

## Overview of the IHSS Program

**The IHSS program provides services to eligible people over the age of 65, the blind, and /or disabled.**

The goal of the IHSS program is to allow you to live safely in your own home and avoid the need for out of home care. Services almost always need to be provided in your own home. This could be a house, apartment, hotel, or the home of a relative. If you receive Supplemental Security Income (SSI) or meet all Medi-Cal income eligibility requirements, you may be able to receive IHSS services. IHSS is a Medi-Cal program and is funded by federal, state, and county dollars.

### Services

**These are the types of services IHSS can provide:**

- Personal care services like dressing, bathing, feeding, toileting
- Paramedical services like helping with injections, wound care, colostomy, and catheter care under the direction of a licensed medical professional
- House cleaning
- Cooking
- Shopping
- Laundry
- Accompaniment to and from medical appointments

**Some of the things IHSS cannot pay for include:**

- Moving furniture
- Paying bills
- Reading mail to you
- Caring for pets, including service animals
- Gardening
- Repair services
- Sitting with you to visit or watch TV
- Taking you on social outings

## Application Process

### 1. How to Apply

Contact the In-Home Supportive Services program in your county. A county representative will ask you questions to gather information about the nature of your disability, things that you need help with, your income, and assets. This may take up to 20 minutes.

### 2. Home Visit

A social worker will come to your home to determine the types of authorized services that you need and the number of hours for each service. Some of the things the county will consider are your medical condition, living arrangement, and any resources that may already be available.

### 3. Health Care Certification Form

You will receive a form for your healthcare provider to complete, certifying your need for IHSS. This form must be completed before services can be authorized.

### 4. Authorization

The county will send you a Notice of Action (NOA) telling you if you have been approved or denied services for IHSS. The NOA will specify what services have been approved, how much time is authorized for each service, and how many total monthly hours have been approved.

### 5. State Hearing Requests

You have the right to ask for a state hearing if you disagree with a county's action on your benefits or services. You can also ask for a state hearing if the county is not giving you benefits or services which you think you should get.

## Hiring Provider(s)

Once eligibility is established, you can hire one or more people to provide your care. A friend or relative may serve as your care provider, or a referral may be obtained through the IHSS Public Authority Caregiver Registry. Your care provider must complete all the necessary provider enrollment steps prior to starting work. You or your provider can contact your social worker or Public Authority for more information about provider enrollment requirements.

**For more information, contact your local county IHSS office.**

## Functional Index Rankings and Hourly Task Guidelines

As an In-Home Supportive Services (IHSS) applicant/recipient, it is helpful to know what IHSS Functional Index (FI) Rankings are and how they impact your assessment. The FI rankings range from 1-6 (see below description) and indicate the level of assistance you need to perform tasks safely. A county IHSS social worker will assign a rank to each service category to help determine the amount of assistance needed.



**Rank 1:** Independent. Able to perform function without human assistance.

**Rank 2:** Able to perform a function but needs verbal assistance, such as reminding, guiding, or encouragement.

**Rank 3:** Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

**Rank 4:** Can perform a function with only substantial human assistance.

**Rank 5:** Cannot perform the function, with or without human assistance.

**Rank 6:** Requires Paramedical Services.

**Prescribed by a licensed health care professional.**

After assigning a rank in each service category and taking into consideration your individual needs, the social worker will authorize time within or outside the Hourly Task Guidelines. If time is needed outside the guidelines, this is called an *exception*. If you need more or less time outside the guidelines for a specific rank within a service, your social worker will review whether exceptions are needed, as appropriate.

**For more information, contact your local county IHSS office**



## Hourly Task Guidelines

Social workers also use Hourly Task Guidelines (HTGs) as specified in State regulations to determine the appropriate time needed on a weekly basis in each service category. **Regulatory Authority:** Manual of Policies and Procedures (MPP) section 30-757.11 through 30-757.14(k).

**NOTE:** This tool does not invalidate current HTG regulations.

Service Category	Rank 2 (Low)	Rank 2 (High)	Rank 3 (Low)	Rank 3 (High)	Rank 4 (Low)	Rank 4 (High)	Rank 5 (Low)	Rank 5 (High)
Preparation of Meals **	3:01	7:00	3:30	7:00	5:15	7:00	7:00	7:00
Meal Clean-up **	1:10	3:30	1:45	3:30	1:45	3:30	2:20	3:30
Bowel and Bladder Care	0:35	2:00	1:10	3:20	2:55	5:50	4:05	8:00
Feeding	0:42	2:18	1:10	3:30	3:30	7:00	5:15	9:20
Routine Bed Baths	0:30	1:45	1:00	2:20	1:10	3:30	1:45	3:30
Dressing	0:34	1:12	1:00	1:52	1:30	2:20	1:54	3:30
Ambulation	0:35	1:45	1:00	2:06	1:45	3:30	1:45	3:30
Transfer	0:30	1:10	0:35	1:24	1:06	2:20	1:10	3:30
Bathing, Oral Hygiene, and Grooming	0:30	1:55	1:16	3:09	2:21	4:05	3:00	5:06

