

# *CONSUMER HANDBOOK*



**The In-Home Supportive Services (IHSS) Program**

# Acknowledgements

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**The In-Home Supportive Services (IHSS)** Consumer and Provider Handbooks were the product of many people's efforts. The topics covered were determined by input from the IHSS Enhancement Initiative Task Force, focus groups of consumers, providers, social workers, and public authority staff in three counties (Los Angeles, Sacramento and Tehama), telephone interviews with similar persons in 18 other counties, and meetings with union staff in Los Angeles, Sacramento and the Bay Area. The Task Force was comprised of IHSS consumers, providers, county and public authority staff, state agency personnel, representatives of advocacy organizations and homecare provider unions.

Many of the subjects included in the handbooks were covered in training materials already developed by counties and public authorities throughout the state. Treatment of these topics in the handbooks depends heavily on the preexisting training materials. We are grateful to all of those who generously shared their materials for this purpose.

Four review committees selected the best treatments of individual topics within their area of responsibility. The review committees were made up of consumers, providers, county, public authority and union staff, and a representative from Resources for Independent Living. The Institute for Social Research then outlined and wrote the two handbooks, while borrowing liberally from the presentation of topics in the shared materials. In addition, we developed new material on topics identified in the needs assessment as important, but missing in the existing literature.

The following counties and public authorities gave permission for their materials to be adapted for use in this effort:

- Alameda County IHSS Public Authority
- Butte County IHSS Public Authority
- Calaveras County IHSS Public Authority
- El Dorado County IHSS Public Authority
- Napa County IHSS Public Authority
- Riverside County IHSS Public Authority
- Sacramento County IHSS Public Authority
- San Diego County IHSS Public Authority
- San Diego County Aging & Independence Services
- San Francisco County IHSS Public Authority
- San Joaquin County IHSS Public Authority
- Santa Clara County IHSS Public Authority
- Sonoma County IHSS Public Authority

In addition, IHSS consumer Fay Mikiska gave permission for distribution of the task grid and its inclusion in the handbooks.

It is our hope that the products of this collaborative process will enhance the quality of life for IHSS consumers and providers and assist county and public authority personnel in their supporting roles.

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# *The In-Home Supportive Services* **CONSUMER HANDBOOK**

Prepared for the California Department of Social Services



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## 1. Understanding IHSS



## Understanding IHSS

### Goals and Limitations of the Program

The In-Home Supportive Services program (IHSS) allows low-income elderly, blind or disabled people to hire someone to help them with housework, meal preparation and personal care. With help, people who receive IHSS can remain safely in their own home and do not need to move into a care facility or institution.

The IHSS program is supported by federal, state and county funds. These funds are used to pay homecare providers for specific services. These services are authorized by the county for someone who they determine is eligible to receive IHSS. The consumer (also called the recipient or client) chooses the care provider, supervises the provider's work, defines how tasks will be done, and can fire the provider if the consumer wishes. The IHSS consumer signs the care provider's timesheet twice a month, but in most cases, the paycheck comes from the State. Sometimes, the consumer pays a share of the wages directly to the provider.<sup>1</sup>

IHSS pays providers (also called caregivers) to provide *personal care*, such as feeding and bathing; *household tasks* such as laundry, shopping, meal preparation and light housecleaning; *transportation*; *protective supervision*; and certain *paramedical services* ordered by a physician. However, the IHSS program cannot pay for all the things that are necessary for someone to live independently in his/her own home.

<sup>1</sup> This handbook is intended for the vast majority of IHSS consumers who are served through the Independent Provider mode. A small number of consumers are served by a private contractor. Hiring, firing, supervision and payment may be different in this situation.

IHSS **does not pay** for the following services:

- General gardening or yard clean-up that does not present a hazard
- Feeding, cleaning up after, or exercising a pet
- Moving or lifting heavy furniture, boxes, etc.
- Washing windows
- Transporting anyone but the consumer
- Paying bills

As the consumer, you can only ask the provider to perform those tasks that a social worker has authorized for your care. Your provider should only perform the assigned tasks. In addition, you should never ask the provider to work more than the maximum number of hours the social worker has authorized. If the provider does this, the provider will not be paid for the extra hours unless the county determines that the extra time was necessary due to extenuating circumstances. Finally, consumers with more than 173 authorized hours per month should employ two or more providers so that no single provider works more than 40 hours per week. A county social worker must approve payments to a consumer's sole provider for hours in excess of 40 per week.

Individual providers may choose to work more than 40 hours per week if they work for multiple consumers. However, all of these hours will be paid at the regular hourly rate.

No consumer can receive more than 283 hours per month of authorized services. The IHSS program does not provide 24-hour assistance. Someone with mental limitations who needs continuous supervision – called protective supervision – 24 hours a day, or who needs round-the-clock nursing care, may be denied IHSS coverage unless family, friends or other community resources volunteer to cover the unpaid hours.

## How IHSS Differs from Other Agencies and Services

Other community agencies offer services that complement the household and personal care IHSS provides.

- Most communities have organizations that deliver hot meals to homebound adults or offer surplus food to low income families.
- The **Multipurpose Senior Services Program (MSSP)** helps people 65 and over who are Medi-Cal eligible and at risk of nursing home placement remain in their homes.
- **Linkages** serves functionally impaired adults 18 and older who are at risk of nursing home placement and ineligible for other programs.
- **Adult Protective Services (APS)** serves seniors and dependent adults who are harmed or threatened with harm. They investigate neglect, abandonment, and physical, financial, or sexual abuse.
- The **Public Administrator** handles the estates of people who die without a will, or who do not have able executors. They also assist families that request help with estate administration and they oversee burials for people who die without money to pay for end-of-life expenses.
- The **Public Guardian** acts as the legally-appointed conservator for adults who cannot take care of themselves and do not have family to help.
- **Health Insurance Counseling & Advocacy Program (HICAP)** provides Medicare beneficiaries with health plan counseling, advocacy, education, and legal help with Medicare appeals.
- **Adult Day Care** offers non-medical services and activities for people 60 and older in need of some supervision and assistance. This program provides a respite for family caregivers.
- **Alzheimer's Day Care Resource Center** provides day care for persons suffering from Alzheimer's or other dementia as a respite for family caregivers.

- **Regional Centers** purchase services to help individuals with developmental disabilities remain in their homes. These services can complement those that are provided by IHSS.

You and your family members can consult a local resource guide for the phone numbers of these programs in your community. If you have access to the internet, information about resources is available at the following websites:

- California Department of Aging [www.aging.state.ca.us](http://www.aging.state.ca.us)
- California Department of Rehabilitation [www.rehab.ca.gov](http://www.rehab.ca.gov)
- Network of Care [www.networkofcare.org](http://www.networkofcare.org)

## Who is Eligible for IHSS?

To be eligible for IHSS, a person must be a California resident who is over 65, disabled or blind, is unable to remain safely in his/her own home without assistance and meets one of the following conditions:

- Currently receives Supplemental Security Income/State Supplementary Program (SSI/SSP) benefits.
- Meets all SSI/SSP eligibility criteria including income, but does not receive SSI/SSP benefits.
- Meets all SSI/SSP eligibility criteria except his/her income exceeds SSI/SSP eligibility standards. In this case, the person will have to pay a share of the cost of receiving IHSS.
- Has a chronic disabling condition expected to last at least a year or to result in death within a year and is eligible to receive Medi-Cal under a categorically needy program.

In addition, disabled individuals who work may also be eligible for IHSS if they:

- 1) received SSI in the past;
- 2) still suffer from the impairments on which their SSI was based;
- 3) are ineligible for SSI because they are working; and
- 4) need IHSS for personal care services.

They will have to pay a share of the cost of IHSS but it is calculated in a way that provides an incentive to keep working.

## How to Apply for IHSS

You can find out if you are eligible for IHSS by calling IHSS intake at the County Welfare Department. This phone number can be found in the county listings under Social Services or Health and Human Services. Under these listings, look for **“Adult Programs”** or **“IHSS.”** Ask to speak with an IHSS social worker who can assess IHSS eligibility.

The social worker will ask for some basic information to assess your need for services and your eligibility. You have the right to file a written application and receive a written determination within 30 - 45 days.

## What Happens Next?

A social worker will come to your home and complete an assessment of your functional abilities. The social worker uses a statewide uniform assessment process to determine which functions of daily living consumers are unable to perform on their own. For more information on the assessment process, please see Chapter 2 of this handbook.

The social worker then authorizes a number of hours of service per week for each of the tasks that you have been determined to need. These tasks and hours will be summarized in a “Notice of Action” – a State form that is mailed to you to communicate the social worker’s decision regarding your care. When you select a provider, you should tell the provider what tasks have been authorized for your care and the number of hours per week you have for a provider to complete these tasks. The IHSS program will not pay for more than the authorized number of hours.

## Division of Responsibilities for Supervising and Paying Providers

Employer functions affecting homecare providers in the IHSS program are divided among three entities: the IHSS consumer, the State of California and the county’s IHSS Public Authority.

- The consumer selects, hires, supervises and trains the provider and can fire the provider for any reason. If the consumer has more than one

provider, the consumer decides how many hours each provider will work of the total authorized.

- The State pays the provider for the hours the provider has worked each pay period and provides some benefits. The benefits include State Disability Insurance (SDI), Unemployment Insurance (UI), and Workers' Compensation insurance.
- The IHSS Public Authority negotiates with the unions representing homecare providers to set wages, benefits, and other employment conditions. The Public Authority also maintains a Registry of providers who are interested in working for IHSS consumers and offers access to training for both consumers and providers. Whether or not you hire a provider from the Registry, you can attend training classes offered by the Public Authority. You may also ask to receive a copy of the Public Authority newsletter, if the Public Authority in your county produces one.

## Rule Summary

Two state agencies, the California Department of Social Services (CDSS) and the Department of Health Services (DHS) make the rules for the IHSS program. Understanding these rules will help you and your homecare provider cooperate and enjoy your working relationship.

***Authorized hours are awarded by the county social worker to the consumer based on the consumer's need for care.*** These hours belong to the consumer, not the provider. Pay is received for actual hours worked. The total authorized hours are the maximum that the State will pay; the provider will only receive pay for the maximum number of hours if the provider works those hours. If, for example, either the consumer or the provider goes on vacation, then no hours can be reported for pay covering the vacation period. If the consumer is hospitalized, no hours can be reported or paid for that period.

***Providers must complete an enrollment form when they first start working for a new consumer.*** This form must be given to the county person that handles provider enrollments. This could be the consumer's social worker, the IHSS payroll office, or someone at the Public Authority. If a provider works for multiple consumers, the provider must complete a separate enrollment form

for each consumer. The provider will not be paid until the new enrollment form has been completed and filed.

***Providers can only be paid for performing the tasks authorized by a social worker for a particular consumer.*** Certain types of tasks are never covered under the IHSS program (see list on page 2 of this handbook). Other tasks are covered for IHSS consumers who need the service, but are not covered for consumers who do not need the service. For example, a provider would not be paid to assist a consumer with bathing if that consumer is capable of bathing without help. It is important for the consumer to tell the provider what tasks have been authorized for the consumer's care. The Notice of Action form shows the number of hours of service for each authorized task. It is very helpful to write these tasks down on a job agreement (see Chapter 5 of this handbook). Then if there are any questions about performing a task, the provider and consumer can refer to the job agreement to see if that task is paid for by IHSS.

***You, as the consumer, should never ask your provider to perform tasks that are not authorized.*** If you ask your provider to provide a service that is not authorized, you are asking the provider to volunteer the time needed to do it. If the provider is comfortable volunteering his/her time for that task, that is okay. However, if the provider reports that time on the timesheet – and you sign for it – you are both breaking the rules.

***If transportation to a medical appointment is an authorized task for you, it is important to understand that IHSS pays for the driving time but not the waiting time for your provider.*** Your provider could either do other needed tasks such as short errands or grocery shopping in the immediate area, or plan personal activities while you are at the doctor's office.

***Timesheets are used to summarize the hours the provider worked each day during a pay period.*** At the end of a pay period, the consumer signs the timesheet, indicating that the hours reported accurately summarize the hours worked. This can be easy if the provider and consumer maintain a task grid (see Chapter 5 of this handbook), noting the hours worked at the end of each day. Both should sign each day's hours on the task grid, while it is fresh in their memory. At the end of the two-week pay period, the provider simply transfers



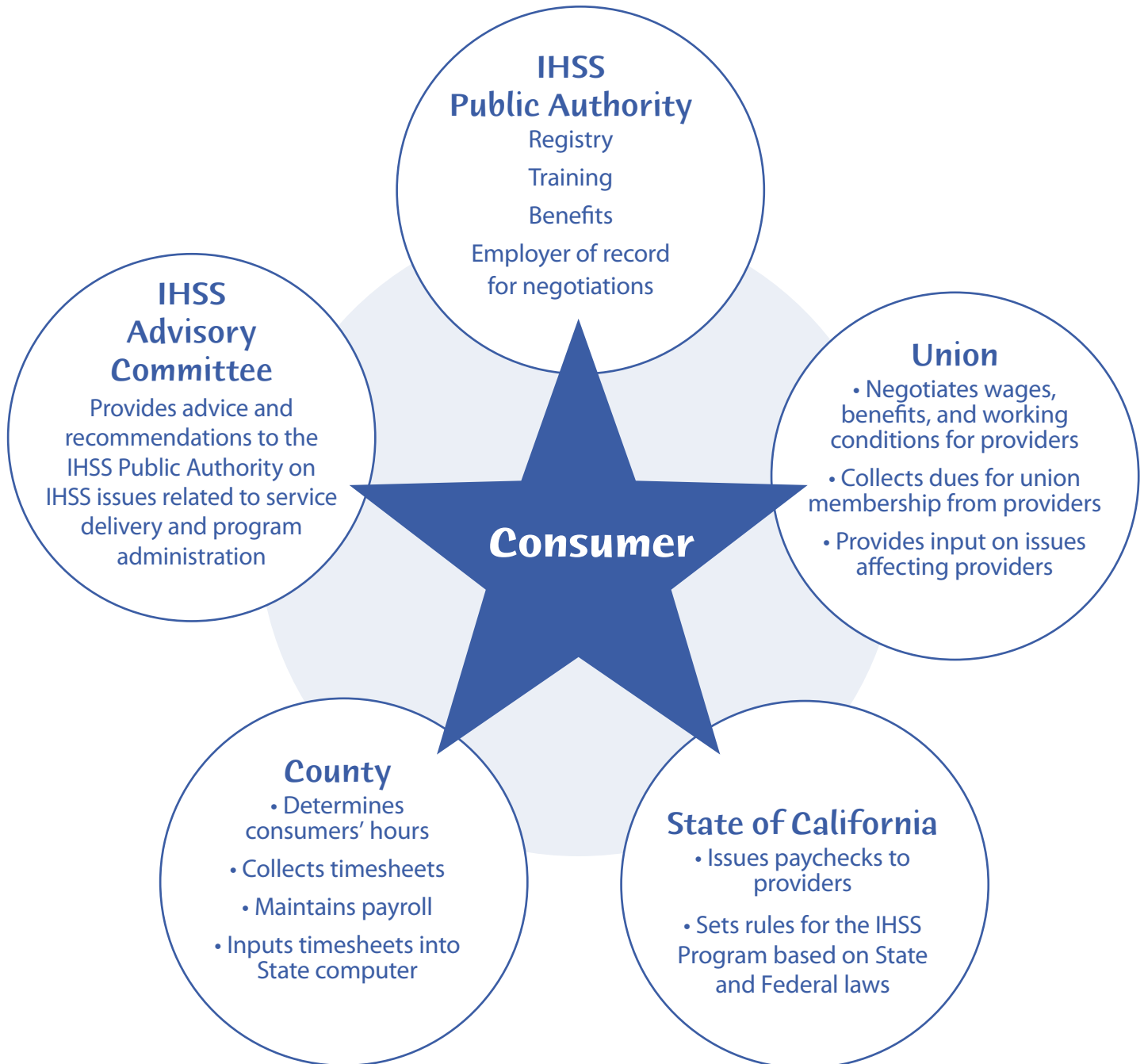
the number of hours from the task grid to the timesheet. The daily summary of hours protects the consumer because the provider's signature indicates the provider's agreement with the number of hours listed as worked that day. It also protects the provider because the consumer has agreed by his/her signature that those hours were worked that day. It is unlawful for a provider to enter more hours on the timesheet than the provider actually worked, and it is unlawful for a consumer to sign for more hours than the provider worked during that pay period.

