

IHSS Provider Orientation Guide



In-Home Supportive
Services Program





Welcome

On behalf of the California Department of Social Services, we would like to thank you for your willingness to serve as care providers. Your job is not an easy one but it helps keep elderly, blind, and disabled adults and children safely in their own homes.

This Provider Orientation Guide will give you some basic information about the In-Home Supportive Services program and provide you with a better understanding of the program expectations. If you have any questions after reading this guide, you should contact your county Social Services staff or Public Authority representative.

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Introduction

IHSS Program Description

The In-Home Supportive Services (IHSS) program provides services to people over 65 years of age, blind and disabled. The goal of this program is to allow people to remain safely in their own homes and avoid the need for out of home care.

Currently, the IHSS program helps pay for in-home care for about 450,000 people statewide each month with about 350,000 providers that play an important role in caring for them. The number of people needing services and the cost of providing those services are expected to get much bigger over the next few years. Without IHSS and providers, consumers may be unable to remain safely in their own homes.



Agency Roles

IHSS is paid for through federal, state, and county funds with most services being part of the Medi-Cal program. To make the program run smoothly, there are many agencies involved.

Federal and State Government

The federal and state government provide oversight and direction to the counties.

Counties

Counties are responsible for managing the IHSS program on a local level. This includes identifying which services the consumers require to remain safely in their own homes, how much help is needed, how much time it takes to provide the services, and how frequently they must be done. This is called the assessment process.

In addition, counties enroll providers in the IHSS program, answer consumers' questions about IHSS, and participate in fraud detection activities. The County District Attorney's Office and Department of Health Care Services Auditors investigate potential fraud when cases are referred to them and prosecutes those accused of fraud.

Public Authorities and Non-profit Consortia

Public Authorities and non-profit consortia contract with counties to provide services for providers and consumers. Some of their services include:

- Maintaining registries of providers,
- Making referrals of providers to consumers, and
- Providing access to training.



Services

IHSS Services Covered

For a complete list of IHSS services and tasks, please refer to the handout entitled “Services Covered by IHSS.” Some of the services covered under the IHSS program include:

- Meal Preparation and Cleanup
- Feeding
- Bowel and Bladder Care
- Bathing
- Oral Hygiene
- Grooming
- Dressing
- Laundry
- Shopping for Food



Under each service, there is also a list of tasks that you will need to know. For example, under the service category “Domestic,” which covers housework, you will see a list of tasks including:

- Sweeping, vacuuming, washing, and waxing floors
- Washing kitchen counters and sinks
- Cleaning the bathroom
- Storing food and supplies
- Taking out garbage
- Dusting and picking up
- Changing bed linen

Services almost always must be provided in the consumer’s home. Generally, anywhere the consumer chooses to live is considered to be his or her own home. This could be in a house, apartment, hotel, or the home of a relative. However, there are some services that can be provided outside of the home such as when you accompany the consumer to the doctor.



Since each consumer’s needs are different, most consumers will not have all of these services authorized. The county is required to authorize only the services the consumer needs to remain safely at home and provide each consumer with a “Notice of Action” that shows what services a provider can be paid for and how much time is authorized each month.

Before you provide any services to an IHSS consumer, it is important for you to know what services and amount of time have been authorized. The best way to find out is to



Services



ask to see the “Notice of Action” from your consumer. If the consumer cannot show you the “Notice of Action” or is unable to tell you what services have been authorized, you should contact the county.

If your consumer asks you to do something that is not on the list of services or tasks, or has not been authorized by the county, you will not be paid for doing what the consumer asks and need to tell the consumer why you cannot do it. If you choose to do something for the consumer that is not on the list or has not been authorized, don’t put the time it takes on the timesheet. IHSS can only pay you for a service or task that is listed and authorized for the consumer you provide for.

If you have any questions about whether IHSS can pay you for the service or task, ask your consumer to check with their county worker or contact the county worker yourself.

IHSS Services NOT Covered

As mentioned, if a service is NOT listed in your consumer’s “Notice of Action,” IHSS cannot pay you for providing this service. For example, IHSS will not pay for:

- Moving furniture
- Paying bills
- Reading the mail to the consumer
- Caring for pets
- Gardening
- Sitting with the consumer to visit or to watch TV
- Taking the consumer on social outings



Services

Situations When IHSS Services Are NOT Covered

Services are NOT covered under the following situations:

- **When the consumer is in the hospital, nursing home, or board and care facility.**

If you choose to visit the consumer in one of these locations and help with some tasks like feeding the consumer, IHSS cannot pay you for these services and the hours you spend providing the service should not be put on the timesheet.

