



BACK-UP PROVIDER SYSTEM

Are you available to help IHSS recipients when they have an urgent need? The Public Authority Back-Up Provider System (BUPS) provides IHSS recipients with a temporary back-up provider if the recipient has an urgent need that cannot be met by an existing provider or the urgent need cannot be met because the recipient is transitioning to home-based care and does not yet have an identified provider.

Once you are an approved Registry provider, you may apply to also be a BUPS provider. If you meet BUPS requirements, your name will be put on a list of eligible BUPS providers. If a client contacts their IHSS Social Worker and the Social Worker determines the client has an urgent need, the Public Authority will provide a list of eligible BUPS providers who are available.

BUPS providers who are hired by recipients for a temporary and urgent need are eligible to receive a \$2.00 per hour differential during the recipient's urgent need if the provider is hired as a BUPS provider.

The IHSS recipients are responsible for hiring, supervising, and terminating the provider they choose. The Public Authority does not guarantee employment.

BUPS APPLICATION INSTRUCTIONS

1. Complete Application

- Print application or call (805) 474-2055 to request a copy by mail.

2. Submit Application

- By Mail – 1086 E. Grand Avenue, Arroyo Grande, CA 93420, Attn: Public Authority
- By Fax – (805) 474-2012, Attn: Public Authority
- In Person – 1086 E. Grand Avenue, Arroyo Grande, CA 93420, Attn: Public Authority

3. Upon receipt, Public Authority staff will:

- Review application for completeness
- Verify BUPS applicant is an approved IHSS Registry Provider
- Confirm applicant has completed & signed Certification section & BUPS Agreement
- Verify Department of Justice Background Check
- Approve or deny applicant for the Back-Up Provider System

If accepted onto the BUPS, the Public Authority will provide your contact information to recipients, or their Authorized Representatives, who need a BUPS provider.



CERTIFICATION AND SIGNATURES ^{*Required}

- I understand that Public Authority staff will conduct a background check on me using publicly available resources including, but not limited to, Department of Justice (DOJ) background checks. I understand that prior or future criminal acts may preclude me from participation in the BUPS.
- I understand that the Public Authority retains the exclusive right to list, refer, suspend, or remove an individual provider from the BUPS.
- I understand that my employer is NOT the County of San Luis Obispo In-Home Supportive Services (IHSS), IHSS Public Authority, or the BUPS. The IHSS client is my employer. I further understand that an IHSS client-employer retains the exclusive right to hire, supervise, and terminate my employment with or without notice.
- If I am approved to be a provider on the BUPS, I agree to follow all guidelines of the program.

I, _____, **certify under the penalty of perjury that all the information provided in this application and its related process is true and correct. I understand that any false information may eliminate me from eligibility from participation on the BUPS.**

Signature

Date



Back-Up Provider System Agreement ^{*Required}

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

- Safeguard the IHSS recipient's confidential information
- Abide by all IHSS provider guidelines
- Comply with FLSA regulations
- Report any changes to Public Authority as soon as possible
- Not perform unauthorized tasks
- Work with the Recipient on setting a schedule
- Communicate with the Recipient if I am having issues with them
- Confirm with the Recipient they are eligible to the BUPS
- Respond to BUPS requests as soon as possible
- Perform all IHSS tasks required by client utilizing the BUPS

I understand that in order to receive the \$2.00 per hour BUPS differential, I must be an approved BUPS provider AND be hired by the recipient through the BUPS. If I am hired by a recipient outside of the BUPS OR if the recipient is not eligible to the BUPS, I will not be paid the \$2.00 per hour BUPS differential.

I understand the BUPS will release my name, contact information, and I will be contacted by recipients if I am available for more IHSS hours. If I am not available for more IHSS hours, I understand I must communicate with the Public Authority to update my availability.

I agree to abide by the statements above. I understand failure to abide by these statements may result in termination from the BUPS.

Signature: _____

Date: _____