

# IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER ENROLLMENT AGREEMENT

PROVIDER NUMBER

PROVIDER NAME (FIRST, MIDDLE, LAST)
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1. I attended the required provider enrollment orientation for IHSS providers and I understand and agree to the following:
  - I was given information about being a provider in the IHSS program.
  - I was informed of my responsibilities as an IHSS provider.
  - I was informed of the consequences of committing fraud in the IHSS program.
  - I was given the Medi-Cal toll-free telephone fraud hotline number, 1-800-822-6222 and web site, <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx> for reporting suspected fraud or abuse in the IHSS program.
2. I understand the following:
  - The only hours I am allowed to report on my timesheet are the hours I worked providing authorized services for the recipient.
  - By signing my timesheet I am saying that the information I reported on it is true and correct.
  - I must submit my timesheet (signed by both my recipient and me) within two weeks after the end of each pay period. If I submit my timesheet on time, and it is properly completed, I will get paid within 10 days of the day it is received at the timesheet processing facility. If I do not submit my timesheet within two weeks after the end of the pay period, my pay will be delayed.
  - If I am convicted of fraudulently reporting information on my timesheet, in addition to any program or criminal penalties, I may be required to pay back any overpayment I received and to pay civil penalties of at least \$500, and not more than \$1,000, for each act of fraud.
3. I received information regarding the maximum weekly hour and travel time requirements. This information included the following topics:

## Overtime Pay

- Beginning February 1, 2016, IHSS providers will get paid overtime (one and a half times the regular pay rate) when they work more than 40 hours in a workweek. The workweek begins at 12:00 a.m. (midnight) on Sunday and ends at 11:59 p.m. on the following Saturday.

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## What Does My Recipient's "Authorized Weekly Hours" Mean?

My recipient's authorized weekly hours mean his/her monthly authorized hours divided by four. For example, if my recipient is authorized to receive 125 hours of service monthly, my recipient's authorized weekly hours are  $125 \div 4 = 31$  hours, 15 minutes.

## Maximum Weekly Hours

The maximum weekly hours amount is a guideline that tells me the highest number of hours I can work in a workweek so my recipient can budget his/her service hours in the month to ensure all his/her monthly service hours are received.

- If I work for just one recipient, the maximum hours that I may work in a workweek is my recipient's monthly authorized hours divided by 4. However, since most months are slightly longer than 4 weeks, I will work with my recipient to spread his/her hours throughout the month to make sure he/she has enough hours of service at the end of the month.

*For example:* There are 31 days in the month of December. If I work for just one recipient, and she receives 100 monthly authorized hours, my maximum weekly hours are 25 hours (100 monthly authorized hours divided by 4). However, since December is actually 4½ weeks, my recipient would need to decide how many hours to take away from each of the first four weeks in order to have enough hours left for the last few days at the end of the month. My recipient could, for example, set up a schedule for me to work 22 hours in each of the first four weeks of December, which would leave her with 12 authorized service hours left over for the final few days of the month ( $22 \times 4 = 88$  hours;  $88$  hours +  $12$  hours =  $100$  hours).

- If I work for just one recipient and he or she has other providers, my recipient must make a work schedule for me and the other providers to determine how many hours each of us will work. My recipient may divide his/her total authorized hours among his/her providers as he/she sees fit.
- If I work for more than one recipient, the maximum number of hours that I may claim in a workweek for all of the time I work for all my recipients combined is 66 hours. **Each of my recipients must make a work schedule for me to determine how many hours I will be working for each of them so I can make sure that I do not work more than 66 hours per workweek.**

## Changing the Number of Hours I Work Each Week: What My Recipients Can and Cannot Do

### *Switching hours*

- If my recipient has one or more other providers, I may "switch" some of my hours with another provider in a particular workweek in order to ensure that the recipient

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receives all the hours to which he or she is entitled for the week. This means that another one of the recipient's providers may work any of my hours while I work any of his/her hours for the particular week. As long as no provider works more than my recipient's weekly authorized hours, this will not cause a violation even if the other provider usually works overtime and I usually don't (so for this one week, I will have overtime).

*If I am asked to work more than **my** maximum weekly hours:*

- If I work for more than one recipient, my recipients cannot ask me to work more than my 66 maximum weekly hours. If a recipient wants me to work more hours and doing so would put me over 66 hours, he/she will have to get another IHSS provider to work those additional hours.
- If I work for only one recipient, my recipient can ask me to work more than my maximum weekly hours. In that case, I would have to make sure to balance out these additional hours by working fewer hours in another week of the month in order to avoid exceeding my recipient's monthly authorized hours.