- **Cleaning the consumer's home after they go into an institution.** Usually, IHSS will not pay you to clean the home after the consumer goes into a hospital, nursing home, or board and care facility. However, there are a few exceptions to this rule. Talk to the county worker and explain that the consumer is in an institution and why you need to clean the home. Ask if you can be paid to clean the home before you claim time on your timesheet for doing it.



- **While the consumer is on vacation.** If you are going with the consumer while on vacation, you or the consumer should talk with the county worker before you go. Find out if you can be paid for any services, and if there are any other limitations on the travel.
- **While the consumer is in jail.**
- **After the consumer's death.** If you claim for time worked on your timesheets for services after the consumer's death and are paid for these services, you will have to repay any money that you receive and/or may face criminal penalties.



Services

Hours Authorized for the Consumer

In addition to knowing which services are authorized for the consumer, it is important to know how many hours are authorized weekly or monthly for providing each service. You should work no more than the authorized hours for each service.

What if the needs of the consumer change?

If the needs of the consumer change, you may find that it takes more time to complete the tasks than authorized – or you may find that it takes less time. In both of these cases, changes in the consumer's needs should be reported to the county social worker who may choose to do a reassessment.

What if the consumer refuses authorized services?

You should make sure that your timesheets do not include hours for services the consumer refuses to have you do. If the consumer always refuses to have you do specific services, you need to let the county know so that they can update their records. It is never appropriate and is considered fraud to put time on the timesheet for hours not worked.

Can I spend the time authorized for specific tasks doing other IHSS tasks?

No. Time may only be used specifically as identified by the county. If it takes less than the authorized time to complete a task, the remaining time cannot be spent to increase the time on other services.

What if it takes longer to run errands when the consumer is with me?

If the consumer wants to accompany you on errands, you may not be paid for more time because it takes longer. Regulations state that the county cannot authorize additional time for the consumer to accompany the provider. You can only be paid for the hours authorized.





Requirements

New Requirements for Providers

The new requirements to be a provider are as follows:

- **Provider Orientation.** Every provider must receive the Provider Orientation information contained in this guide including IHSS rules and regulations and IHSS fraud. After reviewing this guide, you will need to sign a “Provider Enrollment Agreement” certifying that you agree to the following:
 - You will provide the authorized services.
 - You understand the program’s expectations as described in this guide.
 - You will cooperate with state and county staff to provide necessary information.
 - You are aware of measures that the state and county may take to enforce program integrity including unannounced visits to the homes of consumers; data matches; fraud detection and enforcement activities; and state and county Quality Assurance activities.
 - You understand that if you do not follow the rules and requirements to be a provider, you may be terminated from providing services through the IHSS program.
- **Provider Enrollment Form.** Every provider must complete a Provider Enrollment form. This form contains a statement declaring that the information you are giving is correct under penalty of lying under oath. You will also need to acknowledge certain prior criminal convictions when completing the Provider Enrollment form.
- **Fingerprinting and Criminal Background Check.** Starting November 1, 2009, new providers will need to be fingerprinted so that a criminal background check can be done.
- **Valid Residential Mailing Address.** Every provider must have a valid residential mailing address. This should not be a post office box unless you have explained to the county why and they have given you permission to use it.



Other Important Requirements

There are two additional provider requirements that you need to know. It is very important that all providers be aware of these requirements because these laws apply to you.



- **Confidentiality.** You probably know that when you go to a doctor or other health provider they are required to keep all of your medical information private. The same rules that apply to doctors, hospitals, and other health professionals also apply to you as an IHSS provider. You cannot give information about the services including that the person receives IHSS or the specific services and hours authorized. You cannot discuss any information about the consumer to any



Requirements

individuals or organizations without the written permission of the consumer or the person who is legally responsible for that individual. Anyone sharing information about a consumer is guilty of a misdemeanor.

- **Mandated Reporter.** As an IHSS provider, you are a “Mandated Reporter.” Being a mandated reporter means that by law you must report any suspected abuse immediately to the County Adult Protective Services or Children’s Protective Services. There are several types of abuse that must be reported including physical abuse, mental suffering, abandonment, isolation, financial, neglect, abduction, and sexual abuse. The information about who reported the abuse will be kept confidential. For further information, please refer to the “Mandated Reporter” handout.

Fingerprinting and Criminal Background Check

New Providers – Starting November 1, 2009, all new providers will have to be fingerprinted and have a criminal background check.

