



**SFIHSS** PUBLIC  
AUTHORITY

# IHSS CONSUMER HANDBOOK

An Essential Guide to  
Navigating the In-Home Supportive  
Services Program





**SFIHSS** AUTORIDAD  
PÚBLICA

Para ver este manual en español:  
[www.sfhsspa.org/handbookspanish](http://www.sfhsspa.org/handbookspanish)



**SFIHSS** 公共當局

請查看中文指引手冊:  
[www.sfhsspa.org/handbookchinese](http://www.sfhsspa.org/handbookchinese)

# ABOUT THIS WORKBOOK

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In-Home Supportive Services (IHSS) is a statewide program administered by each county under the direction of the California Department of Social Services. It provides those with limited income who are disabled, blind or over the age of 65 with in-home care services to help them remain safely at home.

With over 22,000 IHSS consumers in San Francisco, it is important that all eligible participants in the program are able to access and understand this vital service. As is the case with many social service programs, they can sometimes be difficult to understand or navigate. This workbook helps explain how IHSS works so that you can get the maximum benefit.



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# WELCOME TO THE PUBLIC AUTHORITY!

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The mission of San Francisco's IHSS Public Authority is to provide and promote a service delivery model of Consumer directed, in-home support that maximizes the potential of older adults and people with disabilities to live independently and participate in their communities.

By giving older adults and people with disabilities the opportunity to independently manage their own in-home care, they retain their dignity, experience better well-being, and stay connected in their neighborhoods. The Public Authority also provides training and other resources for both care Providers and Consumers.



A Registry of IHSS Providers for our recipients to choose from for on-going, regularly scheduled in-home support.



An On-Call program for Consumers in need of urgent support or transitional support from a care facility.



Access to home care training for IHSS Providers through our partners at Homebridge.



A mentoring program to help Consumers learn to better communicate and work with their Providers.



Collective bargaining and full health and dental benefits for more than 17,000 Providers city-wide.



Collaborative state-wide advocacy in support of Providers and Consumer rights.

The Public Authority is always ready to assist individuals approved for IHSS services. Our Provider Registry, Consumer training, and Mentorship services help Consumers establish and navigate their care every step of the way!

# SECTION I: GETTING STARTED WITH IHSS

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IHSS is a state-wide program with many organizations working together to support the program both at a state and local level. Here in San Francisco, several organizations have partnered together to give IHSS Consumers a level of choice in their support and services.

## SECTION OBJECTIVES:

|  |    |
|--|----|
| <b>IHSS Agencies</b> . . . . .   | 8  |
| Learn about the different organizations that make up the IHSS system.                        |    |
| <b>The IHSS Continuum</b> . . . . .  | 9  |
| Understand the IHSS Continuum in San Francisco.  |    |
| <b>Public Authority Programs &amp; Services</b> . . . . .                                    | 10 |
| Discover the specific programs the IHSS Public Authority offers all Consumers and Providers. |    |



## IHSS AGENCIES



### Department of Disability and Aging Services, DAS

- Oversees IHSS for the City & County of San Francisco
- Processes all applications for IHSS
- Determines the services and number of hours Consumers need
- Oversees the Independent Provider Assistance Center (IPAC)
- Approves On-Call Services



**SFIHSS** PUBLIC  
AUTHORITY

- Recruits and Maintains Provider Registry
- Dispatches On-Call Services
- Mentorship Program & One-Stop Resource Center with Consumer Trainings and Workshops
- Provider Fingerprinting & Background Check
- Provides Provider ID cards
- Provider Benefits

**Main Office/On-Call Line:**  
(415) 243-4477

[www.sfihsspa.org](http://www.sfihsspa.org)



**H O M E B R I D G E**

- Manages IHSS Services for Homebridge or "Contract Mode" Consumers
- Provides training workshops for all IHSS Providers

