



# IHSS



IN-HOME  
SUPPORTIVE SERVICES

## New Program Requirements 2016



# Agenda

- **Overview of FLSA Requirements**
- **Tools and Information**
- **Key Terms**
- **Revised and New Forms**
- **Provider and Recipient Responsibilities**
- **Questions and Answers/Wrap Up**





# Overview of FLSA Requirements

# New FLSA Requirements for IHSS

**Overtime Pay: under certain conditions**

**Travel Time Pay: within specific limitations**

**New and Revised Forms: must be completed**

**Violations: should be avoided**

# FLSA Recipient Notices and Forms for IHSS

**TEMP 3002**

**Important Information for the In-Home Supportive Services (IHSS) Recipient**

**SOC 2271A**

**IHSS Program Recipient Notice of Maximum Weekly Hours**

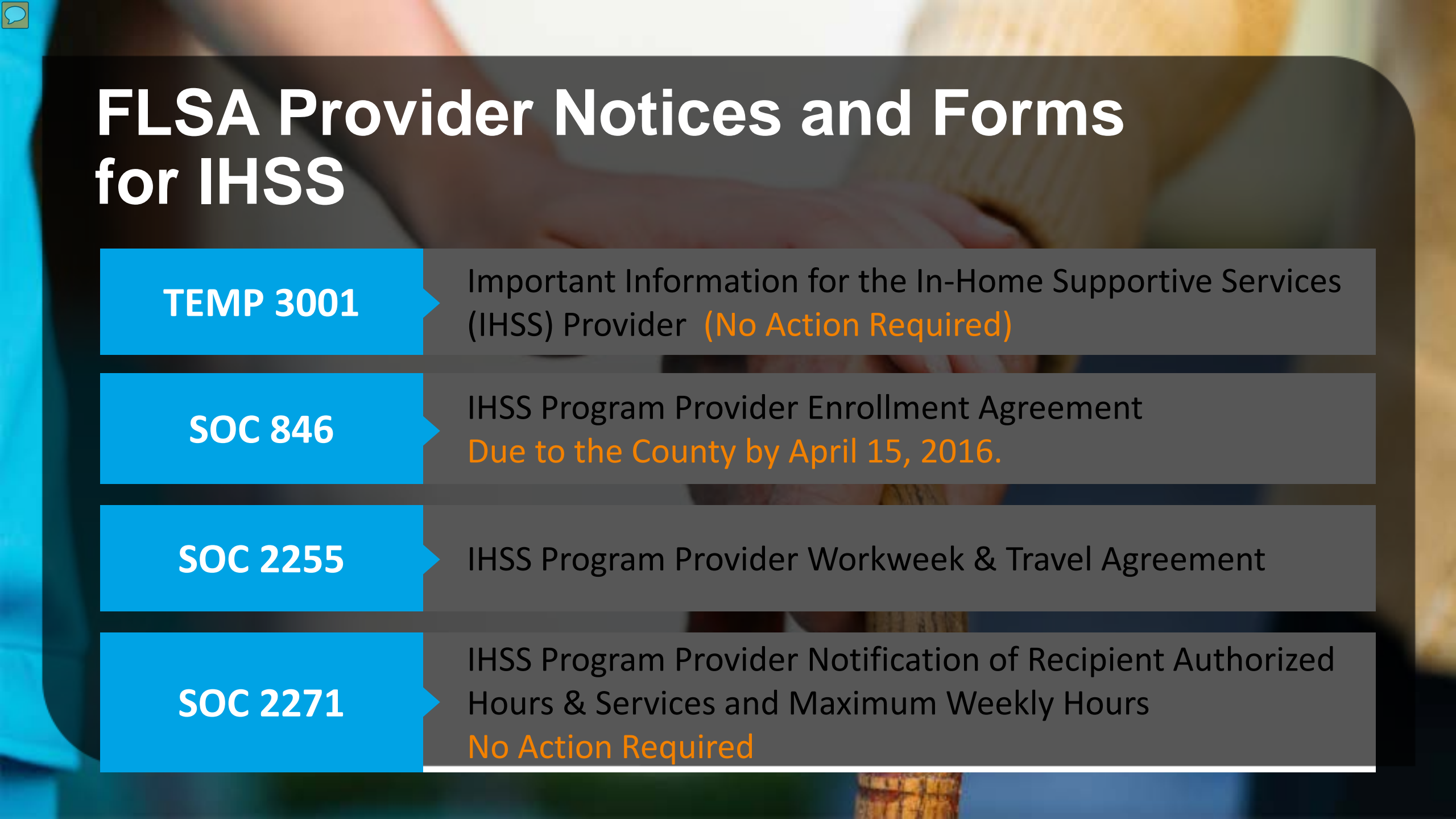
**No action required.**

**SOC 2256**

**IHSS Program Recipient & Provider Workweek Agreement**

**Must be postmarked to the County by March 15, 2016.**





# FLSA Provider Notices and Forms for IHSS

**TEMP 3001**

Important Information for the In-Home Supportive Services (IHSS) Provider **(No Action Required)**

**SOC 846**


IHSS Program Provider Enrollment Agreement  
**Due to the County by April 15, 2016.**

**SOC 2255**

IHSS Program Provider Workweek & Travel Agreement

**SOC 2271**

IHSS Program Provider Notification of Recipient Authorized Hours & Services and Maximum Weekly Hours  
**No Action Required**



# FLSA Provider Notices and Forms for IHSS

**Providers will be terminated**

**from the IHSS program on May 1, 2016,  
if the SOC 846 is not returned to the county.**

# Recipient and Provider Responsibilities

## Recipient

Understand requirements and limitations

Complete and mail required forms

Accurately record hours worked by provider