Service Category	Low (Time Guidelines)	High (Time Guidelines)
Menstrual Care	0:17	0:48
Repositioning and Rubbing Skin	0:45	2:48
Care of and Assistance with Prosthetic Devices	0:28	1:07

### Services with Time Guidelines:

Service Category	Time Guidelines
Domestic Services	6:00 total maximum per month per household unless adjustments* apply; Prorations may apply**
Shopping for Food	1:00 per week per household unless adjustments* apply; Prorations may apply **
Other Shopping/Errands	0:30 per week unless adjustments* apply; Prorations may apply **
Laundry	1:00 per week (facilities within home); 1:30 per week (facilities out of home); per household; Prorations may apply **

\* Adjustments refer to a need met in common with housemates.

\*\* When prorating Domestic Services, the natural or adoptive children of the recipient who are under 14 are not considered (MPP section 30-763.46). Other children in the household (i.e., grandchildren, nieces, nephews, etc.) under 14 are considered.

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NOTE: Current MPP regulations define the HTGs in decimal format, e.g., **1.50 hours**. To align service assessment/authorization with the Case Management, Information, and Payrolling System (CMIPS) data entry, time allocations are re-formatted to **hours:minutes**. This change in format does not contradict current program regulation and reduces confusion regarding the entry of time into CMIPS [MPP sections 30-757.11 through 30-757.14(k)].

## Paramedical Services

### What is a Paramedical Service?

Paramedical services which are allowed as a part of the In-Home Supportive Services (IHSS) program, are paramedical services that a recipient would normally perform for themselves but are unable to do so due to their functional limitation(s). Before paramedical services can be authorized in the IHSS program, they must be ordered by a licensed health care professional. Paramedical services may be performed by an IHSS provider under the direction of a licensed health care professional.

Some examples of IHSS paramedical services are:

- 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 insertions of suppositories
- Tube feeding
- Suctioning

### **You will provide verification of your need for paramedical services.**

IHSS regulations require that either a physician/surgeon, podiatrist or dentist orders and directs the paramedical services. In order to meet this requirement, your doctor will need to complete a paramedical form, and you will also need to sign the form. The completed form must be received by the county before your provider can be paid to provide paramedical services.

### **Let your new provider know what will be expected.**

During the job interview, you should discuss all of the IHSS services, including paramedical services, for which you have been authorized IHSS hours. Some providers may not be comfortable providing some types of personal care and/or paramedical services and may not want the responsibility that comes with this type of care.

## **You must ensure that your provider knows how to perform your paramedical services.**

- You must ensure that your provider knows how to perform your paramedical service(s) properly, and the risks involved. If you are not sure about how the services should be done, you should ask your doctor about this.
- You and your provider should also know what to do if there is an emergency while your provider is performing paramedical services.
- It is very important that your provider NOT perform any paramedical service for you he/she does not know how to do. You can ask your doctor for help in making sure your provider knows how to perform your paramedical service(s).

### **Things to keep in mind:**

- ✓ Always be sure that your provider takes all necessary safety precautions explained by your doctor. This will help to protect the health of both you and your provider.
- ✓ If your need for paramedical services changes, you should contact your social worker so he/she can request a new paramedical order from your doctor.
- ✓ You need to ensure your provider is trained on how to perform any new paramedical services your doctor may order.

**For more information, contact your local county IHSS office.**

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## DEPARTMENT OF HEALTH & SOCIAL SERVICES



# SOLANO COUNTY

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### **INFORMATION FOR IHSS RECIPIENTS HIRING AN IHSS CAREGIVER**

**An IHSS recipient may not hire a care provider until an IHSS social worker has visited the consumer to assess what they are eligible to receive and determine how many hours to authorize.** Once the social worker sends out a NOTICE OF ACTION approving services, then the recipient may hire a caregiver. All new caregivers to the IHSS program MUST complete the Enrollment Process.

### **HIRING A CAREGIVER WHO HAS WORKED FOR IHSS IN THE PAST 12 MONTHS**

Caregivers who have already gone through enrollment process do not need to enroll if they are in eligible status in our computer system. If a consumer is hiring someone who has previously enrolled, the caregiver may call IHSS payroll at (707) 784-8990 to request a continuing packet be sent to them.

### **ENROLLMENT PROCESS FOR **NEW** CAREGIVERS**

There are several steps that a new caregiver needs to perform in order to become an eligible provider and be paid by IHSS. To start this process and schedule an Orientation, the new caregiver must register online at: [www.solanocounty.com/IHSS](http://www.solanocounty.com/IHSS). The steps to complete enrollment include:

Step 1) **Online Registration** – go to the above website and click the green highlighted link that states, **"I have a client and I want to be a provider."** The provider will be taken into the REVA application where they can complete all the registration forms, watch all the videos and schedule an appointment online. This will take roughly 60 minutes to complete.

