

IHSS

**IN-HOME
SUPPORTIVE SERVICES**

Fair Labor Standards Act FLSA



Recipient & Provider Handbook
February 2016



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Introduction

California's In-Home Supportive Services (IHSS) program makes it possible for qualified aged, blind, and/or disabled individuals to remain safely in their own homes, where they can enjoy personal freedom and independence, and continue being a part of their community.

This handbook will help IHSS recipients and providers better understand the new IHSS program changes **beginning February 1, 2016**, as required under the Fair Labor Standards Act (FLSA) and California state law, and how these changes may impact them.

These new changes require paid overtime and travel time compensation, under certain conditions and within specific limits, and violations, with consequences, when these laws are not followed.

This handbook includes information on key terms, revised and new forms, the county approval process, and adjusting hours. This handbook will assist recipients and providers in understanding and correctly applying the new changes in order to prevent delays in payment and avoid violations.



Key Terms

The following are new and important key terms IHSS recipients and providers must know and understand:

1. **Monthly Authorized Hours:** The total number of IHSS service hours a recipient is authorized per month.
2. The IHSS **Workweek:** Begins at 12:00 a.m. on Sunday, and ends at 11:59 p.m. the following Saturday.
3. **Maximum Weekly Hours:** The number of service hours that a recipient is authorized per workweek. This number is calculated by dividing the recipient's monthly authorized hours by 4.

This calculation is a guideline to inform recipients of the maximum number of hours their providers can work in a workweek which will assist recipients in effectively budgeting their service hours to ensure all of their monthly hours are received.

4. **Overtime:** Providers are eligible to be paid at the overtime rate for all hours worked over 40 hours in a workweek within certain limitations. The overtime pay rate is calculated at **one and a half times the regular pay rate.**
5. **Travel Time:** The time it takes for a provider to travel directly from providing services at one recipient's home to providing services at another recipient's home on the same workday. A provider may be paid up to a total of **7 hours of travel time per workweek.** Travel time paid to providers will not be deducted from recipients' monthly authorized hours.
6. **Violations:** Consequences of the failure to comply with overtime and travel time limitations. A violation could cause a provider to be suspended from the program or terminated as an IHSS provider.

Revised and New Forms

The following are important revised and new forms IHSS recipients and providers must review, understand, sign and submit to their local county IHSS office:

Recipients

- The *revised* [IHSS Program Recipient Designation of Provider \(SOC 426A\)](#) includes information about the new workweek, overtime and travel time requirements.

Additional form for recipients with more than one provider

- The [IHSS Program Recipient and Provider Workweek Agreement \(SOC 2256\)](#) allows recipients and providers to agree on a workweek schedule. This agreement requires the recipients' and their providers' signatures.

Providers

- The *revised* [IHSS Program Provider Enrollment Agreement \(SOC 846\)](#) explains the new workweek limitations.

Additional form for providers that work for more than one recipient

- The [IHSS Program Provider Workweek and Travel Time Agreement \(SOC 2255\)](#) explains the workweek, 7 hour travel time limits, and includes sections for providers to document workweek schedules and record the travel time that providers will engage in, if applicable.

New Notices

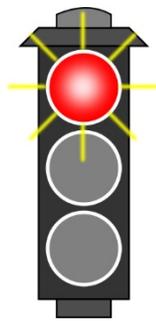
The following important notifications will be mailed to IHSS recipients and providers when there is a change in the recipient's monthly authorized hours which coincides with the release of the Notice of Action (NOA) informing the recipient of the change in hours and/or whenever a new service is added or eliminated:

1. Notice to Recipients: The [**IHSS Program Recipient Notice of Maximum Weekly Hours \(SOC 2271A\)**](#) explains the recipient's maximum weekly hours.
2. Notice to Providers: The [**IHSS Program Provider Notification of Recipient Hours and Services and Maximum Weekly Hours \(SOC 2271\)**](#) explains the recipient's monthly authorized hours, maximum weekly hours and the services the provider is allowed to perform for the recipient.

Adjusting Maximum Weekly Hours

Sometimes it may be necessary for recipients to authorize the provider to work more than the maximum weekly hours as identified on the SOC 2271A; *however*, it is important for recipients and providers to know when it is necessary to get county approval in order to prevent a violation.

