

San Joaquin C♥res...



IHSS Public Authority

In-Home Supportive Services Provider Handbook



Guidelines for IHSS Care Providers

Welcome!!!

Dear Provider,

Welcome to the San Joaquin County In-Home Supportive Services (IHSS) Public Authority Registry!

Your job as a home care provider will be challenging, and it will also be rewarding. You will be assisting people with daily tasks that most of us take for granted; and for some, tasks they cannot do without the help you will be providing.

The home care provider plays an important role in making it possible for recipients to remain in their own homes.

The IHSS system can be complex; this handbook was designed to provide basic information regarding the IHSS program and the role Public Authority plays within the IHSS system. We hope that you find this handbook useful.

Please review this information carefully. If you have any questions, please let us know.

Please sign and date the last page and leave it with the Registry staff.



IHSS Public Authority Mission Statement:

To enhance availability of resources, ensure safety, and promote quality services for IHSS recipients.

The Public Authority's primary goal is to provide Recipients with access to In-Home Supportive Services (IHSS) that fit their needs; to empower elderly and or disabled individuals, allowing for them to stay in control of their lives and live safely in the comfort of their homes. Meanwhile, foster a productive relationship between the Recipient and the Home Care Provider; to give Recipients a voice in Public Authority Policy and program development; and to serve as the employer of record for Individual Home Care Providers.



Commonly Used Terms

IHSS: In-Home Supportive Services (IHSS); provides assistance with domestic and personal care to the elderly, blind or disabled persons who need assistance to remain safely in their homes and are eligible for the program.

Public Authority: The San Joaquin County IHSS Public Authority is a public agency whose purpose is to enhance the availability of resources, ensure the safety, and promote quality services for IHSS Recipients.

Recipient: A recipient is someone who is blind, elderly or disabled; cannot live safely at home without help and has been approved to receive IHSS services. A recipient is also referred to as a "consumer" or "client" and is considered the employer of the provider.

In-Home Care Provider or Individual Provider (IP): All IP's have attended a one hour State required orientation. IP's are also referred to as a caregiver or care worker. An IP is a person who provides personal and domestic services to IHSS recipients.

Registry Provider: All Registry Providers have attended a two hour orientation, completed an application, and had their references and background verified. The IHSS Public Authority registry is a database of available home care providers who have been approved to be referred to IHSS recipients.

IHSS Public Authority Registry



The San Joaquin County IHSS Public Authority Registry is a public agency whose general purpose is to enhance the services of IHSS program for recipients and providers. The services that IHSS Public Authority provides:

- *Operates a registry of available IHSS independent home care providers,
- *Performs reference and background checks,
- *Provides lists of screened providers to recipients to interview,
- *Assists IHSS recipients with interviewing,
- *Provides a training orientation for new IHSS providers,
- *Offers information and training for IHSS recipients on how to hire and supervise providers,
- *Provides information to IHSS providers on local training programs in health care professions,
- *Assists both recipients and providers in resolving conflicts, and

*Serves as employer of record for all IHSS providers for collective bargaining purposes.

*Starts the provider payroll enrollment paperwork, once notified by the recipient.

*Initiates the Workman's Compensation claim, if you are injured on the job.

Interviewing Tips



If you get a call from an IHSS recipient or from the Public Authority registry offering an interview, there are a few tips that will help your chances of getting and keeping a job.

ALWAYS CALL BACK:

It is important to return phone calls to the recipient and the registry as soon as possible. If you have an answering machine, it is important that your outgoing message be professional. If you have someone taking messages for you, he/she should be polite and professional as well.

MAKE A PROFESSIONAL APPEARANCE:

It is important to be on time!! Make sure your clothes are clean and business appropriate. Do bring identification and references, never bring children, family or friends. Do not chew gum or eat during your interview and do not use profanity in your vocabulary. Be prepared to explain special training or certificates you may have.

During the interview, it is important to understand the recipient's needs and the tasks that need to be done. This will ensure a good fit between you and the recipient. Some key questions to ask are:

- What tasks need to be done and how often?
- What type of schedule would I need to work?
- Are there any special instructions, such as standing appointments or medications I need to be aware of?
- Do you have allergies such as: medication, lotions, perfumes, pets, smoke, food etc.?
- Ask to see the recipient's Notice of Action. This form shows the tasks that IHSS has approved, the number of approved hours per month and any share of cost.