***Pay for the hours a provider worked belongs to the provider, not the consumer.***

A consumer does not have the right to ask a provider to share his/her pay. If a consumer makes this request, the provider should report the request to the consumer's social worker.

***If a consumer's needs for care change, IHSS rules allow the consumer to request a reassessment.*** A provider may encourage the consumer to request a reassessment. A provider may also help the consumer communicate his/her needs to the social worker, if the consumer wants the provider's assistance.

The diagram below illustrates the relationship between the consumer and the agencies assisting the consumer.



## IHSS CONSUMER'S RIGHTS AND RESPONSIBILITIES

1. The consumer is the employer of the provider for the purposes of screening, hiring, supervising, training; and, if necessary, terminating the employment of the provider.
2. The consumer has the responsibility to abide by non-discrimination policies on the basis of race, religion, gender, age or disability.
3. Consumers are responsible for letting their social workers know when a provider is hired or terminated. If a Registry provider is involved, they must also inform the Registry's Payroll staff.
4. The consumer is responsible for giving the provider a two-week notice when terminating the provider's employment unless the provider is abusive.
5. The consumer is responsible for keeping a record of hours worked and limiting provider hours to the number authorized per month.
6. The consumer is responsible for verifying and signing the provider's timesheet.
7. The consumer has the responsibility to be clear and reasonable about what is expected; to be consistent, fair, and patient, and to give praise as well as criticism.
8. The consumer and the provider have the responsibility to let the IHSS social worker know immediately if the provider is injured on the job.
9. The consumer has the right to ask the IHSS social worker for a reassessment of hours if the consumer's condition changes.
10. The consumer has the right to appeal any decision by the IHSS program that the consumer does not agree with.
11. If a Registry provider is involved, the consumer has the right to ask the Registry for assistance with problems the consumer may have with the provider that the consumer cannot resolve.

### **IHSS PROVIDER'S RIGHTS AND RESPONSIBILITIES**

1. The provider has the responsibility to be dependable, to arrive on time, and be ready to work.
2. The provider has the responsibility to inform the consumer, well in advance, if the provider will be late or unable to work.
3. The provider has the responsibility to provide reliable, safe, high-quality services as authorized by the social worker and directed by the consumer.
4. Providers have the responsibility to respect the consumer's dignity, privacy, property, religion, and culture. Respectful providers come to work without family members, bring their own food rather than eat the consumer's food, refrain from using the consumer's property for their own needs, and do not ask for extra pay when they volunteer more than the authorized hours. Respectful providers do not conduct personal business when they are at work and do not watch television or spend too much time talking with the consumer when they should be performing the needed tasks. Respectful providers are not verbally or sexually abusive.
5. The provider has the responsibility to keep personal information about the consumer confidential.
6. The provider has the responsibility to inform the social worker of any changes in the consumer's condition. If the provider was hired through the Registry, they should also report these changes to Registry staff.
7. The provider has the responsibility to keep track of hours worked and to submit accurate and complete timesheets twice a month.
8. Registry providers are responsible for informing the Registry every 30 days of any change in their situation, address, phone number and hours available.
9. The provider is legally responsible for reporting suspected abuse of dependent elderly, disabled persons and children.
10. When quitting their job, providers are responsible for giving the consumer a two-week notice and informing the Public Authority if they are listed on the Registry.

11. The provider has a right to understand the IHSS work assignment and receive fair, respectful treatment.
12. The provider has the right to expect training opportunities.
13. Registry providers have the right to know why they are being removed from the Registry, should this occur.
14. The provider has the right to quit work without a two-week notice if the consumer's home is a dangerous environment.
15. If the provider is listed on the Registry, the provider can ask the Registry for assistance with problems the provider may have with the consumer that the provider cannot resolve.



## **2. Assessment and Authorized Services**



# ***Assessment and Authorized Services***

## **Assessment**

An aged, blind or disabled person who applies for help with domestic and personal care services through the IHSS program must first establish that s/he meets the program's requirements. This information is contained in an Applicant Packet that is reviewed by an IHSS Social Worker and an IHSS Medi-Cal Eligibility Worker. If the program requirements are met, an IHSS social worker will arrange to visit the applicant at home in order to assess the person's needs and functional abilities.

The need for care is affected by a person's medical conditions and functional abilities. People need more care if they need assistance getting out of bed or moving about their home, or if they need help with bathing, dressing, grooming, eating, or other daily activities described later in this chapter. In general, the more limited a person's functional abilities are, the more hours that person is authorized to receive.

The hours of service authorized for a person's care is affected by his/her living arrangement and the assistance that person may be receiving from family, friends, or other community resources. For example, a person who lives with other family members has some needs met when family members prepare meals, clean the house, or do the laundry. The IHSS program will only cover the consumer's portion of household tasks. IHSS does not pay a provider to perform these tasks for other household members.

During the initial home visit, the social worker will question the applicant about their medical conditions and functional abilities, and ask about other

household members. The social worker will also observe what the applicant is capable of doing. The social worker will confirm the applicant's medical conditions and capabilities with his/her doctor. This process is called a "needs assessment." The social worker uses a statewide uniform assessment process to determine which functions of daily living consumers cannot do for themselves. The purpose of the assessment is to find out at what level the consumer can function and the services the consumer may need. It is based on the consumer's functional ability in his/her own home and not just on a medical diagnosis. Two persons with the same medical diagnosis may differ greatly in their abilities.

The consumer should be sure to alert the social worker making the assessment of any special needs caused by a medical condition and/or living situation. For example, incontinence requires frequent sheet changes and creates more laundry. The consumer should be sure to realistically estimate what the consumer needs. The social worker also takes into account other resources the consumer receives. For instance, the consumer may not need help on the days s/he goes to an Adult Day Health Center.

The outcome of the assessment is a recommendation by the social worker about which domestic and personal services are needed and how often they are to be provided. State guidelines and formulas are used to determine which services are allowed. This decision is summarized in a Notice of Action (NOA) which is mailed to the applicant. The Notice of Action describes the specific tasks that have been authorized for a particular IHSS recipient and the number of hours per month allotted for the performance of each task.

### Authorized Hours

Information from the Notice of Action on authorized tasks and hours is important to the homecare provider. The authorized hours limits the number of hours a provider can be paid to work for a given consumer. The provider should not work more than the authorized hours because the provider will not be paid by IHSS for the extra hours.



### **Program limitations: Unmet need and alternative resources**

There is a maximum number of hours the consumer may receive each month. Sometimes a consumer needs more hours of service than the maximum allowed under IHSS. This is called “unmet need.” Unmet needs may be met by Adult Day Health Centers, family members, other agencies and/or volunteers. If you have an unmet need, you can ask your social worker for a referral to an agency that might help. Friends, relatives or agencies can volunteer for unmet need hours without affecting IHSS eligibility.

If the social worker determines that the unmet need cannot be filled and the consumer “cannot remain safely at home,” the social worker may deny the application for IHSS support. For example, IHSS cannot provide 24-hour coverage for someone who needs round-the-clock nursing care.

### **Parents and spouses as providers**

IHSS will pay spouses of consumers and parents of minor children to provide care under certain circumstances. Every IHSS case is evaluated separately so the circumstances under which these services are granted vary greatly.

When an IHSS consumer has a spouse who does not receive IHSS, the spouse shall be presumed **able** to perform certain specified tasks unless the spouse provides medical verification of his/her inability to do so. An able spouse of an IHSS consumer shall also be presumed **available** to perform certain specified tasks except during those times when the spouse is out of the home for employment, health or other unavoidable reasons; and the services must be provided during his/her absence. The county determines whether or not the consumer’s spouse is able and available. Having an able and available spouse limits what the IHSS program will pay for because the spouse can perform the necessary tasks.

A parent cannot be paid as a provider for providing age appropriate supervision and care. (For example, a baby would need constant supervision by a parent regardless of whether the infant was disabled or blind.) The parent provider can be paid for performing those tasks listed as authorized on his/her child’s Notice of Action letter.

## Reassessment

The county is required to do a reassessment every year to determine whether a consumer's needs have changed. An IHSS consumer must request a reassessment at any time if his/her needs change. This change could occur as a result of a different living arrangement, hospitalization, improved health, or a new physical condition. An observant provider can encourage the consumer to request a reassessment if the provider feels it may be warranted. Either the consumer or the provider can call the consumer's social worker to make this request.

Following an assessment or reassessment, the consumer will receive a Notice of Action on a state approved form. The Notice of Action describes the following:

1. The hours allotted to each service authorized; or
2. After a reassessment, the old and new hours and any increase or decrease in each service.

Hours may not be decreased without proper notice to the consumer.

A consumer should immediately notify the provider if the consumer's authorized hours have changed, particularly if the hours have been reduced. A reduction in hours could affect the provider's eligibility for health insurance.

## Getting a Correct Assessment

It is important to portray your abilities and limitations accurately when the IHSS social worker comes to your home for an initial assessment or reassessment. Be clear when describing your needs. Do not exaggerate your need for assistance. On the other hand, do not overstate your ability to provide your own care. It may be helpful to prepare a list of your needs and any special requirements you have. This will help you prepare for the social worker's visit. It will also help you to overcome any embarrassing feelings you may have when sharing personal information.

Consider the following points:

- The IHSS social worker does not know about your particular needs. Be clear and specific and realistic.
- Consider how much time it takes to complete each task and how often each task must be provided. You might want to track your tasks for a month in preparation.
- Every question the social worker asks may be related to the time you will be granted.
- Be sure you understand the questions. They can affect the number of hours you may be authorized. If necessary, ask the social worker to repeat the question.
- Do not expect hours for services you are already getting from another source such as laundry or meals provided by a relative or another agency.
- There are ways to be employed and still receive IHSS. If you are currently employed or are considering employment, ask the social worker about this possibility.

### Appeals

The consumer may appeal any denial or reduction in hours and services, including a refusal to allow the full number of hours the consumer feels s/he needs. The consumer also has a right to appeal a Share-of-Cost (SOC) determination (a decision asking that you pay a share of the cost of your in-home care because your income is above the SSI threshold.) The best way to proceed is to follow these steps:

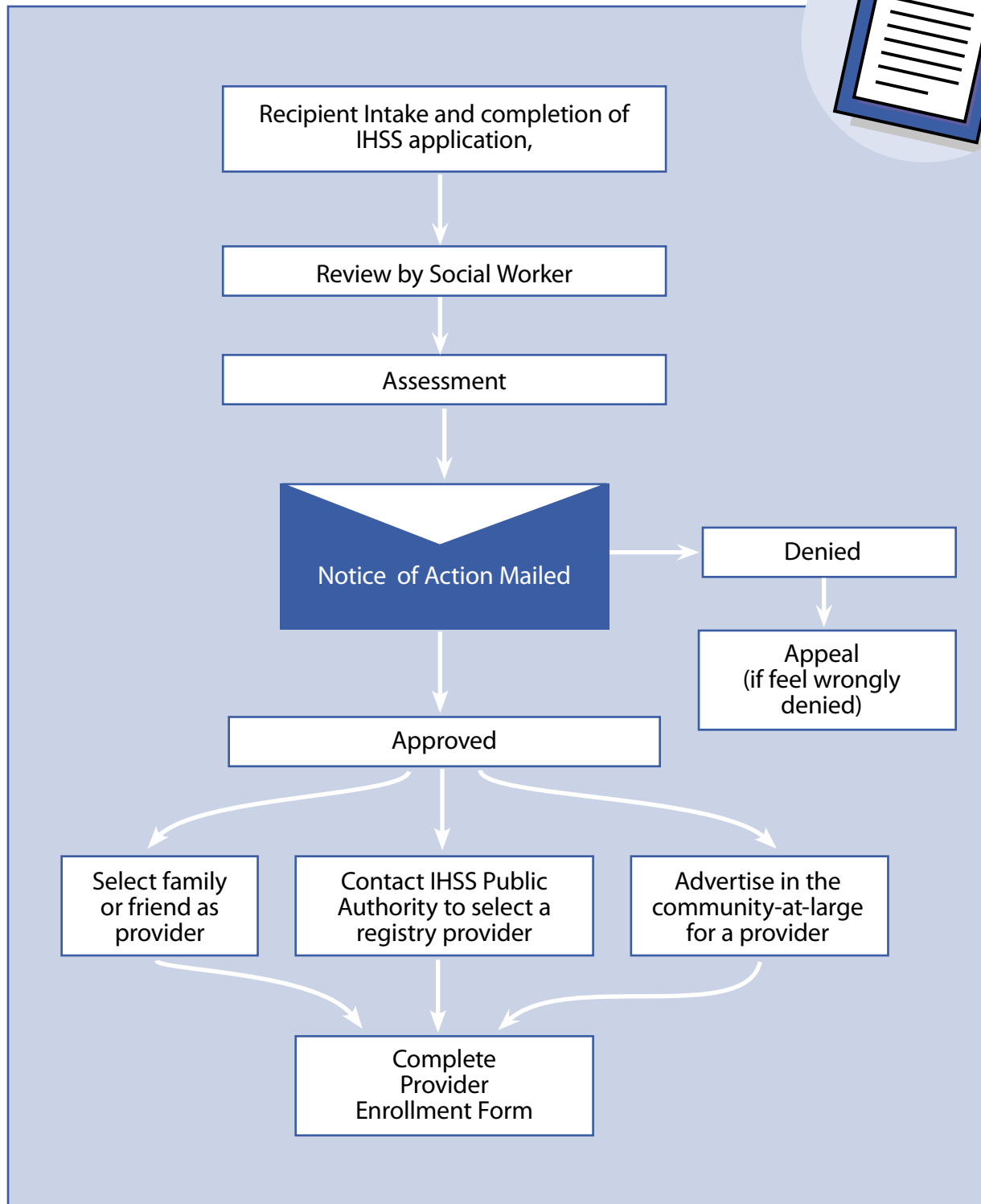
- 1) Contact your IHSS social worker to discuss your concerns. If this does not resolve the issue,
- 2) Contact your social worker's supervisor and discuss the situation with them. If this does not resolve the issue,
- 3) Ask for a Fair Hearing. This must be done within ten days of the date on the Notice of Action.

