

San Joaquin Cores...



IHSS Public Authority

*In-Home Supportive Services Recipient  
Handbook*



*Finding & Employing a Home Care  
Provider*



***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**

**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.

## How the San Joaquin IHSS Public Authority works



- Recruits individual Home Care Providers from all cities and locations within the San Joaquin County.
- Maintains an updated Registry with a list of available Providers.
- Interviews and gives orientations to prospective Providers.
- Verifies that potential Providers are able to legally work in the US and keeps records of official documentation such as Social Security Number and State identification cards.
- Maintains a record of at least one (1) employment and two (2) additional references for each applicant.
- Providers must pass a criminal background check and sign a release of information agreement.
- Matches your needs with the stated skills and availabilities of Providers.
- Sends you a list of at least five (5) prospective Providers whenever you request one.

## **Recipient Guidelines**

- Be courteous and respectful towards providers and PA staff.
- Hire, train, supervise, and fire the provider I employ.
- Provide a safe and professional work environment.
- Return providers telephone calls within 24-48 hours.
- Show up on time for Interviews/appointments with potential providers or PA staff unless there is a verifiable emergency (e.g., medical or family emergency, transportation problems, etc.).
- Make sure enrollment process is complete, including signing your provider's packet.
- Approve the provider's timesheets once you have verified them for validity and accuracy. If there are disagreements, please contact your assigned social worker.
- Pay the required share of cost if applicable to your case.
- Be available when the provider arrives for their scheduled work assignment.
- Whenever possible, notify the provider at least 48 hours in advanced if making changes to the provider's work schedule or if there is a change to your approved hours and authorized tasks.
- Never ask the provider to perform unauthorized tasks. If you need help understanding which tasks are authorized, review your Notice of Action or contact your assigned social worker.
- Maintain mutually agreed boundaries with the providers as the provider is your employee.
- Keep all firearms and weapons in a locked cabinet as required by local, State and Federal regulations.
- Maintain an environment free of the use and abuse of controlled substances except as permitted by law.
- Respect your provider's property. Theft, misuse or abuse of a provider's property is prohibited.
- Comply with laws and regulations relating to wages/hours/break and meal times/ working conditions and hiring of individuals.
- Maintain a calendar or notebook of the days and hours worked by providers and work to resolve wage and hour disputes professionally. If possible, resolve disputes before complaints are made to eh California Labor Commissioner's Wage and Hour Division.
- Notify the PA staff if there are any issues or you are not satisfied with your provider.
- Have a valid, work related reason for terminating providers.

## Recipient Denial for Registry Use

The IHSS Public Authority has the right to deny services to or remove a Recipient from the Registry. At no time will the IHSS Public Authority deny a Recipient's right to employ a Provider or a Provider's right to be hired by a Recipient.

When a staff member receives a complaint, the IHSS PA will contact the Recipient or authorized representative to follow up, and if the complaint is validated staff will then determine which action to take.

**Minor Violations:** The IHSS Public Authority will refuse services to a Recipient **after three complaints of minor violations have been reported by one or more sources within a six-month period and have been determined to be valid by IHSS Public Authority staff.** The IHSS Public Authority staff will make every attempt to resolve the minor violation(s) through educating and training the Recipient and providing appropriate resources if necessary. Along with notifying the IHSS SW for any additional input.

### Minor Offenses:

- Not being available when providers arrive for their scheduled work/shift without notice of a change
- Insisting that the provider performs tasks that are not authorized by IHSS
- Inappropriate behavior towards an IHSS provider
- Creating a hostile work environment for the provider, this includes derogatory racial, ethnic and religious comments.

### Major Violations:

The IHSS Public Authority will refuse services to a Recipient **after one complaint of a major violation that has been determined to be valid by IHSS Public Authority staff.** The IHSS Public Authority staff will make every attempt to resolve the major violation through educating and training the Recipient and providing appropriate resources and referrals. Prior to denying services and removing a Recipient from the Registry, staff will consult with the Recipient, the IHSS PA Program Manager and the Recipient's IHSS Social Worker.