Step 2) **Attend Orientation** – Caregivers will schedule their Orientation online. At Orientation, caregivers are REQUIRED to present their current government issued photo ID (e.g. California driver's license), their Social Security Card, the name of the consumer they are providing care for, and their start date. This appointment will last 3-4 hours and will include important information about their job, timesheet training, and a presentation from their Union. As part of the enrollment process, caregivers must pay for and pass a background check via Livescan. Livescan services will be available at Orientation from a private vendor for \$47.

Step 3) **Return the SOC 426A Recipient Designation of Provider** – this form is provided to the caregiver during Orientation and is to be signed by the IHSS recipient indicating the provider has been hired and their official start date. Once the new caregiver has completed all the steps of enrollment AND returned the SOC 426A, IHSS staff will link the caregiver to the IHSS recipient and timesheets will become available through the Electronic Timesheet System.

### **HIRING MINORS TO BE AN IHSS CAREGIVER**

All minors under the age of 18 MUST obtain a work permit (including those that have graduated or a copy of HS diploma) to be a care provider. Please contact the high school that the minor attends. All work permits have to be renewed each school year. Additionally, minors will need to get parental permission to have their Livescan done.



## INFORMACIÓN PARA LOS BENEFICIARIOS DE IHSS QUE CONTRATAN A UN PROVEEDOR DE IHSS

**Un beneficiario de IHSS no puede contratar a un proveedor hasta que un trabajador social de IHSS haya visitado al beneficiario para determinar si es elegible para IHSS y autorize sus horas mensuales.** Una vez que el trabajador social envía un AVISO DE ACCIÓN que aprueba los servicios, el beneficiario puede contratar a su proveedor. Todos los nuevos proveedores del programa IHSS DEBEN completar el proceso de inscripción.

### CONTRATAR A UN PROVEEDOR QUE HA TRABAJADO PARA IHSS EN LOS ÚLTIMOS 12 MESES

Los proveedores que ya han pasado por el proceso de inscripción no necesitan inscribirse si están en estado elegible en nuestro sistema informático. Si un beneficiario está contratando a alguien que se ha inscrito previamente, el proveedor puede llamar a la nómina de IHSS al (707) 784-8990 para solicitar que se les envíe un paquete continuo.

### PROCESO DE INSCRIPCIÓN PARA **NUEVOS** PROVEEDORES

Hay varios pasos que un nuevo proveedor debe realizar para convertirse en un proveedor elegible y recibir el pago de IHSS. Para comenzar este proceso y programar una cita para Orientación, el nuevo proveedor debe registrarse en línea:

[www.solanocounty.com/IHSS](http://www.solanocounty.com/IHSS)

Los pasos para completar la inscripción incluyen:

Paso 1) **Registro en línea:** vaya al sitio web, complete todos los formularios, mire todos los videos y programe una cita en línea. Esto tomará aproximadamente 60 minutos en completarse.

Paso 2) **Asistir a la orientación:** los proveedores programarán su orientación en línea. En la Orientation, los proveedores están obligados a presentar su identificación con foto emitida por el gobierno actual (por ejemplo, la licencia de conducir de California), su tarjeta de Seguro Social, el nombre del beneficiario que están cuidando y su fecha de inicio. Esta cita durará de 3 a 4 horas e incluirá información importante sobre su trabajo, capacitación en el horario y una presentación de su Unión. Como parte del proceso de inscripción, los cuidadores deben pagar y pasar una verificación de antecedentes a través de Livescan. Los servicios de Livescan estarán disponibles en la Orientation, y el costo del Livescan es \$47.

Paso 3) **Devuelva la designación de un proveedor por el beneficiario (SOC 426<sup>a</sup>):** este formulario se proporciona al proveedor durante la Orientación y debe ser firmado por el beneficiario de IHSS que indica que el proveedor ha sido contratado y su fecha de inicio oficial. Una vez que el nuevo proveedor haya completado todos los pasos de inscripción y haya devuelto el SOC 426A, el personal de IHSS vinculará al proveedor con el beneficiario de IHSS y las hojas de tiempo estarán disponibles a través del Sistema de planilla electrónica.

### CONTRATACIÓN DE MENORES PARA SER UN PROVEEDOR DE IHSS

Todos los menores de 18 años DEBEN obtener un permiso de trabajo (incluidos aquellos que se hayan graduado o una copia del diploma HS) para ser proveedores. Comuníquese con la escuela secundaria a la que asiste el menor. Todos los permisos de trabajo deben renovarse cada año escolar. Además, los menores deberán obtener el permiso de los padres para que les hagan su Livescan.





## **IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENT'S RESPONSIBILITY TO STOP SEXUAL HARASSMENT IN THE WORKPLACE**

As the IHSS employer, it is your responsibility to keep the workplace safe. You may be sued by your provider/employee if you allow sexual harassment to occur in the workplace.

### **WHAT IS SEXUAL HARASSMENT?**

There are two types of Sexual Harassment:

“Quid pro quo” (Latin for “this for that”) sexual harassment is when someone makes an employee put up with or accept sexual advances or other sexual behaviors in order to gain or keep a job or gain any other work benefit.