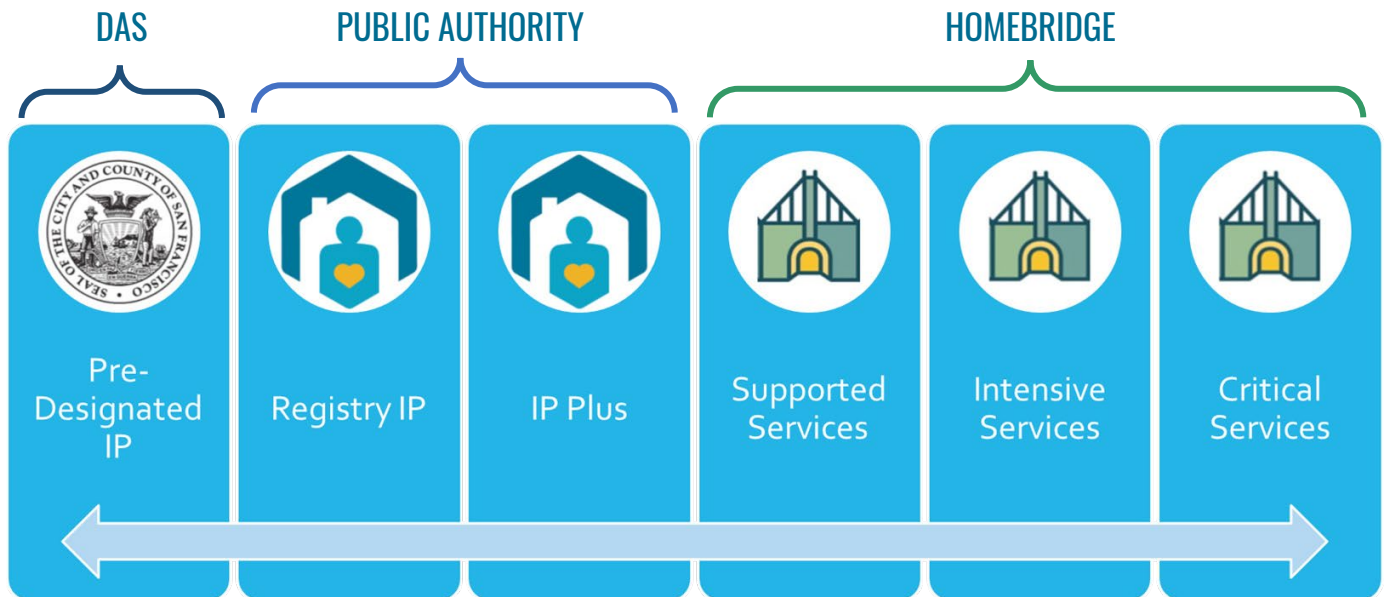
**Current Consumers/Clients:**  
415-255-2079

**For IP Training programs:**  
415-255-2079

[www.homebridgeca.org](http://www.homebridgeca.org)

## — THE IHSS CONTINUUM —

IHSS Services are not one-size-fits-all. That's why here in San Francisco the City's Department of Disability and Aging Services (DAS), the Public Authority, and Homebridge came together to create the "IHSS Continuum of Choice and Support" to give Consumers options to choose the level of support that works best for them.



- **Pre-Designated IP:** The majority of IHSS Consumers have identified a family member, friend, or neighbor who is willing and able to be their Independent Provider (IP). Consumers in the Pre-Designated IP tier mostly just work solely with their IHSS Social Worker at DAS to complete their annual assessments and address their service needs.
- **Registry IP:** For Consumers who need assistance finding a Provider, they are often referred by their IHSS Social Worker to the Registry IP tier. Registry IP Consumers manage their care on their own but can get lists from the Public Authority's Registry to find a Provider who is a good match with the services they need at the schedule they require.
- **IP Plus:** For Consumers who are new to IHSS, have experienced difficulty finding a Provider they trust, or just need some guidance navigating the system, there is the IP Plus Program. IP Plus Consumers manage their care on their own but have the advantage of being matched with a Public Authority Mentor who can provide training and support to help ensure their IHSS needs are understood and addressed.
- **Supported Services, Intensive Services, and Critical Services:** Consumers served by Homebridge are offered coordinated care services at three levels of increasing intensity. Services from Homebridge are provided to Consumers by referral only and have strict criteria to meet their service needs.

## — PUBLIC AUTHORITY PROGRAMS & SERVICES —

The **Registry** helps IHSS Consumers searching for an Independent Providers (IP) by matching them with potential candidates trained in home and personal care services.



The **Mentorship** Program offers 1-on-1 direct mentoring with Consumers to help ensure their IHSS needs are met.



**Community Partners** in health to help people transition from skilled nursing care to in-home care. Mentors are on-site to provide training and support as Consumers prepare to discharge into the community.



Our **On-Call** Program offers emergency Provider services to Consumers without a current available Provider.



For Consumers who need Emergency On-Call services, they should contact their IHSS Social Worker directly. If they don't know the number, call 415-355-6700.

The **One-Stop Resource Center** offers trainings and resource materials to the greater IHSS Community.



The Public Authority offers **medical and dental benefits** to qualifying Providers, and negotiates wages and benefits with SEIU Local 2015, the union that represents our workers.



Lower-cost **fingerprinting** services are available for individuals enrolling for the first time as an IHSS Provider.



The Public Authority performs all criminal **background checks** with the Department of Justice to ensure Independent Providers are eligible for employment. Additionally, the PA offers IHSS Provider **ID Cards** to all active IPs in San Francisco

The Public Authority **advocates** for the rights of both Consumers and Providers by meeting with federal, state and local policymakers and legislators and by holding conferences and other events to address issues important to both groups.