Verify hours worked by provider and sign timesheet

## Provider

Understand requirements and limitations

Complete and mail required forms

Accurately record hours worked for recipient

Properly complete timesheet and travel claim form (if applicable)



# KEY TERMS

- Monthly Authorized Hours
- Maximum Weekly Hours
- IHSS Workweek
- Overtime
- Travel Time
- Violations



## Monthly Authorized Hours

Total number of IHSS service hours a recipient is authorized per month

## Maximum Weekly Hours

Total number of IHSS service hours a recipient is authorized per workweek

Monthly authorized hours divided by 4 = the number of hours the provider may work up to.



## Maximum Weekly Hours

Total number of IHSS service hours a recipient is authorized per workweek

A recipient's monthly authorized hours must be spread throughout the month to ensure that the recipient receives services during the entire month.

Monthly authorized hours divided by 4 = the number of hours the provider may work up to.





**Maximum Weekly  
Hours Example**

**200** Monthly Authorized Hours

$$\div 4$$

---

**50** Maximum Weekly Hours







## IHSS Workweek

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 a.m.						11:59 p.m.

### Workweek begins:

- Sunday at 12:00 a.m.

### Workweek ends:

- Saturday at 11:59 p.m.







## February

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>
<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>





## December

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		





**Recipient with 1 Provider**



**Provider does not work  
for any other recipients**

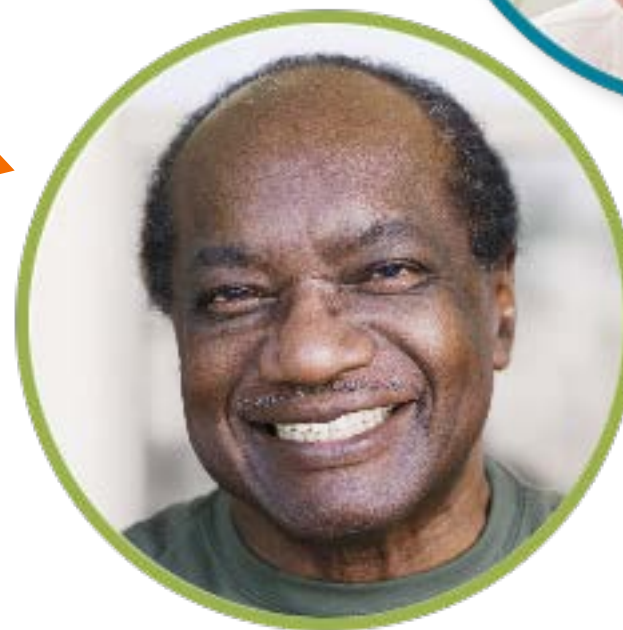
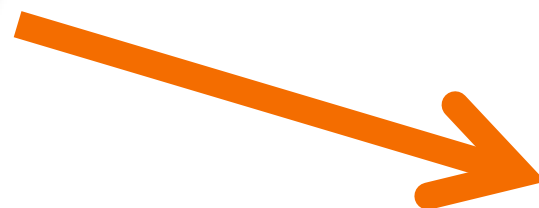
**Monthly Authorized Hours ÷ 4 = Maximum Weekly Hours**







