

In-Home Supportive Services Caregiver Registry Handbook



Department of Social Services
Public Authority

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San Luis Obispo County IHSS Caregiver Registry Handbook

TABLE OF CONTENTS

DEFINITION OF TERMS	2
ADULT SERVICES CONTACT INFORMATION	2
ROLES AND RESPONSIBILITIES	3
IHSS RECIPIENT	3
IHSS PROVIDER.....	3
STATE OF CALIFORNIA IHSS.....	3
SAN LUIS OBISPO COUNTY IHSS SOCIAL WORKER	3
SAN LUIS OBISPO COUNTY PUBLIC AUTHORITY	3
COMMUNICATING WITH YOUR RECIPIENT	3
PROVIDER RESPONSIBILITIES:	3
RECIPIENT RESPONSIBILITIES:.....	3
COMMUNICATING WITH CAREGIVER REGISTRY	4
REMOVAL FROM REGISTRY	4
MINOR COMPLAINTS.....	4
MAJOR COMPLAINTS	4
FIRST OR SECOND MINOR COMPLAINT	5
THIRD OR MAJOR COMPLAINT	5
CAREGIVER REGISTRY COMPLAINT PROCEDURE.....	5
GRIEVANCE PROCESS	5
UNAUTHORIZED TASKS	5
UNIVERSAL PRECAUTIONS	6
SAN LUIS OBISPO CAREGIVER REGISTRY PROVIDER GUIDELINES	7
PERSONAL SAFETY	7
FINANCIAL SAFETY	7
MEDICAL SAFETY	7
HOME SAFETY.....	7
MANDATED REPORTING	8
DISPUTES WITH RECIPIENT.....	8
CONFIDENTIALITY STATEMENT	10
REGISTRY AGREEMENT	10

DEFINITION OF TERMS

IHSS: The In-Home Supportive Services (IHSS) Program helps pay for services provided to aged, blind, or disabled individuals who are at risk of out of home placement and cannot live at home safely without in-home care.

PA: Public Authority (PA) is responsible for providing enrollment services for new caregivers, managing background screenings with the Department of Justice, and providing services to assist IHSS recipients in finding caregivers.

Caregiver Registry: The Caregiver Registry is a program that brings together IHSS recipients who need care in their own homes with those who want to provide that care.

IHSS Provider: IHSS Providers, or caregivers, are individuals that have successfully completed provider enrollment and have been approved by Public Authority to provide services to IHSS Recipients.

IHSS Recipient: Also known as Consumers, IHSS Recipients rely on IHSS to receive services that allow them to stay in their home safely and avoid out of home placement.

APS: Adult Protective Services (APS) provides emergency intervention to dependent adults and seniors. It investigates allegations of abuse, intervenes when necessary, and provides community resources and education. *APS Services are voluntary.*

ADULT SERVICES CONTACT INFORMATION

Adult Services Main Line: (805) 781-1790

- Adult Protective Services (APS)
- In-Home Supportive Services (IHSS)
- IHSS Public Authority (PA)

How to Make an APS Report - If an **EMERGENCY**, Call **9-1-1**

- Non-Emergency Calls **(805) 781-1790** OR **Toll Free 1-800-834-3002** (M-F 8 to 5)
- After Business Hours **Toll Free 1-844-729-8011** (24-Hour Line)

IHSS Applications: (805) 461-6110 or (805) 474-2103

PROVIDER ORIENTATION QUESTIONS

IHSS Public Authority (PA): (805) 474-2102

- General Questions, IHSS Provider Enrollment Process, Provider Orientation, Background Checks, Administrators Workers' Compensation, & Wage Verifications

IHSS Provider Orientation Reservation Line: (805) 474-2055

PAYROLL/TIMESHEET QUESTIONS

Electronic Services Portal: www.etimesheets.ihss.ca.gov

Electronic Services Portal Help Desk: (866) 376-7066 option 4

Atascadero IHSS Office: (805) 461-6110

- **Covering IHSS clients who live in** Atascadero, Bradley, California Valley, Cambria, Cayucos, Creston, Los Osos, Morro Bay, Paso Robles, San Miguel, Santa Margarita, San Simeon, Shandon, Templeton