Recipients **must** get county approval to adjust their providers' maximum weekly hours when there is a need for providers to work:

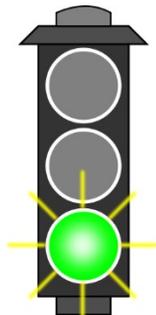


More than 40 hours in a workweek if the recipient's maximum weekly hours are 40 hours or less;

OR

More overtime hours in the month than they would normally work in a calendar month.

Recipients may authorize the adjustment in maximum weekly hours **without** requesting county approval when **all three** of the following conditions are met:



1. There is only one provider;
2. The provider does not work for any other recipients;
3. The provider's weekly work schedule is adjusted in the remaining workweeks of that month to make sure they do not work more than the monthly authorized hours or the approved overtime hours.

In a situation where a recipient has more than one provider and one of the providers becomes ill or is otherwise unable to work in a given week, the recipient can assign some or all of that provider's weekly hours to his/her other provider(s), even if this would cause the provider(s) to work overtime. This recipient may do so *without* requesting approval from the county as long as the additional hours worked by the provider *do not* cause the provider to work more than the recipient's maximum weekly hours or work more than 66 hours in the workweek if the provider works for more than one recipient.

Overtime Approvals & Exception Process

When a recipient needs the provider to work more than the recipient's maximum weekly hours and the work performed will not meet one of the criteria in the *Adjusting Maximum Weekly Hours* section, the recipient will be required to contact the county to obtain a **one-time exception** to allow the provider to work the additional overtime hours.

An exception is a request made by telephone or written correspondence by a recipient to the IHSS county office for authorization for the recipient to adjust the provider's maximum weekly hours so that the provider may work additional hours during a particular workweek, which may cause the provider to work and be compensated for additional overtime hours within a calendar month.

An IHSS recipient seeking an exception must make the request either prior to the event which caused the need for the exception request or as soon as safely possible afterwards, in order to avoid endangering the health and safety of the recipient.

An example of an acceptable exception occurs in an unforeseen situation such as extra laundry services to clean soiled linen or clothing.

A recipient must make the request prior to turning in the timesheet for the pay period in which the adjusted workweek occurred to ensure the provider is paid appropriately and timely.

The recipient and provider will be notified by mail of the county's exception approval or denial.

If the exception was denied but the provider worked the hours and documented them on the timesheet, the provider will be paid but will also receive a violation notice. An informational notice regarding the violation will be sent to the recipient.

Properly Completing Timesheets

IHSS recipients and providers should keep a record of the hours and minutes worked each day. Writing down the number of hours and minutes worked each day on a calendar will help providers fill out their timesheets accurately. When transferring the hours and minutes onto the timesheet, providers should make sure they are written in the specified boxes.

Timesheets are sent to providers twice per month.

Providers can add the total number of hours and minutes worked per week and enter this number at the bottom of each workweek under the “Total” section. This will help providers make sure they do not work more than the hours assigned by their recipient.

Important Ins

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.

Provider #: 000000000	Provider Name: LASTNAME, FIRST	Case #: 43 01 0000000	Recipient Name: LASTNAME, FIRST
Type: IHSS	Timesheet No: 4000059138	Pay From: 07/01/2015	Pay To: 07/15/2015
			Hours: 52:30

<u>Workweek #1</u>	<u>Workweek #2</u>	<u>Workweek #3</u>	<u>Workweek #4</u>
▲ Claimed : 00:00	Claimed : 00:00	Claimed : 00:00	Claimed : 00:00 ▲

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

Total _____ Total _____ Total _____ Total _____

Turn over and sign. ➔

Both the recipient and provider must sign and date the **back** of the timesheet before sending it in the pre-addressed return envelope.

Timesheet Tips

Proper completion of timesheets will ensure prompt processing and payment.

It is important for providers to follow the directions written on their timesheets, which includes the following:

1. Only use **black** ink and press firmly.
2. Both the recipient and provider must sign and date the back of the timesheet.
3. Cut along the dotted line.
4. Do not fold the timesheet.
5. Only enter hours and minutes for each day worked.
6. Only mail one timesheet per envelope.
7. Place the correct postage on the outside of the envelope.