**Provider with multiple Recipients**



**Maximum Weekly Hours = 66**





## OVERTIME

**All hours worked over 40 hours in one workweek.**





## TRAVEL TIME

**Up to 7 hours per week when traveling directly from one recipient to another on the same day.**





# Travel Time

Travel Time is the time it takes for a provider to travel directly from providing services to one recipient to providing services for another recipient on the same day.



## **VIOLATIONS**

**Consequences of not following  
overtime and travel time  
limitations.**



## WAIT TIME

**Compensation for wait times at medical appointments/alternative resources sites, under certain circumstances, is now allowable in the IHSS program.**





# REVIEW OF KEY TERMS

- Monthly Authorized Hours
- Maximum Weekly Hours
- IHSS Workweek
- Overtime
- Travel Time
- Violations







# REVISED AND NEW FORMS



**IHSS RECIPIENT  
FORMS/NOTICES**

# IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM RECIPIENT NOTICE OF MAXIMUM WEEKLY HOURS

Notification Date: \_\_\_\_\_  
Recipient Name: \_\_\_\_\_  
Recipient Case Number: \_\_\_\_\_  
Social Worker Name: \_\_\_\_\_  
Social Worker Number: \_\_\_\_\_  
Social Worker Telephone: \_\_\_\_\_  
Social Worker Address: \_\_\_\_\_  
\_\_\_\_\_

## SOC 2271A

hours.

You were sent a notice of action indicating, as of \_\_\_\_\_, your **monthly**  
**authorized hours** are \_\_\_\_\_.  
DATE



# IN-HOME SUPPORTIVE SERVICES PROGRAM RECIPIENT AND PROVIDER WORKWEEK AGREEMENT

IHSS RECIPIENT CASE NUMBER

RECIPIENT NAME (FIRST, MIDDLE, LAST)

My total monthly authorized hours are \_\_\_\_\_.

My total monthly authorized hours will now be divided by 4 to determine my maximum weekly hours. My maximum weekly hours are \_\_\_\_\_. Under certain circumstances I may be able to adjust my weekly authorized hours which will allow me to give more hours in one week than I normally give, as long as I use less hours in

## SOC 2256

I understand that this form is a tool to help me schedule hours for my provider(s). This schedule helps me to ensure that my provider(s) stay(s) within my monthly authorized hours.

**INSTRUCTIONS:**

**IHSS PROVIDER  
FORMS/NOTICES**



# IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER ENROLLMENT AGREEMENT

PROVIDER NUMBER

PROVIDER NAME (FIRST, MIDDLE, LAST)

1. I attended the required provider enrollment orientation for IHSS providers and I understand and agree to the following:
  - I was given information about being a provider in the IHSS program.
  - I was informed of my responsibilities as an IHSS provider.
  - I was informed of the consequences of committing fraud in the IHSS program.

## SOC 846

fraud or abuse in the IHSS program.

2. I understand the following:

Provider Number \_\_\_\_\_

## IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER WORKWEEK & TRAVEL TIME AGREEMENT

(To be completed by a provider who provides authorized services to multiple recipients)

PROVIDER NAME:

PROVIDER NUMBER:

### PART A. WORKWEEK SCHEDULE

#### PROVIDER REQUIREMENTS:

- State law (Welfare and Institutions Code section 12300.4) limits providers in the IHSS and Waiver Personal Care Services (WPCS) programs to working a maximum weekly number of hours providing IHSS and WPCS. A provider who works for multiple recipients is limited to providing 66 hours per workweek.
- The maximum weekly workweek does not include travel time as described in Part B of this form. The workweek starts on Sunday at 12:00 a.m. (midnight) and ends at 11:59 p.m. on the following Saturday.