Arroyo Grande IHSS Office: (805) 474-2103

- **Covering IHSS clients who live in** Arroyo Grande, Avila Beach, Grover Beach, Nipomo, Oceano, Pismo Beach, San Luis Obispo, Shell Beach

To Set Up Direct Deposit: 1-866-376-7066

Telephone Timesheet Help Desk: (844) 576-5445

ROLES AND RESPONSIBILITIES

IHSS RECIPIENT

- Hires, supervises & Terminates providers
- Considered the “employer” of the provider
- If recipient has a share of cost for Medi-Cal, he/she is responsible for paying the provider, up to the amount of the share of cost. Remaining pay would be issued by the State of California.

IHSS PROVIDER

- Considered the “employee” of the recipient
- Responsible for providing the authorized services for the IHSS Recipient

STATE OF CALIFORNIA IHSS

- Provides services for Payroll, Worker’s Compensation, Disability & Unemployment

SAN LUIS OBISPO COUNTY IHSS SOCIAL WORKER

- Determines IHSS eligibility for applicants
- Responsible for conducting reassessments and acting upon changes reported by IHSS recipients
- Adjusts authorized hours when necessary
- Answers questions related to timesheets or payroll

SAN LUIS OBISPO COUNTY PUBLIC AUTHORITY

- Conducts orientation and background checks for providers
- Assists providers with Worker’s Compensation process
- Maintains a Caregiver Registry
- Provides wage/employment verifications
- Facilitates matches between IHSS recipients and providers on the Caregiver Registry

COMMUNICATING WITH YOUR RECIPIENT

PROVIDER RESPONSIBILITIES:

- *If you work for only one recipient*, you may work all of his/her authorized hours. If you work for *more than one recipient*, make sure the total hours you work in a workweek for **all** recipients does **not** total more than 66 hours per week.
- Tell the recipient when and how many hours you are available. This helps the recipient decide if he/she will need to hire additional providers to cover their authorized hours.
- Do not work or claim more hours than you are assigned by your recipient(s).
- Read the **Provider Notification of Recipient Authorized Hours and Service and Maximum Weekly Hours (SOC 2271)** which tells you your recipient’s monthly authorized hours, maximum weekly hours and the services you are allowed to perform.

RECIPIENT RESPONSIBILITIES:

- Set a schedule for each provider so that the total hours worked by all providers is not more than their monthly authorized hours or maximum weekly hours.
- Read the **Recipient Notice of Maximum Weekly Hours (SOC 2271A)** which will tell the recipient how many maximum weekly hours they can have their provider work for them.
- Be aware if their provider works for other recipients. They may have to hire another provider if he/she cannot work all of the recipient’s authorized IHSS hours.
- Understand how to adjust their hours from week to week if there is a need and when to obtain county approval or not.

COMMUNICATING WITH CAREGIVER REGISTRY

The Provider is responsible for contacting and/or responding to Public Authority to update his/her information. The Provider must report immediately if there is a change in the Provider's availability to work, schedule, or other important information. If a Provider fails to update his/her information, he/she will **NOT** be referred for future jobs until their file is updated.

The following information should be updated:

1. Availability for referrals to recipients, including changes to work availability or work preferences (e.g. changes in recipients, changes in available hours, when available for new work assignments).
2. Changes in phone number or address.
3. When possible, provide a two-week notice if the provider will not be able to continue working for the recipient, ***unless there is a dangerous or hostile environment.***

Note: This list is not complete. It only includes some of the more common changes.

REMOVAL FROM REGISTRY

San Luis Obispo County Public Authority retains the exclusive right to list, refer, suspend, or remove an individual Provider from the Registry. Public Authority Staff will review complaints and determine which actions to take, including the right to remove a Provider from the Registry, subject to the Grievance Process described in this handbook. If Public Authority decides to suspend or remove an individual from the Registry, the Provider will receive written notice of the action.