“Hostile work environment” sexual harassment occurs when unwelcome comments or behavior based on sex interferes with an employee’s work or creates a very uncomfortable, unfriendly, or upsetting work environment. The employee may experience sexual harassment even if the rude and unwelcome conduct was not aimed directly at them.

Sexual harassment behaviors include but are not limited to:

- Unwanted sexual attention;
- Offering benefits in exchange for sexual favors;
- Threatening to do something to get even with a person after receiving a negative response to sexual attention;
- Staring that makes the person being looked at uncomfortable; sexual movements with the body; or displaying objects, pictures, cartoons, or posters that make a person think of sex;
- Insulting or rude comments about sex;
- Rude name calling, slurs, or jokes that are about sex;
- Sexual words, comments, messages or invitations that make a person feel uncomfortable;
- Unwanted physical touching or assault; or
- Stopping or blocking a person’s movements.

Harassment does not have to be of a sexual nature and can include rude and hurtful remarks about a person's sex or gender. For example, it is illegal to harass a woman by making rude comments about women in general.

Both the victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex/gender.

## **HOW CAN I AVOID SEXUAL HARASSMENT IN THE WORKPLACE?**

As an IHSS employer you must do everything you can to make the work place (your home) free from sexual harassment. Here are some tips that you can use to make sure you or someone in your home are not sexually harassing your provider/employee.

### Observe

- Be aware of sexual-harassment behaviors or incidents and do not do them;
- Be sensitive to individuals who may be upset by the verbal and non-verbal behavior of others;
- Be aware of forms of sexual harassment that are not easily noticed such as staring or unnecessary touching; and
- Watch for the way others in the home act/ behave and do not do anything that may have a negative effect on the way you communicate with others.

### Examine

- Pay attention to the response of others in order to avoid accidentally doing something they would find upsetting;
- Do not automatically think that anyone would enjoy or want to hear sexual jokes or sexual comments about their appearance;
- Do not automatically think that anyone would enjoy or want to be touched, stared at, flirted with, asked on dates or asked for sexual favors;
- Ask yourself if what you are saying or doing might have a negative effect on other people's feelings;
- Examine your behaviors, body language, and comments. Ask yourself, "Could I unknowingly be encouraging sexual feelings or conversations by the way I communicate?"
- Do not take sexual harassment lightly. If you think your provider/employee is being sexually harassed by an individual or a group, do not accept it as a joke. Do not encourage the harasser by smiling or laughing at his/her jokes. Let the harasser know that their behavior is not acceptable. If the behavior persists,

make sure to keep the harasser out of the workplace (home) when the provider/employee is present.

## **WHAT DO I DO IF SEXUAL HARASSMENT IS OCCURRING IN THE WORKPLACE (MY HOME)?**

### Resolve

- Change your behavior or tell the harasser that their behavior is upsetting and makes the workplace uncomfortable.
- Identify your behaviors or tell the harasser what behaviors (gestures, physical or verbal) are upsetting.
- Stop the sexual harassment right away. As the IHSS employer, it is your responsibility to keep the workplace safe.
- You may be sued by your provider/employee if you allow sexual harassment to occur in the workplace.
- Continued harassment by you as the employer, another individual, or a group may lead to your provider quitting and no longer working for you.
- Continued harassment by you as the employer, another individual, or a group may lead to involvement of the Department of Fair Employment and Housing (DFEH) or local law enforcement if the provider feels that they may be harmed or are at-risk.
- For more information on sexual harassment prevention please visit the DFEH website at: [www.dfeh.ca.gov/resources/frequently-asked-questions/employment-faqs/sexual-harassment-faqs/](http://www.dfeh.ca.gov/resources/frequently-asked-questions/employment-faqs/sexual-harassment-faqs/)

## DISCRIMINATION COMPLAINTS

If you think you have been discriminated against you may file a complaint. Where you file your complaint depends on which program your complaint is about.

**For all programs your county agency administers:** Ask your county office for the name, address and phone number of their Civil Rights Coordinator. The county will independently investigate your complaint.

### **For Covered California:**

Civil Rights Coordinator Covered California  
PO Box 989725  
West Sacramento, CA 95789  
(916) 228-8764  
[CivilRights@covered.ca.gov](mailto:CivilRights@covered.ca.gov)

### **For Medi-Cal & Medi-Cal Dental Program:**

You may contact the County's Civil Rights Coordinator, the state Dept. of Health Care Services or the federal Health and Human Services.