Recipients are authorized services on a monthly basis and, based on state law, are limited to receiving a set amount of those

# SOC 2255

may work more than a recipient's monthly authorized hours in certain circumstances. A recipient may adjust his or her monthly authorized hours, but he/she must get approval from the county if the adjustment will result in either a provider working hours in the month than the provider would normally work or working over 40 hours in any workweek for him/her (when, he/she is authorized to receive 40 hours or less in services in a workweek.)

- It is your responsibility as a provider to:

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM  
PROVIDER NOTIFICATION OF RECIPIENT AUTHORIZED HOURS AND SERVICES  
AND MAXIMUM WEEKLY HOURS**

Notification Date: \_\_\_\_\_  
Provider Name: \_\_\_\_\_

You are receiving this notice because you are a provider of IHSS for

**SOC 2271**

This notification is to inform you of your recipient's monthly authorized hours and the services you are allowed to perform for your recipient.

Your recipient's monthly authorized hours are \_\_\_\_\_.





# Claiming Hours





# Recipient and Provider Situations

**One Recipient/  
One Provider**



**Multiple Recipients/  
One Provider**



**Multiple Providers/  
One Recipient**



# Recipient and Provider Situations

## One Recipient | One Provider



### Requirement:

The maximum number of hours that providers may work in a workweek is the recipient's monthly authorized hours divided by 4.

In this specific situation where one recipient employs only one provider AND receives the maximum hours of 283, the provider may work up to 70:45 maximum weekly hours ( $283/4=70:45$ ).

# Recipient and Provider Situations

## Multiple Recipients | One Provider



### Requirement:

The maximum number of combined hours that a provider may work in a workweek is 66 hours.

Recipients must complete a work schedule for the provider to determine how many hours s/he will work before working for each of them. This schedule will ensure that the provider will not work more than 66 hours per workweek.

# Recipient and Provider Situations

## One Recipient | Multiple Providers



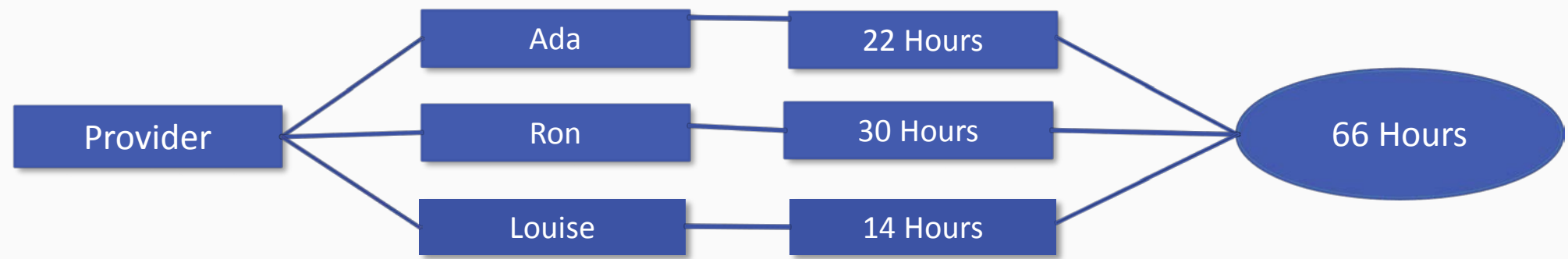
### Requirement:

The recipient must make a work schedule for all of their providers to determine how many hours each of them may work.