MINOR COMPLAINTS

Public Authority may remove a Provider from the Registry after three (3) minor complaints have been reported within a six (6)-month period that have been determined credible by Public Authority. Minor complaints are complaints that impact receipt of authorized services for IHSS recipients or which may cause other avoidable disruptions of service provision or program compliance. Examples of minor complaints include, but are not limited to:

1. Late for work without reasonable cause.
2. Failure to appear at scheduled interviews without notice.
3. Rude, discourteous, or inappropriate behavior towards recipients, their representatives, or County staff.
4. Refusal to do the authorized tasks agreed to upon hire or not performing authorized tasks during work hours.
5. Not returning IHSS related calls from recipients within 48 hours or without good cause.
6. Failure to return communications from Public Authority within 48 hours or without good cause.
7. Failure to inform Public Authority staff of changes when necessary.
8. Quitting a Registry assignment or failure to give two-week notice without good cause.
9. Bringing anyone with you to the recipient's home even if allowed by the recipient.

Note: This is not a complete list. The removal of a Provider may be based on reasons other than those mentioned above.

MAJOR COMPLAINTS

Public Authority may remove a Provider from the Registry after one (1) major complaint has been determined credible by Public Authority. Major complaints are complaints which pose a health or safety risk to either the IHSS recipient, program staff, or others. Examples of major complaints that can result in suspension or removal include, but are not limited to:

1. Theft
2. Abuse, including:
 - a. Physical
 - b. Financial
 - c. Sexual

- d. Mental
 - e. Verbal
 - f. Or Neglect
3. Fraud
 4. Conviction of a crime
 5. Possession of a firearm or other weapon while providing IHSS Services
 6. Being intoxicated or under the influence or possession of any illegal substance while performing services for recipients.
 7. Dishonesty or misrepresentation of job duties
 8. Unauthorized disclosure of confidential information
 9. Asking recipient to supplement allowable IHSS wages for authorized IHSS services

Note: This is not a complete list. The removal of a Provider may be based on reasons other than those mentioned above.

FIRST OR SECOND MINOR COMPLAINT

If a first or second minor complaint is determined to be credible by Public Authority, PA will send, via US mail, a written statement describing the complaint.

Public Authority will notify the Provider that a third minor or one major complaint may be grounds for removal or suspension from the Registry.

If the written statement is not returned by the Post Office to Public Authority, it will be considered as received.

THIRD OR MAJOR COMPLAINT

If a third minor (within a six-month period), or one major complaint is determined credible by Public Authority, the Provider will be removed from the Caregiver Registry. Public Authority will provide the Provider with written notification of the removal.

CAREGIVER REGISTRY COMPLAINT PROCEDURE

When the Caregiver Registry is made aware of a complaint against a Caregiver Registry Provider, the Caregiver Registry will evaluate the complaint and determine what actions to take. The Caregiver Registry will conduct an investigation, which may include interviewing involved parties. The Registry Provider must cooperate with the Caregiver Registry. Failure to cooperate may result in the immediate removal of the Registry Provider.

GRIEVANCE PROCESS

If a Provider is removed from the Caregiver Registry, he/she may file a written appeal of the removal from the Registry with Public Authority within ten (10) calendar days from the date on the notice. The Department shall designate an impartial hearing officer, a person who is not directly involved in the administration of Public Authority or the Caregiver Registry. That designated person shall be a Division Manager (DM) who does not oversee Public Authority. The appeal will be reviewed by the DM and he/she will issue a written decision within fifteen (15) calendar days from when the appeal was received.

