



# IN HOME SUPPORTIVE SERVICES PROVIDER CERTIFICATION HANDBOOK

January 01, 2024

***Butte County Adult Services Department (ASD)***

**1(855)398-8899**

**IHSS Electronic Services Portal website:**

**[www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov)**

**In Home Supportive Services website:**

**[www.buttecounty.net/dess/inhomesupportservices](http://www.buttecounty.net/dess/inhomesupportservices)**

**Public Authority website:**

**[www.bcihsspa.org](http://www.bcihsspa.org)**

## **IN-HOME SUPPORTIVE SERVICES PROVIDER CERTIFICATION CHECKLIST**

To complete your IHSS certification you **must** complete all three of the following: **(1) Pass the Department of Justice background check (Live Scan)** **(2) Complete the Recipient Designation of Provider (426A)** and **(3) Enroll in the IHSS payroll program Electronic Services Portal (ESP)**

### **(1) Department of Justice background check (Live Scan)**

- To view the list of available live scan locations, go to <http://www.bcihsspa.org/> and choose Provider Enrollment in the left navigation pane under Options and then click on Live Scan Locations (#6.C)
- After you have your fingerprints done, keep the live scan form they return to you. You will need the ATI number they enter at the bottom of the form to monitor your status. **Keep this form; do not return it to IHSS**
- Instructions to monitor your background status can be located on pages 6-7

### **(2) Designation of Provider (426A)**

- You and your IHSS recipient are to complete the hardcopy received during your in-person appointment
- Instructions for completing the 426A can be located on page 7
- You will be mailed your nine-digit IHSS provider #.
- Return the completed 426A either in the SASE provided or drop off at one of the locations listed below

### **3) Electronic Services Portal (ESP) –see page 3 for instructions and website**

#### **ADDRESSES FOR MAILING AND DROPPING OFF FORMS**

##### **Address to mail in forms**

PO Box 1649, Oroville CA 95965-1649

##### **Addresses to drop off forms in the drop boxes located outside of main entrance**

Oroville Community Employment Center-78 Table Mountain BLVD, Oroville CA 95965

Chico Community Employment Center-765 East AVE #200, Chico CA 95926

You have **90 DAYS** from the date you attend the IHSS Orientation to complete your DOJ and turn in your Recipient Designation of Provider (SOC426A) packet or you will need to re-attend the orientation

Date Attended Orientation: \_\_\_\_\_ Complete By: \_\_\_\_\_

**INSTRUCTIONS FOR NEW USER REGISTRATION - PROVIDERS AND RECIPIENTS**

To register for electronic timesheets and direct deposit visit: [www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov)

**THE FOLLOWING INFORMATION IS NEEDED TO REGISTER:**

- 1.) Name as printed on social security card and date of birth
- 2.) 9-digit Provider Number (if provider)/Contact ASD if you haven't received it
- 3.) 7-digit Case Number (if recipient)
- 4.) An individual valid email address is required for each person
- 5.) Last four digits of Social Security number
- 6.) Internet access (browser like Explorer, Firefox or Chrome)
- 7.) Access to a smart device (like smartphone, tablet, laptop or personal computer)

**TO CREATE A PROFILE ON THE ELECTRONIC SERVICE PORTAL THE FOLLOWING  
WILL BE REQUIRED**

**~IMPORTANT~**

**USER NAME, PASSWORD AND SECURITY ANSWERS YOU TYPE IN ARE ALL CASE  
SENSITIVE (UPPERCASE/LOWERCASE)**

<b>CREATE A USER NAME AT LEAST 6 CHARACTERS (LETTERS &amp; NUMBERS/NO SYMBOLS)</b>
<b>USER NAME:</b>
<b>CREATE A PASSWORD AT LEAST 8 CHARACTERS - 2 HAVE TO BE NUMBERS (LETTERS &amp; NUMBERS/NO SYMBOLS)</b>
<b>PASSWORD:</b>
<b>THERE ARE THREE SECURITY QUESTIONS YOU WILL NEED TO CHOOSE AND TYPE IN THE ANSWERS</b>
1.
2.
3.