### Major Offenses:

- Behavior constituting sexual, psychological, emotional and/or physical abuse
- Harassment and/or retaliation with the perceived intent to inflict harm
- Threat to the life and property of the provider
- Presenting a hazardous environment that is a danger to the provider
- Theft, forgery, fraud or misrepresentation in the role of being an IHSS employer
- Acts of fraud and abuse such as signing inaccurate timesheets, signing a timesheet when Provider didn't work, etc
- Refusing to sign timesheets and/pay share of costs with the intent to not pay the provider.

## **Appeals Process**

Recipients have the right to appeal any decision/action taken by the Public Authority

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

Appeal letters must be mailed to:

IHSS Public Authority  
24 S. Hunter St STE 5  
Stockton, CA 95202

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

## The Registry Specialists



- They are there to help you and serve you with ongoing support; including conflict resolution between you and your care Provider.
- They help protect the confidentiality of your personal and medical records.
- They understand employer /employee roles, rights and responsibilities.
- They can send you a new list of Providers that match your needs whenever you request one.
- They will make sure you receive the list and follow up within seven (7) days to see if you hired anyone.
- They can assist by interviewing Providers at your home or other locations.
- They can answer payroll questions and give you information about timecards.
- You may contact a Registry Specialist for additional IHSS questions or to recommend a friend who wishes to be a Home Care Provider.



## **IHSS Public Authority Registry**

The IHSS Public Authority screens people applying to the Registry based on what the applicant provides. The Registry requires a Department of Justice criminal background check and a release of information agreement signed by the Provider. Also, the Registry requires that providers give three (3) valid references and at least one (1) from a previous employer.

Nevertheless, the IHSS Public Authority Registry can make NO guarantee about the accuracy of such information. Furthermore, the Registry can make NO guarantee about the Provider's character, actual work experience, criminal history or fitness.

Authorized services are to be performed uniquely for you and NOT for your family members or your guests. For instance, if you are away from home on vacation or in the hospital - payment will not be made for work done during your absence.

The Registry will match Providers willing to do your preferred tasks, but the State will only compensate for the authorized tasks listed on your "Notice of Action." Any private arrangement made between you and the Provider to pay more than the rate authorized by IHSS or to perform tasks not authorized is strictly between you and the Provider and is NOT the responsibility of the IHSS Public Authority Registry.

## **RECIPIENT RIGHTS AND RESPONSIBILITIES**

As the IHSS Recipient, you are the **employer** of your IHSS Provider for the purpose of screening, hiring, supervising, training, and if necessary, terminating the employment of the Provider. Thus, as the Recipient you have **the right** to:

- Appeal any decision by the IHSS program where you would strongly disagree.
- Ask your IHSS Social Worker for a reassessment of hours if your condition changes.
- Ask a Registry Specialist for assistance with problems or conflicts you are unable to resolve with your Provider.

As the Recipient you are **responsible** for:

- Letting the Social Worker and the IHSS Public Authority know when you hire a Provider.
- Letting the Social Worker and the IHSS Public Authority know when you terminate a Provider who is listed on our Registry.
- Keeping record of your Provider's hours worked.
- Reviewing the Provider's time sheet, electronically or over the phone, after verifying the hours worked.
- Clearly state reasonable expectations of the Provider's services in a consistent, fair and friendly manner.
- Immediately inform IHSS (209-468-1119) if your Provider becomes injured on the job.
- Abiding by non-discriminatory guidelines on the basis of race, religion, gender, age or disability.



### **After you have been approved...**

After your IHSS Social Worker has approved you for services and after you've received a Notice of Action by mail you are now able to hire a home care provider.

You have the right to hire anyone you choose. If you do not have a family member or know of someone who can help, the IHSS Public Authority can assist you in hiring a provider.

## **IP Enrollment**

Immediately inform the IHSS social worker and PA at 1-800-491-1996

If you're looking to enroll a provider who is already active you may enroll them via the EVV portal.

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

The Electronic Service Portal (ESP) website has been modified to allow recipients to designate a provider online. The recipient will complete the following 4 steps in ESP to hire a provider:

1. Step 1- Find Provider- The recipient will be able to locate the provider by entering the provider's 9-digit provider number.
2. Step 2- Select Provider- The recipient will review the provider information to ensure it is the correct provider they would like to hire.
3. Step 3- Hire Provider- The recipient will enter the start date for the provider.
4. Step 4- Confirm Hire- The recipient confirms the completion of hiring their provider by reviewing the electronic SOC 426A. This step includes an electronic signature by the recipient stating they have reviewed the declaration and acknowledge that they understand the terms and conditions of the agreement and that the information entered is true and correct.