Department of Health Care Services,  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413  
(916) 440-7370 or 711 (Calif. Relay Service)  
[CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

### **For all other state programs covered by this pamphlet:**

Civil Rights Unit  
California Department of Social Services  
P.O. Box 944243, M/S 8-16-70  
Sacramento, CA 94244-2430  
(866) 741-6241 (toll free)  
[crb@dss.ca.gov](mailto:crb@dss.ca.gov)

### **To file a CalFresh complaint with the Federal agency:**

United States Department of Agriculture Director,  
Office of Adjudication  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250-9410  
(866) 632-9992 (toll free) or (202) 260-1026  
(800) 877-8339 (hearing impaired)  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

### **To file a complaint with a federal agency:**

Only for discrimination based on Race, Color, National Origin, Disability, Age, or Sex:

Centralized Case Management Operation  
US Dept. Health and Human Services  
200 Independence Ave.,  
S.W. Room 509F HHH Bldg.  
Washington DC, 20201

File a complaint online at:

[US Health & Human Services Civil Rights Complaint Portal](#)

(800) 368-1019 (toll-free)  
(800) 537-7697 (hearing/speech impaired)

### **Time Limits for A Discrimination Complaint**

You must file a discrimination complaint within 180 days of the date you were discriminated against.

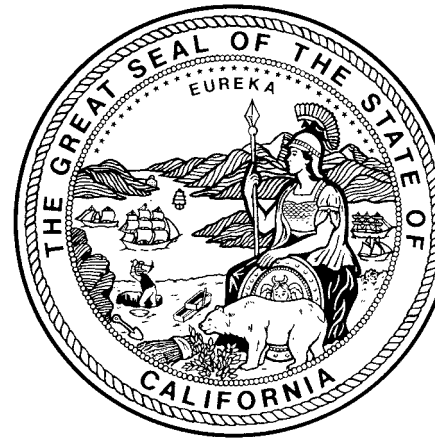
If the discrimination also affected the level of your benefits and services, ask for a hearing.

*A discrimination investigation cannot change your benefit levels or services. Only a state hearing can do that.*

You have 90 days from the date of the notice about your benefits to ask for a hearing. If you file after that time a judge will decide if you can have a hearing.

### **PROGRAMS COVERED BY THIS PAMPHLET**

- Adoption Assistance Program (AAP)
- Alcohol and Drug Program
- CA Food Assistance Program (CFAP)
- CalWORKs
- Cash Assistance Program for Immigrants (CAPI)
- CalFresh (Food Stamps)
- Children's Health Insurance Program (CHIP)
- Covered California Eligibility
- Foster Care/Child Welfare Services
- Housing Programs through County Social Service Departments
- In-Home Supportive Services
- Kinship Guardianship Assistance (KinGAP)
- Medi-Cal – Medi-Cal Dental Program
- Refugee Cash Assistance
- Resource Family Approvals (RFA)
- Approved Relative Caregiver Funding Option Program (ARC)
- Service Animal Allowance



State of California

Health & Human Services Agency  
Department of Social Services

This pamphlet is available from your local County Welfare office and on the [CDSS website](#) in the following languages:

- Arabic
- Armenian
- Cambodian
- Chinese
- Farsi
- Hmong
- Japanese
- Korean
- Lao
- Mien
- Portuguese
- Punjabi
- Russian
- Spanish
- Tagalog
- Ukranian
- Vietnamese

Also available for free in large print, Braille and audio CD.

This publication explains your rights, how to ask for language assistance or a reasonable accommodation for a disability or impairment, and how to file a discrimination complaint.

# YOUR RIGHTS

## UNDER CALIFORNIA PUBLIC BENEFITS PROGRAMS



..... for people applying for or receiving public aid in California



Tell us if you need help because of a disability.



Ask for a free interpreter

Public benefit agencies comply with Federal and State law, and may not discriminate, exclude, or provide you aid, benefits or other services that is different from what is provided to others

## YOUR RIGHTS

All people and organizations providing public assistance must respect your rights. They can help you understand and apply for benefits and services.

You have the right to an interpreter free of charge.

- أن اجم يروف مجرتم ولع لوصحل ال قحي
- Դիմելը դևևեք թարգմանչի իրավունք՝ անվճար
- မုဒကမာဒလ်ဒုဏ်ဒဗ္ဗလ်မုဒကပကပုဂ်ဇာလ် သံဝယဇကဇီဇ
- 您有权免费获得口译员
- دینک تفایرد ناگیار ، مجرتم کی دیراد قح امش
- Koj muaj txoj cai kom tus neeg txhais lus tsis raug them nqi
- あなたには無料の通訳をもらう権利があります
- 귀하는 통역사를 무료로 이용할 권리가 있습니다
- ທ່ານມີວິໄນໄດ້ຮັບບາງພາສາໂດຍບໍ່ເສຍຄ່າ
- mula sa nakasulat na ingles hanggang sa nakasulat
- Você tem direito a um intérprete, gratuitamente
- ਤੁਹਾਡੇ ਕੋਲ ਦੁਆਰਾ ਦਾ ਅਧਿਕਾਰ ਹੈ, ਮੁਫਤ
- Вы имеете право на бесплатный переводчик
- Tienes derecho a un intérprete, gratuito
- May karapatan ka sa isang tagasalin, nang walang bayad
- Ви маєте право на перекладача безкоштовно
- Bạn có quyền phiên dịch, miễn phí

Ask the agency responsible for your benefits or services for language assistance.