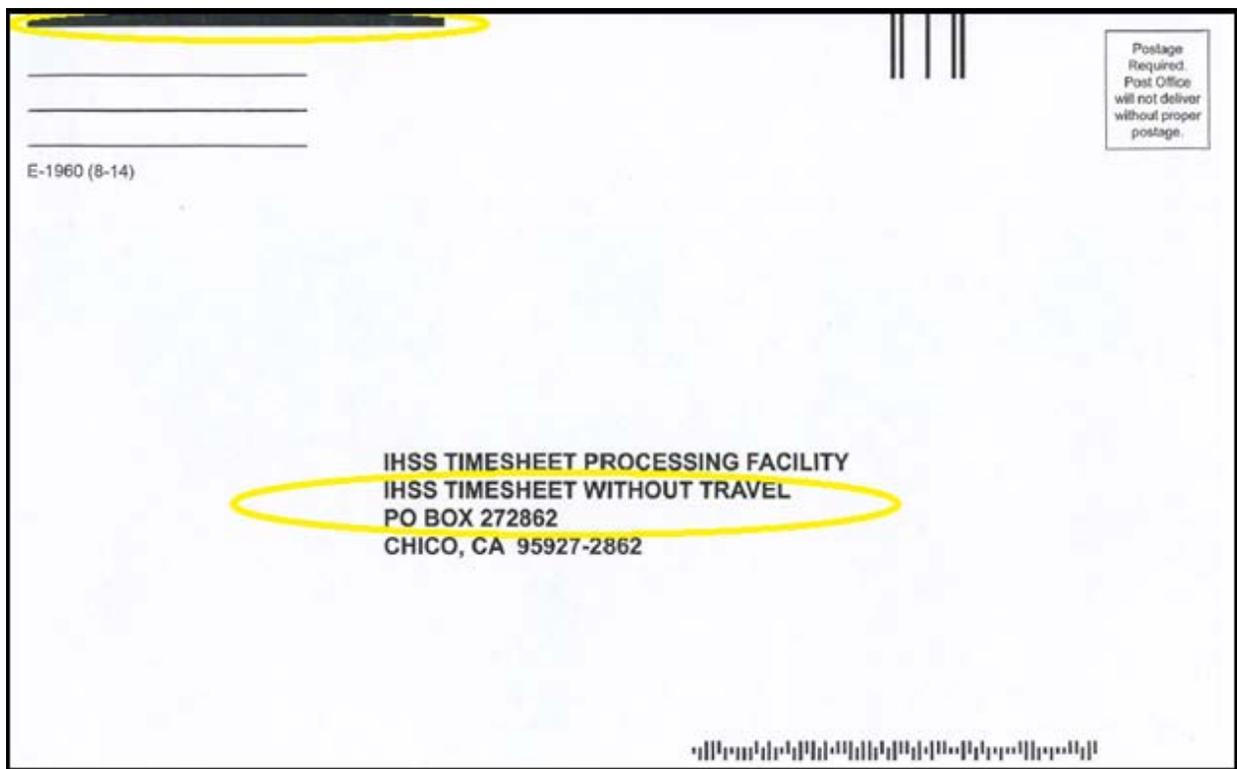
These tips will help providers correctly complete and submit their timesheets to avoid delays in payment.

IHSS Envelopes

There are two important addresses recipients and providers must be aware of when mailing timesheets and/or Travel Claim Forms.