\*The above information was provided by CDSS ACL 20-108\*

### **If you need help finding a Provider**

Call the IHSS Public Authority Registry at **1-800-491-1996** to let them know what services you need and your number of authorized work hours. A Registry Specialist will search for potential Providers to match your needs, hours and location. They will send you a list of at least 3 to 5 potential Providers. You should then call the names on the list promptly to discuss the job and set up interviews. You may call to request a different Provider any time you need.

## Screening Potential Providers by Phone



It is very important that you do not give out any personal information such as your name, address or location to applicants whom you do NOT intend to interview. Be friendly, but firm.

- Give a brief description of your needs.
- State the number of hours you need assistance. The total number of hours authorized is on the "Notice of Action."
- If the applicant is suitable, you may want to set an appointment at this time to meet and interview them face to face.
- Request that applicants bring a list of references with them.
- Even if you feel the applicant does not qualify for the job, thank her/him for calling.

## Interviewing in Person

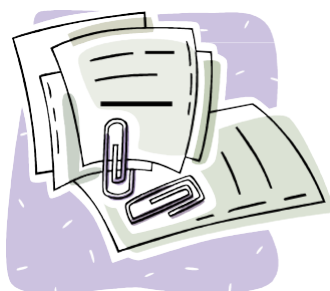


You may wish to have a family member, trusted friend or a neighbor with you during the interviews. If you don't want to do the interviews at home, choose a comfortable meeting place in public. You can also ask a Registry Specialist to help you do the interviews at the IHSS Public Authority.

- Ask to see an identification card with a picture of the applicant on it, like a Driver's License or a Department of Motor Vehicles ID Card.
- Become acquainted with your applicants by letting them tell you about themselves. This also shows that you have an interest in them.
- Show the applicants the "Notice of Action" that lists the approved tasks and explain it.
- Ask all the questions you want and continue to ask if you are in doubt about anything.
- You can interview as many applicants as you wish, and you always have the right to change your mind about your choice.
- If you have concerns or doubts on anything an applicant says, write them down and check them out.
- Discuss possible work schedules (days/times).

## Hiring and Supervising Your Provider

After you choose a Provider, ALWAYS call the IHSS the Public Authority (see page 9 on IP Enrollment process). .



Creating a task schedule for your provider and displaying it where you both can see can be very helpful. A Sample Task Schedule and Job Agreement are included in this handbook.

You will be happier in the employer relationship when you are sharing responsibilities with your Provider and doing as much for yourself as you are able to do.

Your Provider should know that you will be checking to see the tasks you agreed upon are accomplished.

Supervision can include praise, accountability, good communication and record keeping.



## **Good Communication**

As the employer, you are in charge of your provider's duties.

- Clearly explain what you want, and what it is that you expect. Open communication avoids lots of problems.
- Give clear instructions.
- Give training where needed.
- Encourage your employee to seek clarification if they are unsure of something that might be important to you.

## **Giving Praise**

Give praise and correction when needed.

- When your Provider is working hard and doing a good job, praise is a good idea.
- Give praise to your Provider immediately when it is deserved.
- Example: "I liked the dinner you prepared today. It tasted really great!" It is important that both of you are pleased.

## **Offering Correction**

Although it may be difficult to comment on performance, "be up front" and do this regularly.

- Discuss problems as they arise firmly and calmly.
- When making corrections, start by saying something positive, for example: "I am happy to see the bathroom so clean. But next time, could you please remember to rinse out the tub more thoroughly?"
- Blaming or humiliating your Provider will not help keep him/her working for you. If you find it difficult to correct your Provider, ask for help from a family member or friend, or from a Registry Specialist at the IHSS Public Authority.
- The Provider may be told several times of unacceptable behavior before being dismissed. If you dismiss someone whom you hired through the Registry, please call the Registry to tell them why, so that future problems can be avoided with the Provider.