If you are hired...



If you are hired by the recipient you must:

- Immediately inform the IHSS Public Authority and request a **Provider/Enrollment Packet**. If you neglect to do this, you will not be paid.
- Have your new recipient's IHSS Case Number or Social Security Number ready to give the Public Authority Staff Member for verification.

- Give the Public Authority Staff Member your name, physical address (and mailing address if applicable), phone number, social security number and start date.

The Public Authority will then verify this information with your recipient.

It is required as of November 2009, all paperwork must be returned in person to the PA office.

To be eligible to work as an IHSS Provider there are four requirements:

- 1- Complete and sign provider Enrollment Forms in person, and present original documentation verifying your identity, (e.g., current photo identification and social security card) for photocopy by the PA staff.
- 2- Submit fingerprints and pass a criminal background check by the DOJ, at provider's expense,
- 3- Complete a Provider orientation,
- 4- Sign and submit an IHSS Program Provider Enrollment Agreement.

Once your enrollment packet is turned in to the Public Authority we will verify that all the information is complete, your background check has cleared and forward the necessary documents to the recipient's Social Worker.

Please allow up to three weeks to receive your 1st timesheet.

Employer-Employee Relationship



"Who is my employer?"

The recipient is the employer of the provider. They are your employer for the purposes of screening, hiring, supervising, training and terminating

employment. The recipient (or their representative) is also responsible for setting up job duties and schedules and signing your timesheets.

Confidentiality



Information regarding the Recipient (your employer) is strictly confidential. Never tell anyone the name, address, medical, or other personal information about your clients- this is confidential by State law. Never discuss your client's personal or private affairs with anyone other than the IHSS Social Workers or Registry Specialists.

Remember -Trust & Honesty are key to a good working relationship!

General Duties

As an IHSS provider, you may perform a variety of household tasks including meal planning & preparation, shopping, house cleaning, laundry, personal care, transportation to medical appointments and/or paramedical services. All tasks must be authorized by the IHSS social workers as shown on the recipient's "Notice of Action."

The Public Authority suggests using the "Sample Task Schedule" to help organize and clarify tasks.

Domestic Tasks

- *Vacuuming, dusting & sweeping
- *Mopping kitchen & bath area

- *Cleaning stovetop and countertops, in kitchen and bath areas
- *Cleaning sinks, tub, & toilet

- *Making beds & changing linens
- *General tidying up
- *Laundry (washing & folding, putting away laundry)
- *Assistance with changing positions, walking, and/or moving from place to place

Miscellaneous

- *Shopping
- *Errands: bank, post office, dry cleaners, etc.
- *Accompany to appointments

Personal Care

- *Bathing
- *Grooming (hair care, shaving, dental)
- *Dressing

- *Feeding and/or assistance with eating

- *Using the toilet
- *Bowel/Bladder care
- *Skin care
- *Emptying trash
- *Care and assistance with prosthesis

Meal preparation

- *Grocery shopping
- *Meal preparation/planning
- *Meal clean-up

Tasks that are not authorized:

Lawn care or gardening, pet care (washing or walking pets), cleaning or cooking for other family members, moving furniture (or any other heavy items), heavy cleaning (unless authorized by social worker), anything that is not on the list of authorized services!

****Please note that the tasks listed above are general tasks and not all Recipients will be authorized for all of the above services.***

Timesheets and Payroll



There are two pay periods in each month:

The 1st through the 15th

The 16th through the end of the month

Turn in your timecard at the end of each pay period after you have worked all your hours and you and your employer have signed and dated it.

- *Avoid stacking hours, spread your hours evenly during the pay period
- *Use blue or black ink-**NO White Out**. If you make a mistake, cross out and initial;
- *Make sure all writing is clear
- *Use a calculator to double-check hours worked
- *Record time in hours and minutes,

Once your timesheet is received and processed by payroll, the information is entered into a database and electronically sent to Sacramento where paychecks are processed and mailed to you. Please allow ten (10) business days to receive your pay check, your new timesheet will be attached.

