timesheet per envelope.
- You receive your check 10-14 days after you mail your timesheet in.
- You are eligible for Direct Deposit after being on payroll for 3 months.
- You and your client may opt in for electronic timesheets. See handout in packet.







# IHSS Timesheet

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
 CHATSWORTH  
 21615 PLUMMER ST SOMETHING WAY ROAD ST 1  
 CHATSWORTH CA 91311

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
 SOC 2241 (7/15)  
**IN-HOME SUPPORTIVE SERVICES (IHSS)  
 INDIVIDUAL PROVIDER  
 TIMESHEET**

Record your daily hours and minutes like these samples:

|                    |           |           |
|--------------------|-----------|-----------|
| 6 hours 30 minutes | 6         | 30        |
| 4 hours 45 minutes | 4         | 45        |
| 10 hours           | 10        |           |
| <b>Total</b>       | <b>21</b> | <b>15</b> |

only for work

FIRST LASTNAME  
 17510 SHERMAN WAY SOMETHING DRIVE APT 17  
 RESEDA CA 91325-3388

**Important Instructions**

1. Use black ink only and press firmly. Numbers must be readable.
2. Do not send any other documents with the timesheet.
3. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
4. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours.
5. You must enter hours for each day worked (Total line is optional).
6. You and your Recipient must sign and date the back of your timesheet.
7. Do not fold the timesheet. Do not use white out or correction tape on timesheet.

|                       |                                 |
|-----------------------|---------------------------------|
| Provider #: 000000000 | Provider Name: LASTNAME, FIRST  |
| Case #: 00 01 0000000 | Recipient Name: LASTNAME, FIRST |
| Type: IHSS            | Timesheet No: 000000000         |
| Pay From: 11/16/2014  | Pay To: 11/30/2014              |
|                       | Hours:                          |

S 16 H H M M S 23 H H M M S 30 H H M M S 0 0 0 0  
 M 17 H H M M M 24 H H M M M 0 0 0 0 M 0 0 0 0  
 T 18 H H M M T 25 H H M M T 0 0 0 0 T 0 0 0 0  
 W 19 H H M M W 26 H H M M W 0 0 0 0 W 0 0 0 0  
 T 20 H H M M T 27 H H M M T 0 0 0 0 T 0 0 0 0  
 F 21 H H M M F 28 H H M M F 0 0 0 0 F 0 0 0 0  
 S 22 H H M M S 29 H H M M S 0 0 0 0 S 0 0 0 0

Total \_\_\_\_\_ Total \_\_\_\_\_ Total \_\_\_\_\_ Total \_\_\_\_\_

Turn over and sign. →

**Important Instructions**

1. Use black ink only and press firmly. Numbers must be readable.
2. Do not send any other documents with the timesheet.
3. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
4. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours.
5. You must enter hours for each day worked (Total line is optional).
6. You and your Recipient must sign and date the back of your timesheet.
7. Do not fold the timesheet. Do not use white out or correction tape on timesheet.

Detach Instructions Before Mailing.

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

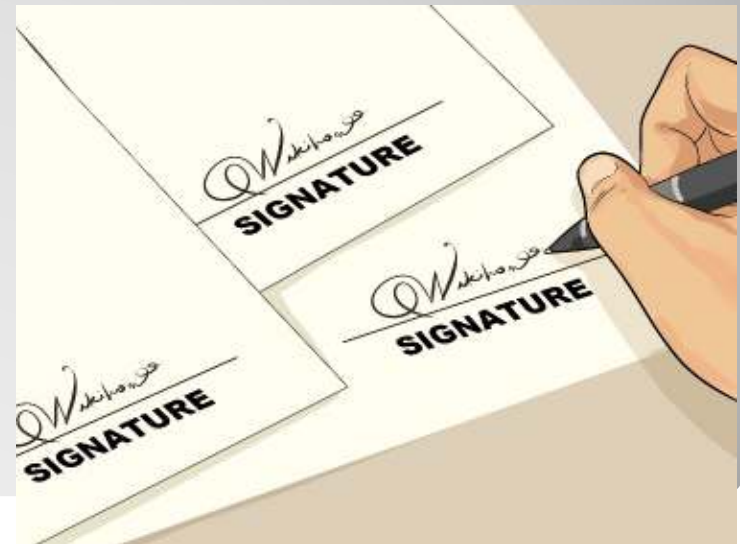
Recipient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail Detached Timesheet To:  
 IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862

## Who Should Sign The Timesheet?

- The Client is the Employer
- If Client is unable to sign they can designate an Authorized Signer.
- Generally it is a conflict of interest for you to be the Provider and Authorized Signer for your timesheets. When possible someone else should be the signer.
- If there is an Authorized Signer it would have been discussed at the home visit with the Social Worker.
- When in doubt, contact the Social Worker.