# How many maximum weekly authorized hours may a provider with multiple recipients claim?

Recipient	Total Monthly Hours Assigned to Provider	Maximum Weekly Hours
Ada	88 hours per month	22 hours per week
Ron	120 hours per month	30 hours per week
Louise	56 hours per month	14 hours per week
Total Weekly Authorized Hours:		66 hours per week





# Adjusting Hours



# When is county approval needed to adjust hours?

**Recipients must get county approval to adjust their providers' weekly work hours when the change requires the providers to work:**

- **More than 40 hours in a workweek if the recipient's maximum weekly hours are 40 hours or less, or**
- **More overtime hours in the month than they would normally work.**

# 1 RECIPIENT: 1 PROVIDER



**156:00 Monthly  
Authorized Hours**



**39:00 Maximum Weekly  
Hours**



**Is county approval needed?**





# Do I Need County Approval?



**Increasing work hours to more than 40 hours in a workweek will require county approval.**



**When can the Recipient adjust hours  
without county approval?**

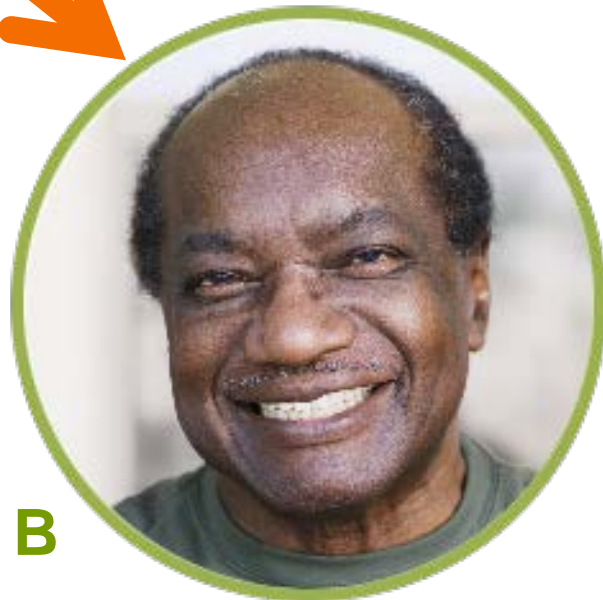
## 2 RECIPIENTS: 1 PROVIDER



40 hrs  
↓  
36 hrs

Recipient A

30 hrs  
↑  
26 hrs



Recipient B

If a provider works the 66 maximum weekly hours per workweek and one of their recipients asks them to work additional hours, the provider can only do so if they reduce the number of hours they work for another recipient.

# 1 RECIPIENT: 3 PROVIDERS

## Recipient B

**200:00 Monthly Authorized Hours**

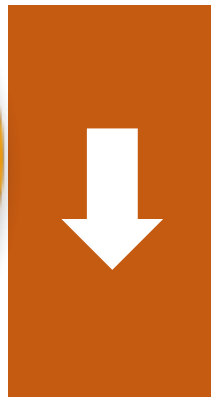
**50:00 Maximum Weekly Hours**

What happens if one of those providers is ill or takes vacation?



## Recipient B

The recipient can adjust hours as long as his/her total monthly authorized hours are not exceeded.





# Do I Need County Approval?



**Over the month there are a total of 40 hours of overtime available that the provider may work without the recipient seeking county approval.**

**Maximum Weekly Limit of 66 Hours**

## 2 RECIPIENTS: 1 PROVIDER



**40 hrs**  
for Recipient A



**Recipient A**  
160:00 Monthly  
Authorized Hours

40:00 Maximum  
Weekly Hours

**26 hrs**  
for Recipient B



**Recipient B**  
104:00 Monthly  
Authorized Hours

26:00 Maximum  
Weekly Hours

**Providers who work for  
multiple recipients can only  
work a maximum of 66  
hours per workweek.**

# Approval to Adjust Weekly Authorized Hours

- The recipient must inform the County of the request to change as early as possible and prior to timesheet submission.
- The County will review the request to determine if all of the following conditions exist to support the request:

**Is this an unexpected need?**

**Is the need immediate?**

**Can the need wait for a backup provider?**

**Is the recipient's health or safety in danger?**





# Properly Completing Timesheets- Practice





# Tips for Properly Completing Timesheets

- **Use only black ink and press firmly**
- **Both the recipient and the provider must sign and date the back of the timesheet**
- **Cut along the dotted line**
- **Do not fold the timesheet**
- **Only enter hours and minutes for each day worked on timesheets**
- **Only mail one timesheet per envelope**
- **Place the correct postage on the outside of the envelope**



# Travel Time & Travel Claim Forms



# Travel Time

## Conditions

- For providers with multiple recipients.
- Must travel directly from one location where services are provided to another location where services are provided on the same day.
- Must have submitted a timesheet for service hours with corresponding dates.