In-Home Supportive Services

Comprehensive Timesheet Guide

The following guide contains information that will help you to complete your timesheet as well as preventing any errors that may result in the delay of your paycheck.

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 2281 (7/15)

IN-HOME SUPPORTIVE SERVICES
1501 SOMETHING AVENUE,
SACRAMENTO CA 90000

IN-HOME SUPPORTIVE SERVICES (IHSS) INDIVIDUAL PROVIDER TIMESHEET

EXERCISE #1
One Recipient with One Provider

Record your daily hours and minutes
like these samples.

FIRST, LASTNAME
565 SOMETHING DR.
SAN JOSE CA 95116-3439

Did not work				
6 hours 30 minutes	6	3	0	
4 hours 45 minutes	4	4	5	
10 hours	1	0		
Total	2	1	1	5

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. 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.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. Claimed = hours worked and claimed in previous pay period.

SAMPLE

Provider #: 000000000	Provider Name: LASTNAME, FIRST
Case #: 43 01 0000000	Recipient Name: LASTNAME, FIRST
Type: IHSS	Timesheet No: 4000059138
Pay From: 06/01/2016	Pay To: 06/15/2016 Hours: 140:00

Workweek #1	Workweek #2	Workweek #3	Workweek #4
Claimed : 00:00	Claimed : 00:00	Claimed : 00:00	Claimed : 00:00

S 0 0 0 0	S 05	S 12	S 0 0 0 0
M 0 0 0 0	M 06	M 13	M 0 0 0 0
T 0 0 0 0	T 07	T 14	T 0 0 0 0
W 01	W 08	W 15	W 0 0 0 0
T 02	T 09	T 0 0 0 0	T 0 0 0 0
F 03	F 10	F 0 0 0 0	F 0 0 0 0
S 04	S 11	S 0 0 0 0	S 0 0 0 0

Total _____ Total _____ Total _____ Total _____

Turn over and sign. →



In-Home Supportive Services

Comprehensive Timesheet Guide



Sections:

- 1) Provider Number—This number is your unique Provider Number that will be used to identify you.
- 2) Case Number—This number is the number that is associated with your IHSS recipient.
- 3) Pay Period—The dates listed show which pay period the timesheet is to be filled out for. There are **2** pay periods in each month. The 1st to the 15th AND 16th to the end of the month.
- 4) Provider Name—This is the provider's name and should reflect your name.
- 5) Recipient Name— This is the name of the recipient who is receiving IHSS
- 6) Hours—Hours listed on the timesheet reflect the total authorized hours for the MONTH.

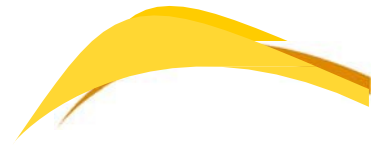
Common Errors and How to Avoid Them:

Any error that you may have on your timesheet may result in the delay of your check

- Provider Signature missing—Check to see that you signed your timesheet
- Recipient Signature missing—Check to see that your IHSS recipient has signed the timesheet
- Missing Time Entries—Make sure you have filled out the boxes on the timesheet with your hours. The machine will **only** read time entries that are written inside the boxes. If there is a pre-filled 0 in the box, **Do Not** write over it as this will result in an error.
- Unreadable/crossed out/altered timesheets—If you make a mistake, neatly cross it out and write next to it while staying within the box. Do not use white out and only use black ink when recording your hours.
- More than 70% of hours reported in a pay period—This is the most common error. When recording hours on your timesheet, you are not allowed to claim more than 70% of your total authorized hours for the month on any timesheet. The best way to avoid this error is to claim roughly **half** of your total authorized hours in each pay period.
Example: Client A has 100 authorized hours. Provider B will claim 50 hours on each timesheet for the month.

In-Home Supportive Services

Comprehensive Timesheet Guide



- Early Timesheet Submission—You are not allowed to turn in your timesheet with hours claimed for future days under any circumstances. This is an error and will automatically be rejected and a new timesheet will be mailed out for completion and will definitely delay your paycheck.