UNAUTHORIZED TASKS

If a service is NOT listed on your recipient's Notice of Action (NOA), **it has not been authorized by the IHSS Program and IHSS cannot pay you for providing this service.** For example, IHSS will not pay for:

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

Additionally, IHSS cannot be provided in the following situations:

- **When a recipient is in the hospital, nursing home, or board and care facility.**
 - If you choose to visit the recipient in one of these locations and help with tasks such as feeding the recipient, IHSS cannot pay you for these services. The hours you spend providing the service are not a part of the IHSS program and cannot be put on the timesheet.
- **Cleaning the recipient's home after they go into an institution.**
 - IHSS is not authorized to pay you to clean the home after the recipient goes into a hospital, nursing home, or board and care facility.
- **While the recipient is on vacation.**
 - If you are going to accompany the recipient while on vacation, you or the recipient should talk with the county social worker before you go. Find out if you can provide IHSS to the recipient during the vacation, and if there are any other limitations on the travel.
- **While the recipient is incarcerated.**
- **After the recipient's death.**
 - If you claim time worked on your timesheets for having performed services after the recipient's death and are paid for these services, you will have to repay any money that you receive and/or may face criminal penalties.

UNIVERSAL PRECAUTIONS

Universal precautions are guidelines you follow to prevent the spread of infection, including influenza and other airborne diseases. It means using precautions when handling blood & other body fluids of ALL people regardless of one's knowledge of whether the person is infected with a specific communicable disease. Using universal precautions will protect you from communicable diseases such as HIV or Hepatitis B & C. It will also result in fewer illnesses for you & the IHSS consumers you provide care for.

What Precautions Must I Take When Caring for Someone?

1. You should wash your hands with soap and running water at regular times during your workday – and especially when you:
 - a. Come into contact with a person's blood and/or body fluids.
 - b. Prepare food
 - c. Perform personal care
 - d. Perform housecleaning tasks
 - e. Have physical contact with your client
2. Wear disposable gloves when there is a chance of being in contact with blood, semen, vaginal secretion, mucous membranes or other body fluids.
3. Take time to remove your gloves correctly to avoid the risk of contamination.
 - a. With right hand, pinch palm of glove on left hand and pull left glove down and off fingers.
 - b. Form left glove into a ball and hold in fist of right hand.
 - c. Insert 2 fingers of left ungloved hand under inside rim of right glove on palm side.
 - d. Push glove inside out and down onto fingers and over balled left glove.
 - e. Grasp gloves, which are now together and inside out, with left hand and remove from right hand.
 - f. Discard gloves in plastic bag with any used first aid material and seal bag.
 - g. WASH YOUR HANDS!!
4. Avoid punctures with objects that contain blood of others.
5. Carefully dispose of trash that contains body fluids. Use special containers with plastic liners for disposal of refuse that contains blood or for any spills that may contain blood.
6. Wash soiled laundry in HOT water and dry on HIGH heat.
7. Carefully dispose of sharp objects such as razors and needles. Use containers that cannot be broken or penetrated. Do not bend break or recap needles. Handle diabetes lancets with caution to avoid needle sticks.

- Clean surfaces that have blood or body fluids containing blood in them with a 1:10 solution of bleach and water mixed fresh daily. Wash dishes and utensils in hot, soapy water. Rinse in very hot water and let them air dry.

SAN LUIS OBISPO CAREGIVER REGISTRY PROVIDER GUIDELINES

When working as a Caregiver Registry Provider, use universal precautions with every client, every time! Ensure that you wear appropriate clothing when working, such as wearing closed-toed shoes and clothes that are not loose or flowy to promote safety as you complete IHSS Tasks. Additionally, provide personal care only when authorized by an IHSS social worker and only when you have received directions from the recipient. Below are additional tips to promote a safe working environment for you and your recipient:

PERSONAL SAFETY

- Avoid an IHSS client's home if inappropriate behavior is exhibited. **Leave immediately and contact the Caregiver Registry at (805) 474-2107.**
 - You may make sexual harassment complaints with the Department of Fair Employment and Housing (DFEH) by calling 800-884-1684.
- If the client does not answer the door, do not enter the home. Notify IHSS Social Worker: **Arroyo Grande IHSS (805) 474-2103 or Atascadero IHSS (805) 461-6110**
- Only lift up to 25 pounds. For example, when carrying groceries, cleaning supplies or helping clients needing transfer assistance.
- Use step stools when necessary. Avoid climbing onto unstable surfaces.
- If you are injured while performing IHSS services, contact Public Authority to request Workers' Compensation paperwork at (805) 474-2102.