To request a Fair Hearing see the instructions below:

- Fill out the back of the Notice of Action form and send it to the address on the form; or
- Call the toll free number, 1-800-952-5253, or TDD for
- For hearing and speech impaired, 1-800-952-8349
- Send a letter to:  
California Department of Social Services  
State Hearing Division  
PO Box 944243, Mail Station 19-37  
Sacramento, CA 94244-2430

If a consumer requests a fair hearing prior to the effective date of the notice to reduce or terminate his/her hours and services, these benefits will continue at the previous level until the hearing decision is made. For help with appeals, contact legal services, Independent Living Centers (ILC), Protection and Advocacy, Inc. (PAI) for disabled persons (1-800-776-5746) or other advocacy groups for seniors and/or persons with disabilities.

## Overview of IHSS Process



## Tasks Covered by IHSS

The following tasks are covered by IHSS. They can be categorized into four groups: 1) domestic or household services; 2) personal care services; 3) services directed or provided by a licensed health care professional; and 4) other miscellaneous services. IHSS consumers only receive hours for those tasks that they cannot perform on their own. Hours per task will vary depending upon the consumer's abilities. Providers should determine which tasks are covered for the consumer when they first begin working for the consumer.

### Domestic services

**Housework.** Sweeping, vacuuming, and washing floors, kitchen counters, and sinks; cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; changing bed linen (usually once a week); cleaning oven and stovetop, cleaning and defrosting refrigerator and waxing floors (usually once a month), and miscellaneous domestic services such as changing light bulbs, cleaning wheelchairs or recharging wheelchair batteries (when necessary to remain safely in the home).

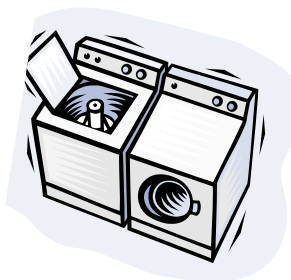


**Preparation of meals.** Planning meals; removing food from the refrigerator or pantry; washing/drying hands before meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating the stove; setting the table, serving the meals; pureeing food; and cutting the food into bite-sized pieces. A few IHSS consumers receive a restaurant meal allowance in lieu of time for meal preparation.



**Meal clean-up.** Washing, rinsing, drying dishes, pots, pans, utensils, and culinary appliances, and putting them away; loading and unloading the dishwasher; storing/putting away leftover foods/liquids; wiping up spills and tables, counters, stoves, and sinks; and washing and drying hands.

**Laundry.** Washing and drying laundry, mending, ironing, folding, and storing clothes in closets, on shelves or in drawers. Extra time is given if laundry facilities are outside the home.



## Assessment and Authorized Services

**Reasonable food shopping.** Limited to the nearest available stores or other facilities consistent with the consumer's income and needs. No additional time is authorized for the consumer to accompany the provider. Food shopping includes the tasks of making a grocery list, travel to/from the store, shopping, loading, unloading, and storing food.



**Other shopping/errands.** Other shopping/errands includes the tasks of making a shopping list, travel to/from the store, shopping, loading, unloading and storing supplies purchased, performing reasonable errands such as delivering a delinquent payment to prevent a utility shutoff or picking up a prescription. This does not include travel to pay monthly bills since these can be mailed.

**Heavy cleaning.** Thorough cleaning of the home to remove hazardous debris or dirt is only authorized when someone first receives IHSS and the home's conditions constitute a threat to the consumer's health or could lead to the consumer's eviction. This service must be pre-approved by a supervisor.

### Personal care services

**Bath, oral hygiene and grooming.** Bathing includes cleaning the body in a tub or shower; obtaining supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of tub or shower; assistance with reaching all parts of the body for washing, rinsing, drying, and applying lotion, powder, and deodorant; and washing/drying hands. Oral hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands. Grooming includes hair combing/brushing; hair trimming when the consumer cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care when these services are not assessed as paramedical services for the consumer; and washing/drying hands.



**Routine bed baths.** Cleaning basin or other materials used for bed sponge baths and putting them away; obtaining water and supplies; washing, rinsing, and drying body; applying lotion, powder and deodorant; and washing/drying hands before and after bathing.

## Assessment and Authorized Services

**Dressing.** Washing/drying hands; putting on/taking off corsets, elastic stockings, and braces and/or fastening/unfastening; buttoning/unbuttoning; zipping/unzipping; and tying/untying of garments and undergarments; changing soiled clothing; and bringing tools to the consumer to assist with independent dressing.

**Care and assistance with prosthesis and assistance with self-administration of medications.** Care and assistance with prosthetic devices includes assistance with taking off or putting on, maintaining or cleaning prosthetic devices and vision/hearing aids as well as washing and drying hands before and after performing these tasks. Assistance with self-administration of medication consists of reminding the consumer to take prescribed and/or over the counter medications at appropriate times and setting up Medisets or filling syringes.

**Bowel and bladder care.** Assistance with using, emptying, and cleaning bed pans/bedside commodes, urinals, ostomy, enema and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable gloves; wiping and cleaning consumer; assistance with getting on/off commode or toilet; and washing/drying consumer's and provider's hands.

**Routine menstrual care.** Limited to external application of sanitary napkins and positioning for sanitary napkin changes; using and/or disposing of barrier pads; managing clothing; wiping and cleaning; and wiping/drying hands before and after performing these tasks.

**Rubbing skin, repositioning, range of motion, etc.** Rubbing of skin to promote circulation; turning in bed and other types of repositioning; and range of motion exercises.



**Ambulation.** Assisting the consumer with walking or moving from place to place inside the home including to and from the bathroom; climbing or descending stairs; moving and retrieving assistive devices such as a cane, walker, or wheelchair, etc.; and washing/drying hands before and after performing these tasks. Ambulation also includes assistance to/from the front door to the car including (getting in/out of car) for medical accompaniment and/or alternative resource travel.



## Assessment and Authorized Services

**Transfer.** Transfer includes assisting from standing, sitting, or prone position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or assistive device generally occurring within the same room.

**Feeding.** Consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to consumers who cannot feed themselves or who require other assistance with special devices in order to feed themselves or to drink adequate liquids. Feeding includes assistance with reaching for, picking up, and grasping utensils and cups, and washing/drying hands before and after feeding.



**Respiration.** Limited to non-medical services such as assistance with self-administration of oxygen, assistance with setting up CPSP machine, and cleaning IPPB and CPAP machines.

### Services directed or provided by a licensed health care professional

**Protective Supervision.** Observing consumer's behavior in order to safeguard the consumer against injury, hazard, or accident. Very strict rules apply for this service. Consult with the consumer's IHSS social worker for further information.

**Paramedical Services.** Paramedical services are activities that the consumer would normally provide for him/herself but cannot due to physical limitations. They are provided when ordered by a licensed health care professional and provided under the direction of the licensed health care professional. In order to provide paramedical services, the county must have a signed statement of informed consent saying that the individual has been informed of the potential risks arising from the receipt of the services.

### Other miscellaneous services

**Accompaniment to medical appointments.** Authorized when the recipient needs help getting to and from the doctor, dentist, or other health practitioner's office. (Time is not authorized for waiting during the visit.)

# Assessment and Authorized Services

Providers are not required to provide transportation. If they do provide transportation, reimbursement for gas and other travel expenses must be negotiated between the consumer and the provider.

**Accompaniment to alternative resources.** Authorized when the recipient needs help getting to and from alternative resources where IHSS recipient receives services in lieu of IHSS. This could mean Adult Day Care or Respite Programs. (Time is not authorized for waiting during the visit.) Providers are not required to provide transportation. If they do provide transportation, reimbursement for gas and other travel expenses must be negotiated between the consumer and provider.

**Teaching and demonstration services.** Certain teaching and demonstration services enable the consumer to perform for themselves domestic or household services, personal care services or miscellaneous services such as travel to/from medical appointments and/or alternative resources.

**Yard hazard abatement.** Removal of grass, weeds, rubbish, ice, snow or other hazardous items.

## Unauthorized Services

The following services are *not* covered by IHSS. Consumers should not ask their providers to perform these services. The State will not pay for the time spent in performing these services and the provider is not protected by Workers' Compensation for any injury that might result from performing them.

IHSS **does not pay** for the following services:

- General gardening or yard clean-up
- Feeding, cleaning up after or exercising a pet
- Moving or lifting heavy furniture, boxes, etc.
- Washing windows
- Transporting anyone but the recipient
- Paying bills



### **3. The IHSS Public Authority**



### *The IHSS Public Authority*

#### **What the Public Authorities Do**

Nearly every county in California has an IHSS Public Authority that negotiates with the local homecare providers' union to set wages, benefits, and working conditions for IHSS providers. These benefits are summarized on the provider's pay stub. Depending upon the county, they may include a deduction for health care in addition to union dues. The Public Authorities offer the following services to IHSS consumers and providers:

- They maintain a homecare provider Registry that consumers can use to find a suitable provider.
- They investigate the qualifications and background of individuals who wish to be listed on the Registry.
- They offer access to training for providers in caregiving skills and for consumers in communicating with their providers.
- They help Registry providers and their clients work out difficulties in their relationship.
- They provide staff support to each county's IHSS Advisory committee, which works to improve the Public Authority and the IHSS program.

If you would like information on training classes, call the Public Authority in your county and ask them to send you a list of classes, their location and dates. The Public Authorities' telephone numbers are listed alphabetically by county at the end of this chapter.

## How the Registry Works

In many counties, the IHSS Public Authority Registry maintains a computerized referral list of homecare providers for IHSS consumers who want to hire someone to provide them with personal care or household assistance.

**Potential providers** attend an orientation meeting and/or complete an application process that includes providing references and giving permission for the Registry to check references and/or work history and, in some counties, conduct a criminal background check. If the provider qualifies to be on the Registry, there is no charge for the Registry listing or referral to IHSS consumers.

**Registry staff** interview potential providers and check backgrounds and references. They enter this information into a computerized program that matches providers with IHSS consumers. The program searches through provider and consumer information and assembles possible matches. Generally, the Registry then mails the consumers the names and contact numbers for several providers who meet the consumer's specific service needs and preferences. Referrals are based on geographic location, language, service needs and provider skills.

**IHSS consumers** call, interview and hire the provider of their choice. The Registry does not hire or recommend providers; it only serves as a referral service.

The Registry may refer providers to you who do not exactly match the type of provider you told the Registry you needed. This can happen if you do not tell Registry staff all of your needs and medical conditions. It is a good idea to include in the interviewing process all potential providers who have the ability to serve you. If, after talking with the provider, you are not interested in hiring them for the job, you may politely let them know. Return all calls to providers, even if you are not interested in hiring them, as that is the professional and considerate thing to do.

It is against the law for a consumer to refuse to hire a provider because of the provider's age, race, religion, sexual orientation, national origin, ethnicity, political affiliation, gender identity, marital status, or disability. It is also

unlawful for the provider to refuse to accept a job based on these same factors. The only exception is for consumers who need personal care, such as bathing, dressing, bowel, bladder or menstrual care. In this situation, a consumer may request a list of workers of the same gender.

### How Providers Are Included on the Registry

Individuals, including family members and friends of a consumer, may contact the local Public Authority and follow their instructions on how to be included on the Registry. In many counties, the provider will be asked to attend an orientation session and complete an application. The Public Authority may also conduct a criminal background check. Persons who have been convicted of welfare fraud or of adult or child abuse are not eligible to be an IHSS provider. Depending upon the local Public Authority in a particular county, other criminal convictions may prevent someone from being listed on the Registry.

To be included on the Registry, the provider will likely need:

- A Social Security card or other proof of the right to work in the United States (U.S.).
- Proof of citizenship or legal immigration.
- A valid Driver's License or other government-issued photo identification.
- Three references – a non-relative personal reference and two from previous employers.
- Documentation or certificates for any training they may have had.
- A completed application form.
- To grant the Public Authority permission to do a criminal background check to determine whether they have been convicted of any crimes that would prohibit their employment as a Registry provider.
- To complete an interview with Registry staff and/or attend an orientation for new providers.

If the provider is willing to transport the IHSS consumer to medical appointments, they may have to provide proof of a current auto insurance policy that includes liability, a copy of their Department of Motor Vehicles (DMV) record and a valid Driver's License.

## How Providers Remain on the Registry

If you have hired a Registry provider, call the Registry to let them know who you have hired. They will place that person on the “inactive” list unless your provider also wants to work for other clients. In that case, the provider would need to call Registry staff each month to confirm that they wish to remain active on the Registry and be referred to additional clients. They can do this by leaving a message with their name, telephone number and any changes in the times they are available to work.

## Provider Removal from the Registry

### General policy

The Public Authority reserves the right to remove a provider from the Registry. The Public Authority may determine reasonable rules and regulations regarding the appointment of providers to the Registry as well as their removal from the Registry. Complaints concerning a provider may be given verbally or in writing to Public Authority staff. Public Authority staff will document all complaints.

### Minor offenses

The Public Authority will remove a provider from the Registry after two complaints of minor offenses reported by one or more sources within a 90-day period and deemed valid by Public Authority staff. Minor offenses include, but are not limited to:

- Not appearing at scheduled interviews without notice.
- Being late for work without reasonable cause.
- Disrespect, rudeness or inappropriate behavior toward the consumer, the consumer’s relatives or representatives, or to Public Authority staff.
- Refusal to do the authorized tasks agreed to upon hire.
- Not performing requested and authorized tasks during work hours.
- Inadequate job performance.

- Not returning the consumer's phone calls or not returning Registry phone calls.
- Failure to update Registry files.
- Quitting a Registry assignment (without good reason) without at least a two-week notice.

### Major offenses

The Public Authority will remove a provider from the Registry after one complaint of a major offense that has been deemed valid by Public Authority staff. Major offenses include, but are not limited to:

- Theft
- Sexual/physical abuse or neglect
- Dishonesty or misrepresentation related to job duties
- Intentional falsification of time sheets
- Unauthorized disclosure of confidential information
- Being intoxicated or being under the influence or possession of any illegal substance while on duty
- Asking the consumer to supplement the allowable IHSS wage
- Possession of a firearm or other dangerous weapon while on duty
- Conviction of a crime that indicates unfitness for the job
- Knowingly putting the consumer in jeopardy

### Submitting a complaint

Consumers may submit a complaint against their provider by calling the Registry. Complaints should be specific and as detailed as possible. It is helpful to include dates when the offenses occurred. Consumers should try to distinguish disrespectful and threatening behaviors from minor irritations in a provider's personal and work habits. Consumers must weigh the seriousness of the offense against the effort required to replace a provider. However, they should not accept disrespect, dishonesty, or threatening behavior from a provider.