## SAMPLE JOB AGREEMENT

**JOB AGREEMENT BETWEEN:**

**DATE:**

\_\_\_\_\_  
**Recipient:**

\_\_\_\_\_  
**Provider:**

**The Recipient and Provider agree to the following general principles.**

**The Recipient will:**

- Supply enrollment forms and cooperate with the provider in completing the enrollment process.
- Sign the provider timesheet if it reflects the hours that were worked.
- Pay the share-of-cost on time, if applicable.
- Assign work on behalf of the recipient only.
- Give the worker advance notice when hours or duties change whenever possible.
- The recipient will not ask the provider to work extra or any unpaid time.
- If the recipient must cancel, he or she will notify the provider as soon as possible, and agree on a make-up time.
- Both the recipient and the provider will maintain confidentiality.

**The Provider will:**

- Come to work clean and sober.
- Not make personal or long distance phone calls.
- Not ask to borrow money, or for cash advance.
- Call the recipient as soon as possible if late, sick, or unable to work.
- Give the recipient two weeks notice before leaving the job whenever possible.
- Both the recipient and provider will maintain confidentiality.

**Hourly Wage:**

The hourly wage is: \$18.97 per hour, effective 1/1/26.

The provider will receive a timesheet from In-Home Supportive Services (IHSS) at their mailing address. The provider will fill out the timesheet to accurately reflect hours worked, and give it to the recipient for approval and signature. **If there is a problem with timesheets or checks, the provider should call the IHSS Payroll Department at: (209) 468-1119, and ask for "Payroll".**

**Share-Of-Cost?**

NO

YES, to be paid by the \_\_\_\_\_ day of the month, per mutual agreement.

Figure 0.2

CLIENT NAME: \_\_\_\_\_

WORKER NAME: \_\_\_\_\_

### SAMPLE TASK SCHEDULE

In each corresponding box, write down the time the task must be completed, and add any special instructions.

| TASKS                    | Mon | Tue | Wed | Thur | Fri | Sat | Sun | Special Instructions |
|--------------------------|-----|-----|-----|------|-----|-----|-----|----------------------|
| <b>DOMESTIC SERVICES</b> |     |     |     |      |     |     |     |                      |
| General Cleaning         |     |     |     |      |     |     |     |                      |
| Vacuuming                |     |     |     |      |     |     |     |                      |
| Dusting                  |     |     |     |      |     |     |     |                      |
| Mopping                  |     |     |     |      |     |     |     |                      |
| Emptying Trash           |     |     |     |      |     |     |     |                      |
| Meal Preparation         |     |     |     |      |     |     |     |                      |
| Meal Clean-up            |     |     |     |      |     |     |     |                      |
| Ironing/Laundry          |     |     |     |      |     |     |     |                      |
| Making Beds              |     |     |     |      |     |     |     |                      |
| Shopping                 |     |     |     |      |     |     |     |                      |
| Errands                  |     |     |     |      |     |     |     |                      |
| <b>PERSONAL CARE</b>     |     |     |     |      |     |     |     |                      |
| Exercise                 |     |     |     |      |     |     |     |                      |
| Medicines                |     |     |     |      |     |     |     |                      |
| Respiration              |     |     |     |      |     |     |     |                      |
| Eating/Feeding           |     |     |     |      |     |     |     |                      |
| Ambulating               |     |     |     |      |     |     |     |                      |
| Bathing                  |     |     |     |      |     |     |     |                      |
| Dressing                 |     |     |     |      |     |     |     |                      |
| Grooming                 |     |     |     |      |     |     |     |                      |
| Oral Hygiene             |     |     |     |      |     |     |     |                      |
| Bowel/Bladder            |     |     |     |      |     |     |     |                      |
| Menstrual Care           |     |     |     |      |     |     |     |                      |
| Lift/Transfer            |     |     |     |      |     |     |     |                      |
| Rub Skin                 |     |     |     |      |     |     |     |                      |
| Re-positioning           |     |     |     |      |     |     |     |                      |
| Sterile Procedure        |     |     |     |      |     |     |     |                      |
| Wound Care               |     |     |     |      |     |     |     |                      |
| Medical Appointment      |     |     |     |      |     |     |     |                      |
| Protective Supervision   |     |     |     |      |     |     |     |                      |

## Timesheets



- Review the hours worked before electronically or verbally approving the T/S
- Do not demand money or other things from the Provider in exchange for signing the timecard, or you could lose IHSS services.
- If you have multiple providers, you are responsible for assigning your hours amongst them without going over your allocated time.
- If you have questions about timesheets call a Registry Specialists immediately.

