# 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 <u>in person</u> 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.
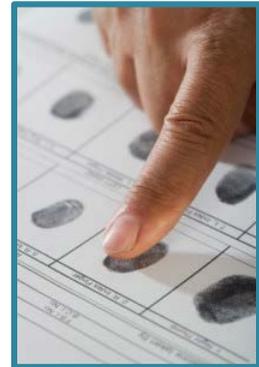
Completion of the following two forms depends on your individual circumstances:

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 than the provider would normally work or working over 40 hours in any workweek for him/her (when, he/she is authorized to receive 40 hours or less in services in a workweek.)

- It is your responsibility as a provider to:

    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:

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