## IHSS Public Authority Contact List

### **Alameda**

Public Authority for IHSS in Alameda County  
6955 Foothill Blvd., 3rd Floor, Suite 300  
Oakland, CA 94605  
(510) 577-5621

### **Alpine**

Health & Human Services, Alpine County  
75A Diamond Valley Rd.  
Markleeville, CA 96120  
(530) 694-2235

### **Amador**

Amador County IHSS Public Authority  
255 New York Ranch Road, Suite B  
Jackson, CA 95642  
(209) 223-6781

### **Butte**

Butte County IHSS Public Authority  
202 Mira Loma Drive  
Oroville, CA 95965  
(888) 337-4477

### **Calaveras**

Calaveras County IHSS Public Authority  
509 E Saint Charles St.  
San Andreas, CA 95249  
(209) 754-6544

### **Colusa**

Colusa County IHSS Public Authority  
251 E. Webster St.  
Colusa, CA 95932  
(530) 458-0379

### **Contra Costa**

Contra Costa County Public Authority  
1330 Arnold Dr., #143  
Martinez, CA 94553  
(925) 957-7522

### **Del Norte**

Del Norte County IHSS Public Authority  
880 Northcrest Dr.  
Crescent City, CA 95531  
(707) 464-3191

### **El Dorado**

El Dorado County Public Authority  
694 Pleasant Valley Road, Suite 9  
Diamond Springs, CA 95619  
(530) 295-2748

### **Fresno**

Fresno County Public Authority  
2025 E Dakota  
Fresno, CA 93726  
(559) 453-6450

### **Glenn**

Glenn County IHSS Public Authority  
PO Box 1201  
Orland, CA 95963  
(530) 865-6150

### **Humboldt**

Humboldt County Public Authority  
808 E. Street  
Eureka, CA 95501  
(707) 476-2115

**Imperial**

IHSS Public Authority of Imperial County  
2999 S. 4th Street  
El Centro, CA 92243  
(760) 336-3945

**Inyo**

Community Service Solutions  
308 W. Line Street Suite #5  
Bishop, CA 93514  
(760) 872-7604

**Kern**

Kern County IHSS Public Authority  
5357 Truxtun Ave.  
Bakersfield, CA 93309  
(661) 868-1000

**Kings**

Kings County Public Authority  
1400 W. Lacey Blvd.  
Hanford, CA 93230  
(559) 582-3211 x3610

**Lake**

Lake County Public Authority  
926 South Forbes  
Lakeport, CA 95453  
(707) 262-0235

**Lassen**

Lassen County IHSS Public Authority  
PO Box 1359  
Susanville, CA 96130  
(530) 251-8158

**Los Angeles County**

Personal Assistance Services Council of  
Los Angeles County (PASC)  
4730 Woodman Ave., Suite 405  
Sherman Oaks, CA 91423  
(818) 206-7000

**Madera**

Madera County IHSS Public Authority  
PO Box 6009  
Madera, CA 93639  
(559) 675-2442

**Marin**

Public Authority of Marin  
10 N. San Pedro Rd., Suite 1016  
San Rafael, CA 94903  
(415) 499-1024

**Mariposa**

Mariposa County IHSS Public Authority  
5200 Hwy. 49 North  
Mariposa, CA 95338  
(209) 966-3609

**Mendocino**

Mendocino County Public Authority  
PO Box 839  
747 South State Street  
Ukiah, CA 95482  
(707) 463-7886

**Merced**

Merced County IHSS Public Authority  
2777 North Hwy 59  
Merced, CA 95340  
(209) 383-9504

**Modoc**

Community Service Solutions  
308 W. Line Street Suite #5  
Bishop, CA 93514  
(760) 872-7604

**Mono**

Community Service Solutions  
308 W. Line Street Suite #5  
Bishop, CA 93514  
(760) 872-7604

**Monterey**

Monterey County IHSS Public Authority  
1000 South Main Street Suite 211C  
Salinas, CA 93901  
(831) 755-4466

**Napa**

Napa County Public Authority  
900 Coombs Street, Suite 257  
Napa, CA 94559  
(707) 259-8366

**Nevada**

Nevada-Sierra Regional Public Authority  
350 Crown Point Circle, Suite 115  
Grass Valley, CA 95945  
(530) 274-5601

**Orange**

Orange County IHSS Public Authority  
1200 N. Main, Suite 700  
Santa Ana, CA 92701  
(714) 480-6446

**Placer**

Placer County IHSS Public Authority  
11533 C Avenue  
Auburn, CA 95603  
(530) 886-3680

**Plumas**

Nevada-Sierra Regional Public Authority  
350 Crown Point Circle, Suite 115  
Grass Valley, CA 95945  
(530) 274-5601

**Riverside**

County of Riverside IHSS Public Authority  
12125 Day Street, Suite S-101  
Moreno Valley, CA 92557  
(888) 470-4477

**Sacramento**

Sacramento County IHSS Public  
Authority  
3700 Branch Center Road, Suite A  
Sacramento, CA 95827  
(916) 874-2888

**San Benito**

San Benito County IHSS Public Authority  
1111 San Felipe Rd., Suite 207  
Hollister, CA 95023  
(831) 634-0784

**San Bernardino**

San Bernardino IHSS Public Authority  
600 N. Arrowhead Ave., Suite 100  
San Bernardino, CA 92415  
(909) 386-5014

**San Diego**

San Diego County Public Authority  
780 Bay Blvd., Suite 200  
Chula Vista, CA 91910  
(619) 476-6295

**San Francisco**

San Francisco County IHSS Public  
Authority  
832 Folsom St., 9th Floor  
San Francisco, CA 94107  
(415) 243-4477

**San Joaquin**

San Joaquin IHSS Public Authority  
25 E. Harding Way  
Stockton, CA 95204  
(209) 468-1746

**San Luis Obispo**

IHSS Public Authority for San Luis Obispo  
County  
PO Box 3236  
San Luis Obispo, CA 934023236  
(805) 788-2501

**San Mateo**

San Mateo Public Authority for IHSS  
225 37th Ave.  
San Mateo, CA 94403  
(650) 573-3901

**Santa Barbara**

In-Home Care Network, Santa Barbara  
County IHSS Public Authority  
1410 S. Broadway, Suite L  
Santa Maria, CA 93454  
(805) 614-1256

**Santa Clara**

Santa Clara County IHSS Public Authority  
2115 The Alameda  
San Jose, CA 95126  
(408) 350-3206

**Santa Cruz**

IHSS Public Authority of Santa Cruz  
County  
1400 Emeline Ave., 3rd Floor  
Santa Cruz, CA 95062  
(831) 454-4036

**Shasta**

Shasta County IHSS Public Authority  
1506 Market Street  
Redding, CA 96001  
(530) 229-8330

**Sierra**

Nevada-Sierra Regional Public Authority  
350 Crown Point Circle, Suite 115  
Grass Valley, CA 95945  
(530) 274-5601

**Siskiyou**

Siskiyou County IHSS Public Authority  
818 S. Main Street  
Yreka, CA 96097  
(530) 841-2738

**Solano**

Solano County Public Authority  
470 Chadbourne Road, Suite 100  
Fairfield, CA 94534  
(707) 438-1773

**Sonoma**

Sonoma County IHSS Public Authority  
2280 Northpoint Parkway  
PO Box 1949  
Santa Rosa, CA 95402  
(707) 565-5700

**Stanislaus**

Stanislaus County Public Authority  
305 Downey Ave  
Modesto, CA 95354  
(209) 558-4787

**Sutter**

Sutter County IHSS Public Authority  
543 Garden Hwy, Suite C  
Yuba City, CA 95991  
(530) 822-7618

**Tehama**

Tehama County IHSS Public Authority  
PO Box 368  
Red Bluff, CA 96080  
(530) 527-0276

**Trinity**

Trinity County IHSS Public Authority  
PO Box 1470  
Weaverville, CA 96093  
N/A

**Tuolumne**

Tuolumne County IHSS Public Authority  
20075 Cedar Road  
N Sonora, CA 95370  
N/A

**Ventura**

Ventura County Public Authority  
4245 Market St.  
Ventura, CA 93003  
(805) 652-7674

**Yolo**

Yolo County Public Authority  
25 N. Cottonwood Street  
Woodland, CA 95695  
(530) 661-2676 or (800) 630-2224

**Yuba**

Yuba County IHSS Public Authority  
6000 Lindhurst Ave., Suite 700-C  
Marysville, CA 95901  
(530) 749-6298



## **4. The Consumer's Role as an Employer**



# *The Consumer's Role as an Employer*

## **Consumer Responsibility for Hiring and Firing**

The IHSS consumer is the primary employer of his/her homecare provider. In most cases, the consumer does everything but negotiate pay and benefits and write the check. The Public Authority negotiates with the local homecare providers' union to set wages, benefits and working conditions. Using federal, state and county funds, the State writes the check. A few consumers, with incomes above the SSI maximum, do pay a share of the cost of their IHSS care. All other employer responsibilities are carried out by the IHSS consumer. These responsibilities include hiring, training, supervising and, if necessary, firing the provider.

The role of employer may be unfamiliar for some IHSS consumers. Hiring or supervising others may be a new experience. Defining and prioritizing tasks for someone else to do – and training them to do it – takes energy and communication skills. Providing feedback and making suggestions for improvement in how tasks are done requires compassion, courage and patience. Hiring and firing demands good judgment in addition to all of the above. The good news is that all of these qualities improve with practice and a willingness to learn.

In addition, help is available through the Public Authority, Independent Living Centers, your IHSS social worker, and sometimes case management agencies in your community. The Public Authority maintains a Registry of providers, which can simplify the hiring process by eliminating the step of advertising for a provider. Many Public Authorities also offer employer skills classes for consumers. Call your IHSS Public Authority to find out how they can assist you

with your employer responsibilities. Family members and friends are another resource. Consider including them when you interview prospective providers to get another opinion on the best choice for your needs.

### Finding a Homecare Provider

The most important – and maybe the most difficult – task is finding a good homecare provider. With the right person, training and supervision are easier and more like building a relationship than supervising an employee. It is worth putting some effort into the search process and taking the time to make a good decision.

As an IHSS consumer, you are free to hire anyone who can meet your needs. The person could be a friend or family member or someone you find through a provider Registry, advertising, or word of mouth. Here are some common ways that consumers find a homecare provider:

- **WORD OF MOUTH** – Tell everyone you know, (friends, relatives, neighbors, etc.) that you are looking for a homecare provider. Family and friends are the most common source of homecare providers. Word of mouth is one of the best forms of advertising.
- **THE IHSS PUBLIC AUTHORITY REGISTRY** – Call the Registry in your area. They can provide you with a list of homecare providers who match your needs and preferences. Public Authority services are free. For a current list of public authorities and phone numbers, see the list at the end of this handbook.
- **FLYERS** – Put up flyers or cards on local bulletin boards. You can find bulletin boards in church lobbies, supermarkets, senior centers, schools and libraries.
- **LOCAL COLLEGES** – Call and ask for the campus program that helps students find work. Ask them to list your job opening wherever they advertise employment opportunities for students.
- **LOCAL PAPERS** – Place an ad in the local newspaper. There is usually a charge for this service, although some communities have “Penny Ads” or “Magic Ads” that are very inexpensive.



- **UNION** – Contact the homecare provider's union to see if they have a job referral service or registry.
- **EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)** – Place an ad at the local EDD office.

If you use flyers or ads, make sure that you are easily reachable by phone, pager, cell phone or answering machine. Use a short, simple message on your voice mail giving your family name and telephone number. Ask callers to leave a message and return calls promptly.

### The Hiring Process

Getting the word out that you are looking for a provider is the first step. Finding and hiring the right person is more involved. There are five stages in the hiring process:

1. Screen applicants through a telephone interview.
2. Meet for face-to-face interviews with the strongest candidates.
3. Check references.
4. Select a new provider and communicate your decision to those you have interviewed.
5. Communicate your decision to your social worker to begin the provider enrollment process and, if you have hired someone from the Public Authority's Registry, let them know as well.

### Preparing for the interviews

Before talking with prospective candidates, it helps to write out a brief description of the job and the questions you wish to ask the candidates for your position. You can use the Notice of Action that you received from IHSS to summarize what you want the provider to do and how many hours a month you will need him/her to work. The Notice of Action describes the tasks that have been authorized for your care and the number of hours per month that IHSS will pay someone to provide those services. Remember that IHSS providers are only allowed to help you with duties authorized by your IHSS social worker. If you have any questions about what tasks are authorized, call your social worker before you hire someone.

## The Consumer's Role as an Employer

Another important part of the job description is the days and times you want the provider to come. This is for you to decide. If you can be flexible about when the provider comes, you may have more options in choosing a good provider. Finally, plan to tell the candidate in general terms where you live and indicate any special requirements you have for the person you hire. For example, indicate whether you want a non-smoker, someone who has their own car and is willing to drive you to appointments or someone who can lift a certain number of pounds.

Next, write out the questions you wish to ask candidates over the phone and other questions that you want to ask those you interview in person.

### Questions for the telephone interview

Here are some questions you might consider asking during the telephone interview:

- Can you tell me something about yourself?
- Are you available to work the days and times I need you?
- Would you have any problem doing the tasks I need done?
- Do you have experience performing these tasks?
- Have you had any training in home and personal care? If so, please describe where you received this training and what it covered.
- Where else have you worked?
- Do you have reliable transportation for getting to work?
- Do you smoke?
- Do you use alcohol or drugs?
- Could you give me work and personal references that I could check?  
I will need names and phone numbers and, if this is a work reference, the dates of your employment and the type of work.

## The Consumer's Role as an Employer

If you are not satisfied with the person's availability, experience, or ability to perform the needed tasks or get to your home on a reliable basis, thank the person for his/her time and wish the person the best in finding a more suitable position.

If the candidate's responses are generally positive, but you have reservations, tell him/her that you would like to check some of his/her references and get back to him/her within a few days. Then, try to define and address your reservations when you talk with the person's references.

If, on the other hand, the person has the necessary experience, meets your special requirements, and communicates well with you over the phone, schedule a personal interview with him/her. This interview can take place in your home or in a public place nearby. Be clear about the date, time, and location of the interview (a cross-street is helpful) and make sure the candidate has your name and phone number. Consider asking a friend or family member to join you so that you can compare your assessments of the candidate. Ask the candidate to bring the following items to the interview:

- A valid Driver's License or California picture Identification Card.
- His/her Social Security card or green card indicating that s/he has permission to work within the U.S.
- The names and phone numbers of at least three references. These should include previous employers or instructors who are familiar with his/her homecare skills.
- Proof of auto insurance if the provider will be driving his/her own car as part of the job.
- A Department of Motor Vehicles (DMV) printout of his/her driving record if the provider will be driving you to appointments in either his/her car or yours. Printouts are available from their local DMV office for a \$5 fee.
- Applicable training certificates, if any.
- TB test results indicating that s/he does not have the disease.

## The Consumer's Role as an Employer

If the candidates have a resume, it will be helpful if they can bring a copy to the interview. It is a good idea to interview at least two or three candidates. The process of comparing their strengths helps you decide what skills are most important to you. Another good reason to interview multiple candidates is that it is nice to have a back-up provider for times when your regular provider is ill or has other unavoidable commitments. The back-up provider may also serve as a second or subsequent provider if the person you hire moves on to another job.