# IHSS Timesheet

|             |               |                 |                 |        |  |
|-------------|---------------|-----------------|-----------------|--------|--|
| Provider #: | 000000000     | Provider Name:  | LASTNAME, FIRST |        |  |
| Case #:     | 00 01 0000000 | Recipient Name: | LASTNAME, FIRST |        |  |
| Type:       | IHSS          | Timesheet No:   | 0000000000      |        |  |
| Pay From:   | 11/16/2014    | Pay To:         | 11/30/2014      | Hours: |  |

|      |   |   |   |   |      |   |   |   |   |      |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|------|---|---|---|---|------|---|---|---|---|---|---|---|---|---|
| S 16 | H | H | M | M | S 23 | H | H | M | M | S 30 | H | H | M | M | S | 0 | 0 | 0 | 0 |
| M 17 | H | H | M | M | M 24 | H | H | M | M | M    | 0 | 0 | 0 | 0 | M | 0 | 0 | 0 | 0 |
| T 18 | H | H | M | M | T 25 | H | H | M | M | T    | 0 | 0 | 0 | 0 | T | 0 | 0 | 0 | 0 |
| W 19 | H | H | M | M | W 26 | H | H | M | M | W    | 0 | 0 | 0 | 0 | W | 0 | 0 | 0 | 0 |
| T 20 | H | H | M | M | T 27 | H | H | M | M | T    | 0 | 0 | 0 | 0 | T | 0 | 0 | 0 | 0 |
| F 21 | H | H | M | M | F 28 | H | H | M | M | F    | 0 | 0 | 0 | 0 | F | 0 | 0 | 0 | 0 |
| S 22 | H | H | M | M | S 29 | H | H | M | M | S    | 0 | 0 | 0 | 0 | S | 0 | 0 | 0 | 0 |

Total \_\_\_\_\_ Total \_\_\_\_\_ Total \_\_\_\_\_ Total \_\_\_\_\_

Turn over and sign. →



# Timesheet – Showing Claimed

|             |               |                 |                  |
|-------------|---------------|-----------------|------------------|
| Provider #: | 123456789     | Provider Name:  | JOHN PROVIDER    |
| Case #:     | 00 01 1234567 | Recipient Name: | JANE RECIPIENT   |
| Type:       | IHSS          | Timesheet No.:  | 1234567890123456 |
| From:       | 01/16/2014    | To:             | 01/31/2014       |

| <u>Workweek #1</u> |   |   |   | <u>Workweek #2</u> |      |   |   | <u>Workweek #3</u> |   |      |   | <u>Workweek #4</u> |   |   |   |   |   |   |   |
|--------------------|---|---|---|--------------------|------|---|---|--------------------|---|------|---|--------------------|---|---|---|---|---|---|---|
| Claimed : 01:00    |   |   |   | Claimed : 00:00    |      |   |   | Claimed : 00:00    |   |      |   | Claimed : 00:00    |   |   |   |   |   |   |   |
| S                  | 0 | 0 | 0 | 0                  | S 19 | H | H | M                  | M | S 26 | H | H                  | M | M | S | 0 | 0 | 0 | 0 |
| M                  | 0 | 0 | 0 | 0                  | M 20 | H | H | M                  | M | M 27 | H | H                  | M | M | M | 0 | 0 | 0 | 0 |
| T                  | 0 | 0 | 0 | 0                  | T 21 | H | H | M                  | M | T 28 | H | H                  | M | M | T | 0 | 0 | 0 | 0 |
| W                  | 0 | 0 | 0 | 0                  | W 22 | H | H | M                  | M | W 29 | H | H                  | M | M | W | 0 | 0 | 0 | 0 |
| T 16               | H | H | M | M                  | T 23 | H | H | M                  | M | T 30 | H | H                  | M | M | T | 0 | 0 | 0 | 0 |
| F 17               | H | H | M | M                  | F 24 | H | H | M                  | M | F 31 | H | H                  | M | M | F | 0 | 0 | 0 | 0 |
| S 18               | H | H | M | M                  | S 25 | H | H | M                  | M | S    | 0 | 0                  | 0 | 0 | S | 0 | 0 | 0 | 0 |
| <b>Total</b>       |   |   |   | <b>Total</b>       |      |   |   | <b>Total</b>       |   |      |   | <b>Total</b>       |   |   |   |   |   |   |   |