Current Providers – If you are already providing services on November 1, 2009, you will have to complete the fingerprinting and criminal background check before July 1, 2010.



What if I don't complete the fingerprinting and background check by July 1, 2010?

If you continue to provide services after July 1, 2010 and have not completed the fingerprinting and criminal background check, you will not be paid by IHSS.

If I have already applied to be an IHSS provider, do I need to get my fingerprints taken?

If you have not already had your fingerprints taken as part of your application to be an IHSS provider, you will need to complete this process.

If I have already had my fingerprints taken, do I have to do it again?

If you have had a criminal background check which included fingerprinting prior to being listed on a Public Authority Registry, you will NOT have to do this again at this time.



Requirements

Do I have to pay fees?

You will have to pay all fees related to getting your fingerprints and criminal background check. The county will provide you with information about where to get your fingerprints taken.

Disqualification and Appeals

You may be disqualified from being an IHSS provider if you have been convicted of certain crimes. This disqualification lasts 10 years.

What if I disagree with information in the criminal background check?

If you disagree with the information in the criminal background check, you may appeal to the Department of Justice. Remember that neither the county nor the State Department of Social Services can help resolve any errors in the criminal background record.

What if I disagree with being disqualified from being a provider?

If you disagree with being disqualified from being a provider as a result of the information in the criminal background check, you will need to appeal to the State Department of Social Services.

Further information about the appeal process can be provided by the county.



Timesheets

As a provider, you work hard every month. We want you to understand what you and the person you work for, your consumer, need to do so that you can be paid quickly and accurately. Any errors on your timesheet will mean a delay in being paid.

There are two pay periods every month—the 1st through the 15th and the 16th through the last day of the month. To be paid for the work you perform, you need to complete a timesheet correctly that shows the amount of time you spent providing authorized services.

When you begin working as a provider, you will be given timesheets to use until your first paycheck arrives. After that, the timesheet is attached to the bottom of your paycheck.

THE TREASURER OF THE STATE WILL PAY OUT OF THE FUND NO. FUND NAME
 00001 0001
 IDENTIFICATION NO. 0000000000 5160 MO. + DAY + YR. 90-13421211
 09/26/2003 78676911

--- STATE CONTROLLER'S OFFICE-IHSS
 DUES DEDUCTED-FOR DEPOSIT
 P. O. BOX 942550
 SACRAMENTO, CA

--- \$ *****20.00

John Chiang
 JOHN CHIANG
 CALIFORNIA STATE CONTROLLER

DETACH CHECK HERE STATEMENT OF EARNINGS AND DEDUCTIONS
 Separate here and complete for your next payment request

RECIPIENT:
 SMITH JOHN
 4321 ANY STREET
 SACRAMENTO, CA 95814

PROVIDER:
 DOE JANE
 9876 ANOTHER STREET
 SACRAMENTO, CA 95814

FROM: JUNE 1, 2006 HOURS: 140
 TO: JUNE 31, 2006

IHSS PROGRAM INFORMATION

RECIPIENT NUMBER: 31-12345678 PROVIDER NUMBER: 654321

Address change: YES Write new address on reverse side

DAY OF MONTH: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

HOURS WORKED: [Grid for recording hours]

SHARE OF COST LIABILITY OTHER LIABILITY PROVIDER OVERPAYMENT

RECIPIENT SIGNATURE DATE
 PROVIDER SIGNATURE DATE

I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this timesheet are true and correct, with full knowledge that all statements made in this timesheet are subject to investigation. I agree to reimburse the State for any overpayment paid to me, and I understand that the amount of any overpayment may be deducted from any future payment.

When you get your paycheck, it's important that you tear the timesheet from your pay stub along the perforated line. This bottom part is the timesheet.

If you work for more than one consumer, you will need to fill out and submit a separate timesheet for each of the consumers you work for twice a month.

Because you are paid after you do the work, you won't have a timesheet on which to record your hours at the beginning of each pay period. Therefore, it is important that you record your hours worked each day on a calendar so that when you get your timesheet, you can fill it out correctly. It is important that the information on your timesheet is accurate.





Timesheets

On the first timesheet of the month, the hours shown in the box below will be the consumer's entire monthly authorization. Do NOT work all these hours in the first half of the month. If there is more than one provider, this will probably be the number of hours for all of the providers to share. If this is the case, make sure you know your share of the number of hours and that the consumer's needs are being met throughout the entire month.