## 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).

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

# Timesheets



Time Entry: Daily Time Entry

| Workweek 1   |   |
|--|---|
|  | HOURS WORKED  |
| SUN<br>29 Jul  | <input type="text" value="00"/> <input type="text" value="00"/> |
| MON<br>30 Jul  | <input type="text" value="00"/> <input type="text" value="00"/> |
| TUE<br>31 Jul  | <input type="text" value="10"/> <input type="text" value="00"/> |
| WED<br>1 Aug   | <input type="text" value="00"/> <input type="text" value="00"/> |
| THU<br>2 Aug   | <input type="text" value="00"/> <input type="text" value="00"/> |
| FRI<br>3 Aug   | <input type="text" value="00"/> <input type="text" value="00"/> |
| SAT<br>4 Aug   | <input type="text" value="00"/> <input type="text" value="00"/> |
| <input type="button" value="Save"/> <span>WORKWEEK TOTAL: 10h 00m</span> |   |
| Workweek 2 <input type="button" value="v"/>                              |   |
| Workweek 3 <input type="button" value="v"/>                              |   |

To enroll in the Electronic Timesheet Portal (ESP) visit <https://www.etimesheets.ihss.ca.gov/login> . Make sure to have your case number available.

To register for Telephone Timesheets please call payroll at 209-468-1119 to get signed up.

## Share of Cost

If you have a share of cost and have any questions, contact your assigned IHSS Social Worker.

## 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.)

San Joaquin County actively investigates fraudulent activity.

If you are convicted of fraud, you will not be able to be a paid care provider for 10 years.

## **For Your Safety**

- Do not leave valuables lying around. Keep your jewelry, cash, checkbook and credit cards put away safely and securely.
- Ask for a receipt every time your Provider shops for you and check the change.
- Do not add your Provider's name to your savings, checking, charge account, Social Security (SSI) or any other documents.
- Keep an eye on things such as excess phone usage, medications and food items.
- Try not to get overly involved with your Provider's private life.
- Do not lend your Provider money, your car, household furnishings or clothing for any reason.

- If your Provider is abusing you - physically, sexually or emotionally- tell family and friends immediately and dial 911 or call the toll free **Adult Protective Services hotline 1-888-800-4800**.

## **DO NOT REMAIN IN AN ABUSIVE SITUATION!**

### **Reporting a Complaint Against and Dismissing a Care Provider**

#### **Registry Complaints**

Recipients may submit a complaint against their provider by calling a Registry Specialist. The Registry specialist will work with you and the provider to best resolve the situation.

Complaints should be specific and as detailed as possible.

Should you have a complaint with the registry staff, you may contact the Program Manager to discuss your concerns.

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

#### **Dismissing a Care Provider**

There are many reasons for letting someone go. It may be that you just do not feel comfortable with the person. They may be bossy, or just not doing what you both agreed upon. They may bring someone with them without permission. They may arrive late for work or miss days without letting you know. Other reasons for dismissal might include abuse of drugs or alcohol, excessive use of your telephone or taking items from your home.

Having someone with you when you are dismissing your employee may be helpful. Ask a family member or call a Registry Specialist to seek advice on how to proceed.

Ask if there are any of the Provider's personal belongings in your home. Be sure to get your house key at this time, if you gave one to the Provider. If possible, plan ahead for a replacement provider. Call the IHSS Public Authority at 1-800-491-1996 to request a list of providers if you do not have anyone who is able to replace them at this time.

## **Important Phone Numbers**

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

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

**IHSS General Information  
(209) 468-1119**

**IHSS Payroll  
(209) 468-1119**

**SEIU Local 2015 at 1-855-810-2015  
[www.seiu2015.org](http://www.seiu2015.org)**

**IHSS Public Authority  
24 S. Hunter St Rm. 5  
Stockton, CA 95202**