

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.



***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.

## 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:

- Have your new recipient contact their IHSS social worker to start your enrollment process.
- Contact Nicole @ 209-468-1747 to update on the registry.

# 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 1<sup>st</sup> through the 15<sup>th</sup>**

**The 16<sup>th</sup> through the end of the month**

Submit your timecard at the end of each pay period after you have worked all your hours. You're recipient will then receive an e-mail or phone call to review your timesheet.

- \*Avoid stacking hours, spread your hours evenly during the pay period
- \*Use a calculator to double-check hours worked
- \*Record time in hours and minutes,

Once your timesheet is received and processed, 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. Direct deposit is also available via the electronic portal (ESP) website.

# Electronic Visit Verification (EVV)

EVV is a federal law that requires electronic record of certain information about the IHSS and/or WPCS services performed. There are upcoming changes for non-live-in IHSS and WPCS providers beginning July 1, 2023.

Beginning July 1, 2023, all IHSS and WPCS providers who do not live with their recipient are required to check-in and out at the beginning and end of each workday and indicate if services are being provided in the home or community. Non-Live-in Providers are able to check-in and out using either the new IHSS EVV Mobile Application (App), the Electronic Services Portal (ESP), or the Telephone Timesheet System (TTS) using the recipient's landline telephone. Check-in, check-out and location information will populate on the provider's electronic timesheet automatically, saving time for providers when submitting timesheets at the end of the pay period.

**There are no penalties for providers** for making corrections to their check-in, check-out and location information on their timesheet. Providers should make corrections before submitting their electronic timesheet to their recipient for approval just like they do today.

**There are no changes for providers** that live with their recipient. Live-in providers will continue to complete and submit their electronic timesheet to their recipient for approval the same way they do today.

**There are no changes for recipients.** Recipients will continue to review and approve their provider's electronic timesheets the same as today. The EVV requirements do not change how recipient services are authorized or how recipients receive their services.

# Sick Leave



The annual IHSS provider paid sick leave hours for Fiscal Year 2023/2024 are 24 hours beginning July 1, 2023

Sick Leave increased to 40 hours for the Fiscal year 2024/2025 starting 7/1/2024.

## **Background**

Beginning July 1, 2018, the IHSS Paid Sick Leave Program became available for current, active IHSS program providers. All current, active IHSS providers who met the eligibility criteria received annual paid sick leave beginning State Fiscal Year July 1, 2018.

## **Eligibility**

All providers, both existing and newly hired after July 1, 2018 will accrue annual sick leave after working 100 hours of providing authorized services for one or more IHSS recipients after their initial hire date. Once the annual sick leave hours are accrued, the provider must work an additional 200 hours providing services to any IHSS recipient(s), or actively work for a period of 60 calendar days from the date on which the provider accrued his/her annual paid sick leave hours, whichever comes first, before they can use them.

These are one-time requirements that must be completed to accrue, and use paid sick leave. A provider who completes the hours or time requirements will continue to accrue hours of paid sick leave each State Fiscal Year, July 1, as he/she continues to work as an active IHSS provider. Any provider who ceases employment with IHSS for longer than one year shall be considered inactive and would need to complete the process again to earn and use paid sick leave.

The SOC 2302 details the name and number of the provider and the date and times of the paid sick leave. Providers are not required to disclose on the SOC 2302 the specific reason why he/she needs to use paid sick leave hours. The SOC 2302 is only required to be signed by the provider.

Each provider is responsible for submitting their completed SOC 2302 form in a separate envelope when he/she submits his/her timesheet for processing

**If the SOC 2302 is not received for processing by the end of the following month in which the sick leave is claimed, the provider's claim cannot be processed.**

# Electronic Timesheets

## Time Entry: Daily Time Entry

Workweek 1	
	HOURS WORKED
SUN 29 Jul	<input type="text" value="00"/> <input type="text" value="00"/>
MON 30 Jul	<input type="text" value="00"/> <input type="text" value="00"/>
TUE 31 Jul	<input type="text" value="10"/> <input type="text" value="00"/>
WED 1 Aug	<input type="text" value="00"/> <input type="text" value="00"/>
THU 2 Aug	<input type="text" value="00"/> <input type="text" value="00"/>
FRI 3 Aug	<input type="text" value="00"/> <input type="text" value="00"/>
SAT 4 Aug	<input type="text" value="00"/> <input type="text" value="00"/>

WORKWEEK TOTAL: 10h 00m

Workweek 2

Workweek 3

# Travel Timesheets

\*Travel time between recipients cannot exceed 7 hours per work week

- Must travel between recipient's in the same day
- Must submit an SOC 2255 to payroll before travel timesheets are issued
- Travel time will have its own timesheet
- It will not be counted towards weekly max

\*In the "Case # From" column, please write the recipient case number you traveled from.

\*In the "Distance" column, write the distance you traveled from one recipient to another recipient on the same day.

\*Comments are required to explain the following:

-If a special circumstance occurred to cause the travel time to be longer than expected.

\*The provider must sign and date the back of Travel Claim Form.

## TRAVEL CLAIM FORM

Provider Name:	LASTNAME, FIRSTNAME	Recipient Name:	LASTNAME, FIRSTNAME
Provider #:	000000000	Travel Claim #:	0000000000000000
Case #:	00 00 0000000	Pay Period From:	02/16/2016
Program Type:	IHSS	Pay Period To:	02/29/2016

	Travel Week #1	Case # From:	Distance:	Comments:
S	0 0 0 0			
M	0 0 0 0			
T 16	H H M M			
W 17	H H M M			
T 18	H H M M			
F 19	H H M M			
S 20	H H M M			
TOTAL				

	Travel Week #2	Case # From:	Distance:	Comments:
S 21	H H M M			
M 22	H H M M			
T 23	H H M M			
W 24	H H M M			
T 25	H H M M			
F 26	H H M M			
S 27	H H M M			
TOTAL				

	Travel Week #3	Case # From:	Distance:	Comments:
S 28	H H M M			
M 29	H H M M			
T	0 0 0 0			
W	0 0 0 0			
T	0 0 0 0			
F	0 0 0 0			
S	0 0 0 0			
TOTAL				

	Travel Week #4	Case # From:	Distance:	Comments:
S	0 0 0 0			
M	0 0 0 0			
T	0 0 0 0			
W	0 0 0 0			
T	0 0 0 0			
F	0 0 0 0			
S	0 0 0 0			
TOTAL				

I understand that any false claim relating to this travel claim form may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties. By signing as the provider, I declare that the travel time claimed on this travel claim form is true and correct.

<small>Provider's Signature</small>	<small>Date</small>



## 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 you are a Recipient and wish to enroll in TTS please contact payroll @ 209-468-1706.

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

*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 IHSS at 209-468-1706.

### 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 15<sup>th</sup> 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 1-855-810-2015.

## 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 three 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>**

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