# CALIFORNIA DEPARTMENT OF SOCIAL SERVICES WEBSITES FOR IN-HOME SUPPORTIVE SERVICES PROGRAM AND HELP DESK

**[www.cdss.ca.gov/inforesources/IHSS/IHSS-Providers](http://www.cdss.ca.gov/inforesources/IHSS/IHSS-Providers)**

Information to help prospective providers navigate the process

**[www.cdss.ca.gov/inforesources/IHSS/IHSS-Providers/How-to-Become-an-IHSS-Provider](http://www.cdss.ca.gov/inforesources/IHSS/IHSS-Providers/How-to-Become-an-IHSS-Provider)**

Information on steps to be completed before you can be certified as a provider and receive payment from IHSS for providing services.

**[www.cdss.ca.gov/inforesources/IHSS/IHSS-Providers/Orientation-Process](http://www.cdss.ca.gov/inforesources/IHSS/IHSS-Providers/Orientation-Process)**

State forms useful to providers: IHSS Provider Orientation Guide, handouts and facts sheets.

**[www.cdss.ca.gov/inforesources/IHSS/IHSS-Providers/Resources](http://www.cdss.ca.gov/inforesources/IHSS/IHSS-Providers/Resources)**

Information to help you provider services to your IHSS recipient

**[www.cdss.ca.gov/inforesources/ihss-providers/resources/timesheet-information](http://www.cdss.ca.gov/inforesources/ihss-providers/resources/timesheet-information)**

Information for recipients and providers new to electronic timesheets and information on telephonic timesheet for recipients.

**[www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov)** -to register to begin using electronic timesheets (see page 15 for what you need to enroll)

**[www.cdss.ca.gov/inforesources/ESPhelp](http://www.cdss.ca.gov/inforesources/ESPhelp)**

## CALIFORNIA DEPARTMENT OF SOCIAL SERVICES IHSS SERVICE DESK FOR PROVIDERS AND RECIPIENTS 866.376.7066

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# **CERTIFICATION INFORMATION**

## **90-DAY CERTIFICATION REQUIREMENT**

It is important that you complete the entire provider enrollment process within 90 calendar days of starting the process or you will have to start the entire process again. If you do not complete the provider enrollment requirements within 90 calendar days, you will receive a Notice of Provider Ineligibility form (SOC 851) informing you of your inability to be enrolled as an IHSS provider and the steps you did not complete. Once you have completed all the enrollment conditions and meet eligibility requirements, you will receive the IHSS Program Notice of Provider Eligibility confirming that you begin working as an IHSS provider. Please note that if you provide IHSS services and do not complete your provider enrollment paperwork, you will void pay for the services that you provided.

## **#1 CRIMINAL BACKGROUND CHECK-DOJ**

(Additional information: [www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Background-Check-Process](http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Background-Check-Process))

As of November 1, 2009, all California In-Home Supportive Services (IHSS) providers are required to complete Live Scan Fingerprinting specifically for IHSS. These rules, designed to prevent fraud, require caregivers who either are new to the program or have not received payroll from IHSS for one year to complete the certification process that includes orientation and criminal background check before they can be paid by IHSS.