Consumers with a large number of authorized hours should consider hiring multiple providers. Having multiple providers gives you a built-in back-up provider and makes your job easier when you have to replace one of them. Having multiple providers does place more responsibility on the consumer to coordinate their schedules so that, together, they do not exceed the total number of authorized hours. If they do, the person whose timesheet is processed second will not be paid for some of the hours they worked. The consumer should ensure that each provider works only the number of hours s/he has been assigned.

### Questions for the face-to-face interview

In the face-to-face interview, it is a good idea to review the tasks and work schedule that you described over the phone. Make sure that the candidate is comfortable with the tasks that have been authorized and that you can agree on a work schedule. You can use the Sample Job Agreement that appears at the end of the next chapter as a guide for your discussion. This will give you an opportunity to discuss whether you will be paying a share of the cost of your care directly to the provider and, if the provider will be driving you to appointments in his/her car, who will pay for gas. Topics to cover during the interview include:

1. **IDENTIFICATION** – Ask to see his/her identification. Examples include a valid California Driver's License or Identification Card with a picture and social security card.
2. **JOB DESCRIPTION** – Review the job agreement or job description. Point out any special requirements.

3. **TASK LIMITATIONS** – Ask if there are any tasks s/he will not perform.
4. **REFERENCES** – Ask for references, both personal and job-related. Make sure you get names and current phone numbers so you can call the references later.
5. **EDUCATION AND EXPERIENCE** – Ask for information on education, training, and experience in homecare services.
6. **DRIVER'S LICENSE** – If you need the homecare provider to drive for you, make sure the provider shows you a valid Driver's License and ask to see proof of insurance if the provider will be using his/her own car. Clarify with the provider if you will be paying for gas and at what rate.
7. **TRIAL PERIOD** – Tell the homecare provider that for the first few weeks you will be showing him/her how you want things done and seeing if s/he learns the tasks well.
8. **REASONS FOR FIRING** – Explain what actions might require you to fire the provider. Reasons may include using your belongings without your permission, consistently arriving late, or being unable to meet your needs. A complete list of reasons for firing can be found in Chapter 3 of this handbook in the section on major and minor offenses justifying removal from the Registry.

### Reference checking

Checking references is essential. It will give you valuable information about the applicant. When calling references ask questions such as the following:

1. Did (name of applicant) work with you in (dates of employment)?
2. What kind of work did s/he do for you?
3. Why did (name of applicant) stop working for you?
4. Would you hire him/her again?
5. What were his/her strengths?
6. What could have been improved about his/her job performance?

# The Consumer's Role as an Employer

## Selecting a provider

After you have interviewed a sufficient number of individuals, you will want to choose the provider who will best help you with your needs. With a friend or family member, compare the strengths and weaknesses of each candidate and consider which of the candidates' qualities are most important to you. Trust your judgment. When you have made your decision, call the provider you would like to hire and offer him/her the job. Remind the provider of the pay level and number of hours, discuss a start date with the provider and obtain his/her commitment to begin work on the agreed upon day.

If you interviewed other individuals, it is important to call them and inform them that you have made your decision and have hired someone else. If you liked another person, however, you may want to ask if you can keep his/her number available in case you need a back up provider.

If you interviewed candidates from the Public Authority's Registry, call the Registry to let them know you have hired someone. They can assist you with the paperwork and help you calculate the number of pro-rated hours that your new provider can work during his/her first month on the job.

## Enrolling the provider

The final step in the hiring process is for you to enroll your new provider as an employee of the statewide IHSS program. This is done by calling your social worker and giving your social worker the following information about your new caregiver:

- Name as it appears on the individual's Social Security card
- Telephone number
- Social Security Number
- Date of birth
- Date of the first day on the job
- Familial relationship, if any, to the consumer
- Provider's preferred language

IHSS Payroll will then mail your new employee a provider enrollment agreement for him/her to complete and mail back immediately to the address given on the form. Sometimes, social workers give copies of this form to consumers. If you have an extra enrollment agreement, you can give it to your new provider and save them some time in the enrollment process. Providers cannot be paid until Payroll receives and processes the enrollment form.

### **Deciding When to Fire a Provider**

The decision to replace a provider should be considered carefully. It is difficult and usually unpleasant to tell someone that you no longer need his/her services. It is also hard work to find a new provider. So, there is reason to invest some energy in making a list of the provider's shortcomings, ranking them in order of importance, and then respectfully discussing with your provider the most important improvements you would like to see in his/her job performance. You can enlist the aid of your social worker or someone from the Public Authority in communicating your concerns to the provider. If your provider is willing to work on his/her skills and willing to try to meet your expectations, it may save you time in the long run to give him/her a chance.

On the other hand, if your provider is not being respectful or is treating you in an abusive or threatening manner, you should end their employment quickly, seeking help, if you need it, to do so. You may refer to the list of minor and major offenses in Chapter 3 of this handbook to help you recognize unacceptable behavior on the part of a provider. Your personal safety is most important. Contact your social worker, the Public Authority's Registry, friends and family members to help you through the transition to a new provider.

If you have decided to replace a provider and the situation is tolerable, it is best to give the provider a two-week notice. This gives them time to look for a new position and it gives you time to start the process of finding a replacement.







## **5. Getting Started with a New Provider**



# *Getting Started with a New Provider*

## **Starting Off on the Right Foot**

During your first meeting with a new provider, you should summarize many of the things you discussed during the job interview. You will review the authorized tasks that the provider will be doing for you, showing the provider where necessary supplies are kept and how you would like things done, and you will go over the provider's work schedule so that you are both clear on what days the provider will be coming and how many hours the provider will work each day. Then, you will want to share with the provider all of the information the provider needs to give you the best care and protect you if an emergency occurs. Providers need to know the following information:

- Any health issues you have that will require special actions on the provider's part.
- How to correctly use any special equipment that helps you with your daily activities or maintains your health.
- Any allergies or special dietary concerns and how you would like the provider to respond to these concerns.
- If you need assistance with self-administration of medication, how your medications are organized so that the provider can help you take them correctly. If you do not already have a system for organizing your medications, ask your provider to work with you in setting up a system for managing your medications. The system should include a list of medications, including the schedule and amount.

## Getting Started with a New Provider

- Who to contact in case of an emergency. If you have a “File of Life” that summarizes the names and telephone numbers for your doctor, social worker, and key family members and friends, show the provider where this is kept. If you do not have a “File of Life,” create one with the help of friends, family members and your provider. This should include a list of phone numbers for doctors, clinics, therapists, social workers, relatives or friends to call in the event of an emergency.
- How to get out of the house in case of an emergency
- The best times for you to contact each other and all of the phone numbers where each of you can be reached.
- How you will track the hours your provider works and how you will each check to make sure that the hours worked are correctly entered on the time sheet every two weeks. Consider using a task grid to assign tasks and summarize hours worked on a daily basis. Task grids are discussed later in this chapter. A sample task grid appears at the end of the chapter.

### Issues to Discuss with a New Provider

There are some important issues that you should always discuss when a provider begins work for you. Even if these issues were mentioned during the job interview, you should talk about them again. Some of the issues affect the health of both the consumer and the provider and some have been found to lead to misunderstandings that can disrupt the relationship between employer and employee. It is best to deal with any potentially difficult issues in the beginning. This gives the provider a chance to change their mind if some of the conditions of employment are unacceptable. It also gives you an opportunity to change your mind if you cannot agree on the provision of necessary services or if the provider discloses health conditions that make you uncomfortable.

### **Identifying responsibility for transportation to medical appointments and errands**

If you have authorized hours for accompaniment to medical appointments, shopping or other errands, you and your provider need to know that IHSS does not pay for the cost of gas, insurance, or public transportation. Since IHSS does not cover these costs, it is important for you and your provider to determine – at the time of hiring – who will pay these costs. This decision should be included in the job agreement, which is discussed later in this chapter. Being clear about this issue from the beginning will lessen the chance of misunderstandings later.

If the provider will be driving his/her own car, you should discuss whether you will pay for gas. Make sure that the provider's insurance is up to date and covers you as a passenger and ask to see a valid Driver's License and a copy of their DMV record. If the provider will be driving your car, you should provide proof of current insurance that covers both persons in case of an accident and ask to see the provider's current Driver's License and a copy of their DMV record. If the provider will use public transportation to accompany you to medical appointments and for shopping or other errands, you should discuss whether you will pay for public transportation.

IHSS pays for the provider's time to accompany you to and from medical appointments, but it does not pay the provider to wait during the medical appointment. You may want to suggest that the provider use this waiting time to complete his/her own errands, phone calls or other personal business.

### **Paramedical services**

If you require paramedical services, you should discuss this with the provider during the job interview. Some providers will not want the responsibility that comes with this type of care. The first day on the job is the time to review the paramedical services you need and to make arrangements for the new provider to be trained by your doctor or nurse in how to administer the service. IHSS regulations require that a licensed health care professional order and supervise paramedical services. The provider should not perform any

paramedical service unless a licensed health care professional has taught them how to provide the service, explained the risks involved, and told them what to do in an emergency if something goes wrong. Paramedical services include:

- Administering medication or giving injections
- Blood/Urine testing
- Wound care
- Catheter care and ostomy irrigation
- Any treatments requiring sterile procedures
- Enemas, digital stimulation, or the insertion of suppositories
- Tube feeding
- Suctioning

### Disclosing infectious diseases

Consumers and providers are strongly encouraged to disclose to each other whatever health conditions they have that may negatively affect the health of the other. This includes all infectious diseases, including HIV, Hepatitis, Tuberculosis (TB), and others. If you are concerned about your own possible exposure to TB, you may ask to see proof of your provider's negative test. Make sure your providers use universal precautions against infectious disease all the time, whether or not there is disclosure of a medical condition. (See Chapter 9, Safety.)

If you have hired a provider from the Public Authority Registry, remind them to let the Registry know that they have accepted a job. (You should do this as well.) Unless they want to work additional hours for another client, they should ask to be placed on the inactive list. When the provider stops working for you, the provider can ask to be reinstated to the Registry's active list. If the provider wants to work additional hours for another client, the provider should remain on the active list. To do this, the provider must call the Registry once a month to confirm his/her active status. It would be helpful if you reminded the provider that it is his/her responsibility to do this.

### **Job Agreement**

A clear understanding of job duties and work schedule at the beginning of a job can reduce the likelihood of conflict or misunderstanding later. When you put that understanding in writing, you have a job agreement or contract. You can use the form on the next two pages as a basis for discussion with your new provider. This discussion should cover:

- The duties to be performed within the authorized hours
- The expectations and standards you each have
- When and how the duties are to be performed

A completed and signed job agreement can be used to remind you and your provider of your respective responsibilities.

# Getting Started with a New Provider

## IHSS CONSUMER AND PROVIDER JOB AGREEMENT

1. This job agreement is between:

\_\_\_\_\_  
Employer (Print consumer name)      and      Employee (Print provider name)

2. The consumer and provider agree to the following general principles.

The consumer agrees to:

- Assign and direct the work of the provider
- Give the provider advance notice, whenever possible, when hours or duties change
- Only ask the provider to do work for the consumer
- Sign the provider's time sheet if it reflects the hours that were worked

The provider agrees to:

- Perform the agreed-upon tasks and duties (see duties and responsibilities below)
- Call the consumer as soon as possible if they are late, sick or unable to work
- Come to work on time (see hours of work below)
- Not make personal or long distance phone calls while at work
- Not ask to borrow money or ask for a cash advance
- Give the consumer a two-week notice, whenever possible, before leaving the job

3. The provider will be paid at the rate set by the county for IHSS providers.
4. The total number of hours per week for this job are \_\_\_\_\_.
5. The hours of work for this job are shown below. Changes in the scheduled days and hours are to be negotiated by both parties, with advance notice.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start							
End							

6. Will consumer pay provider for gas used to drive to shopping or medical appointments?  
\_\_\_\_ No  
\_\_\_\_ Yes
7. Does consumer have a Share-of-Cost?  
\_\_\_\_ No  
\_\_\_\_ Yes  
If yes, indicate maximum amount \_\_\_\_\_

# Getting Started with a New Provider

8. The duties and responsibilities for this job are shown below. The consumer should mark the tasks they need the provider to do and show how often the task needs to be done (D=Daily, W=Weekly, M=Monthly, O=Other). If a task needs to be done on a different schedule, the consumer should write this in next to the task.

**D=Daily**

**W=Weekly**

**M=Monthly**

**O=Other**



## Meals

- ☐ Prepare meals
- ☐ Meal cleanup
- ☐ Wash dishes
- ☐ Help with eating



## Cleaning and Laundry

- ☐ Empty trash
- ☐ Wipe counter
- ☐ Clean sinks
- ☐ Clean stove top
- ☐ Clean oven
- ☐ Clean refrigerator
- ☐ Vacuum/sweep
- ☐ Dust
- ☐ Mop kitchen & bathroom floors
- ☐ Clean bathroom
- ☐ Make bed
- ☐ Change bed linen
- ☐ Routine laundry (wash, dry, fold and put away laundry)
- ☐ Heavy house cleaning (one-time only with approval from IHSS)



## Shopping

- ☐ Grocery shopping
- ☐ Other shopping errands



## Non-Medical Personal Services

- ☐ Dressing
- ☐ Grooming and oral hygiene
- ☐ Bathing
- ☐ Bed baths
- ☐ Bowel and bladder care
- ☐ Menstrual care
- ☐ Help with walking
- ☐ Move in and out of bed
- ☐ Help on/off seat or in/out of vehicle
- ☐ Repositioning
- ☐ Rub skin
- ☐ Care/assistance with prosthesis
- ☐ Respiration assistance
- ☐ Other personal services: \_\_\_\_\_



## Paramedical Services

- ☐ Administration of medication
- ☐ Blood sugar checks
- ☐ Injections
- ☐ Other paramedical services: \_\_\_\_\_



## Transportation Services

- ☐ Escorting to medical appointments
- ☐ Escorting to alternative resources

The consumer and provider, by signing this document, agree to the terms outlined above. If the agreement changes, both parties will initial and date the changes.

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number



### Task Grid

The authorized tasks summarized on the job agreement can be checked off on a task grid that you can use to direct your provider's work. (See a sample task grid on the following pages.) Each task grid covers a two-week period. This allows you to change what tasks you want done on particular days and, if you save the completed grids, gives you a permanent record of the hours your provider worked. If you have multiple providers, you would have a separate task grid for each provider with their assigned hours and tasks. This makes it easy for you to check that together they are not working more than the authorized number of hours.

To complete the grid, write the provider's name, the month and total authorized (scheduled) hours for the month in the top row. Then, fill in the days of the week starting with the 1<sup>st</sup> or the 16<sup>th</sup> day of the month and the number of hours scheduled for each day. Finally, check off the tasks you want done each day in the column for that day. Columns for days your provider does not work will be blank.