The Public Authority distributes **Personal Protective Equipment (PPE)** to both IHSS Providers and Consumers to keep everyone safer while working together

# SECTION II: YOUR IHSS ASSESSMENT & HOURS

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Depending on a Consumer's circumstances, he/she may be eligible to receive up to 283 hours on In-Home Supportive Services each month. The Department of Disability and Aging Services determines the number of hours a Consumer can utilize.

## SECTION OBJECTIVES:

|   |    |
|---|----|
| <b>Your IHSS Assessment</b> . . . . .   | 13 |
| Learn how Consumers are evaluated and have hours approved for service.  |    |
| <b>Authorized Tasks</b> . . . . .   | 14 |
| Understand what types of services or tasks are covered by IHSS.   |    |
| <b>Unauthorized Tasks</b> . . . . .   | 15 |
| Understand what types of services or tasks are NOT covered by IHSS.   |    |
| <b>Receiving Your Notice of Action</b> . . . . .  | 16 |
| How to read and understand your notice stating the IHSS services and hours you have been approved to receive. |    |



## — YOUR IHSS ASSESSMENT —

After you enroll in IHSS, a Social Worker at the Department of Disability and Aging Services will contact you to schedule an IHSS assessment in your home. They will want to meet with you to discuss what you are able to do independently, and what you need help or assistance with.

Think about these questions before your assessment:

1. What am I able to consistently do on my own?
2. What daily activities do I know I need help with now?
3. What can I do on some days, but find difficult on other days?
4. What do I wish happened more often, but I can only do sporadically?

While this can sometimes be difficult to discuss, it is extremely important to be honest. Think about what needs to happen every day to keep you healthy and safe while living at home. Also think about what things you need periodically throughout the month, but not every day. The next few pages will outline what tasks IHSS can authorize and pay for, and also what the program does not cover.

## AUTHORIZED TASKS

Here are common tasks that IHSS can approve time for:

| DOMESTIC SERVICES  | PERSONAL CARE SERVICES   |
|--|--|
| <p>Preparation of Meals</p>         | <p>Bathing, Oral Hygiene, Grooming</p>                  |
| <p>Meal Clean Up</p>                | <p>Dressing</p>   |
| <p>Laundry</p>                     | <p>Feeding</p>   |
| <p>Basic Cleaning</p>             | <p>Toileting / Diapers</p>                            |
| <p>Shopping &amp; Errands</p>     | <p>Lifting/Transferring<br/>Moving In/Out of Bed</p>  |
| <p>Accompany to Appointments</p>  | <p>Ambulation</p>                                     |
|  | <p>Rubbing Skin/Repositioning</p>                     |

## — UNAUTHORIZED TASKS —

Here are tasks that IHSS can NOT approve time for:

- Cooking, cleaning or laundry for other family members in your home.
- Taking care of pets or service animals (feeding, walking, grooming, etc.).
- Cleaning the house while you are in the hospital or away from your home on vacation or for other reasons.
- Washing exterior windows.
- Cleaning/shampooing carpets or rugs.
- Washing down cupboards, walls or window coverings.
- Watering plants, mowing the lawn, or any gardening.

IHSS also does *not* reimburse for the following services:

- The time it takes a Provider to get to your home.
- Gas or bus fare for the Provider to do your shopping, errands or take you to medical appointments.
- Laundry, cleaning supplies, grocery expenses.

It is important to work out an agreement about how you will handle the transportation costs and paying for needed supplies and services. The Reimbursement Form in the Appendix offers a template you can use to handle expenses.

## — RECEIVING YOUR NOTICE OF ACTION —

After your IHSS Social Worker has come to your home and completed your needs assessment, you will receive a Notice of Action (NOA), which will give you the detailed listed of the hours and tasks you were approved for.

Keep your NOA handy! This document will help you explain what your IHSS Provider can do for you, and tells you the total number of hours you have each month for services. Also, it has the name and contact number of the IHSS Social Worker assigned to your case.

### GUIDE:

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- A** Your Mailing Address: Make sure this is accurate.
- B** Social Worker's Contact Information: This is your primary contact for IHSS concerns and questions.
- C** Domestic Services: All approved domestic service hours.
- D** Personal Services: All approved personal service hours.
- E** The total number of hours weekly and monthly.
- F** Time limited services if you have specialized services needed within the month (not a weekly routine service).

**NOTICE OF ACTION  
IN-HOME SUPPORTIVE SERVICES (IHSS)  
APPROVAL**

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**NOTE:** This notice relates ONLY to your In-Home Supportive Services. It does NOT affect your receipt of SSI/SSP, Social Security, or Medi-Cal. **KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.**

(ADDRESSEE)

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Case Number : \_\_\_\_\_  
Social Worker Name : \_\_\_\_\_  
Social Worker Number : \_\_\_\_\_  
Social Worker Telephone : \_\_\_\_\_  
Social Worker Address : \_\_\_\_\_

**Total Hours:Minutes of IHSS you can get each month:** \_\_\_\_\_.

Based on an assessment done on \_\_\_\_\_, you can get the services shown below for the amount of time shown in the column "Authorized Amount of Service You Can Get."