- If you have been a provider, either in this county or another, and are unsure if you need to fingerprint you may contact ASD Support at 1(855)398-8899 and they can inform you if your prints are still active or not.
- Take the completed Request for Live Scan Service form located in your enrollment profile to a Live Scan agency. You will need to pay the agency directly for the fingerprinting and the prices are listed on the Live Scan Locations for Butte County form.
- Once the Live Scan operator has completed fingerprinting you, the operator will complete the bottom of the form, Live Scan Transaction Completed By section, which will include the ATI #.
- To monitor your DOJ progress, go to website <https://applicantstatus.doj.ca.gov/> (the ATI # required for the status is at the bottom of the Request for Live Scan Service).
- While your prints are being processed by the DOJ, the status “In Progress, contact agency requesting live scan for information” will be noted. You do not need to contact Public Authority for information.
- As long as the DOJ website shows the status, “In Progress, contact agency requesting live scan information.” Your prints are being processed and no other action is needed on your behalf and no other information is available to give to you until the DOJ has completed the background.
- It can take from 24 hours to 3 months for the DOJ to process prints. We are not able to give a reason why some prints take longer to process than others. Public Authority is not able to expedite the processing of your prints.
- If your prints are rejected by the DOJ, usually this is due to the ridges on the fingers being worn down, you will receive a letter stating you need to go back to the Live Scan location you had your prints done originally and print over at no cost to you. Included along with the

letter will be a blank Request for Live Scan Service and the DOJ form stating your prints were rejected due to poor print quality and your prints need to be resubmitted.

### **BACKGROUND RESULTS RECEIVED/PROCESSED**

- When you pass your DOJ background, completed your enrollment in Electronic Services Portal (ESP) and the Recipient Designation of Provider (SOC426A) packet has been turned you will receive timesheets issued back to the date you listed on the Recipient Designation of Provider (SOC426A) packet.
- When you pass your DOJ background but have not completed and turned in the Recipient Designation of Provider (SOC426A) packet, you will receive a Notice of Provider Eligibility (SOC848) with your 9-digit IHSS Provider Number.
- If a waiver is required: once the results are received by DOJ and IHSS has received the Recipient Designation of Provider (SOC426A) packet, Public Authority will send by certified mail the appropriate paperwork to you and the recipient you will be working for.
- A waiver is required for each recipient you are to receive payroll for.
- If you have a Tier 2 conviction and a waiver is required for you to work for an IHSS recipient, please be aware that you will need to have a DOJ Background check in each county you are to receive payroll.
- Once the recipient returns the waiver signed waiving liability timesheets will be issued.

### **#2 RECIPIENT DESIGNATION OF PROVIDER (SOC426A)**

- Included in your orientation packet is an In-Home Supportive Services (IHSS) Recipient Designation of Provider (SOC426A) packet. This set of forms notifies IHSS whom the IHSS recipient has chosen to hire and have added to their payroll.
- You received your initial Recipient Designation of Provider (SOC426A) packet in the orientation packet. If you have more than one recipient you will be working for, the recipients you do not have a Recipient Designation of Provider (SOC426A) packet will need to call ASD Support and request a Recipient Designation of Provider (SOC426A) packet to be mailed to them.
- This form is to be completed by both you and the recipient.
- A Recipient Designation of Provider (SOC426A) packet has to be completed and turned into IHSS for every recipient you work for regardless of your relationship to them or if multiple recipients live in the same home.
- Included in the stapled group of forms are Recipient Designation of Provider (SOC426A) packet, Provider Change Form (BU IHSS – 107), a federal Employee's Withholding Allowance Certificate (W-4) and a state Employee's Withholding Allowance Certificate EDD DE-4. Do not take this set of forms apart, leave this set of forms as is, even if you decide not to complete each of the forms.
- Page 1 Recipient Designation of Provider (SOC426A) packet - #2 the county IHSS case is on the recipient's Notice of Action; #4 make sure this is your mailing address and #10 start date can be a past, present or future date. As long as the recipient was approved for services, no other provider claims those hours and you pass the DOJ background check, IHSS will pay you retro.