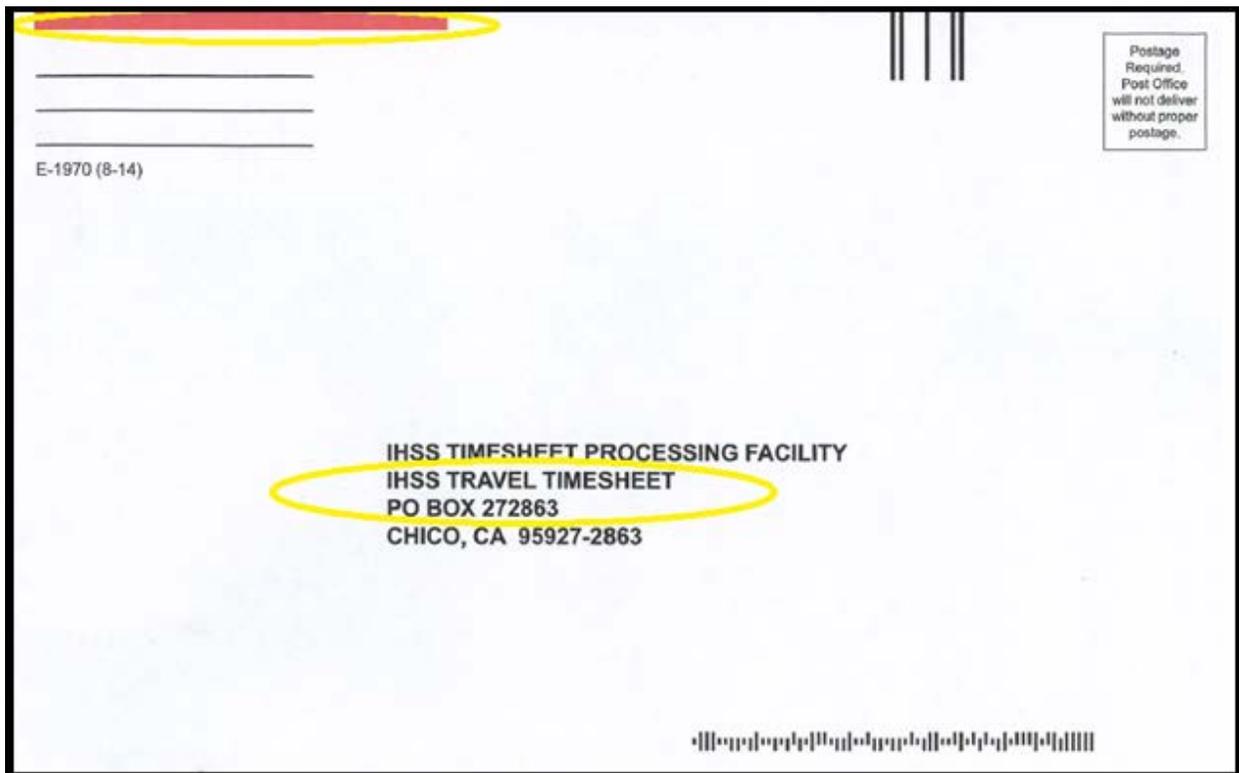
1. Timesheets without Travel

If a provider **does not require travel** from one recipient to another within the same workday, the return envelope that accompanies the timesheet will have a **black** bar in the top left corner with the following pre-addressed location:



2. Timesheets with Travel

If a provider **travels** from one recipient to another within the same workday and claims travel time, the return envelope that accompanies the timesheet and Travel Claim Form will have a **red** bar in the top left corner with the following pre-addressed location:



Using the correct envelope will help providers avoid delays in payment.

Travel Time & Travel Claim Forms

IHSS providers are eligible to receive up to 7 hours of travel time pay each workweek when they work for multiple recipients and are required to travel from one job site directly to another job site on the same workday.

Travel time does not include the time it takes providers to travel from their own home to the location where they provide services for a recipient or back home after their work is completed. A provider's time spent traveling between recipients' locations **does not** count toward the maximum weekly hours and **is not** deducted from recipients' monthly authorized hours.

The provider must complete the [IHSS Program Provider Workweek & Travel Time Agreement \(SOC 2255\)](#). The SOC 2255 will assist providers who work for multiple recipients on the same day with establishing a work schedule in order to stay within the maximum workweek limit of 66 hours. The SOC 2255, especially Part B, must be correctly completed and submitted in order for the provider to be paid for travel time.

PART B. TRAVEL TIME							
A		B		C	D	E	F
Names of the Recipients You Will Be Traveling Between		Distance Between Recipients' Locations (in miles)	Estimated Travel Time Between Recipients' Locations (in minutes)	Number of Days You Will Travel Between Recipients' Locations Each Workweek	Total Estimated Travel Time Between Recipients' Locations Each Workweek (Col. D x Col. E)		
From	To						
					0		
					0		
					0		
					0		
TOTAL ESTIMATED TRAVEL TIME EACH WORKWEEK:					0		

The SOC 2255 must be updated and resubmitted when there is a change in providers and/or circumstances that result in a permanent change in any provider's work schedule.

Once the SOC 2255 has been received and processed by the county, providers who are eligible to receive paid travel time will be sent a [Travel Claim Form \(SOC 2275\)](#) in the same envelope with their timesheets for each recipient they work for. To claim travel time, providers will need to correctly fill out a Travel Claim Form.

Travel time is claimed on the Travel Claim Form of the recipient that providers are traveling **to**. If providers claim more than 7 hours of travel time in a workweek, they will be paid for the excess hours, but will receive a violation.