## YOU HAVE THE RIGHT TO:

1. Understand what is happening with your application or benefits.
2. Get written and oral explanations about your application or benefits. You have a right to a free interpreter for this information. Ask the agency responsible for your benefits/ services for language assistance.
3. If the state agency has the written explanation in non-English languages, you have a right to get this information in those languages.

4. Get a receipt for documents you hand-deliver.
5. See your case record
6. See laws and regulations about your program.
7. Ask a judge to review any agency action or inaction about your eligibility, benefits, or services.
8. Not face discrimination in applying for or receiving program benefits or services.
9. File a complaint about discrimination.
10. Get a “reasonable accommodation” if you have a disability or impairment. This is special help for you to access or participate in the program.
11. Have your information kept confidential.
12. Be treated with courtesy and respect.

## IF YOU ARE HAVING PROBLEMS WITH YOUR BENEFITS OR SERVICES:

**Keep records** of all your information, documents, and contacts with the agency.

**Get a receipt** when you turn anything in.

**Bring someone with you** to a meeting with the agency.

**Complain.** There are 4 ways to do this:

**Informal:** You can ask to speak to a supervisor to talk about problems with a worker or to go over the rules and the proposed action on your benefits or services.

**State Hearing:** Ask for a state hearing if you disagree with an action or agency inaction about your benefits or services. You must ask for a hearing within 90 days of the date of agency’s notice about the benefits or services. If you ask for a hearing after 90 days, a judge will need to see if you have a good reason for asking late, like illness or a disability.

**Discrimination complaint:** See Discrimination Complaint section in this pamphlet

**Grievance:** You can file a complaint with the agency if it has a grievance procedure.

**This does not protect your benefits in the way that asking for a state hearing does.**

## STATE HEARINGS

You can also ask for a state hearing if the agency is not giving you benefits or services you think you should get. See PUB 412 for State Hearing information.

**If your problem is with General Assistance** or general relief, you must ask for a county hearing.

**If your problem is with Social Security** benefits, you must contact the Social Security Administration.

## ASKING FOR A STATE HEARING

[Appeals Case Management System Online](#) - you can create an account to get all your appeal information online, or submit an online request without an account

Phone: 1-800-743-8525  
Email: [SHDCSU@dss.ca.gov](mailto:SHDCSU@dss.ca.gov)  
Fax number: 833-281-0905  
Mail: State Hearings Division  
PO Box 944243, MS 21-37  
Sacramento, CA 94244-2430

## EXPEDITED HEARINGS

If you have an urgent problem, you can ask for an “expedited” hearing to have the hearing held sooner. For Medi-Cal, this is when regular hearing scheduling could seriously jeopardize the enrollee’s life, physical or mental health.

## PROHIBITED DISCRIMINATION

Under State law, agencies may not deny benefits or services or provide you aid that is different from aid provided to others based on:

*Race, Color, Ancestry, National Origin (including language), Ethnic Group Identification, Age, Physical or Mental Disability, Medical Condition, Religion, Sex, Gender, Gender Identity or Expression, Sexual Orientation, Marital Status, Domestic Partnership, Political Affiliation, Citizenship, Immigration Status, and Genetic Information.*

Federal laws also prohibit discrimination on several, although not all, of the bases listed above. Federal Law also prohibits:

Delaying or denying the placement of a child for adoption or into foster care based on the race,

color, or national origin of the adoptive or foster parents, or the child;

Denying any individual the opportunity to become a foster or adoptive parent based on the race, color, or national origin of the individual or child involved.

## EXAMPLES OF DISCRIMINATION

The agency does not give you a free interpreter.

A worker tells a certain ethnic group about more programs and services than people of other ethnicities.

The agency won’t help you get large print or Braille versions of written information to help you with visual impairment.

A worker learns of your religion or sexual orientation and then treats you differently.

You can’t get to appointments because the agency building does not have an elevator and you have a disability limiting your use of stairs.

You cannot get your wheelchair into examination, interview rooms or restrooms.

The agency does not want you to have training because they say you are “too old.”

## REASONABLE ACCOMMODATIONS: SPECIAL HELP FOR PEOPLE WITH DISABILITIES

A person with a physical or mental disability may have the right to a free reasonable accommodation from a government agency to help them access and participate in programs and services. If you have a disability and need extra help, you should ask the local or state agency responsible for your application or benefits/services. The agency must work with you to determine what help you need. If the agency is denying you an accommodation, it must give you written notice stating the reason for the denial. The notice must list your appeal rights.



## **Frequently Asked Questions:**

**Q: What if my paycheck never arrives, is lost, or destroyed?**

A: Contact IHSS payroll and request to complete an affidavit to receive a replacement check. DO NOT cash the original check if it arrives or is found. Cashing both checks is fraud and is punishable under Penal Code §487.

**Q: As an IHSS provider, what could happen if I pay someone else to fill in for me when I am not available?**

A: Since only IHSS providers can receive an IHSS paycheck, the IHSS provider will have to repay the program the subcontracted wages and face tax implications and possible prosecution. Subcontracting IHSS services is a punishable crime under Penal Code §72.