- If you have worked for the recipient since their case was approved and you are unsure of the date you may write “Grant Date” and IHSS will issue timesheets going back to the first eligible date.
- Page 3 Recipient Designation of Provider (SOC426A) packet – the recipient or Authorized Representative are required to sign.
- Reading Part B –Recipient Agreement on page 2 and 3 may be helpful for you to understand the requirements the recipient is signing off on.
- Page 5 Provider Change Form (BU IHSS – 107) – the New Provider is your information and is required. The recipient is required to sign the form.
- If the previous provider quit or fired, make sure the information is completed in the Required Information Regarding Any Pre-Existing Providers. As long as a provider remains active on a recipient’s case, they are able to order timesheets without the recipient’s permission or knowledge.
- You are not required to have federal or state taxes withheld, however, be aware that California Department of Social Services is reporting all income to the Department of Internal Revenue Services on your behalf.
- Effective 01/01/2020 to have federal and state taxes withheld you are required to complete a W-4 for federal and a DE-4 for state.
- A W-4 and EDD DE-4 has to be completed for each recipient if you want taxes withheld. Filling out one for multiple recipients will not have deductions withheld from your other recipients, just the one.
- W-4 #7 Exempt - if you choose to claim Exempt be aware, effective 2018, you are to recertify the status annually.
- IHSS staff are not tax consultants and cannot assist you. Please contact the IRS or your Tax Preparer for questions.



# **PAYROLL INFORMATION**

## **PROVIDERS WHO RECEIVE INCOME BASE BENEFITS AND/OR SERVICES**

- If you become an IHSS provider and receive, benefits including but **not** limited:
  - \*CalWORKs \*Food Stamps \*General Assistance \*Medi-Cal or CMSP
  - \*Unemployment Insurance \*College Financial Aid \*Social Security
- It is **your** responsibility as a provider to report your earnings to the agency.
- IHSS earnings may affect your benefits. If you have questions, contact the agency that administers your benefits.
- Failure to report income may be considered fraud and result in the loss of your benefits and/or services.

## **WORK PERMITS**

- If you are under the age of 18 years old and **not** a high school graduate, Federal law requires you obtain and submit to IHSS an approved work permit **before** timesheets can be issued.
- A work permit is required for each recipient who hires you and it is to be attached to the Recipient Designation of Provider (SOC426A) packet.
- A recipient may not hire a minor before the recipient verifies the minor has an approved work permit.
- IHSS will use the work permit issue date as the minor's employment start date, meaning you will only be paid going back to the date of issue on the work permit.
- Proof of a high school diploma releases the provider from work permit requirements.

## **PARENT AND/OR SPOUSE PROVIDER**

(Additional information: [www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources](http://www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources))

- If you are a parent provider or a spouse provider, please be aware that you are not eligible to be paying into the following programs: Medicare, Social Security and State Disability during your IHSS employment.

## **SHARE OF COST**

(Additional information: [www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources](http://www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources))

- If your recipient is receiving IHSS as a part of their Medi-Cal benefits they may be required to pay a certain amount, each month toward their Medi-Cal expenses and this is known as a Share-Of-Cost.
- If your recipient is required to pay a Share-Of-Cost, the recipient may need to pay you out of pocket prior to you being paid by IHSS.

## **SICK LEAVE**

(Additional information: [www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources](http://www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources))

- Beginning July 1, 2018, active IHSS providers became eligible for paid sick leave.
- Paid sick leave is paid time off from work as an IHSS provider due to illness or a medical appointment.
- You may use paid sick leave for yourself or a family member who is sick or has a medical appointment.
- You may also use paid sick leave if you are a victim of domestic violence, sexual assault, or stalking to obtain relief, medical attention, services, or counseling.

# **GENERAL INFORMATION**

## **CONFIDENTIALITY**

(Additional information: [www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources](http://www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources))

- You may not discuss the recipient's information with anyone without his or her consent or the person who is legally responsible for the recipient.
- This includes family members such as spouses, parents (if recipient is of age), children or person is living in the same home as the recipient.

## **MANDATED REPORTER**

(Additional information: [www.cdss.ca.gov/inforesources/Adult-Protective-Services](http://www.cdss.ca.gov/inforesources/Adult-Protective-Services))

- As an IHSS provider, you are a "Mandated Report." Being a mandated reporter means that by law you must report any suspected abuse immediately to the County Adult Protective Services (APS) or Children's Protective Services (CDS) agency. The abuse might be happening to the recipient you serve, someone else in the recipient's home, or anyone else, whether you are working or not.
- If you suspect abuse or neglect, contact Adult Protective Services at (800)664-9774 or Child Protective Services at (800)400-0902.
- If you witness physical and/or sexual abuse in progress, call 911 immediately.

