

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

IHSS PROVIDER CASE NUMBER
---------------------------

PROVIDER NAME (FIRST, MIDDLE, LAST)
-------------------------------------

1. I attended the required 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 received training on, and understand how to complete my timesheet.
  - I understand that I should report on my timesheet only the time I worked providing authorized services for the recipient.
  - I understand that by signing my timesheet I am saying that the information I reported on it is true and correct.
  - I understand that 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, 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 on time, my pay will be delayed.
  - I understand that if I am convicted of fraudulently reporting information on my timesheet, in addition to any criminal penalties, I may be required to pay civil penalties of at least \$500, and not more than \$1,000, for each violation of fraud.
3. I received information and training regarding the workweek and travel time requirements. This information and training included the following topics:

## Overtime Pay

- Beginning January 1, 2015, 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.

## **Workweek Limit**

- Beginning April 1, 2015, the maximum number of hours IHSS providers will be allowed to work in a workweek will be 66 (less any required reduction). The exact number of hours I will be allowed to work will depend on:
  - o How many hours of authorized services my recipient gets each week;
  - o How many recipients I work for; and
  - o Whether my recipient has any other providers.
- Both my recipient and I will get a notice telling us how many authorized service hours he/she gets each month and each week.
- If I work for more than one recipient, the combined hours I work for all my recipients cannot add up to more than 66 hours (less any required reduction) each workweek.

## **Working More Than Your Recipient's Weekly Hours**

- A recipient can authorize me to work more than his/her weekly hours without asking the county for approval as long as the authorization does not cause me to work:
  - o More than 40 hours for him/her in a workweek; and
  - o More than his/her total authorized monthly service hours.
- If I only work for a single IHSS recipient that gets the maximum number of monthly authorized service hours and I am the recipient's only provider, my recipient can allow me to work more than his/her weekly authorized hours. My recipient needs to ask the county for approval for an adjustment for that week's hours and also make sure that I work less hours the following week(s) and that I do not work more than my recipient's total authorized monthly service hours.
- A recipient cannot authorize me to work more than his/her total authorized monthly service hours. If a recipient asks me to work more than his/her weekly hours in one week, he/she must reduce my hours the following week(s) so that I do not work more than his/her total monthly service hours.

## **Limit on Travel Time**

- Also beginning April 1, 2015, 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 66 maximum hours (less any required reduction) I can work in a workweek.

### **Violations for Going Over Workweek & Travel Time Limits**

- Beginning April 1, 2015, if I submit a timesheet reporting hours that go over the workweek 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 I would not normally work more than 40 hours in a workweek for that recipient);
  - I work more than a total of 66 hours (less any required reduction) in a workweek for a recipient that I am not in a one-to-one recipient/provider relationship with; or
  - my travel time is more than seven hours in a workweek.

#### First Violation:

- I will get a written warning notice.

#### Second Violation:

- I will get a second written warning notice, and I will have to complete special training about the workweek and travel time limits. (I will get paid for the time I spend attending the training.)
- If I do not complete the training within 14 calendar days of the date of the violation notice, I will automatically get my third violation.

#### Third Violation:

- I will be suspended as an IHSS provider for three months.

#### Fourth Violation (upon being reinstated after the three-month suspension):

- I will be terminated as an IHSS provider for one year.
- 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 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 get terminated as a provider because I get multiple violations, when the one year termination ends, I will have to complete all of the provider enrollment requirements again, including the criminal background check, 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 I-9), a form kept on file by the recipient, which states that I have the legal right to work in the United States.
  5. I understand 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, no federal or state taxes will 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 from his/her social worker for such services.
  7. I understand that in the future I will receive the In-Home Supportive Services (IHSS) Program Provider Notification of Recipient Authorized Hours and Services (SOC 2270) that names the recipient and the services I am authorized to perform for that recipient.
  8. I will cooperate with state or county staff to provide requested information related to the evaluation of a recipient's IHSS case.

**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 FAILURE TO FOLLOW THE REQUIREMENTS PROVIDED TO ME MAY RESULT IN BEING TERMINATED AS AN IHSS PROVIDER.**

---

IHSS Provider's Signature

Date