

SOLANO COUNTY IHSS PROVIDER GROUP ORIENTATION & LIVESCAN APPOINTMENT

Presentation Revised January 2016



- **Register and watch videos online**

- **Attend the Group Orientation**

You are completing this step now!

- **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

The Enrollment Process



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

We recommend you keep a time log of hours worked

INFORMATION ABOUT BEING AN IHSS PROVIDER

- IHSS Caregivers in Solano County are paid \$11.50 per hour
- IHSS Caregivers are not currently eligible for paid sick leave, vacation, or holiday pay
- IHSS Caregivers are paid twice per month by the State after timesheets are submitted
- It can take up to 30 days to get your initial timesheets



Supplemental Health Plan

- Includes Dental and Vision Insurance for Provider only, does not include family members.
- No premiums, but you may have a co-pay when you go to the doctor or dentist, may coordinate benefits with other health plans
- Must work 65 hours per month to be eligible

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

@SEIU2015

facebook.com/seiu2015.org

- In Solano County, all IHSS Providers are represented by SEIU 2015.
- You may contact your union at: **1-800-MY-ULTCW**
- **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**

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	
Total	21	15

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. →

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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

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
Total				Total				Total				Total							

Turn over and sign. →



Filling out the IHSS Timesheet

1	Sun	2	Mon	3	Tue	4	Wed	5	Thu	6	Fri	7	Sat
9		10		11		12		13		14		15	
16	6:00	17	6:00	18	6:00	19	6:00	20	6:00	21	6:00	22	4:00
23	6:00	24	6:00	25	6:00	26	6:00	27	6:00	28	6:00	29	4:00
30	6:00												

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. →

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. →





- ✓ 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.
- **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.
- **Keep your paystubs!** You need them to apply for housing, benefits and credit.
- **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????

Solano County Health & Social Services

Older & Disabled Adults Services - IHSS

- ❑ Determines eligibility for IHSS Program
- ❑ Conducts initial intake and assessment
- ❑ Determines number of authorized hours and types of services
- ❑ Handles payroll for IPs
- ❑ Handles tax forms – W-2, W-4, also worker's comp.
- ❑ **707-784-8259 – Main Line**
- ❑ **707-784-8990 – Payroll**



Public Authority Services

www.solanocounty.com/PA



- ❑ Acts as “Employer of Record” for collective bargaining and provides health benefits and safety supplies to IHSS caregivers
- ❑ Provides access to training for recipients and providers of IHSS. **This presentation is located at this website under “training.”**
- ❑ Maintains a registry of providers to refer to IHSS recipients by referral only
- ❑ **707-784-8200**

Who is The Employer

The Recipient

- For the purpose of selecting, hiring, supervision & termination

State of California IHSS

- Provides services for: payroll, Social Security, Worker's Compensation, Disability & Unemployment

Public Authority

- Administers benefits.
- Collective bargaining with the union.

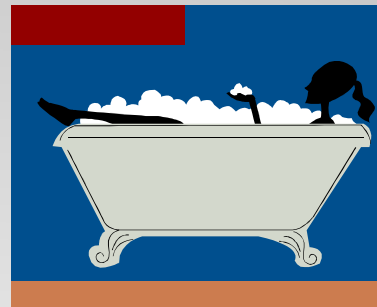


Duties and Responsibilities of an **IHSS PROVIDER**.

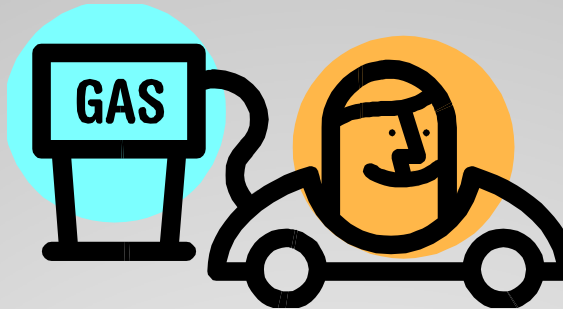
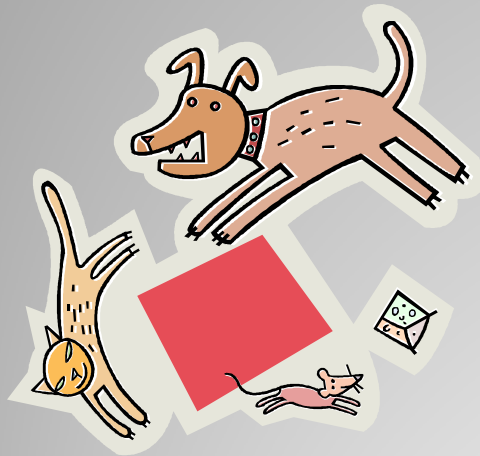
Domestic and Related



Personal Care



Some things **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.