**Q: While in the hospital can my provider be paid to provide translating services, sitting at my bedside or bring me food from home?**

A: No. Your IHSS provider cannot get paid IHSS hours for any duties performed while you are in the hospital.

**Q: The recipient I care for has added some household chores to my daily duties. Can I claim hours on my timesheet for things like pet care, checking the mail or paying bills if I am asked?**

A: No. The IHSS program is designed to help keep the recipient out of a hospital or skilled nursing facility. The only job duties authorized by IHSS are those approved by the social worker to keep the recipient safely in his/her home.

**Q: If my provider is unavailable and I don't have another official provider, what should I do?**

A: Call your assigned IHSS social worker to request a referral to the Solano County Public Authority. The Public Authority has many authorized and trained providers ready and available to provide care for you if your provider is unavailable.

**Q: Who should I call if I feel that my provider is putting me at risk or neglecting me?**

A: If you feel your provider is placing you at risk in any way, immediately call, Solano County Adult Protective Services at (800) 850-0012. In an emergency, call 911.

## **Overtime Violations:**

Although Violations are not considered fraud at this time, there are significant consequences for claiming IHSS hours beyond the designated limits.

### **TO AVOID VIOLATIONS:**

- Only work the total maximum weekly hours assigned by your recipient.
- Know and understand when your recipient(s) must request county approval for adjusting hours.
- DO NOT work more than a total of 66 hours per workweek if you work for multiple recipients.
- DO NOT travel more than 7 hours per work week when traveling **directly** from one recipient to another on the **same** workday.

### **VIOLATION CONSEQUENCES:**

1. The provider and each of their recipients will get a notice of the violation with information on how to request a county review.
2. The provider will have a choice to complete a one-time training about the workweek and travel time limits within 14 calendar days of the date of the notice. If the provider chooses to complete the training, he/she will avoid receiving a second violation. If the provider does not complete this training, he/she will receive a second violation.
3. The provider will be suspended as an IHSS provider for three months.
4. The provider will be terminated as an IHSS provider for one year.

For more information and training videos, regarding overtime and violations, go to:

**<http://www.cdss.ca.gov/agedblinddisabled/>**

## **In-Home Supportive Services**

# **Fraud Prevention, Detection & Investigation**



## ***Helping Recipients & Providers Understand & Prevent Fraud***

**County of Solano**

**In-Home Supportive Services**

**275 Beck Avenue, MS 5-110**

**Fairfield, CA 94533-0677**

**(707) 784-8259 Option 1**

**(707) 784-2440 Fax**

**[IHSSProgramIntegrityUnit@solanocounty.com](mailto:IHSSProgramIntegrityUnit@solanocounty.com)**

***If you suspect fraud,  
call your IHSS social worker,  
or call (707) 784-8259, Option 1, or  
call the Medi-Cal Beneficiary Fraud & Abuse  
Hotline at 1-800-822-6222.***

### **IMPORTANT NUMBERS:**

**IHSS Intake Line: (707) 784-8259 Option 1**

**IHSS Payroll Line: (707) 784-8990**

**Provider Enrollment Line: (707) 784-8753**

**Adult Protective Services: (800) 850-0012**

**FLSA/Overtime Line (707) 784-8003**

*This brochure is to help you understand how to avoid claiming IHSS services or payments you are not entitled to, and to prevent IHSS fraud.*

## **What is Fraud?**

When a person makes a deliberate attempt to deceive or to obtain something in an unlawful or unfair manner, this is fraud.

*Welfare and Institutions Code section 12305.81(a) dictates that anyone convicted of a violation of California Penal Code section 273a(a), 368, or “fraud against a government health care or supportive services program” (which includes IHSS fraud) is ineligible to be an IHSS provider for 10 years.*

## **Common Fraud Issues in IHSS**

### **RECIPIENT’S TRUE NEED**

Recipients and providers may not make false statements about the extent of the recipient’s disabilities or claim that the recipient needs more hours than are actually necessary for his/her proper in-home care.

### **TIMESHEETS**

Providers may not claim more hours on a timesheet than actually worked. This is a crime punishable under Penal Code §72 and §487(a).

- If the recipient is not available to sign the timesheet, the provider **may not** sign it for him/her. **The recipient is the employer.** Only the recipient or an authorized signer can sign a timesheet **after** all hours claimed have actually been worked.
- If your recipient dies, **do not** sign the timesheet for him/her, and **do not** claim any hours after the recipient’s death. Instead sign your own name and write “deceased” and the date he/she died in place of the recipient’s signature.
- **Do not** turn in the timesheet early. You must submit timesheets at the end of the pay period.

### **RECIPIENT OUT OF THE HOME**

A provider cannot be paid to take care of a recipient who is out of the home due to:

- Hospitalization
- Placement in a skilled nursing facility
- Jail
- Living out of the county

IHSS is designed to help a recipient remain safely in his/her own home; therefore you cannot claim hours worked or turn in timesheets for work done while the recipient is temporarily residing **out of the home.**

When a recipient returns home, a provider cannot make-up hours not worked while the recipient was out of the home (see overtime limits).