STATEMENT OF EARNINGS AND DEDUCTIONS

RECIPIENT: SMITH JOHN, 4321 ANY STREET, SACRAMENTO, CA 95814

PROVIDER: DOE JANE, 9876 ANOTHER STREET, SACRAMENTO, CA 95814

FROM: JUNE 1, 2006 TO: JUNE 31, 2006

HOURS: 140

RECIPIENT NUMBER: 31-12345678

PROVIDER NUMBER: 654321

DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
HOURS WORKED															

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

The hours shown in this box will be the consumer's entire monthly authorization.

The hours shown on the timesheet for the second half of the month are the number of hours left for the month. Remember: you cannot be paid more than the number of hours listed here, even if you work more and enter more on your timesheet.

STATEMENT OF EARNINGS AND DEDUCTIONS

RECIPIENT: SMITH JOHN, 4321 ANY STREET, SACRAMENTO, CA 95814

PROVIDER: DOE JANE, 9876 ANOTHER STREET, SACRAMENTO, CA 95814

FROM: JUNE 1, 2006 TO: JUNE 31, 2006

HOURS: 65

RECIPIENT NUMBER: 31-12345678

PROVIDER NUMBER: 654321

DAY OF MONTH	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HOURS WORKED																

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

The hours shown on the timesheet for the second half of the month are the number of hours left for the month.



Timesheets

DETACH CHECK HERE
KEEP THIS STUB FOR YOUR RECORDS
Separe el cheque aquí
Guarde este talón para su archivo

STATEMENT OF EARNINGS AND DEDUCTIONS

CURRENT YTD

RECIPIENT:
SMITH JOHN
4321 ANY STREET
SACRAMENTO, CA 95814

PROVIDER:
DOE JANE
9876 ANOTHER STREET
SACRAMENTO, CA 95814

FROM: JUNE 1, 2006 HOURS: 140
TO: JUNE 31, 2006 HOURS: 140

IHSS PROGRAM INFORMATION

Detach here and complete for your next payment request
Separe aquí y complete para su siguiente solicitud de pago

RECIPIENT NUMBER: 31-12345678 PROVIDER NUMBER: 654321

Address change: YES Write new address on reverse side
Address change: YES Write new address on reverse side

DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
HOURS WORKED															

SHARE OF COST LIABILITY OTHER LIABILITY PROVIDER OVERPAYMENT

RECIPIENT SIGNATURE DATE
PROVIDER SIGNATURE DATE

*After work has been completed, sign, date and mail to this address
Después del trabajo haya sido completado, firme y envíe a esta dirección*

*Do not sign unless you have read and understood instructions on reverse side
No firme hasta que haya leído y entendido las instrucciones al dorso*

I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this timesheet are true and correct, with full knowledge that all statements made in this timesheet are subject to investigation. I agree to reimburse the State for any overpayments paid to me, and I understand that the amount of any overpayment may be deducted from any future warrant.
Por medio de la presente certifico que la información que contiene esta forma es verdadera, correcta y completa, y que el proveedor y la persona que recibe los beneficios han leído, entendido y están de acuerdo en solemnemente A, y cumplir con las distracciones, afirmaciones y solaciones que contiene el verso de este formulario. El pago no será en la que se envía a diario.

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If you move, you must check this box on the front of your timesheet ...

... and fill in the new address on the back of the timesheet.

This must be done within 10 days of moving.

EXPLANATION:
SHARE OF COST LIABILITY: THE AMOUNT THE RECIPIENT IS TO PAY FOR HIS/HER OWN CARE
OTRAS RESPONSABILIDADES: LA CANTIDAD QUE EL RECIPIENTE DEBE PAGAR POR SU PROPIO CUIDADO.
OTHER RESPONSIBILITIES: THE AMOUNT OF OVERPAYMENT YOU OWE WHICH WILL BE DEDUCTED FROM YOUR CHECK.
LIEN: A CLAIM ON YOUR INCOME FOR PAYMENT OF A DEBT.
CREDITO POR INGRESOS GANADOS: LA CANTIDAD DEL PAGO EXCESIVO QUE USTED DEBE. QUE SERA REDUCIDA DE SU CREDITO.
GRAMAVEL: UN RECLAMO CONTRA SUS INGRESOS PARA PAGAR UNA DEUDA.
CREDITO POR INGRESOS GANADOS: LA CANTIDAD DEL PAGO POR ADELANTADO DE SU CREDITO POR INGRESOS GANADOS.