## **NOTICE OF ACTION (NA 1250)**

(Additional information: [www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources](http://www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources))

- Once a recipient has successfully completed the In-Home Supportive Services intake process and an in-home assessment with an IHSS Social Worker a Notice of Action (NOA), is completed based upon the assessment.
- The assessment identifies services the recipient requires to remain safely in their home, how much help is needed, how much time it takes to provide the services and how frequently they must be done. All of this information is gained from the recipient during the assessment visit.
- The Notice of Action has the recipient's IHSS case number and contact information for the recipient's IHSS Social Worker.
- A Notice of Action is reassessed on an annual basis. If your recipient's Notice of Action is dated more than 12 months prior, contact the social worker on Notice of Action to request an updated Notice of Action.
- Please review the Notice of Action with your recipient to make sure that you are following what has been authorized for you to be paid for by IHSS. If you put time on your IHSS timesheet for hours providing services not authorized for the recipient, you may be charged with fraud.
- If the recipient instructs you to do a specific task that is not approved or to work more hours than approved, you and the recipient need to discuss possible compensation outside of IHSS such as the recipient paying out of pocket but do not put it on your timesheet, you may be charged with fraud.
- If your recipient's needs increase, temporarily or permanently, and more hours are needed, contact the recipient's social worker listed on the Notice of Action for a reassessment.

## **RECIPIENT'S PRESENCE**

(Additional information: [www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources](http://www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources))

- You may not claim hours while the recipient is in the hospital, skilled nursing facility, board and residential care facility or jail.
- If you provide care to the recipient while they are placed somewhere other than the home because you do not feel they are receiving the proper care or attention you are doing so on your own time and not IHSS.
- If the recipient's needs increased due to their extended stay out of the home, such as increased medical appointments, contact the recipient's social worker to discuss an adjustment to the recipient's hours if temporary or an assessment if the recipient's increased needs are long term.
- You may only claim hours when you provide IHSS approved services to the recipient in the recipient's home and the recipient is in the home.
- You may not be in the recipient's home unless the recipient is present.
- If you accompany the recipient on a trip, contact the recipient's social worker before you go so that you may be aware of what allowed.

## **HIRED BY ANOTHER RECIPIENT/MULTIPLE RECIPIENTS**

(Additional information: [www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources](http://www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources))

- If another recipient hires you, after you have been certified, it is the responsibility of the recipient or authorized representative to call IHSS and request the forms for a new hire to be mailed.
- The recipient is allowed to have multiple IHSS providers assigned to their payroll, however, the combined hours of all the providers may not exceed the recipient's allocated monthly hours.
- If a recipient has more than one provider, a Recipient and Provider Workweek Agreement (SOC2256), is required to be completed by the recipient and all of the providers assigned to the recipient's payroll. This form keeps track of the number of hours each provider will work to keep the recipient's hours from being exceeded. However, this form is a guide only as hours may need to be adjusted.
- You are allowed to have multiple recipients; however, you may not exceed 66 hours in a workweek. This does not include the 7 hours of travel time allowed.
- Once you and the recipient complete the forms and send them back to IHSS, timesheets will be generated for you under the recipient's case.

## **LIVE-IN SELF-CERTIFICATION FORM (SOC2298)**

(Additional information: [www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources](http://www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources))

- In January 2017, the California Department of Social Services (CDSS) began allowing IHSS providers to self-certify whether they live in the same home with the recipient for whom they provide services.

## **VIOLATIONS**

(Additional information: [www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources](http://www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources))

- If you exceed the recipient's IHSS hours, IHSS maximum hours set for providers, overtime and travel time limitations, you will receive a violation and this may cause you to be suspended from the program or terminated as an IHSS provider.