Other errors:

- When calculating and recording hours, **Do Not** use decimals.

Example: If you write 4.5 hours on your timesheet, the machine will read it as 4 hours and 50 minutes instead of 4 hours and 30 minutes. Avoid using decimals at all cost in order to avoid any possible errors. If you require assistance in filling out your timesheets, call your local Public Authority

- Back pay - If you are receiving multiple timesheets for back pay, then be sure to sort them out by month and claim half of your authorized hours for each pay period. Please note that when you receive two timesheets for 1 month (1–15 and 16-end of month) the hours will show you are eligible for all authorized hours on each time sheet, but you are only allowed to report half on each time sheet.

Example: You receive timesheets for back pay for the month of August. You will receive 1 timesheet for each pay period in the month for a total of two timesheets. On the top right of each timesheet, it will show you have 100 hours. You are only authorized for 100 hours for the entire month, which means on each timesheet you can not report no more than 50 hours per timesheet as long as the total of both timesheets is equal to 100 hours.

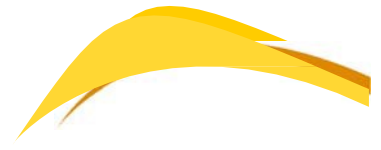
Frequently Asked Questions:

Q: I didn't get any timesheets after completing orientation and finger printing, how can I get them?

A: Contact your local Public Authority to see if you have any other pending documents. Timesheets will not be sent to providers who have not completed all required documents or if there are any verifications pending.

In-Home Supportive Services

Comprehensive Timesheet Guide



Q: I want to know the status of my timesheet and if you received it

A: Contact the Provider Help Desk at (866) 376-7066 and please have your Provider Number ready

Q: I moved to a new address and I have not been receiving timesheets

A: Contact your local Public Authority to do an address change, then call payroll the next day to order new timesheets

Q: I wasn't paid all my hours and there are other providers who work for the recipient and got paid all their hours.

A: It is the recipient's responsibility to assign hours to each of their providers, any hours over the authorized hours will not be paid for by IHSS.

Q: How can I get paid for the hours that were not paid because of this issue?

A: Contact your recipient to resolve the issue.

Q: I made a mistake and didn't claim all my available authorized hours for my recipient. Is there any way I can get paid for the hours I forgot to claim?

A: Contact IHSS Payroll to receive a supplemental timesheet to claim the remaining hours.

Q: I stopped working for my recipient but I am still receiving timesheets.

A: Contact your local Public Authority to report that you have stopped working for your recipient

Q: I turned in my timesheet, but I have not received a new timesheet for the next pay period.

A: Contact IHSS Payroll to order your timesheet

Q: Can I tell payroll to mail my check or timesheet to a different address?

A: No, we can only mail timesheets or checks to the address we have on file, if you need to update your address, call your local Public Authority

Electronic Timesheets

The Electronic Timesheet System allows IHSS and WPCS Providers to enter time worked and submit their timesheets online via tablet, smartphone, computer or laptop. Providers and Recipient(s) will both need to have a valid email address in order to enroll in the Electronic Timesheets System. If a Recipient does not have access to the internet they may opt to approve/reject timesheets via the Telephone Timesheet System (TTS). If the Provider registers for the ETS system but the Recipient does not wish to register for ETS or TTS, paper timesheets will continue to be mailed to Providers. If you are a Recipient and wish to enroll in TTS please contact your IHSS Social Worker.

The Electronic Timesheet System will allow Providers and Recipients the ability to do the following:

- Register and enroll to electronically submit and approve timesheets
- Enter time worked and submit timesheets
- Approve and/or reject electronically submitted timesheets
- View the previous 3 months of timesheet history
- Stop electronic timesheets

Providers do not need to submit their timesheets via the ETS system in order to view previous timesheet history. Providers will need to follow the registration process in order to view this information.

Above information is from CDSS ACL NO: 17-76

CDSS also has electronic timesheet training videos via their website

<http://www.cdss.ca.gov/inforesources/IHSS-Providers/Resources/Timesheet-Information>.