NOTE: THE DISCLOSURE OF INFORMATION WHICH IDENTIFIES YOUR EMPLOYER AS AN IHSS RECIPIENT IS PROHIBITED BY LAW. (REF. WELFARE AND INSTITUTIONS CODE SECTION 19850 AND DEPARTMENT OF SOCIAL SERVICES MANUAL OF POLICIES AND PROCEDURES, DIVISION 19.)
NOTA: LA DIVULGACION DE INFORMACION QUE IDENTIFIQUE A SU EMPLEADOR COMO RECIPIENTE DE IHSS SE PROHIBE POR LEY (VER LA SECCION 19850 DEL CODIGO DE BIENESTAR E INSTITUCIONES Y LA DIVISION 19 DEL MANUAL DE PRACTICAS Y PROCEDIMIENTOS DEL DEPARTAMENTO DE SERVICIOS SOCIALES.)

PLEASE CHECK THE "HOURS WORKED" BOXES AND "TOTAL HOURS WORKED" BOX TO BE SURE THEY ARE MATHEMATICALLY ACCURATE AND THAT THE HOURS YOU WORKED DO NOT EXCEED THE HOURS AUTHORIZED.
POR FAVOR REVISE LAS CASILLAS "HOURS WORKED" (HORAS TRABAJADAS) Y "TOTAL HOURS WORKED" (TOTAL DE HORAS TRABAJADAS) PARA ASEGURARSE QUE LAS HORAS QUE LISTED TRABAJO NO EXCEDERON LAS HORAS AUTORIZADAS.

AFFIRMATIONS—READ BEFORE SIGNING TIMESHEET
WE AFFIRM THAT THE SHARE OF COST AND/OR OTHER LIABILITY AMOUNT SHOWN ON THE OTHER SIDE HAS BEEN PAID BY THE RECIPIENT FOR THIS PERIOD. WE UNDERSTAND THAT PAYMENT OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSIFICATION, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER FEDERAL AND STATE LAW.
AFIRMAMOS QUE LA PERSONA QUE RECIBE LOS BENEFICIOS HA PAGADO LA PARTE DEL COSTO Y/O OTRAS RESPONSABILIDADES QUE SE MUESTRAN AL OTRO LADO. ENTENDEMOS QUE LOS FONDOS PARA PAGAR ESTE RECLAMO PROVIENEN DE LOS GOBIERNOS FEDERAL Y ESTATAL Y QUE CUALQUIER FALSIFICACION O OCULTAMIENTO DE LA INFORMACION PUEDEN OCASIONAR ENJUICIAMIENTO EN CONFORMIDAD CON LAS LEYES FEDERALES Y ESTATALES.

WRITE NEW ADDRESS IN THIS BOX:
Escriba su nueva dirección en esta casilla. Jane Doe, 123 Any Street, Sacramento, CA 95814

WRITE NEW TELEPHONE NUMBER IN THIS BOX:
Escriba el nuevo número de teléfono en esta casilla. (916) 555-5555

FOR COUNTY REVIEW PURPOSES ONLY - SOLO PARA FINES DE REVISION POR EL CONDADO

REVIEW DATE AND INITIALS COMMENTS:

Other important basic requirements you should know about when completing your timesheets:

- Only enter time spent doing authorized services. As we have said before, you will not be paid for doing things that are not authorized.
- Complete the timesheet in black or blue ink. Do NOT use pencil or use correction fluid or correction tape to correct an entry on the timesheet. If you make a mistake, cross out the incorrect information, enter the correct information, initial the change, and have your consumer initial it too.
- It is important that the information you enter on the timesheet be legible. If it's hard to read, your paycheck may be delayed.





Timesheets

Time Worked in Hours and Tenths of Hours

Timesheets must show how much time you worked in hours and tenths of hours.

Here's a couple of examples of how to calculate the tenths:

- One day you work one hour and 30 minutes. You will see on the chart that 30 minutes equals .5. You would enter the time as 1.5 on your timesheet.
- On another day you worked 3 hours and 22 minutes. On the chart, 22 minutes equals .4 so you would enter 3.4 on your timesheet.

MINUTES	ENTER
1 to 6 minutes	.1
7 to 12 minutes	.2
13 to 18 minutes	.3
19 to 24 minutes	.4
25 to 30 minutes	.5
31 to 36 minutes	.6
37 to 42 minutes	.7
43 to 48 minutes	.8
49 to 54 minutes	.9
55 to 60 minutes	1.0

Tenths of hours

Please note that a new timesheet will be phased in statewide by county in late 2010 and 2011 that will not require you to calculate the tenths.