## **EXEMPTIONS FOR PROVIDER VIOLATIONS**

(Additional information: [www.cdss.ca.gov/inforesources/IHSS-Overtime-Exemption-2](http://www.cdss.ca.gov/inforesources/IHSS-Overtime-Exemption-2))

- Exemption 2, the Extraordinary Circumstances exemption, may apply if you provider services to two or more recipients whose circumstances put them at serious risk of placement in out-of-home care. If an Exemption 2 is granted, you may work up to 360 hours total for all your recipients combined, not to exceed each IHSS recipient's monthly authorized hours.

## **WORKER'S COMPENSATION**

- If you are injured while doing an IHSS authorized task for a recipient, you may seek medical care from any emergency room in Butte County.
- Inform the medical staff that it is an IHSS Worker's Comp injury so they may document it.
- You or someone on your behalf need to report all IHSS work-related accidents/injuries immediately to IHSS.
- Within 24 hours of reporting a work-related accident/injury, IHSS is required to provide you with an Employee Claim for Worker's Compensation Benefits (DWC-1).
- Before you are injured, you have the option of specifying a doctor you would like to see in case of injury. You need to complete the "Employee's Pre-designation of Personal Physician Form" located in The Facts about Worker's Compensation brochure included in your orientation packet. Without the appropriate form, you will need to be seen at a designated Worker's Compensation medical facility.
- For more information, brochures have been included in your orientation packet: The Facts about Workers' Compensation (York) and Disability Insurance Provisions (EDD).

## **TRANSPORTING IN YOUR PERSONAL VEHICLE**

- It is not a requirement that you are to transport a recipient in your personal vehicle.
- It is your responsibility to furnish your own transportation to and from the recipient's home.
- If you agree to transport the recipient in your vehicle, you must show the recipient proof of current and appropriate automobile insurance.
- You may only transport the recipient when it is a clearly authorized service.
- IHSS does ***not*** pay for gas mileage. If the recipient requires transportation or if you will be shopping and/or running errands for the recipient in your vehicle, it is the recipient's responsibility to reimburse you for gas, but it is not required.
- The Public Authority recommends that the provider be reimbursed around the federal reimbursement rate that can be looked up or "Googled" online.
- You may choose not to transport or run errands in your personal vehicle if an agreement cannot be reached, however, you can still provide the services in the home.
- If the recipient reimburses you for gas used to transport them, remember to give the recipient a written receipt and keep a receipt with the recipient's signature or initials stating they agree to the reimbursement.

## **IHSS PROVIDER CERTIFICATION**

(Additional information: [www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources](http://www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources))

- In-Home Supportive Services is a state program for both recipients and providers.
- If you want to start working in a new county, you will need to contact the Public Authority in the new county for instructions on how to register in the new county.
- If you are transferring from another county with an established IHSS recipient, the recipient's IHSS case information will be transferred but your provider's IHSS information will not.
- If a waiver is required due to a Tier 2 conviction, you are required to fingerprint in each county you will be receiving payroll. Contact the Public Authority in the new county to request the fingerprinting form.

## **IHSS PROVIDERS RIGHTS AND RESPONSIBILITIES**

- The provider has a right to understand the IHSS work assignment and receive fair respectful treatment.
- The provider has the responsibility to be dependable – to arrive on time and ready for work.
- The provider has the responsibility to provide reliable, safe, high-quality services as directed by the recipient and authorized by the social worker.
- The provider has the responsibility to respect the recipient's dignity, privacy, property, religion, and culture.
- The provider has the responsibility to respect the recipient's right to privacy by not taking anyone to work including a child, relative or friend.
- The provider has the responsibility to keep personal information about the recipient confidential.
- The provider has the right to ask the IHSS Social Worker for assistance concerning issues with the recipient that the provider cannot resolve.
- The provider has the responsibility to keep track of hours worked and to submit an **accurate, clean, and complete** time sheet twice monthly.
- The provider has the legal responsibility to report suspected abuse of dependent elderly or disabled persons to Adult Protective Services 1800-664-9774 (Butte County).
- The provider has the responsibility to inform the social worker of any changes in the recipient's condition.
- The provider is should give two weeks' notice if terminating employment.
- The provider has the right not to return to work if the environment is dangerous and must contact IHSS immediately of such circumstances.