Record your daily hours, minutes, case number, distance, and comments like this sample:

	Travel Week #1	Case #	From:	Distance:	Comments:
S	0 0 0 0				
M 13	1 5	0000000		1.1	
T 14	2 0	0000000		1.7	Rerouted due to road construction.
W 15	1 5	0000000		1.1	
T 16	1 5	0000000		1.1	
F 17	2 5	0000000		1.1	Traffic jam due to car accident.
S	0 0 0 0				
TOTAL	1 3 0	Previously Claimed Travel Hours: 05:00			

TURN OVER AND COMPLETE →

In order for Travel Claim Forms to be paid, timesheets need to be processed first. The timesheet and Travel Claim Form should be sent together in the pre-addressed envelope.

Pre-addressed Envelope
Red Bar (Top left corner)
IHSS TIMESHEET PROCESSING FACILITY IHSS TRAVEL TIMESHEET PO BOX 272863 CHICO, CA 95927-2863

Important Tips

- Review the SOC 2271 and SOC 2271A.
- Create a work schedule within the maximum weekly hours.
- The IHSS Program Recipient and Provider Workweek Agreement (SOC 2256) assists recipients with scheduling the workweek for their provider(s) to ensure they stay within their maximum weekly hours.
- Recipients with more than one provider must divide the maximum weekly hours between their providers and make sure the total weekly hours of all providers combined do not exceed the recipient's maximum weekly hours.
- Providers who work for more than one recipient cannot work more than a total of 66 hours in a workweek.
- Understand and know when county approval is necessary to make adjustments to the maximum weekly hours.
- Providers who work for multiple recipients need to understand travel time limitations.

How to Prevent Violations

It is important for recipients and providers to follow all IHSS program and timesheet limitations so providers do not work and claim excess hours. If providers fail to comply with the limitations, they will get a violation.

The following actions will result in a violation:

1. Working more than 40 hours in a workweek for a recipient without the recipient getting approval from the county when the recipient is authorized 40 hours or less in a workweek;
2. Working more hours for a recipient than the recipient is authorized in a workweek without getting approval from the county and this causes the provider to work more overtime hours in the month than they normally would;
3. Working more than 66 hours in a workweek when the provider works for more than one recipient;
4. Claiming more than 7 hours of travel time in a workweek.

If a provider has violated the weekly hourly overtime and/or travel time limitations, the county will send the provider a violation notice.

A notice will also be sent to all of the recipients that the provider works for, informing them of the violation. These notices will include details of the reason for the violation.

The provider has **10 days** from the date of the violation notice to request a county review of the violation. Once the county receives the request for review, the county has **10 days** to review and investigate the violation. The provider will receive a notice stating the outcome of the review.

The third and fourth violation notice will explain how the provider may request a review by the California Department of Social Services Adult Programs Division's Appeals Unit. The provider must request the review within **10 days** of the date of the county notice.

How to Become an IHSS Provider

There are several steps you must follow to become a provider in the IHSS Program.

1. Complete and sign the [IHSS Program Provider Enrollment Form \(SOC 426\)](#) and return it in person to the County IHSS Office or IHSS Public Authority.
2. Get fingerprinted and go through a criminal background check by the California Department of Justice.
3. Go to an IHSS Program Provider Orientation given by the county. Here you will learn important information about the program and the requirements for you to follow as a provider.
4. Complete and sign the [revised Provider Enrollment Agreement \(SOC 846\)](#). This is the agreement that **ALL** IHSS providers are required to complete and sign. By signing the new SOC 846, you are saying that you understand and agree to the rules and requirements for being a provider in the IHSS Program including the new overtime policy and maximum hourly limits.



Completion of the following two forms depends on your individual circumstances:

The [Recipient/Provider Workweek Agreement \(SOC 2256\)](#) helps recipients with multiple providers make a work schedule. You will need to sign this form if you work for a recipient who has multiple providers. It keeps track of the number of hours each provider will work for the recipient each workweek. The **total** number of hours in the workweek agreement must not exceed the recipient's maximum weekly hours.

The [Provider Workweek and Travel Time Agreement \(SOC 2255\)](#) helps providers who work for multiple recipients make a work schedule, including travel time. Providers who work for multiple recipients may not exceed 66 hours per workweek. Travel time of 7 hours per workweek is separate and is not included in the 66 hour maximum limit.