### **CHECK SPLITTING**

One type of IHSS fraud is when a provider submits timesheets and accepts payment for work that was never performed, and then splits the pay with the recipient. This is called **Check Splitting**. This type of **Check Splitting** is fraud. Both the provider and recipient can be criminally prosecuted for theft and submitting a false timesheet under Penal Code §487(a) or Penal Code §72.

### **SUBCONTRACTING**

An official provider cannot hire someone to perform IHSS duties while claiming these hours on his/her own timesheet.

All persons providing care must be an official provider who has been approved and authorized through IHSS.

### **USING A FALSE IDENTITY**

Providers **must** use **their own** personal information, such as name, address and Social Security Number. Using a false identity is a crime under Penal Code §529.5.

## **Recipient Reporting Requirements**

Recipients must report...

- All persons living in the household, whether or not they are related.
- If you are living with your provider or your spouse, regardless of the status of your marriage.
- Changes in your living situation, your marital status, your address, your phone contact information, your level of disability, or your return to employment.

These changes might affect the amount of services available to you and **MUST** be reported.

## **Prosecution**

If you are reported for IHSS fraud, an investigation will be conducted. IHSS fraud will be prosecuted. If information is found that you are defrauding by withholding income information to another program, a referral will be sent to the appropriate agency for immediate action.

## **Unannounced Visits**

Fraud Investigations staff make unannounced home visits to both recipients and providers. Cases are randomly selected for the unannounced visits.

## **Reporting a New Provider**

Recipients and providers need to report any change in providers, **immediately**. Providers will only be paid back to the date that the recipient reports the change in provider to the IHSS office, or the date the provider registers their provider application online. Please report changes to your Social Worker.



## Searching for senior services?

Visit [www.SolanoCares.org](http://www.SolanoCares.org),  
your one-stop resource

Seniors, their family members and service providers can now get connected to a variety of resources at the click of a button:

- Check out a comprehensive directory of senior services
- Learn about health topics through the Learning Center
- Find health and wellness classes and events in the community

**SolanoCares**.org  
YOUR ONE-STOP RESOURCE



## ¿Está buscando servicios para personas mayores de edad?

Visita [www.SolanoCares.org](http://www.SolanoCares.org),  
Su recurso integral

Ahora las personas mayores, sus familiares y proveedores de servicios pueden conectarse a una variedad de recursos solo con un clic de un botón:

- Consulta el Directorio de Servicios, un directorio completo de programas, grupos de apoyo y recursos
- Aprende sobre varios temas de salud a través de la Biblioteca
- Encuentra clases de salud y bienestar y eventos en la comunidad

**SolanoCares**.org  
YOUR ONE-STOP RESOURCE



**Solano County**  
**Older & Disabled Adult Services**  
**Contact Information**

**In-Home Supportive Services (IHSS) Social Worker**

Name: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Available Days/Hours: \_\_\_\_\_

For inquiries regarding your In-Home Supportive Services and to report changes listed on your Recipient Reporting Requirements – e.g., changes in your medical condition, hospital stays, provider changes, household changes and/or change of address and/or telephone number.

**IHSS Main Office/Intake/Referral Line: (707) 784-8259**

For general information, to reach specific departments, or for new IHSS applicants

**APS (Adult Protective Services): (707) 784-8260**

To report any instances of suspected elderly or disabled adult abuse

**AAA (Area Agency on Aging): (707) 784-8960**

The mission of the Napa/Solano Area Agency on Aging is to advocate for and enhance the quality of life, health, independence, and dignity of older adults in Napa and Solano counties.

Our state mandate is to provide leadership in addressing issues that relate to older adults, develop community-based systems of care that provide services which

support independence, and promote citizen involvement in the planning and delivery of services.

### **Electronic Services Portal**

E-Timesheets: <https://www.etimesheets.ihss.ca.gov>

ETS Help Desk: (866) 376-7066 Option 4

Electronic Visit Verification (Telephone Timesheet System): (833) 342-5388

### **Payroll: (707) 784-8990**

For inquiries regarding provider employment verification and payments/checks. To request direct deposit call (866) 376-7066 or request through the Electronic Services Portal listed above.

### **Provider Enrollment Line: (707) 784-8753**

New providers need to enroll online at [Solanocounty.com/IHSS](http://Solanocounty.com/IHSS)

Continuing providers need to obtain a “continuing enrollment packet” by calling (707) 784-8990

### **Public Authority: (707) 784-8200**

New provider registry is for individuals wishing to become providers or who want to be on the registry list and for providers inquiring about health benefits. IHSS recipients can call this number to request a provider list or if seeking assistance with interviewing providers.

### **FLSA Unit – Fair labor Standards Act: (707) 784-8003**

For questions regarding overtime, provider work week agreements, provider violations, and travel time for providers working for more than one IHSS recipient.