Turn over and sign. →

# Filling out the Timesheet

|      |      |      |      |      |      |      |
|------|------|------|------|------|------|------|
| 16   | 17   | 18   | 19   | 20   | 21   | 22   |
| 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 4:00 |
| 23   | 24   | 25   | 26   | 27   | 28   | 29   |
| 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 4:00 |
| 30   |      |      |      |      |      |      |
| 6:00 |      |      |      |      |      |      |

|             |               |                 |                  |
|-------------|---------------|-----------------|------------------|
| Provider #: | 000000000     | Provider N      |                  |
| Case #:     | 00 01 0000000 | Recipient Name: | LAST NAME, FIRST |
| Type:       | IHSS          | Timesheet No:   | 0000000000       |
| Pay From:   | 11/16/2014    | Pay To:         | 11/16/2014       |
|             |               | Hours:          |                  |

|       |   |       |   |   |       |   |       |   |   |       |   |      |   |   |       |   |   |   |   |
|-------|---|-------|---|---|-------|---|-------|---|---|-------|---|------|---|---|-------|---|---|---|---|
| S 16  | H | 6     | 0 | 0 | S 23  | H | 6     | 0 | 0 | S 30  | H | 6    | 0 | 0 | S     | 0 | 0 | 0 | 0 |
| M 17  | H | 6     | 0 | 0 | M 24  | H | 6     | 0 | 0 | M     | 0 | 0    | 0 | 0 | M     | 0 | 0 | 0 | 0 |
| T 18  | H | 6     | 0 | 0 | T 25  | H | 6     | 0 | 0 | T     | 0 | 0    | 0 | 0 | T     | 0 | 0 | 0 | 0 |
| W 19  | H | 6     | 0 | 0 | W 26  | H | 6     | 0 | 0 | W     | 0 | 0    | 0 | 0 | W     | 0 | 0 | 0 | 0 |
| T 20  | H | 6     | 0 | 0 | T 27  | H | 6     | 0 | 0 | T     | 0 | 0    | 0 | 0 | T     | 0 | 0 | 0 | 0 |
| F 21  | H | 6     | 0 | 0 | F 28  | H | 6     | 0 | 0 | F     | 0 | 0    | 0 | 0 | F     | 0 | 0 | 0 | 0 |
| S 22  | H | 4     | 0 | 0 | S 29  | H | 4     | 0 | 0 | S     | 0 | 0    | 0 | 0 | S     | 0 | 0 | 0 | 0 |
| Total |   | 40:00 |   |   | Total |   | 40:00 |   |   | Total |   | 6:00 |   |   | Total |   |   |   |   |

Turn over and sign. →



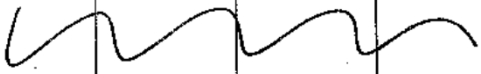
How many hours is this?

|   |   |   |  |
|---|---|---|--|
| 3 |   |   |  |
| 3 | 0 | 0 |  |
|   |   |   |  |
|   |   |   |  |

|   |   |   |   |
|---|---|---|---|
|   | 3 |   |   |
|   | 3 | 0 | 0 |
| 0 | 3 | 0 | 0 |
|   |   |   |   |



- Good and Bad Examples to claim 0 hours

|  |      |   |   |
|--|------|---|---|
|  |      |   |   |
| 0  | 0    | 0 | 0 |
| did  | not  |   |   |
|  | work |   |   |
|  |      |   |   |

Which is correct?

|  |   |               |   |
|--|---|---------------|---|
|  | 3 | 5             | 0 |
|  | 3 | $\frac{1}{2}$ |   |
|  | 3 | 3             | 0 |
|  | 6 | 7             | 5 |

# Timesheet No-No's

|   |              |              |    |
|---|--------------|--------------|----|
|   | 5            | 3            | 0  |
|   | <del>3</del> |              |    |
| 3 | <del>3</del> |              |    |
|   | 3            | <del>3</del> | 30 |

|  |   |   |   |
|--|---|---|---|
|  | 2 | 2 | 0 |
|  | 2 | 2 | 0 |
|  | 2 | 2 | 0 |
|  | 2 | 2 | 0 |

How many hours is this?



- ✓ Use **black** ink *only* and numbers must be readable.
- ✓ Do not send any other documents with the timesheet.
- ✓ Extra writing on the timesheet can delay your paycheck.
- ✓ You will *not* be paid for hours claimed more than the recipient's authorized IHSS hours.
- ✓ **You *and* your recipient must sign and date the back of your time sheet.**
- ✓ Do not fold or use correction tape on the timesheet.