## Limits

- Travel time is limited to 7 hours per week and will not be deducted from the recipient's monthly authorized hours.
- Travel time is not included in the overtime limit of 66 hours/week.

## Violations

- Travel time in excess of 7 hours will be paid but the provider will receive a violation.



# Travel Time

**Providers who have multiple recipients will be required to complete:**

**SOC 2255**

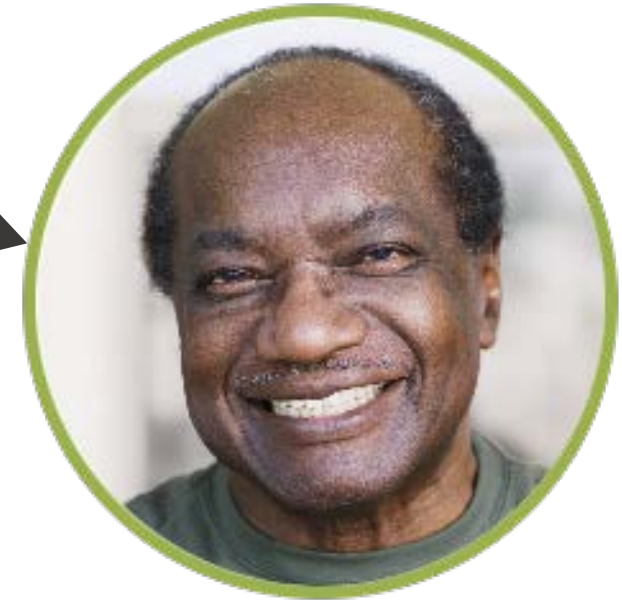
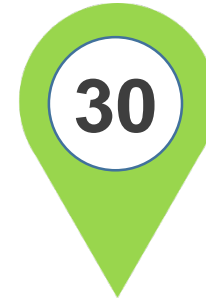
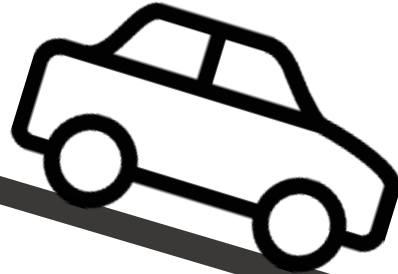
## **IHSS Program Provider Workweek & Travel Time Agreement**

**This completed form must be submitted and processed before providers are eligible to receive travel time compensation.**



**Recipient A**

**30 minutes travel time from  
Recipient A to Recipient B**



**Recipient B**

**30 minutes claimed on  
Travel Claim form for  
Recipient B**



# Violations





# Violations

## 1<sup>st</sup> Violation

Notice of violation with information on how to request a county review

## 2<sup>nd</sup> Violation

Notice of violation with information on how to request a county review  
Complete one-time training, 2<sup>nd</sup> violation avoided  
Does not complete one time training within 14 days of notice, 2<sup>nd</sup> violation confirmed

## 3<sup>rd</sup> Violation

Notice of violation with information on how to request a county review  
Optional: State appeal if the violation is upheld  
Suspended as an IHSS Provider for 3 months, or 90 days

## 4<sup>th</sup> Violation

Notice of violation with information on how to request a county  
Optional: State appeal if the violation is upheld  
Terminated as an IHSS Provider for one year, or 365 days



# Violations

## **IMPORTANT TO REMEMBER:**

**If the provider's actions result in more than one violation during a calendar month, it will only count as one violation.**

# FLSA

## **IHSS now pays for:**

**Overtime  
Travel Time  
Wait Time**

**Under certain circumstances and within  
specific limits...**



# Wrap Up

Additional questions/comments may be emailed to [IHSS-Training@dss.ca.gov](mailto:IHSS-Training@dss.ca.gov).

For more information related to FLSA, please visit the CDSS website at:

<http://www.cdss.ca.gov/agedblinddisabled/PG1296.htm>