To Register for Electronic Timesheets, Go To:

<https://www.etimesheets.ihss.ca.gov>

Contact the Electronic Timesheet Help Desk if you need help at 1-866-376-7066, option 4

Payroll Deductions

Federal Insurance Contributions Act (FICA)

Social Security (FICA) will be deducted from all checks except those who are parents providing care for their children or children under 18 who work for their parents. (Individuals between the ages of 14 and 18 must have a work permit in order to be paid as a provider). You 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 you will receive along with the social security benefits package. Contributions are based on a percentage of your income.

State Disability Insurance (SDI)

SDI 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. You may contact your local Employment Development Department (EDD) office for more information about SDI and, if needed, how to apply for it.

Providers 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 SDI coverage. These forms are available at the Public Authority office.

Union Dues

Dues are deducted once per month for all providers working more than 20 hours per month. The dues rate is 2%, and therefore will vary from individual to individual, and even from month to month if hours worked vary. It is important to understand that neither the PA nor IHSS Payroll input the information for dues deductions, this is done by the Union, and is sent directly to the State Controller's office. **Any problems with dues can only be resolved by the Union, and this is done by calling the Unions toll free number for dues problems: 1-855-810-2015.**

Benefits and Services

Workers' Compensation

If you are injured on the job or become ill as a result of it, the State will pay for your medical care and an income stipend through the State Compensation Insurance Fund (SCIF). There is no deduction from your paycheck for the cost of Workers' Compensation. To report an injury, immediately call the IHSS Public Authority at 1-800-491-1996.

Work Hours and Time Off

If you need time off, call the IHSS Public Authority and give your client plenty of advance notice so there will be time to arrange for a replacement provider. There is no paid time off for IHSS providers.

If you are unable to go to work or going to be late, always call the recipient and inform them. If you are unable to return to work for a specified amount of time, call the Public Authority and your recipient's Social Worker. Never send a substitute to work for you.

Unemployment Insurance (UI)

Unemployment insurance benefits may be available to IHSS Providers if they become unemployed and are able and available to work and meet certain eligibility requirements.

You may contact your local EDD office for more information.

UI benefits are not available to IHSS Providers who are the parent or spouse of an IHSS recipient. There is no paycheck deduction for UI.

All IHSS providers must file a tax return on or before the 15th of April each year, whether or not you have state or federal taxes withheld from your paycheck. You may contact your local California Franchise Tax Board office for additional information about state income tax withholding or your local Internal Revenue Service office of additional information about Federal income tax withholding.

Health Benefits



San Joaquin County IHSS home care providers may be eligible for medical, dental and vision insurance through their union. For more questions on Health Benefits, please call SEIU-UHW at 1-800-824-3316.

Universal Precautions



Many illnesses and diseases may threaten your health, and the health of the recipient. Germs, viruses, parasites, and bacteria can spread disease or illness and can possibly be passed through blood, bodily fluid, saliva, airborne germs, open sores, and breaks in the skin.

Ask the recipient to keep a supply of latex gloves and disinfectant (mild bleach solution will also work just as well mix 10 parts water to 1 part bleach).

- Wear gloves when there is a chance of coming in contact with blood, or body fluids.

- Wash and dry hands before and after you use the bathroom, prepare food, perform household chores, and have contact with others.
- Use a mild bleach solution to clean up blood or body fluid.
- Clean up spills immediately. Use the bleach solution to disinfect possible contaminated surfaces.
- Avoid handling sharp objects (personal razors or needles) that might have come in contact with blood or body fluids.
- Wash soiled linens in a washer set on hot and dry them in a dryer set on high.

Notify your recipient if you are ill or have a condition that might be contagious.

Provider Removal from the Registry

- The Public Authority Registry retains the exclusive right to list, refer with or without comment, suspend or remove a provider from the Registry.
- At no time will the Registry deny a provider's right to be hired by the Recipient. The Registry is a "Privileged" referral list to enhance the Recipient's options when hiring their individual care provider.
- Complaints concerning a provider may be given verbally or in writing to the Registry staff to be documented.
- The person making the complaint against the provider may remain anonymous.