Cannot work if....



Worker's Compensation

You are **NOT** covered by Worker's Compensation for doing tasks that are **NOT** Authorized.

- If you are injured while performing an approved IHSS task, you cannot work for any of your IHSS recipients. You may be eligible for disability.
- Immediately notify your recipients, and call the IHSS Intake Line **(707) 784-8259**.
- For Worker's Compensation only, the STATE is your employer. The State has contracted with York Risk Services as the insurance carrier, and they will be the ones to pay the claim.
- You must go to an approved Worker's Compensation doctor, *unless* your physician has signed a pre-designation form.

Overtime Rules effective 2/1/2016



- Effective 2/1/2016 IHSS Providers are eligible for overtime worked more than 40 per week within limits
- Wait time for medical appointments if requested by your IHSS consumer
- Travel time in between IHSS consumers, up to 7 hours per week

How much is overtime pay?

- Overtime pay is time-and-a-half (1.5 times your hourly rate).
- In Solano County, the current pay rate is \$11.50 per hour, so the overtime rate is \$17.25 per hour



What are the Overtime Limits?



- Beginning 2/1/16, each IHSS consumer's monthly authorized hours will be divided by 4 to determine their maximum weekly hours. Both the consumer and provider will get a notice and will need to ensure weekly hours to do not exceed this maximum.
- If an IHSS provider is working for more than one consumer, the maximum hours the provider may work in one week is 66.



What happens if a Provider works more than the weekly hours allowed?

- Providers will not be paid for hours above the monthly authorized hours for each consumer
- If overtime is not normally approved on a weekly basis, but a consumer requires you to work over 40 hours in one week, approval of the IHSS Social Worker is **required**.
- Failure to get approval will result in the IHSS Provider receiving a violation. Violations can result in suspension or termination of a provider.

EXAMPLE 1

IS OVERTIME APPROVAL REQUIRED?

- You work for a consumer who is approved for 25 hours per week. They ask you to work 30 hours this week, and 20 hours next week.

NO

EXAMPLE 2

IS OVERTIME APPROVAL REQUIRED?

- You work for a consumer who is approved for 38 hours per week. They ask you to work 42 hours this week, and 18 hours next week.



EXAMPLE 3

IS THIS OK?

- You work for 2 consumers, 1 is your mother who you care for 30 hours per week. The other is a friend, who you usually work for 36 hours per week. Your friend asks you to work 38 hours this week instead of 36. She tells you that since it isn't over 40 hours per week, it is ok and she will adjust next week.
- What do you think?

NO

Here's why:

$$38 + 36 = 74 \text{ hours}$$

What is Wait Time?



- If an IHSS provider accompanies the IHSS consumer to a doctor's appointment and is required to wait for them, the IHSS provider may now be paid for that time. Contact the IHSS Social Worker for approval.

What is Travel Time?

- If an IHSS provider cares for more than one consumer and the IHSS consumers live in different locations, IHSS providers may be paid for the time it takes them to travel directly from consumer 1 to consumer 2, up to 7 hours per week.
- Travel time is recorded on a claim form, and in order for a claim form to be sent, a provider must complete the SOC 2255 and return it to the County. If you need one of these forms, let us know.



OVERTIME VIOLATIONS



- **1st** - The Consumer and Provider will get a notice of the violation with appeal rights information
- **2nd** - In addition to notices, the provider will have to attend a one-time training
- **3rd** - In addition to notices, the provider will be suspended for 3 months
- **4th** - In addition to notices, the provider will be terminated. They will have to re-enroll in 1 year



FOR MORE INFORMATION



Online Enrollment website: www.solanocounty.com/ihss

Public Authority website: www.solanocounty.com/pa

Enrollment Line: (707)784-8753

IHSS Main Line: (707)784-8259

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

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