Enter only the time you worked each day. If you did not work on a particular day, enter an X or 0 in the box. You may not claim work performed by another person on your timesheet. Every person performing services must become an enrolled provider and must complete their own timesheet for the time actually spent performing authorized services.

DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
HOURS WORKED	4	0	0	3.2	5	6.2	2.5	5.1	0	0	3.1	2	6	4.5	2.7		

Add up the hours and enter the total hours you worked for the pay period.

DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
HOURS WORKED	4	0	0	3.2	5	6.2	2.5	5.1	0	0	3.1	2	6	4.5	2.7		44.3

DETACH CHECK HERE STATEMENT OF EARNINGS AND DEDUCTIONS
 REPT THIS SLIP FOR YOUR RECORDS
 Separe el cheque aquí GUARDE ESTE SLIP PARA SU ARCHIVO

RECIPIENT:
SMITH JOHN
 4321 ANY STREET
 SACRAMENTO, CA 95814

PROVIDER:
DOE JANE
 9876 ANOTHER STREET
 SACRAMENTO, CA 95814

FROM: JUNE 1, 2006 TO: JUNE 31, 2006 HOURS: 148

ISS PROGRAM INFORMATION

Detach form and complete for your next payment request. Separe aquí y complete para su siguiente solicitud de pago

RECIPIENT NUMBER: 31-12345678 PROVIDER NUMBER: 654321

Address change: YES Write new address on reverse side. Address change: YES Write new address on reverse side.

DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
HOURS WORKED	4	0	0	3.2	5	6.2	2.5	5.1	0	0	3.1	2	6	4.5	2.7		44.3

SHARE OF COST LIABILITY OTHER LIABILITY

RECIPIENT SIGNATURE: *John Smith* DATE: 6/30/06
 PROVIDER SIGNATURE: *Jane Doe* DATE: 6/30/06

I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this timesheet are true and correct, with full knowledge that all statements made on this timesheet are subject to investigation. I agree to reimburse the State for any overpayment made to me, and I understand that the amount of any overpayment may be deducted from my future warrant.
 Por medio de la presente certifico que la información que contiene esta forma es verdadera, correcta y completa, y que al proveedor y la persona que recibe los beneficios del fondo entendemos y aceptamos de acuerdo en adelantarse. E, y cumplir con las deducciones, afirmaciones y condiciones que contiene el dorso de esta forma. El pago se basa en lo que se entró a diario.

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You and your consumer must sign and date every timesheet. The consumer signs under "Recipient Signature."



Timesheets

- These signatures and dates must be after the pay period for which the work has been done. You and the consumer are stating that the information on the timesheet is true and accurate. If the information is proven to be fraudulent, you will be subject to civil penalties.
- The timesheet cannot be submitted before the end of the last day of the pay period you will be working.
- You will receive your paycheck within 10 working days (not counting weekends or holidays) after you mail or bring your timesheet into the county.

Examples of Timesheet Errors

RECIPIENT NUMBER 31-12345678 SMITH JOHN 4321 ANY STREET SACRAMENTO, CA 95814 Address change YES <input type="checkbox"/> Write new address on reverse side													PROVIDER NUMBER 654321 DOE JANE 9876 ANOTHER STREET SACRAMENTO, CA 95814 Address change YES <input type="checkbox"/> Write new address on reverse side												
JUNE 2006 EMPLOYER REMAINING HOURS ARE 43.5																									
DAY OF MONTH	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31									
HOURS WORKED	4	0	0	3.2	5	6.2	2.2	5.1	0	0	3.1	2	6	4.5	2.7	0	44.0								
TS #12345678					FILL IN HOURS FOR EACH DAY WORKED AND PLACE TOTAL HERE LLENE LAS HORAS PARA CADA DÍA QUE TRABAJO Y APUENTE EL TOTAL AQUÍ																				
SHARE OF COST LIABILITY 0.00					OTHER LIABILITY 0.00					PROVIDER OVERPAYMENT 0.00															
SHARE OF COST LIABILITY 0.00 SACRAMENTO COUNTY DHHS PO BOX 168017 SACRAMENTO, CA 95816-8017 					X <i>John Smith</i> 31-12345678 RECIPIENT SIGNATURE DATE 6-30-06																				
					X <i>Jane Doe</i> 654321 PROVIDER SIGNATURE DATE 6/30/06																				
After work has been completed, sign, date and mail to this address Una vez que se haya completado el trabajo, firmese y envíese a esta dirección Do not sign unless you have read and understand instructions on reverse side No firme hasta que haya leído y entendido las instrucciones al dorso																									

Too many hours were claimed on this timesheet. The number of remaining hours is 43.5. However, 44.0 hours were entered. **You cannot be paid for more than the total authorized hours.** In this case, you will only be paid for 43.5 hours.