At the end of *each day*, both you and your provider should initial the total hours worked that day in the spaces provided at the bottom of the task grid. It is important to do this while the day is fresh in your mind. The "total hours worked" row should sum to no more than half the number of authorized hours for the month – assuming that you need help on a fairly continuous basis. At the end of each two-week period, your provider can use the task grid to complete their time sheet, copying the number of hours worked each day from the task grid onto the time sheet. Remember that it is your responsibility to ensure that the task grid accurately reflects the hours worked and the time sheet accurately reflects the hours noted on the task grid. It is also your responsibility to make sure that the total hours worked in a month by all providers do not exceed the total hours authorized.

# Getting Started with a New Provider

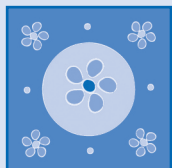
## IHSS Task Grid - Meals and Cleaning

Provider Name: _____		Month: _____ Total Authorized Hours for Month: _____																	
Day of the week: Date:																			
Hours scheduled for day:																			
Meals	Meal preparation																		
	Help with eating																		
	Wash dishes and clean up kitchen																		
	Menu planning/shopping list																		
	Shopping for food																		
Cleaning	Empty trash																		
	Clean kitchen surfaces/appliances																		
	Throw out spoiled food																		
	Make bed																		
	Change linen																		
	Clutter management/tidy up																		
	Dust																		
	Clean bathroom																		
	Sweep/vacuum																		
	Mop																		
Laundry/ironing																			

# Getting Started with a New Provider

IHSS Task Grid - Personal Care and Other Services

Day of the week: Date:		Month: _____													
Personal Care	Help with medication														
	Bathing/bed bath														
	Oral hygiene/grooming														
	Dressing														
	Bowel/bladder														
	Menstrual care														
	Shift body position														
	Rub skin/massage														
	Lift/transfer														
	Help with walking														
Other	Help with prescribed exercises														
	Help with breathing equipment														
	Medical appointments														
	Other shopping and errands														
Total Hours Worked															
Provider Initials															
Consumer Initials															



## 6. Supervising Your Provider



### ***Supervising Your Provider***

As an IHSS consumer, one of your on-going responsibilities is supervising your provider. Supervision involves:

- Setting priorities for the tasks to be completed each day
- Communicating your preferences for how things are done
- Maintaining reasonable expectations for your provider's job performance
- Providing feedback on his/her work
- Making sure the provider uses his/her time appropriately
- Documenting expenditures

These responsibilities may feel awkward at first, but experience will build confidence in your supervision skills.

#### **Setting Priorities**

One of your first supervisory responsibilities is to let your provider know which tasks are most important to accomplish on a particular day. The provider may not be able to complete all of the tasks that day, but you want the provider to get to the most important ones. The task grid provided in Chapter 5 of this handbook may help you organize your priorities for your provider. The task grid starts out as a plan for things that need doing over a two-week period—a plan that will probably be changed by medical appointments, variations in your health status and unplanned events.

## Communicating Preferences

For better or for worse, we all like things done a certain way, whether it's the way dishes are stacked in the dishwasher, toilet-paper spools out of the dispenser, or stains are cleaned from the sink. A provider working in your home should follow your preferences for how household and personal tasks are accomplished. Each time your provider takes on a new task, it is helpful for you to explain in detail how you would like him/her to do it. In the beginning, you may need to remind the provider how you would like him/her to do the task several times because the provider will be learning many new things at once – and in a strange environment – so not everything you communicate will “stick.” Be patient and don't forget to praise your provider when s/he does the task correctly. This helps to reinforce the way you would like things done.

Preferences, of course, include specific brands of foods and other household items. Be as specific as you can in describing brand preferences, using brand names and the volume desired (e.g., a 15-oz. can of Brand X tomato soup) rather than “the small can with the blue label.” Write out a detailed shopping list so that your provider has something clear to refer to and check off.

Let your provider know if have allergies to laundry detergents, bleaches, or fabric softeners. You should also tell your provider about any preferences for specific laundry detergent brands and let them know if you want them to use bleach or fabric softener for some of your laundry.

If you are receiving assistance with personal care, it is particularly important for you to communicate and demonstrate how you want tasks performed. You may find it more comfortable to start with, the less personal tasks first—if you have that luxury—when you are training a new provider. As you get to know and trust each other, it will get easier to perform and accept this assistance.

## Maintaining Reasonable Expectations

You should expect that it will take a new provider longer to complete the authorized tasks than one who has been with you for some time. Adjust your expectations accordingly and give a new provider time to “come up to speed.” Remember, too, that medical appointments may prevent your provider from completing other tasks that day – particularly if your appointment is a great

distance from your home. One option that serves both of your needs is to have the provider complete those tasks on another day.

Another reason to keep your expectations within bounds is that the hours authorized by IHSS for a specific task do not necessarily reflect the time it takes to accomplish that task in your household. If a task completed to your satisfaction takes longer than the hours authorized, you should work on accepting that the completed task may not meet your expectations. Flexibility on your part may be required. You can also talk to your social worker if you feel that the time assessed for a task is insufficient.

### Providing Feedback

#### Giving praise

It is important to praise your provider when s/he is completing tasks the way you like them done and when s/he is working efficiently – making good use of his/her time and getting things accomplished. A couple of sentences are all that is required. For example: “I liked the dinner you prepared today. It tasted really great!” This tells the provider that you notice what s/he is doing, that you care about how s/he does it, and that you appreciate his/her efforts to please you.

#### Offering correction

It is equally important to let your providers know when they are not doing things correctly and to let them know sooner rather than later. In the end, it is unfair to the provider to pretend that s/he is performing a task correctly when, inside you feel the provider is not. It is hard not to get resentful if your provider is not making the best use of his/her time or not doing things the way you would like. It’s only fair to let the provider know so s/he can adjust his/her behavior. Assume that your provider wants to do the best job possible.

- Discuss problems as they arise – don’t bottle them up. Discuss them firmly and calmly.
- When offering corrections, first try to comment on a task that has been done correctly. Then let the caregiver know pleasantly but firmly, how you want the incorrectly performed task done.

- 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?”
- Explaining why you like a task performed a certain way or why you need the provider to be reliable and prompt in showing up for work also make the requests more acceptable. Sometimes, a provider may not understand the consequences of being late or doing something a different way.
- Avoid blaming or humiliating your provider. This will damage your relationship and increase the chance that your provider will look for another job. If you find it difficult to communicate with your provider, ask for help from a family member or friend, your social worker or a Registry Specialist at the IHSS Public Authority.
- Treating your providers with respect will encourage them to be respectful of you in return.

### Appropriate Use of Time

An important way to show respect for your providers is to confine their work to the tasks authorized by your IHSS social worker. It is tempting to ask them to help with other household jobs, but the IHSS program can only pay for a limited range of tasks. If you need help with tasks not covered by the IHSS program, you will need to identify family members, friends, church volunteers, or others who can provide assistance. You may need to give up some responsibilities if you cannot manage them on your own and no one is available to help you. Maintaining a pet is one example. If you are unable to walk a dog or change a cat’s litter box, you may have to give up pet ownership unless you have a friend or neighbor who can help you with these activities.

You should not ask your IHSS provider to do unauthorized tasks. Doing so puts providers in a difficult position and they may be afraid they will lose their job if they refuse your request. It also puts them at risk because providers are not covered by Workers’ Compensation Insurance if they are hurt while doing unauthorized work.



The following are examples of services that **are not** paid for by the IHSS program:

- Washing the dog. Scooping up dog droppings.
- Changing the cat litter box.
- Washing windows.
- Cleaning/shampooing carpets or rugs.
- Washing down cupboards, walls or window coverings.
- Watering plants, mowing the lawn, or any gardening.
- Weekly ironing, beyond just a few items.
- Cleaning the house while you are in the hospital or away from your home on vacation or for other reasons.
- Cooking or cleaning for other family members in your home unless they are also on IHSS.
- Transportation to do bill paying, unless it is to deliver a delinquent payment to avoid a utility being shut-off.
- Paying bills.

In addition, IHSS **does not** provide reimbursement for:

- The time it takes a provider to get to your home.
- Bus fare for the provider to do your shopping or errands.
- Gas for the provider to do your shopping, errands, or to take you to medical appointments. It is important to work out an agreement with your provider about how you will handle the issue of gas money.

As your provider's employer and supervisor, it is also your responsibility to remind the provider that s/he is being paid to complete the authorized tasks and that the provider should be using his/her time in your home to do these tasks efficiently. The following are not appropriate provider activities during work hours:

- Making personal telephone calls
- Watching TV

- Spending too much time talking with you
- Bringing children or others to work with them
- Reading or engaging in personal business or activities.

When a provider works a four-hour block of time, you are required to give him/her a 15-minute paid break. It shows respect for your provider to encourage him/her to take a break and to include that 15 minutes as time worked on the timesheet.

### Documenting Expenditures

If your provider is authorized to shop and run errands for you, in addition to giving him/her a list of the items you need, you need to give the provider the money to pay for the items. It protects both you and your provider to keep a log of the amount of money given, the amount spent and the amount of change returned. A notebook is useful for this purpose. You can have a column for the date, a column for the amount of money given, a place for you and the provider to initial that amount, a column for the amount spent as indicated by the receipts, and a column for the amount of change returned along with a place for your initials. A sample expenditure form is included at the end of this chapter. The following is an example of how to fill out this form:

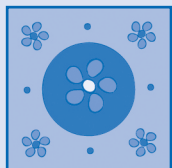
Date	Money given to provider by consumer			Amount Spent (from Receipts)	Change returned to consumer by provider		
	Amount \$	Consumer Initials	Provider Initials		Amount \$	Consumer Initials	Provider Initials
10/15/06	\$20	FM	SS	\$16.85	\$3.15	FM	SS
10/22/06	\$5	FM	SS	\$4.25	\$0.75	FM	SS

If you keep the receipts in a large manila envelope or folding file, you can easily answer any questions that arise about the exchange of money. No one's memory is good enough to keep track of expenditures without documentation. Keeping good financial records is a part of your supervisory responsibilities as an employer. It is also an investment in the relationship with your provider.

Sample Expenditure Form

Date	Money given to provider by consumer			Amount Spent (from Receipts)	Change returned to consumer by provider		
	Amount \$	Consumer Initials	Provider Initials		Amount \$	Consumer Initials	Provider Initials





## 7. Communication



## ***Communication***

Your ability to communicate with your provider, social worker, doctor and family directly affects the quality of care you receive. Learn to clearly express your needs and do not hesitate to ask questions about things you do not understand – whether these involve the IHSS program, your health, or your provider’s approach to his/her job. Communication begins with good observation and clarifying questions.

### **Communicating with Your Provider**

The following tips can help you develop a good relationship with your provider:

- Take time to learn about your provider.
- Discover his/her favorite foods, clothes, games, music, animals, recipes, or memories. Include these favorites in conversations when you are supervising their work.
- Learn the name your provider prefers and use that name.
- Observe your provider’s use of humor.
- Learn about your provider’s perception of time and punctuality and be clear about the differences, if any, in how you see things.
- Note how the provider uses and interprets body language.
- Note the provider’s preferred ways of greeting.
- Listen and show respect for your provider’s concerns. Take time to understand the ways your provider interprets communication.

- Show your provider how you want him/her to help you with personal tasks. It may be easier to start with the less personal tasks first. As you get to know each other better, you will both become more comfortable with these tasks.

There are several techniques to remember in communicating with your provider.

**Set a comfortable pace for conversation.** Your provider may need time to process the information you are giving them. Do not speak too quickly. Find a pace that is comfortable for the provider. You can watch his/her facial expressions to find out whether the provider fully understands what you are saying. If you are not sure, ask.

*“Please let me know if I am going too fast. I will be happy to slow down.”*

**Actively listen.** Many cultures expect that people will make eye contact when they are listening to someone else. Listening in this way communicates interest and respect. Active listening is the first step in resolving problems.

**Make “I” statements.** Take responsibility for your own feelings and respect your provider’s feelings. Remember – people’s feelings are their own and no one can tell them they do not or should not feel a particular way. The pattern for an “I” statement is: “I see/hear/feel (state the issue at hand). It makes me feel (state your feelings). I need (state a possible solution).”

**Accept your provider’s individuality.** Accept your providers as they are and be open to how they may change over time. Respect their right to be an individual rather than criticizing them because they are different from you. Sometimes cultural differences between a provider and consumer lead to misunderstandings. Since there is no right or wrong culture, it is helpful to identify when cultural preferences are behind a disagreement. Using “I” statements, you can help each other understand how your separate cultures do things. Keep in mind that you may be asking a provider to do things that conflict with, or at least differ from, his/her culture’s way of doing things. Expect that this may take some adjustment on his/her part.

If you and your provider do not speak the same language, you may want to get help translating key words and phrases that you both can use in communicating. Be sure to include words and phrases that identify an emergency so that your provider can take appropriate action.

### **Communicating with Others**

Communicating effectively with your provider is one of your most important responsibilities. A supportive provider can, in turn, help you communicate with your social worker, doctor, nurse, and family. You can help your provider do this by posting a list of their names and phone numbers in an easy-to-find location and indicating which you should call first in an emergency.

It is helpful for your provider to know your health history, if you feel comfortable sharing it with them. Ask your provider to help you note significant changes in your condition and abilities and help you communicate these changes to the appropriate person.

With your permission, your provider can also discuss with your doctor or nurse any special dietary needs, preventive measures or danger signals that they need to be aware of. The doctor or nurse can also tell your provider how to respond in different emergency situations and how to administer certain medical procedures, if these are required. You can also ask your provider to read about universal precautions and other safety measures in the last chapter of this book.

Finally, you should create a “Power of Attorney for Health Care” or advanced directive and a will. The “Power of Attorney for Health Care” or advanced directive states your wishes for resuscitation and end-of-life care and authorizes a family member or friend to make decisions on your behalf if you are unable to. A will indicates how your property should be distributed after your death. If you want particular individuals to have a particular piece of jewelry or a favorite quilt, you put that in your will and name an executor who will see that your wishes are carried out. It is important to tell your provider, family members and friends where these documents are stored in case of an emergency and to give your doctors copies of the “Power of Attorney for Health Care” or advanced directive.







## **8. Setting and Maintaining Boundaries**



# ***Setting and Maintaining Boundaries***

The previous chapter focused on how consumers show respect for their providers and build trusting relationships. Hopefully, providers, in turn, will be respectful of their clients. This chapter discusses some ways in which providers may, without meaning to, be disrespectful to their clients. The following discussion is designed to help consumers recognize disrespectful treatment and offers ideas about how to set reasonable limits to protect themselves from inappropriate requests and behaviors. This chapter also considers the problem of abusive behavior and recognizing and reporting these behaviors.

## **Setting Boundaries**

### **Restrictions on tasks and hours**

As an employer, you have the responsibility of supervising providers in the performance of tasks that have been authorized by the IHSS social worker. It is against the rules for an IHSS consumer to ask his/her provider to do a task that has not been authorized. It is also against the rules for the consumer to ask his/her provider to work more hours than have been authorized. These requests are disrespectful of the provider because IHSS will not pay for the extra hours.