## **UNIVERSAL PRECAUTIONS**

- Many illnesses and diseases may threaten your health and the health of the recipient. Germs, viruses, parasites and bacteria can spread disease or illness. Colds, flu, mumps, chicken pox, tuberculosis and food poisoning are passed through the things we touch, eat or breathe. Doctors advise that you take actions as if both you and the recipient are potentially infectious. Taking universal precautions will protect everyone from diseases.

- Ask the recipient to keep a supply of disposable latex gloves for you to use whenever you may be exposed to body fluids or open sores. Try to do those tasks that require gloves all at one time so you do not have to keep taking the gloves on and off.
- Wear latex gloves when there is a chance of being in contact with blood, semen, vagina secretions, mucous membranes or other body fluids; when disposing of sanitary napkins, handling dirty laundry, cleaning the bathroom or assisting with menstrual care; when assisting with toileting/bowel care. Wearing gloves is especially important if you have a wound, a rash or opening on your hands.
- Wash your hands carefully with soap and water before putting on gloves and immediately after taking off the gloves. Wash before and after going to the bathroom. Wash before preparing foods, performing personal care and housecleaning tasks and after physical contact with others. Use a nailbrush to scrub your hands. Dry with paper towels.... never with a damp towel.
- Protect everyone by not preparing/handling food if you are ill or have sores.
- Use mild bleach solution (10 parts water: 1 part bleach) to clean up body fluids.
- Clean up spills immediately. Use the bleach solution to soak or disinfect possible contaminated surfaces, linens, clothing, or other objects.
- When you cut meat or chicken on a cutting board, sanitize it with the bleach and water solution to avoid spreading germs.
- Avoid handling sharp objects (such as razors or needles) that may be exposed to blood or body fluids. Carefully place them in a puncture proof container for disposal.
- Wash most soiled laundry in a washer set on hot and dry them in a dryer set on high. If hot temperatures will damage garment, follow manufacturer's directions. Wash dishes and utensils in hot, soapy water. Rinse in very hot water and let them air dry.
- Do not eat, drink, apply cosmetics, or handle contact lenses in areas where exposure to blood or other body fluids are possible.
- Notify those around you if you are ill or have a condition that might be contagious.

### **TERMINATION OF EMPLOYMENT**

- It is your responsibility, the provider, to call and notify IHSS of your last day working for a recipient.
- If the recipient terminates your employment, be sure to notify IHSS as it effects your eligibility to file for unemployment.

### **UNEMPLOYMENT INSURANCE**

- Unemployment Insurance (UI) is an employer paid program that provides temporary partial income replacement. To be eligible, you must be out of work due to no fault of your own and physically able to work, ready to accept work, and looking for work.
- For list of eligibility requirements - [www.edd.ca.gov/Unemployment/Eligibility](http://www.edd.ca.gov/Unemployment/Eligibility)
- To find an AJCC- [www.edd.ca.gov/Office Locator](http://www.edd.ca.gov/Office_Locator) or call 1-877-872-5627

**IN-HOME SUPPORTIVE SERVICES (IHSS)**  
**PROVIDER'S RIGHT TO FILE A SEXUAL**  
**HARASSMENT COMPLAINT**  
**SOC 2327 (10/19)**

**\$ \$ \$ \$ \$ \$**

**EARN EXTRA MONEY**

**\$ \$ \$ \$ \$ \$**

**BUTTE COUNTY PUBLIC  
AUTHORITY**

**CAN REFER YOU TO RECIPIENTS WHO ARE  
LOOKING  
FOR IHSS PROVIDERS**

**Download an application from Public Authority website:  
[www.bcihsspa.org](http://www.bcihsspa.org)**