- If there is a complaint pending against a provider, no new referrals will be made.

Complaints against providers will be categorized into two separate offenses: minor offenses and major offenses.

Minor Offenses:

I. The Public Authority will remove a provider from the Registry after verifying the legitimacy of two complaints of minor offenses within a one year period.

A. Minor offenses may include, but are not limited to:

- ✓ Not appearing at scheduled interviews without notice;
- ✓ Being late for work without reasonable notice or cause;
- ✓ Discourtesy toward recipient or recipient's representatives or Public Authority staff;
- ✓ Refusal to do the authorized task agreed to upon hire by Recipient;
- ✓ Not performing requested authorized tasks during work hours;
- ✓ Inadequate job performance;
- ✓ Not returning Recipient phone calls within a reasonable amount of time;
- ✓ Not returning Registry phone calls within a reasonable amount of time;
- ✓ Failure to update Registry files;
- ✓ Quitting Registry assignment (without good cause) without a two week notice.

Major Offenses

II. The Public Authority will remove a provider from the Registry after one complaint of a major offense that has been determined to be valid by Public Authority staff or a second complaint for a minor offense within one year that has been determined valid.

A. Major Offenses include, but are not limited to:

- ✓ Fraud
- ✓ Theft
- ✓ Sexual/physical abuse or other abuse
- ✓ Neglect
- ✓ Dishonesty or misrepresentation of job duties;
- ✓ Unauthorized disclosure of confidential information;
- ✓ Under the influence of alcohol or illegal substance while on duty;
- ✓ Asking the recipient to supplement the allowable IHSS wage;

- ✓ Leaving the job without notice, excessive absence or tardiness;
- ✓ Possession of firearm or dangerous weapons while on duty;
- ✓ Conviction of a crime which indicates unfitness for the job;
- ✓ Knowingly putting the recipient in jeopardy.

Fraud



Fraud is when a provider knowingly makes, or causes to be made, any false or fraudulent claim for payment. Fraud is an intentional deception or misrepresentation made with the knowledge that the deception could result in an unauthorized benefit.

In-Home Supportive Services is a Medi-Cal program funded by federal, state, and county funds. Any false statement, claim, or concealment of information may be prosecuted under federal and state law. Some examples of fraudulent behaviors include but are not limited to:

- Knowingly submitting timesheets for hours not actually worked.
- Provider claiming hours for providing services that are not authorized by IHSS.
- Provider claiming hours for providing services when the recipient is hospitalized, on vacation, or otherwise not at home.
- Provider/recipient conspiring together to receive payment for services neither are eligible to receive.
- Forgery of signatures on the timesheet.
- Recipient signing blank timesheet.
- Provider or recipient misrepresents or exaggerates the level of need for IHSS.
- Provider falsely reports on-the-job injuries in an effort to collect Workers' Compensation
- benefits.
- Sub-Contracting (Submitting a timesheet as a provider, indicating YOU worked hours that you had not, then using those funds to pay a provider not enrolled to serve the recipient.)

Registry Complaints

Recipients may submit a complaint against their provider and providers may submit a complaint against their recipients by calling the Registry staff. The Registry specialist will work with you to best resolve the situation. Complaints should be specific and as detailed as possible. Please note, that complaints against recipients will be taken seriously and dealt with accordingly, however the IHSS public authority is required to serve all recipients on the IHSS program.

Should you have a complaint about the registry staff, you may contact the Program Manager to file an informal complaint.

Should you request to make a formal complaint, a complaint form will be mailed to you and response will be provided within 30 days.

Appeal Process For Registry

- A provider or recipient may appeal the Public Authority's action to the Public Authority Program Manager within fifteen (15) days of mailing of the "action/ notification letter". The appeal must be in writing and state why the person questions the Public Authority's decision. The provider or recipient may present additional information along with their written notice to the Program Manager.
- The Program Manager will respond with written notice of his/her decision within ten days (10) of receipt of provider's appeal.
- If the provider is not satisfied with the Program Manager's decision, he/she may appeal to the Executive Director within fifteen (15) days of the date of the letter from the Program Manager.
- The Executive Director will respond in writing within ten (10) days of the receipt of the providers appeal.
- The Executive Director's decision will be final.