FINANCIAL SAFETY

- Do not accept tips or gifts of any kind from IHSS clients.
- Do not borrow or lend money from or to IHSS client.
- Do not ask IHSS client to supplement the allowable IHSS wage.
- Encourage your client to keep bank accounts and/or ATM PINs secure.
- Unless you are an authorized card user, and have received permission from the client, do not use a recipient's Electronic Benefit Transfer (EBT) card.
- If eligible to Travel Time, contact County IHSS Payroll. IHSS clients do not reimburse for mileage.
- Use client's phone for IHSS-related calls ONLY.

MEDICAL SAFETY

- As a caregiver, you are not licensed to dispense or administer medications, unless you have received proper training and are approved for paramedical services.
- You may remind IHSS clients when to take medications and may set up Medi-boxes.
- Clipping a client's finger or toe nails is not an allowed IHSS service.
- Do not purchase or provide alcohol or illegal drugs for clients. Possession of illegal substances is a crime and grounds for prosecution.
- Do not purchase or provide cigarettes for clients.

HOME SAFETY

- Use cleaning products only as intended by the manufacturer.
- Scrubbing walls, ceilings, cupboards and windows, or turning mattresses are not approved IHSS service tasks unless the recipient has been approved for a one-time deep cleaning.
- Shampooing carpets or stripping floors are not approved IHSS service tasks unless the recipient has been approved for a one-time deep cleaning.
- Cleaning up pet feces or performing yard work are not approved IHSS service tasks unless the recipient has been approved for a one-time deep cleaning or yard cleanup.

MANDATED REPORTING

As an In-Home Supportive Services (IHSS) provider, you are a “Mandated Reporter”. Being a mandated reporter means that **by law** you must report any suspected abuse immediately to Adult Protective Services (APS) or Child Welfare Services (CWS). The abuse might be of the Recipient you serve, someone else in the Recipient’s home, or anyone else, whether you are working or not.

ADULT PROTECTIVE SERVICES: (805) 781-1790 or (844) 729-8011

CHILD WELFARE SERVICES: (805) 781-KIDS

DISPUTES WITH RECIPIENT

It is the responsibility of the Provider and the Recipient to reach an agreement on the number of hours that the Provider will work, the days and time the Provider is expected to work, and the AUTHORIZED IHSS SERVICES the Provider is expected to perform. The Provider must keep in mind the total number of hours the recipient is authorized to receive and not exceed this number even if the recipient has multiple Providers.

It is the responsibility of the Recipient to provide directions for performing authorized IHSS services. If a dispute arises between the Provider and the Recipient, it is the responsibility of both parties to reach an understanding and find a solution. The Caregiver Registry may provide resources for mediation. However, neither the Caregiver Registry nor Public Authority will be responsible for mediation.

CONFIDENTIALITY STATEMENT

I understand that I cannot give information about IHSS services rendered, including whether a person receives IHSS, or the specific service and hours authorized for clients. I understand that I cannot discuss any information about the recipient to any individuals or organizations without the written permission of the recipient or the person who is legally responsible for that individual. I understand that if I share information about a recipient, I may be found guilty of a crime and removed from the Caregiver Registry.

Signature: _____

Date: _____

REGISTRY AGREEMENT

As a San Luis Obispo County Caregiver Registry Provider, I agree to:

- Safeguard the IHSS recipient's confidential information
- Abide by the Caregiver Registry Guidelines
- Report any changes to Public Authority as soon as possible
- Not perform unauthorized tasks
- Work with the Recipient on setting a weekly schedule
- Communicate with the Recipient if I am having issues with them
- Provide two-week notice when separating from a recipient

I agree to abide by the statements above. I understand failure to abide by these statements may result in termination from the Caregiver Registry. I understand that if three minor or one major complaint against me are substantiated I will be removed from the Caregiver Registry.

Signature: _____

Date: _____

PA Staff Signature: _____

Date: _____