Once you have completed these steps and have been approved by the county or Public Authority to be an IHSS provider, you will continue to be eligible to provide services for any IHSS recipient as long as:

- You are an active provider.
- Your criminal background check remains clear.
- You do not receive overtime or travel time violations which result in your suspension or termination from the program.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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 services on a weekly basis. You will get a notice telling you how many authorized service hours each of your recipients gets weekly and monthly. You may never work more than a recipient's monthly authorized hours for that recipient. However, you may work more than a recipient's weekly authorized hours in certain circumstances. A recipient may adjust his or her weekly 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 that 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:
 - Make sure that the total combined hours you work providing authorized services for all the recipients you work for in one workweek do not total more than the 66 hours in a workweek.
 - Make sure that the hours you work providing services to any one of your recipients are not more than that recipient's weekly authorized hours, unless the hours are correctly adjusted.
 - Make sure that if one of your recipients adjusts their weekly authorized hours to have you work more than the usual authorized amount, that you work less hours in a previous or later week to make sure you are not working more than his/her authorized monthly hours or working more overtime in the month than you normally would.

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**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 another week.

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:

1. In Column A below, enter the names of all the providers you agreed to receive services from.
2. In Column B below, enter the provider number of each of your providers. (The number is located on the timesheet.)
3. In Column C below, enter the total maximum hours assigned per week to each of your providers.
4. The **TOTAL** maximum weekly hours for all of your providers (Column C) must add up to your total weekly maximum service hours.

A	B	C
PROVIDER NAME (FIRST, MIDDLE, LAST)	PROVIDER NUMBER	HOURS ASSIGNED PER WEEK
1.		
2.		
3.		
4.		
5.		
RECIPIENT'S TOTAL MAXIMUM WEEKLY HOURS		PER WEEK:

SOC 2255(11/15) PAGE 1 OF 4

Communicating with your Recipient

As a provider, it is important to communicate with your recipient(s) about workweek scheduling. There are some important considerations if you work for more than one recipient or if your recipient has more than one provider.

Provider Responsibilities:

- If you work for only one recipient, you may work all of his/her authorized hours. If you work for more than one recipient, make sure the total hours you work in a workweek for **all** recipients does **not** total more than 66 hours per week.
- Tell the recipient when and how many hours you are available. This helps the recipient decide if he/she will need to hire additional providers to cover their authorized hours.
- Do not work or claim more hours than what you are assigned.
- Read the [Provider Notification of Recipient Authorized Hours and Service and Maximum Weekly Hours \(SOC 2271\)](#) which tells you your recipient's monthly authorized hours, maximum weekly hours and the services you are allowed to perform.

Recipient Responsibilities:

- Set a schedule for each provider so that the total hours worked by all providers is not more than your monthly authorized hours or maximum weekly hours.
- Read the [Recipient Notice of Maximum Weekly Hours \(SOC 2271A\)](#) which will tell you how many maximum weekly hours you can have your provider work for you.
- Be aware if your provider works for other recipients. You may have to hire another provider if he/she cannot work all of your authorized IHSS hours.
- Understand how to adjust your hours from week to week if there is a need and when to obtain county approval or not.

Workweek Scheduling

It is important for providers to understand the IHSS workweek rules and how to follow them while providing services to recipient(s).

An IHSS **workweek** begins at 12:00 a.m. on Sunday and ends at 11:59 p.m. the following Saturday.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
April 2016						
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
Notes						

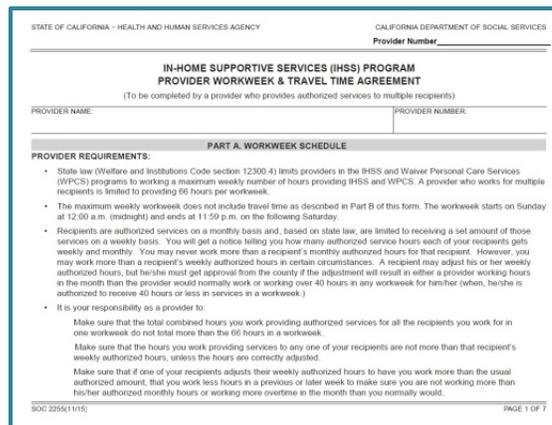
As an IHSS provider, you are now eligible to be paid overtime for hours worked **over 40 hours in a workweek**. The overtime pay rate is one and a half times the regular pay rate.