On the other hand, providers who do not have a good understanding of the IHSS program may think that the authorized hours “belong” to the provider and may ask their employer to pay them for the total number of hours, whether they work them or not. This request is inappropriate and reflects a misunderstanding of the program. If your provider makes such a request, you can explain that, in the IHSS program, authorized hours belong to the

consumer. Consumers do not need to use all of their hours each month. Indeed, if the consumer is hospitalized or goes on vacation, no hours can be reported or paid for that time. Paying a provider for hours they do not work is fraud. If your provider has any questions about these rules, ask them to speak with your social worker.

### **Professional behavior when the workplace is a home**

Another boundary issue concerns the definition of your home as a workplace. Providers with small children may want to bring their children to your home when they come to work for you. This is unprofessional and unacceptable. Children need supervision. The provider is being paid by the State to take care of your needs. They cannot do that and care for their children at the same time. Explain to your provider that your home is the provider's workplace. They should not accept a position as a homecare provider unless they have someone to care for their children.

Similarly, it may be tempting for providers to spend too much time talking with you or watching television when they should be performing the needed tasks. It is sometimes difficult to be in a home without feeling like a guest because most people don't think of a private home as a place of work. Your provider may need to be reminded, gently, that s/he is not being paid to keep you company.

Providers should also respect a client's property. They should bring their own lunch or dinner if they will be working in the client's home at meal time. They should not use the client's property or belongings for their own needs. This means that providers should not use the client's telephone or car for personal business, nor borrow money, supplies, equipment, or household goods. In cleaning and preparing meals for you, your provider should also use your supplies and food efficiently. As the employer, you may have to explain some of these limitations on the provider's behavior and help the provider understand that when the provider is in your home, s/he is an employee, not a guest.

## Protecting your privacy

Finally, providers should respect their client's privacy. Your name, address, health, family situation or behaviors should not be shared with anyone. Consider carefully what information you share with your provider. It is important for your provider to know about your health conditions because you may have to depend upon your provider to take the right action in an emergency. Providers should also know which family members to contact in an emergency. But they usually do not need to know anything about you and your family members' lives or economic situation. Providers should not have access to your check book or bank accounts, or to money kept in your home. Valuable mementos should be kept in a private place. You do not need to share either their existence or their location with your provider.

## Handling Money Appropriately

IHSS consumers frequently ask their providers to shop for them. This involves spending the consumer's money and returning change from the purchases. You can protect yourself by following these steps:

- If you ask the provider to take money from your purse or wallet, ask the provider to bring the purse or wallet to you, and watch the provider remove the bills.
- Verify the amount of money the provider is taking and record the amount in a log book, on a note or on the shopping list. The log book offers a more permanent record.
- When the provider returns, count the change and ask the provider to initial the receipt.
- Do not loan money to the provider.
- Do not borrow money from the provider, even if the provider offers it.
- Never ask the provider to contribute to anything, join anything, or buy anything.

Unless you are a relative or a close friend, you should not be involved in your provider's legal and financial affairs.

## Keeping Belongings Safe

Trust between an employer and an employee develops gradually in any setting. In your home, you can help your provider respect your privacy and your belongings – building trust between the two of you -- by clearly defining boundaries for acceptable behavior and by limiting the provider's access to private papers and storage areas within your home. Here are some ways to help define boundaries:

- Don't let your provider sign your name at any time.
- Don't sign a timesheet that is incorrect.
- Do not add your provider's name to savings, checking or charge accounts.
- Ask for a receipt if you give money to your provider to purchase something for you.
- Do not leave valuables or important documents in a clearly visible location.
- Keep an eye on things such as phone usage, medications, etc.
- Try not to get overly involved with your employee's private life or lend things like money, vehicles, or furniture.

## Recognizing Abusive Behaviors

Sometimes a provider, family member or friend steps over the line and becomes disrespectful or even abusive to an IHSS consumer. If you feel uncomfortable around your provider because of disrespectful treatment, or if you observe your provider taking advantage of you or mistreating you: it is important that you let your social worker know about the situation immediately. Describe the provider's behaviors to friends, family members, and your social worker; and ask them to help you evaluate whether you are seriously at risk in keeping this provider.

In California, abusing a dependent adult or an elderly person is a crime punishable by law. Criminal abuse of elderly and dependent adults includes physical or sexual abuse, financial abuse, neglect, and psychological abuse or intimidation. Some examples of each include:

## Physical or sexual abuse

- Cuts, lacerations, bruises, welts.
- Any injury that is incompatible with the consumer's health history or not properly cared for.
- Poor skin condition or hygiene.
- Absence of hair and/or hemorrhaging scalp.
- Dehydration, malnourishment or unexplained weight-loss
- Cigarette burns or rope marks.
- Soiled clothing or bed.
- Physical coercion, confinement. A consumer may not be locked in rooms, tied down, or overmedicated
- Unwanted sexual advances, including assault accomplished through coercion, intimidation, force, or fear.

## Financial abuse

- Unusual or inappropriate activity in the consumer's bank account.
- Signatures on checks and other documents that do not resemble the consumer's signature.
- "Power of Attorney" signed, or recent changes in a will, when the consumer does not remember making such decisions.
- Lack of amenities that the consumer can afford, such as clothing, food, or medicine.
- Unpaid bills or overdue rent—when someone is supposed to be paying the bill.
- Extortion or fraud
- Missing personal belongings such as silverware or jewelry.

## **Neglect by the provider or family members**

- Safety hazards in the environment.
- Unattended rashes, sores, lice.
- Inadequate food or water
- Insufficient heating or cooling
- Infrequent baths
- Infrequent changes of bedding and clothing
- Limited access to medical treatment
- Abandonment

## **Psychological abuse or intimidation**

- The consumer may not be given the opportunity to speak for him/herself.
- Family members or provider “blames” the consumer for incontinence, stating that it is a “deliberate act” to get attention.
- Aggressive behavior (threats, insults, harassment) towards the consumer.
- Family member or provider problems with controlled substances (alcohol, drugs).
- Deliberate social isolation from family or friends, or restriction of the consumer’s regular activity.
- Conflicting accounts of incidents by the provider, family, supporters, and the consumer.
- Unwillingness or reluctance by the provider or family members to comply with care planning and implementation.
- Inappropriate defensiveness by the provider.
- Feelings of fear, depression or confusion on the part of the consumer.



### Reporting Abuse

If you are being subjected to any form of abuse, report the situation immediately to Adult Protective Services (APS) or the Sheriff's Office. It is important to get help, even if your abuser is a family member. There are people and organizations in every community who want to keep dependent and elderly adults safe. Don't be afraid to reach out and let them help you.

Finally, homecare providers are, under California law, "mandated reporters." This means that they must report to APS or law enforcement any abuse that they observe. If a provider observes abuse of his/her client by a family member, the provider is obligated to report that abuse to the authorities.

So if you are being abused by a family member, seek help from your provider in reporting that abuse. If you are being abused by a provider, seek help from your family, friends or social worker in firing or otherwise controlling your provider.





## **9. Enrolling and Paying Your Provider**



# *Enrolling and Paying Your Provider*

## **The Enrollment Process**

When an IHSS recipient hires a new provider, the following information about the caregiver needs to be communicated to IHSS Payroll:

- Name as it appears on the individual's Social Security Card
- Telephone number
- Social Security Number
- Date of birth
- Date of the first day on the job
- Familial relationship, if any, to the consumer
- The provider's preferred language

Some counties ask the consumer to report this information directly to their social worker, who forwards the information to the Payroll office.

The provider will be mailed a provider enrollment agreement. The provider should fill out this form completely and accurately and mail it immediately to IHSS Payroll at the address given on the form. Providers must complete a new enrollment form for each IHSS recipient they work for. Providers cannot be paid until they send in a new enrollment form. A delay in returning the signed enrollment form will cause a delay in receiving their paycheck. As the employer, you can help your providers by reminding them to complete this form promptly. This will reduce the time it takes for their first paycheck to arrive.

## Enrolling and Paying Your Provider

When the IHSS payroll office receives the enrollment form, they will send the provider a timesheet in the mail. Providers will need to complete a timesheet at the end of each pay period. Both the provider and the consumer must sign and date the timesheet, and it must be mailed to the address printed on the timesheet.

Normally, your provider should receive their paycheck within 10 business days or 14 calendar days from the date the completed timesheet is mailed to Payroll. A timesheet for the next pay period is attached to each paycheck. Let your new provider know that their first paycheck may not arrive for 3 to 6 weeks from the time they mailed the payroll enrollment form. Once IHSS receives the enrollment form and verifies the information with the Social Security office, timesheets are mailed to the provider, usually within two business days. The provider will be sent all the timesheets they need to catch up to the current pay period. IHSS pay periods run from the 1st of the month through the 15th and from the 16th through the last day of the month.

When a provider signs the enrollment form, they are verifying that they have not been convicted of fraud or abuse in government health care programs, IHSS, or Adult or Child Protective Services. If a conviction is discovered later, the provider will be excluded from serving an IHSS consumer and may be subject to other legal penalties.

### The Consumer's Timesheet Responsibilities

As the on-site employer, the consumer is responsible for keeping track of the number of hours a provider works each day and checking to make sure that the correct number of hours are entered on timesheets. Maintaining a task grid is one way to keep track of the number of hours worked. (See Chapter 5 for a sample task grid and a discussion of how to use it.) The provider can copy hours directly from the task grid to the timesheet and the consumer can compare the two to make sure they match.

If the consumer has multiple providers, they must also make sure that each provider does not report more than the number of hours they have been assigned. The assigned hours should be written on each provider's task grid. This helps the consumer and provider stay within the assigned number of

hours and helps the consumer when they are checking the accuracy of the timesheet. Providers who work more than the assigned number of hours will not be paid for the extra hours. Consumers who allow their providers to work more than the authorized hours are taking advantage of their providers and risk losing them.

Timesheets should be completed after the first pay period, which ends on the 15th, and after the second pay period, which ends the last day of each month. After you and your provider sign the timesheet, it should be mailed immediately to the address given on the form. You can help your provider receive their paycheck promptly by making sure that the timesheet is filled out correctly, signing it, and encouraging the provider to mail it immediately.

Payroll inputs timesheets the same day or the day after they are received, but incorrect timesheets take longer to process. If a timesheet has errors or is not complete, the provider's paycheck may be delayed. Incorrect timesheets may be returned to the provider so they can be completed correctly. The consumer and provider can avoid timesheet errors by reading the directions on how to fill out timesheets correctly that Payroll sends with the initial timesheet. These directions are also included in this chapter.

The provider's paycheck is mailed from the State Controller's Office in Sacramento two business days after Payroll inputs the timesheet into the computer (Saturdays, Sundays, and holidays are not business days). If the provider loses their check or does not receive it within 10 business days from the date they submitted the timesheet, the provider should call Payroll.

### **How to Fill Out a Timesheet**

A provider's regular timesheet is printed by a computer and should already have the following information printed on it:

1. The consumer's and provider's name and address.
2. The consumer's and provider's identification numbers.
3. The number of service hours authorized for the consumer. The timesheet for the first half of the month shows the hours for the whole month. The hours shown on the timesheet for the second half of

the month are the total hours for the month minus the hours paid in the first half of the month. If a consumer has multiple providers, the hours remaining include those assigned to other caregivers. It is the consumer's responsibility to let each provider know how many of the remaining hours are assigned to them. The State has no way to know how individual consumers assign hours to multiple providers. It is crucial that the consumer assign these hours at the beginning of the two week period, long before the new timesheet arrives. Otherwise, providers could work more than the remaining number of hours. In that case, they would not be paid for their work.

4. The dates of the pay period (including month and year).
5. The consumer's Share-of-Cost (if any). This is the maximum amount of money the consumer pays the provider directly for IHSS services during the month.
6. Any reduction in the check for a prior overpayment.
7. The IHSS Payroll Address where the provider should mail the completed timesheet.
8. The employee number of the consumer's IHSS social worker.

If the timesheet is filled out correctly and submitted on time, the provider will receive their paycheck within 10 business days from the time it was mailed. The check will be delayed if the timesheet is torn, unreadable or incorrectly completed. It will also be delayed if it is turned in too early – before the end of the pay period – or too late.

Here are some tips to help you and your provider avoid timesheet problems:

**Use** black or blue ink **only** to write the hours worked. Numbers must be readable. *Timesheets completed in pencil will not be accepted.*

**Write** the number of hours worked in the boxes under the dates. The provider should fill in the number of hours s/he worked each day of the pay period on the day worked unless s/he is doing this on a task grid.

**Check** to make sure the hours reported for the days worked during the pay period are equal to, or less than, the hours authorized for that pay period.

## Enrolling and Paying Your Provider

**Do not** cross out or change provider or consumer names in the identification boxes at the top of the timesheet. Acceptable timesheets are preprinted with the consumer and provider names. These can be obtained from the local IHSS payroll office.

**Cross out** mistakes in the hours reported and write in the correct information. The consumer must initial the correction. Do not fix mistakes with correction fluid or correction tape.

**Sign** and date the timesheet in ink at the end of the pay period, and not before. Both the provider and the consumer must sign the timesheet after the hours have been worked.

**Tear off** the "Statement of Earnings and Deductions" before mailing.

**Mail** completed timesheet to the IHSS Payroll Mailing Address given on the form as soon as possible after the 15th and the last day of each month.

**Send** questions or inquiries to the consumer's social worker in a separate envelope.

The State asks that providers fill in the number of hours worked each day of the pay period using decimals to designate partial hours. Each tenth (.1) of an hour equals 6 minutes. To convert minutes into tenths of an hour, simply divide the number of minutes worked by 6. For example, 2 hours and 48 minutes would be written 2.8. Or, you can use the conversion table below to find the tenth of an hour that matches the number of minutes worked.

Minutes in tenths of an hour:

1 - 6 minutes = .1	31 - 36 minutes = .6
7 - 12 minutes = .2	37 - 42 minutes = .7
13 - 18 minutes = .3	43 - 48 minutes = .8
19 - 24 minutes = .4	49 - 54 minutes = .9
25 - 30 minutes = .5	55 - 60 minutes = .10

Example: If a provider works 1 hour and 42 minutes they should write "1.7".



## Enrolling and Paying Your Provider

For days that the provider does not work, they may leave the box blank or put an “0” or an “x” in the box. Sum up the total hours worked for the pay period and put that number in the far right hand box of the “Hours worked” row. Or, leave this box blank and IHSS Payroll will write in the total.

If the provider’s address changes, check the “yes” box where indicated on the front of the timesheet and write the new address on the back of the timesheet.

Please note that it is a violation of IHSS regulations for the provider and the consumer to submit a timesheet showing more hours than the provider actually worked.

### Common Timesheet Mistakes

- Information is left out.
- The timesheet is not signed by both the provider and the consumer.
- A pencil is used to fill out or sign the timesheet.
- The numbers cannot be read.
- A mistake is covered with correction fluid (white out).
- The number of hours worked in the pay period is not entered correctly.
- Some of the information on the timesheet was torn off when the pay stub (the upper part of the form) was detached.
- The timesheet was mailed before the last day worked in the pay period.
- More hours are claimed than were authorized for payment.