*If I am asked to work more than **my recipient's** authorized weekly hours:*

- A recipient can authorize me to work more than his/her weekly authorized hours without asking the county for approval as long as the authorization does not cause me to work:
  - More than 40 hours for him/her in a workweek when he/she is authorized 40 hours or less in a workweek; or
  - More overtime hours in the month than I normally would, based on the total overtime I work for all of my recipients.
- If my recipient gets county approval, he/she can authorize me to work more than his/her weekly authorized hours even if it does not meet the above criteria. My recipient may ask for county approval either before or after I work the extra hours.

### **Limit on Travel Time**

- Also beginning February 1, 2016, the maximum amount of time I will be allowed to travel during a workweek is seven hours. Travel time means the time I spend on the same workday traveling directly from one location where I provide authorized services for a recipient to another location where I provide authorized services for a different recipient.
- Travel time will not be counted as part of the maximum weekly hours I can work in a workweek.
- Travel time that occurs after I have worked more than 40 hours in a workweek will be paid at the overtime rate of time and a half.

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## Violations for Going Over Workweek & Travel Time Limits

- Beginning May 1, 2016, if I submit a timesheet reporting hours that go over the maximum weekly hours or travel time limits, I will get a violation.
- Each time I do any of the following, I will get a violation:
  - I work more than 40 hours in a workweek for a recipient without the recipient getting approval from the county (when the recipient is authorized to receive 40 hours or less per workweek); or
  - I work more hours than my recipient is authorized to receive in a workweek without getting approval by the county, and this causes me to work more overtime hours in the month than I normally would; or
  - I work for multiple recipients and I work more than 66 hours in a workweek; or
  - I claim more than seven hours travel time in a workweek.
- If I get more than one violation during a particular month, it will only count as one violation.

For each violation I receive, there will be a consequence:

First Violation	<ul style="list-style-type: none"> <li>• My recipient(s) and I will get a notice of the violation with appeal rights information.</li> </ul>
Second Violation	<ul style="list-style-type: none"> <li>• My recipient(s) and I will get a notice of the second violation with appeal rights information, and I will have the choice of completing a one-time training about the workweek and travel time limits. If I choose to complete this training, I will avoid getting a second violation. However, <u>if I choose not to complete the training within 14 calendar days of the date of my notice, I will</u> get a second violation.</li> </ul>
Third Violation	<ul style="list-style-type: none"> <li>• My recipient(s) and I will get a notice of the third violation with appeal rights information.</li> <li>• I will be <u>suspended</u> as a provider with the IHSS program for <u>three months</u>.</li> </ul>
Fourth Violation	<ul style="list-style-type: none"> <li>• My recipient(s) and I will get a notice of the fourth violation with appeal rights information.</li> <li>• I will be <u>terminated</u> as a provider with the IHSS program for <u>one year</u>.</li> </ul>

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- Once I have received a violation, the violation will remain on my record. However, after one year, if I do not receive another violation, the number of violations I have received will be reduced by one. As long as I do not receive any additional violations, each year after the last violation, my number of violations will be reduced by one.
  - If I receive a fourth violation and I am terminated as a provider for one year, when the year is up and I apply again to be an IHSS provider, my violations count will be reset to zero.
  - If I am terminated as an IHSS provider because I get multiple violations, I can reapply to be an IHSS provider when the one year termination ends and I will have to complete all of the provider enrollment requirements again, including the criminal background check, the provider orientation, and completing all required forms before I can be reinstated.
4. I understand that I am required to complete the Employment and Eligibility Verification form (Form I-9), which is kept on file by the recipient. That form states that I have the legal right to work in the United States.
  5. I understand that I have the option to submit an Employee's Withholding Allowance Certification (Form W-4) to request federal income tax withholding and/or California Employee's Withholding Allowance Certification (Form DE 4) to request state income tax withholding from my wages. I understand that if I do not submit Form W-4 and/or DE 4, federal and state income taxes will not be withheld from my wages.
  6. I understand that authorized IHSS services cannot be performed when the recipient is away from his/her home unless my recipient gets approval for such services from his/her social worker.
  7. I understand that, in the future, I will receive the IHSS Program Notification Of Recipient Authorized Hours and Services and Maximum Weekly Hours (SOC 2271), that names my recipient(s) and the services I am authorized to perform for each recipient to whom I provide services.
  8. I will cooperate with state or county staff to provide requested information related to the evaluation of a recipient's IHSS case.

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**I UNDERSTAND THE IHSS PROGRAM RULES EXPLAINED AT THE PROVIDER ORIENTATION OR INFORMATION GIVEN TO ME BY THE COUNTY IHSS OFFICE. I ACCEPT THE RESPONSIBILITY TO FOLLOW THE INFORMATION PROVIDED BY THE COUNTY. I UNDERSTAND THAT MY FAILURE TO FOLLOW THE REQUIREMENTS PROVIDED TO ME MAY RESULT IN MY TERMINATION AS AN IHSS PROVIDER.**

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IHSS PROVIDER'S SIGNATURE

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DATE

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PROVIDER NAME (FIRST MIDDLE LAST)