If you work for more than one recipient, it is your responsibility to make sure the total hours you work in a workweek for **all** recipients does **not** total more than 66 hours. If you work for only one recipient, you may work all of his/her hours as long as you do not exceed the weekly maximum. Always make sure you do not exceed your recipients' monthly authorized hours and/or your recipient's overtime limit.

NOTE: Some recipients may not have enough hours that allow overtime to be incurred. Be sure **not** to exceed the maximum weekly number of hours for these recipients or incur overtime without first getting county approval.

The [Recipient/Provider Workweek Agreement \(SOC 2256\)](#) helps recipients with multiple providers make a work schedule. This form will be completed and signed by the recipient and each of his/her providers. It keeps track of the number of hours each provider will work for the recipient each workweek. The **total** number of hours in the workweek agreement must correspond to the recipient's maximum weekly hours.

The [Provider Workweek and Travel Agreement \(SOC 2255\)](#) helps providers who work for multiple recipients make a workweek schedule. This form includes travel time, which is limited to 7 hours per workweek for providers who travel directly from providing service to one recipient to providing service to another recipient.



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
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 60 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 services on a weekly basis. You will get a notice telling you how many authorized service hours each of your recipients gets weekly and monthly. You may never work more than a recipient's monthly authorized hours for that recipient. However, you may work more than a recipient's weekly authorized hours in certain circumstances. A recipient may adjust his or her weekly 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 that 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:
 - Make sure that the total combined hours you work providing authorized services for all the recipients you work for in one workweek do not total more than the 60 hours in a workweek.
 - Make sure that the hours you work providing services to any one of your recipients are not more than that recipient's weekly authorized hours, unless the hours are correctly adjusted.
 - Make sure that if one of your recipients adjusts their weekly authorized hours to have you work more than the usual authorized amount, that you work less hours in a previous or later week to make sure you are not working more than his/her authorized monthly hours or working more overtime in the month than you normally would.

SOC 2255(1/15) PAGE 1 OF 7

Workweek Adjustments:

There may be times when your recipient will ask you to **adjust** your work hours to meet his/her needs. Your recipient may authorize an adjustment to your weekly work hours without county approval when all three of the following conditions are met:

- You are the only provider;
- You don't work for any other recipients;

AND

- Your weekly work schedule is adjusted in the remaining workweeks of that month to make sure you don't work more than your recipient's monthly authorized hours or the approved overtime hours.

Your recipient will need to request approval from the county when the adjustment requires you 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 you would normally work.

You should always check with your recipient to make sure he/she has received approval before or as soon as possible after you have worked over 40 hours during a workweek.

Travel Time

IHSS providers can be paid for travel time. Travel time is the time it takes a provider to travel directly from the location where they care for a recipient to another location to provide services for a different recipient on the same day.

There are some rules that apply to travel time:

1. The maximum amount of time you are allowed to travel during a workweek is **7** hours.
2. Travel time will **not** be counted as part of your assigned weekly service hours.
3. Travel time will **not** be counted as part of your recipient's maximum weekly hours or monthly authorized hours.
4. Travel time **does not** include the time it takes to travel from your home to the location where you are providing services or back to your home after the work is completed.

NOTE: If you provide services to a recipient in your home and need to travel to another recipient to provide services, you will be paid travel time TO the other recipient, but not back to your home after services have been provided.

5. You will get paid for travel time for all types of transportation, such as a car, bus, bicycle or train.
6. You must keep track of your travel time each week so that you can report it on your timesheet.

Providers who work for multiple recipients will need to complete and sign an [**IHSS Provider Worksheet and Travel Time Agreement \(SOC 2255\)**](#). This agreement explains the workweek and travel time limitations, and includes areas for you to plan your workweek schedule and record the estimated travel time between recipients' locations each week. Completing the SOC 2255 will help make sure that you do not work more or travel more than you are allowed to each workweek.

Be careful in planning your travel time. Remember that you cannot claim more than 7 hours of travel time in one workweek.

Wrap-Up

Correctly completing IHSS timesheets will help providers receive timely payments, avoid claiming hours above a recipient's maximum weekly hours, and prevent mistakes that may result in untimely payments, violations, and/or termination from the IHSS program.

We hope this handbook has helped recipients and providers better understand the changes in the IHSS program.

For additional questions, contact your local county IHSS office or IHSS Public Authority, or visit the California Department of Social Services In-Home Supportive Services website at:

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



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Diana S. Dooley, Secretary

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Will Lightbourne, Director