### Share-of-Cost (SOC)

Some IHSS consumers pay a share of the cost of their household and personal care directly to their provider. This happens when an applicant’s age or disability status qualifies them for IHSS, but their income is higher than the Supplemental Security Income level. The State of California pays the remaining costs.

When you are interviewing a potential provider, you should tell them if you pay a SOC for their services. The maximum amount of your SOC should be included in your work agreement. This figure will be the maximum that you would pay directly to the provider.

An IHSS consumer with a Share-of-Cost (SOC) pays the consumer's share to the provider when the consumer receives an "Explanation of Share-of-Cost Letter" that identifies the amount of the SOC to be paid that pay period.

Typically, consumers will owe most, if not all, of their SOC for the first pay period of the month. The provider's paycheck for this period will arrive close to the end of the month. Consumers may need to plan ahead to have monies available if their monthly income arrives after the first of the month.

The State will deduct as much of the SOC as possible from the first pay period check. If first pay period earnings are greater than the SOC, all of the SOC will be deducted from the first pay period check. The consumer will pay the provider the full SOC for the month when that check arrives. If first pay period earnings are less than the SOC, the provider will receive a State paycheck for \$0.00 and the remaining SOC will be deducted from the second pay period check. In this case, the consumer will pay the provider part of the SOC when the first pay period check arrives and part when the second pay period check is received.

For consumers who receive IHSS as part of their Medi-Cal benefits, the consumer's total SOC can be applied to both IHSS and Medi-Cal services. In some months, the consumer may spend all of the SOC on Medi-Cal services. In that month, the consumer will not pay any of his/her SOC to the provider. Instead, the State will pay the provider for all the authorized hours the provider worked during that month. Please note that the amount the consumer pays to the provider may change with each paycheck issued, depending upon the amount of medical payments made by the consumer each month.

Consumers who do not pay the requested SOC each month will be dropped from the IHSS program. Providers are asked to notify the consumer's social worker if the SOC is not paid. Personal and household care will stop at the end of the month in which failure to pay was reported.

A few IHSS consumers receive advance pay, which means IHSS pays the consumer at the beginning of the month, and the consumer then pays the provider (minus the withholding). If this applies to you, you will be notified by Payroll.

## Payroll Deductions and Benefits

If you are an IHSS consumer with a family provider, you may be interested in knowing about the payroll deductions and benefits that affect your family member. This section explains the payroll deductions and the benefits available to all providers.

### Deductions

IHSS providers are required to contribute to the federal Social Security system and some are required or may elect to contribute to State Disability Insurance (SDI). These contributions are deducted from the provider's paychecks. Each deduction is described in more detail below.

Social Security benefits are available if the provider becomes totally disabled or retires and meets certain eligibility requirements. The benefits include a monthly payment to the provider or their dependents from the Social Security system. The size of the payment depends upon their lifetime earnings and the number of years they contributed to the system. The provider will also be contributing to Medicare, a federally sponsored health care program. Medicare benefits will be available to the provider at age 65. They may qualify for Medicare before age 65 if they are receiving Social Security Disability (SSD) payments.

**Federal Insurance Contributions Act (FICA).** The Social Security deduction is called FICA. It is deducted from the paychecks of all IHSS providers except the parent provider of a child under 18 who is receiving IHSS. Your provider or family member 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 providers will receive along with the Social Security benefits package. Contributions are based on a percentage of their income.

**State Disability Insurance (SDI).** State Disability Insurance 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. Contact your local Employment

Development Department office for more information about SDI and, if needed, how to apply for it. Caregivers 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 State Disability Insurance. Forms for Elective SDI coverage are available from the county social worker. If caregivers providing services for a parent, spouse, or child do not elect to participate in SDI, SDI will not be available to them should they become disabled for work. All other IHSS providers are automatically covered for SDI if they have IHSS quarterly wages in excess of \$750.00. SDI contributions are deducted from their paycheck.

**Union dues.** California's homecare workers are represented by three unions: the Service Employees International Union (SEIU), United Domestic Workers/American Federation of State, County and Municipal Employees (UDW/AFSCME), and California United Homecare Workers Union (CUHWU). The unions bargain with the IHSS Public Authorities for wages and benefits. Deductions for union dues are made from the paychecks of providers who have worked 15 or more hours per month.

**Health and Dental Insurance.** In many counties, health and dental insurance are available to homecare providers through the unions. To be eligible, providers must pay union dues and pay a share of the premium for both types of insurance. The specific plans and entry requirements vary by county. Call the local union or your social worker to find out more about the coverage in your county. Health and dental insurance can be terminated when the provider's hours drop too low. If provider insurance is terminated, there may be a disqualification period before eligibility for benefits can be reestablished. If your provider's health care insurance is terminated, he/she may be eligible for caregiver-paid coverage under COBRA.

- Is your provider without insurance?  
If your provider does not have health insurance and needs assistance while waiting to be enrolled, contact the Health and Human Services Department in your county. This department has programs for individuals who economically qualify for care under Medi-Cal and the County Medical Services Program (CMSP).

- Does your provider already have health coverage?  
If your provider has coverage now, they should carefully compare the plans, co-payments and costs to decide which plan is best for them. If, for example, they are covered by Medi-Cal, they may not have any monthly contribution or co-payment when using a service. This comprehensive health care system may be less expensive than the health insurance offered to IHSS providers through the unions.
- Can spouses or dependents enroll?  
Plans vary by county. Healthy Families offers low cost coverage for dependent children of low-income families. Your provider can contact Healthy Families staff at (800) 880-5305 or at: [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov).

### Benefits

**Unemployment Insurance (UI).** Unemployment Insurance (UI) benefits may be available to IHSS providers if they become unemployed and are able and available to work and meet certain eligibility requirements. UI benefits are available for a maximum of 26 weeks. Your provider may contact your local California Employment Development Department (EDD) office for information about unemployment insurance and how to apply for it or call 1-800-300-5616. UI benefits are not available to IHSS caregivers who are the parent or spouse of an IHSS recipient. There is no paycheck deduction for UI.

**Workers' Compensation.** If your provider is injured on the job or becomes ill as a result of it, the State will pay for their medical care and an income stipend through the State Compensation Insurance Fund (SCIF). To qualify, they must meet certain eligibility requirements. There is no deduction from their paycheck for the cost of Workers' Compensation.

#### **If your provider is hurt on the job:**

- They should seek medical attention immediately. IHSS caregivers can choose their own Primary Care Physician (PCP) for treatment as long as the physician receives reimbursement from SCIF. This can be confirmed on SCIF's website (<http://www.scif.com/MPN/MPNHome.html>).

- Then, notify the consumer's social worker.
- Ask the social worker for a claim form to apply for Workers' Compensation. The provider is required to file a form describing the nature of the injury or illness, when it occurred, and how and where it happened.
- Complete and return the form immediately to the IHSS office in the return envelope provided. IHSS will send the form to SCIF. Then, a representative from SCIF will contact the provider with an explanation of any benefit entitlement or to deny the claim.

**Earned Income Credit (EIC).** The Earned Income Credit (EIC), also known as the Earned Income Tax Credit (EITC), is a federal program that provides a credit or cash supplement to low and moderate-income workers who qualify. For those who are eligible, the EIC will either lower the amount of tax owed to the federal government for the prior year or provide a refund for taxes already paid. To qualify for the EIC:

- The provider (or their spouse) must have a job and file a federal tax return with the IRS.
- Workers with no children must have an earned income below \$12,490; workers with one child must have an earned income below \$31,338; and workers with two or more children must be below \$35,458. (2004 income ceilings)

Claiming the EIC will not affect eligibility for other programs such as:

- Temporary Assistance to Needy Families (TANF)
- Medicaid (Medi-Cal)
- Supplemental Security Income/State Supplementary Payment (SSI/SSP)
- Food stamps
- Housing assistance

However, if the provider receives an Earned Income Credit (EIC) payment and fails to spend it in a certain period of time, it might be counted as an asset and affect their eligibility for these other programs. Immigrants who are legally authorized to work may claim the EIC.

## Enrolling and Paying Your Provider

***Income Tax Withholding.*** Income tax withholding for IHSS homecare providers is strictly voluntary. If your provider wishes to have state and federal income tax withheld from their paycheck, they should complete the Income Tax Withholding Form (W-4) and mail it to your county welfare department.

All IHSS providers must file a tax return on or before April 15th of each year, whether or not they have state or federal taxes withheld from their paycheck. They should contact the consumer's IHSS social worker if they need additional W-4s, or if they need to change their withholding or determine the status of their withholding. Contact your local California Franchise Tax Board (FTB) office for additional information about state income tax withholding or your local Internal Revenue Service Office (IRS) office for additional information about federal income tax withholding.



## 10. Safety





## Safety

### Universal Precautions

Universal precautions are methods that providers should use to protect themselves and those they provide care for from getting ill. These precautions should be followed by anyone providing a service which may involve contact with blood or body fluids. Body fluids include saliva, mucus, vaginal secretions, semen or other internal body fluids such as urine or feces.

### Basics of universal precautions

- Have your provider use protective barriers such as gloves or facemask depending on the type and amount of exposure expected.
- Remind your provider to be careful to always wash their hands before and after tasks. This includes reminding your provider to wash their hands:

Before and after contact with you  
Before and after preparing food  
Before eating  
Before putting on and after removing gloves  
Before and after using the restroom  
After removing protective clothing  
After contact with body fluid or other contaminated items  
After blowing nose, sneezing, coughing, etc  
After cleaning  
After smoking  
After handling pets

- Encourage your provider to avoid accidental cuts or needle sticks and to keep cuts covered.
- Remind your provider to use soap and water or bleach solution to clean and disinfect any surfaces contaminated with blood or body fluids.

## Hand Washing

- 1 Make sure you have everything you need at the sink.

*liquid soap*

*paper towels*

*trash can*

- 2 Turn on warm water.

*Keep warm water running while washing your hands.*

- 3 Rub palms together to make lather. Scrub between fingers and entire surface of hands and wrists.

*Clean fingernails by rubbing the tips of your fingers against your palms.*

*Scrub wrists.*

- 4 Rinse hands thoroughly.

*Point fingers down so water does not run up your wrists.*

*Scrub hands for at least 10 to 15 seconds.*

- 5 Dry hands with clean towel

- 6 Use a clean paper towel to turn off the faucet. Use hand lotion if available to prevent chapping.

**HANDWASHING IS THE SINGLE MOST IMPORTANT MEANS OF PREVENTING THE SPREAD OF INFECTION**

## Removing Gloves Safely

Assume that all used gloves are contaminated. When you or your provider removes them, make sure to follow these steps so that the outside of the gloves does not touch any bare skin.

- 1 With one gloved hand, grasp the other glove just below the cuff.

- 2 Pull the glove down over your hand so it is inside out.

- 3 Keep holding the glove with your gloved hand and crumple it into a ball.

- 4 With two fingers of the bare hand, reach under the cuff of the second glove.

*Danger: do NOT touch bare hand to dirty glove.*

- 5 Pull the glove down inside out so it covers the first glove.

- 6 Both gloves are now inside out. You can throw them away safely.

- 7 Wash your hands.

## Home Safety and Emergencies

You and your provider should discuss the best ways to make your home a safe environment. This includes talking about:

- Possible safety hazards in the home
- Finding ways to make things safer
- Knowing how to handle emergencies if they happen

Hazardous chemicals and cleaners, electrical cords, throw rugs and floor coverings, walkways and water pose some of the most common home safety hazards. By following these guidelines, you and your provider can make your home safer.

### Hazardous chemicals and cleaners

- Label all containers.
- Know what steps need to be taken if the chemical is swallowed, splashed in the eyes, or comes in contact with the skin.

### Electrical cords

- Do not use a cord if it is frayed or has exposed wires.
- Keep cords out of walkways. Do not place cords under rugs.
- Avoid overloading electrical outlets.

### Throw rugs and floor coverings

- Secure all floor coverings to prevent tripping and falls.
- Repair loose threads or holes in carpets.

### Walkways

- Keep walkways clear of clutter.
- Allow space for using walker, cane, or wheelchair.
- Keep walking paths well lit to prevent tripping.

## Water

- Clean spills immediately to prevent slips or fall.
- Keep electrical appliances away from water.
- Use handrails and bathmat in tub/shower to prevent slips or falls.
- Set maximum water temperature on water heater to 120 degrees to prevent burns.

It is important for you and your provider to be prepared to deal with any emergencies that may happen.

- Discuss with your provider a plan for handling emergencies.
- Make sure your provider knows the location of first aid kit or emergency supplies.
- Have a list of numbers to call in an emergency (for example, family, doctor, social worker).
- Have your medical information available for emergency response personnel, and make sure that your provider knows where this is located.
- Know what exit routes to take in case an emergency evacuation is needed, and go over it with your provider.
- Post your full address near all telephones, so it is available if calling 911.
- Make sure your provider knows if you have a living will, an advanced directive or a “Do Not Resuscitate” (DNR) order, and where it is located. This information is needed for any emergency personnel that may respond to a 911 call.

If you or your provider need to call 911:

- Briefly describe the problem.
- Give address and the nearest major street or intersection.
- Stay on the phone and follow the directions of the emergency operator.

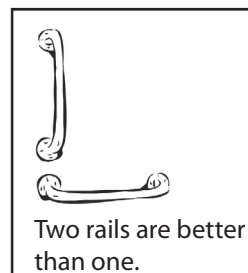
## Preventing Falls



**Wet, slippery surfaces make bathrooms high-risk areas for falls.**



- Use mats in showers and tubs.



Two rails are better than one.

- Use hand rails in tubs and next to toilets.

Raised seat rests on normal toilet.



Hand Grips

- Safety toilet seats make standing and sitting easier. Hand grips help prevent falls. Special seats for the bath are also available.



**Watch for fall hazards.**



- Throw rugs are a serious trip hazard - even if they have a non-slip mat.

- All rooms should have good lighting, especially hallways and stairs.

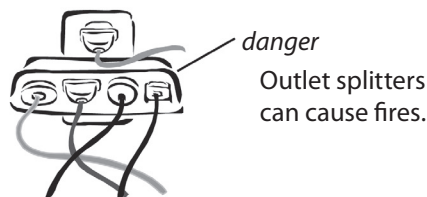
- Stairs should have a strong hand rail and be free of clutter.



## Fire Prevention – Watch for Fire Hazards

**Using damaged electrical cords or plugging too many cords into an outlet can start a fire.**

- Lamp, appliance and extension cords that are frayed, discolored, or cracked.
- Cords under rugs - stepping on them can break the cord and start a fire.
- More cords in the outlet than it is made to take.



This outlet is made for 2 cords.

### Smoke Alarms



- Batteries need to be replaced twice a year.

**If you or your provider smoke, encourage smoking safety rules.**



- No smoking in bed or when sleepy.
- Smoking near oxygen is like smoking near a bomb.
- Empty ashtrays when ashes are cool. Hot ash can cause fires.
- Move ashtrays away from things that burn easily, including papers, drapes, bedding, and cloth furniture.



The graphics used in this chapter were adapted from the Revised Fundamentals of Caregiving, Washington State Department of Social and Health Services.