# PAYROLL REMINDERS



illustrations of.com #8353

- **Address Change**—To change your mailing address, call or come to the lobby. *We need your signature to change your address.* You must change your address with us, not just at the Post Office.
- **Keep your paystubs!** You need them to apply for housing, benefits and credit.
- **Continuing Providers**—If you are already enrolled as an IHSS Provider, and have been hired by a new client and you need timesheets, call or come to the lobby for a *Continuing Provider Packet*. You will need to provide your provider ID and your new client's name or case number.
- **Stay active on payroll.** If you do not submit at least one time sheet per year, you become inactive and have to go through enrollment all over again!

# PAYROLL HELP



Call the **IHSS Timesheet Helpline** at **1-866-376-7066** to ask:

- Is my timesheet processed?
- Did my check get mailed out?
- About direct deposit and garnishment.

Call the **County Payroll Information Line** at **(707)784-8990** to ask any other questions about payroll.

**Drop In**—You can also come to the lobby at 275 Beck Avenue in Fairfield. We can answer your payroll questions in person, Monday – Friday from 8 AM to Noon and 1 PM to 5 PM.

**ANY QUESTIONS????**

# PREVENTING VIOLATIONS



- Know your max weekly hours and try to remain within them if you can
- Understand that a work week is from Sunday to Saturday even if it crosses months or pay periods
- Understand that if you have multiple recipients you can never exceed 66 hours in a work week
- Use a pocket or wall calendar as the work weeks are laid out the same
- Do not use a standard calculator to add hours and minutes



## What Do I Do if I Get Hurt on the Job?



If you are injured while performing an approved IHSS task you may be eligible for Worker's Compensation. You cannot work for any of your IHSS recipients while claiming Worker's Compensation.

If you are injured on the job, call the Provider Enrollment Line **the same day** to report the injury and let your recipient know you are unable to work.

**(707) 784-8753**

# Public Authority Services

[www.solanocounty.com/PA](http://www.solanocounty.com/PA)



- ❑ This presentation is located at this website under "training."
- ❑ Provides access to training for recipients and providers of IHSS. "Like" **Solano County IHSS Public Authority** on Facebook to be the first to know!
- ❑ Will be recruiting caregivers to the Registry beginning January 2018
- ❑ Administer provider benefits



# FOR MORE INFORMATION



**Public Authority website:** [www.solanocounty.com/pa](http://www.solanocounty.com/pa)

**Enrollment Line/Report Worker's Comp Injury: (707)784-8753**

**IHSS Main Line: (707)784-8259 Option 1**

**State IHSS Timesheet Helpline: 1-866-376-7066**

**Solano County IHSS Payroll Line: (707)784-8990**

**Overtime/Violation Questions: (707) 784-8003**

**Solano County Public Authority: (707)784-8200**

**SEIU 2015: 1-855-810-2015**

**Adult Protective Services (APS): 1(800)850-0012**

# Enrollment Delays

*The following may cause your initial timesheets to be delayed more than 30 days*



- ❑ If you fail to bring in your Social Security card, current ID or work permit
- ❑ If your address changes after orientation and you do not tell us
- ❑ If your client has a pending case
- ❑ If the 426A (form the client signs) is not returned or information needs to be reviewed a Social Worker.
- ❑ If you have ANYTHING on your background-this will delay your result
- ❑ If you have a serious or violent felony on your background-client will need to sign a waiver

**Station 1** -- ID & SS Card will be scanned – please have them out; You will be electronically signing the SOC 426 registration form that you already completed online and the SOC 846 which states you have completed this Orientation session

**Station 2** – you will turn in your completed W-4 form. Please do not make any mistakes on this form. You will also receive the SOC 426A form that you will need to have your client sign

**Station 3** – LIVESCAN, complete middle section of Livescan form, have ID and payment ready

**CHECK  
OUT**



**WAIT FOR YOUR NUMBER TO BE CALLED**

*We make a living by what we get,  
but we make a life by what we give.*

-- Author Unknown



**Station 1** -- ID & SS Card will be scanned – please have them out; You will be electronically signing the SOC 426 registration form that you already completed online and the SOC 846 which states you have completed this Orientation session

**Station 2** – you will turn in your completed W-4 form. Please do not make any mistakes on this form. You will also receive the SOC 426A form that you will need to have your client sign

**Station 3** – LIVESCAN, complete middle section of Livescan form, have ID and payment ready

**CHECK  
OUT**



**WAIT FOR YOUR NUMBER TO BE CALLED**