Timesheets

RECIPIENT NUMBER 31-12345678 SMITH JOHN 4321 ANY STREET SACRAMENTO, CA 95814 Address change YES <input type="checkbox"/> Write new address on reverse side								PROVIDER NUMBER 654321 DOE JANE 9876 ANOTHER STREET SACRAMENTO, CA 95814 Address change YES <input type="checkbox"/> Write new address on reverse side									
NOVEMBER 2006 EMPLOYER REMAINING HOURS ARE 80																	
DAY OF MONTH	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
HOURS WORKED	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	7.5
TS #12345678 FILL IN HOURS FOR EACH DAY WORKED AND PLACE TOTAL HERE LLENE LAS HORAS PARA CADA DÍA QUE TRABAJO Y APUNTE EL TOTAL AQUI																	
SHARE OF COST LIABILITY 0.00				OTHER LIABILITY 0.00				PROVIDER OVERPAYMENT 0.00									
SHARE OF COST LIABILITY 0.00 SACRAMENTO COUNTY DHHS PO BOX 168017 SACRAMENTO, CA 95816-8017								X John Smith 31-12345678 RECIPIENT SIGNATURE DATE 11-31-06 X Jane Doe 654321 PROVIDER SIGNATURE DATE 11/31/06 After work has been completed, sign, date and mail to this address Una vez que se haya completado el trabajo, firmese y envíese a esta dirección Do not sign unless you have read and understand instructions on reverse side No firme hasta que haya leído y entendido las instrucciones al dorso									

This provider took the total number of authorized hours and divided it by the number of days. It is unlikely that the caregiver worked exactly 4.68 hours every day. **Make sure you report the actual hours you work each day.**

RECIPIENT NUMBER 31-12345678 SMITH JOHN 4321 ANY STREET SACRAMENTO, CA 95814 Address change YES <input type="checkbox"/> Write new address on reverse side								PROVIDER NUMBER 654321 DOE JANE 9876 ANOTHER STREET SACRAMENTO, CA 95814 Address change YES <input type="checkbox"/> Write new address on reverse side									
MARCH 2006 EMPLOYER REMAINING HOURS ARE 43.5																	
DAY OF MONTH	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
HOURS WORKED	2.5	0	0	4	4	4	4	2.5	0	0	4	4	4	4	2.5	0	39.5
TS #12345678 FILL IN HOURS FOR EACH DAY WORKED AND PLACE TOTAL HERE LLENE LAS HORAS PARA CADA DÍA QUE TRABAJO Y APUNTE EL TOTAL AQUI																	
SHARE OF COST LIABILITY 0.00				OTHER LIABILITY 0.00				PROVIDER OVERPAYMENT 0.00									
SHARE OF COST LIABILITY 0.00 SACRAMENTO COUNTY DHHS PO BOX 168017 SACRAMENTO, CA 95816-8017								X 31-12345678 RECIPIENT SIGNATURE DATE X Jane Doe 654321 PROVIDER SIGNATURE DATE 03/31/06 After work has been completed, sign, date and mail to this address Una vez que se haya completado el trabajo, firmese y envíese a esta dirección Do not sign unless you have read and understand instructions on reverse side No firme hasta que haya leído y entendido las instrucciones al dorso									

Only the provider has signed this timesheet. Timesheets received with only one signature will be returned for completion. **Be certain that both you and the consumer sign the timesheet before submission.**

IMPORTANT: Beginning July 1, 2011, both of you must put your index fingerprint on every timesheet.