Note: The Public Authority's initial action will remain until/unless the decision is reversed through the appeal process.

Abuse

"Elder" means any person residing in California age 65 and over.

"Dependent Adult" means any person residing in California age 18 through 64 who has physical or mental limitations which restrict her/his ability to carry out normal activities or protect her/his rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.

Definitions Related to Abuse

All definitions apply to both elder and dependent adults.

1. Abuse can mean physical, mental, sexual, fiduciary (financial) and self neglect.
2. Abandonment: Desertion or willful forsaking of an elder or dependent adult by anyone having care or custody under circumstances in which a reasonable person would continue to provide care and custody.
3. Fiduciary Abuse: A situation in which anyone who has care or custody or is in a position of trust with a suspected victim, takes, conceals, or appropriates money or property, to any use or purpose not in the due and lawful execution of his/her trust.
4. Mental Suffering: Deliberately subjecting a person to fear, agitation, confusion, severe depression, or other forms of serious emotional distress through threats, harassment, or other forms of intimidating behavior.
5. Neglect: Negligent failure of any person having the care or custody of an elder or a dependent adult to exercise "reasonable persons" degree of care; includes failure to:
 - a. Assist in personal hygiene, or in provision of food, clothing or shelter;
 - b. Provide medical care for physical and mental health needs (except that a person who voluntarily relies on treatment by spiritual means through

- c. prayer alone in lieu of medical treatment shall not be deemed neglected or abused);
 - d. Prevent malnutrition.
 - e. Protect from health and safety hazards.
6. Physical Abuse:
- a. Assault- an unlawful attempt to commit a violent injury on another (P.C. 240)
 - b. Battery- a willful and unlawful use of force upon another (P.C. 242)
 - c. Assault with a deadly weapon or force likely to produce great bodily injury (P.C. 245)
 - d. Unreasonable physical constraint, or prolonged or continual deprivation of food or water.
7. Sexual Assault, which means any of the following:
- a. Sexual battery- touching an intimate part of a person who is institutionalized or unlawfully restrained, against that person's will, for purposes of sexual arousal (P.C. 243.4)
 - b. Rape (P.C. 261 and 264.1)
 - c. Incest (P.C. 285)
 - d. Sodomy (P.C. 286)
 - e. Oral Copulation (P.C. 288a)
 - f. Penetration with foreign object (P.C. 289)
8. Use of physical or chemical restraint, medication, or isolation without authorization, or for a purpose other than for which it was ordered, including, but not limited to, for staff convenience, for punishment, or for a period beyond that for which it was ordered.
9. Self-Neglect/Abuse:
- a. Physical
 - b. Suicidal
 - c. Fiduciary
 - d. Other

Mandated Reporter

As a home care provider, you are required to report any suspected abuse of any person whom you provide care while on duty. You must immediately call APS (Adult Protective Services), your recipient's Social Worker or the Public Authority and in cases of physical abuse you must file a police report.

Important Phone Numbers

**Homecare Provider Registry
1-800-491-1996**

**Adult Protective Services
1-888-800-4800**

**IHSS General Information
(209) 468-2202**

**SEIU Local 2015 Member Action Center
1-855-810-2015 or
<https://www.seiu2015.org>**

Acknowledgements

San Joaquin County IHSS Public Authority would like to thank everyone who helped us develop our Registry program. Many individuals shared their time, information, and materials from their own work, which enabled us to create this handbook.

We especially appreciate the expertise and generosity of our colleagues in other Public Authorities in California. Thank you!

Signature page

I, _____, certify that I

(Print full name)

have reviewed, understand and agree with the information in the San Joaquin County IHSS Public Authority Provider Handbook. I agree to abide by the policies and procedures in order to be "active" on the Registry. I also understand that I may withdraw my participation from the Registry at any time. If I have any questions or concerns, I know and understand that I may call the Public Authority staff for clarification.

Signature

Date

This page will be kept with Public Authority records at:

San Joaquin County IHSS Public Authority
24 S Hunter ST RM 5
Stockton, CA
95202