Timesheets

RECIPIENT NUMBER 31-12345678 SMITH JOHN 4321 ANY STREET SACRAMENTO, CA 95814 Address change YES <input type="checkbox"/> Write new address on reverse side										PROVIDER NUMBER 654321 DOE JANE 9876 ANOTHER STREET SACRAMENTO, CA 95814 Address change YES <input type="checkbox"/> Write new address on reverse side									
DECEMBER 2006 EMPLOYER REMAINING HOURS ARE 50																			
DAY OF MONTH	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
HOURS WORKED	0	0	4	4	0	0	0	0	0	4	4	0	0	0	0	7.5	13.5		
TS #12345678					FILL IN HOURS FOR EACH DAY WORKED AND PLACE TOTAL HERE LLENE LAS HORAS PARA CADA DÍA QUE TRABAJO Y APUNTE EL TOTAL AQUÍ														
SHARE OF COST LIABILITY 0.00					OTHER LIABILITY 0.00					PROVIDER OVERPAYMENT 0.00									
SHARE OF COST LIABILITY 0.00 SACRAMENTO COUNTY DHHS PO BOX 168017 SACRAMENTO, CA 95816-8017 					X <i>John Smith</i> 31-12345678 RECIPIENT SIGNATURE DATE 12-01-06														
					X <i>Jane Doe</i> 654321 PROVIDER SIGNATURE DATE 12/01/06														
After work has been completed, sign, date and mail to this address Una vez que se haya completado el trabajo, firmese y envíese a esta dirección																			
Do not sign unless you have read and understand instructions on reverse side No firme hasta que haya leído y entendido las instrucciones al dorso																			

Look closely! Is that a 9 or a 4 written in those dates? Not sure? Neither are we! Illegible handwriting can result in timesheets being delayed. **Make sure you are filling out your timesheets with neat, legible writing, and you use blue or black ink.**

Finally, if you enter incorrect information on your timesheet or claim that you worked when your consumer was not in the home or after the consumer's death, you may be guilty of fraud and the state or county may prosecute you. You could be required to repay all the money that you were not entitled to, go to jail, or have to pay civil penalties for committing fraud.

If you have any further questions about timesheets, please ask your county representative.



Fraud

IHSS Fraud is Medi-Cal Fraud

IHSS is a Medi-Cal program funded by federal, state, and county dollars. This means that IHSS fraud is Medi-Cal fraud. The California Department of Health Care Services is responsible for investigating Medi-Cal fraud.



If you know of any consumer or provider who you believe may be committing IHSS or other Medi-Cal fraud, you **MUST** report this to Medi-Cal by calling the toll-free number, sending an email, or filling out an online form. The information below is also included on the “Medi-Cal Fraud and Abuse” handout.

Hotline: (800) 822-6222

Email: stopmedicalfraud@dhcs.ca.gov

Website: www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx

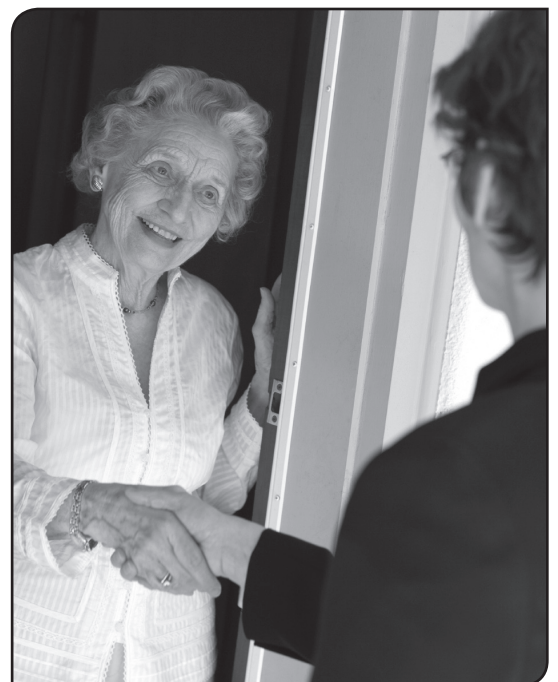
Online Complaint Form: <http://apps.dhcs.ca.gov/AutoForm2/default.aspx?af=1828>

You do not have to have proof of fraud – the California Department of Health Care Services has investigators who will determine whether Medi-Cal fraud has been committed.

Ways of Detecting Fraud

In addition to public reporting, fraud may be detected in several ways:

- Through computer matches with other federal and state agencies,
- During the assessment process,
- While the county and/or state staff conduct quality assurance and fraud detection activities, and
- Unannounced visits to the homes of consumers by state and/or county staff.





Fraud

Fraud and the IHSS Program

When you apply to be a provider in the IHSS program, you must sign a statement declaring that:

- In the last 10 years, you have not been convicted of any felonies or violent misdemeanors, and
- You agree to reimburse the state for any overpayments as a result of fraud.

If you are convicted of fraud against a government health care or supportive services program, California law states that you cannot provide or receive payment for providing IHSS for 10 years following a conviction or incarceration following a conviction.

Tips for Avoiding Fraud

As an IHSS provider, there are some things that you can do to avoid committing fraud. Please take a moment to read the “Tips for Avoiding Fraud” handout.



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