- 1) If there is a zero in the "Authorized Amount of Service You Can Get" column or the amount is less than the "Total Amount of Service Needed" column, the reason is explained on the next page(s).
- 2) "Not Needed" means that your social worker found that you do not require assistance with this task. (MPP 30-756.11)
- 3) "Pending" means the county is waiting for more information to see if you need that service. See the next page(s) for more information.

| SERVICES   | TOTAL AMOUNT OF SERVICE NEEDED | ADJUSTMENT FOR OTHERS WHO SHARE THE HOME | AMOUNT OF SERVICE YOU NEED | SERVICES YOU REFUSED OR YOU GET FROM OTHERS | AUTHORIZED AMOUNT OF SERVICE YOU CAN GET |
|--|--------------------------------|--|----------------------------|---|--|
|  | HOURS: MINUTES                 | (PRORATION)                              | HOURS: MINUTES             |   | HOURS: MINUTES                           |
| <b>Domestic Services (per MONTH):</b>  |                                |  |                            |   |  |
| <b>RELATED SERVICES (per WEEK):</b>  |                                |  |                            |   |  |
| Prepare Meals  |                                |  |                            |   |  |
| Meal Clean-up  |                                |  |                            |   |  |
| Routine Laundry  |                                |  |                            |   |  |
| Shopping for Food  |                                |  |                            |   |  |
| Other Shopping/Errands   |                                |  |                            |   |  |
| <b>NON-MEDICAL PERSONAL SERVICES (per WEEK):</b>   |                                |  |                            |   |  |
| Respiration Assistance (Help with Breathing)   |                                |  |                            |   |  |
| Bowel, Bladder Care  |                                |  |                            |   |  |
| Feeding  |                                |  |                            |   |  |
| Routine Bed Bath   |                                |  |                            |   |  |
| Dressing   |                                |  |                            |   |  |
| Menstrual Care   |                                |  |                            |   |  |
| Ambulation (Help with Walking, including Getting In/Out of Vehicles)                     |                                |  |                            |   |  |
| Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)                             |                                |  |                            |   |  |
| Bathing, Oral Hygiene, Grooming  |                                |  |                            |   |  |
| Rubbing Skin, Repositioning  |                                |  |                            |   |  |
| Help with Prosthesis (Artificial Limb, Visual/Hearing Aid) and/or Setting up Medications |                                |  |                            |   |  |
| <b>ACCOMPANIMENT (per WEEK):</b>   |                                |  |                            |   |  |
| To/From Medical Appointments   |                                |  |                            |   |  |
| To/From Places You Get Services in Place of IHSS   |                                |  |                            |   |  |
| <b>PROTECTIVE SUPERVISION (per WEEK):</b>  |                                |  |                            |   |  |
| <b>PARAMEDICAL SERVICES (per WEEK):</b>  |                                |  |                            |   |  |
| TOTAL WEEKLY HOURS:MINUTES OF SERVICE YOU CAN GET:                                       |                                |  |                            |   |  |
| MULTIPLY BY 4.33 (average # of weeks per month) TO CONVERT TO MONTHLY HOURS:MINUTES:     |                                |  |                            |   | x 4.33 =                                 |
| SUBTOTAL MONTHLY HOURS:MINUTES OF SERVICE YOU CAN GET:                                   |                                |  |                            |   |  |
| ADD MONTHLY DOMESTIC HOURS:MINUTES OF SERVICE YOU CAN GET (from above):                  |                                |  |                            |   |  |
| <b>TOTAL HOURS:MINUTES OF SERVICE YOU CAN GET PER MONTH:</b>                             |                                |  |                            |   |  |
| <b>TIME LIMITED SERVICES (per MONTH):</b>  |                                |  |                            |   |  |
| Heavy Cleaning:  |                                |  |                            |   |  |
| Yard Hazard Abatement  |                                |  |                            |   |  |
| Remove Ice, Snow   |                                |  |                            |   |  |
| Teaching and Demonstration   |                                |  |                            |   |  |
| <b>TOTAL HOURS:MINUTES OF TIME LIMITED SERVICES YOU CAN GET PER MONTH:</b>               |                                |  |                            |   |  |

**Questions?:** Please contact your IHSS social worker. See top of page for phone number.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

# SECTION III: FINDING YOUR PROVIDER

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Finding a Provider can be challenging, but finding the right Provider to help you live independently is rewarding. This section guides you through the process of finding, interviewing, and hiring your chosen Provider.

## SECTION OBJECTIVES:

|  |    |
|--|----|
| <b>Your Provider, Your Choice</b> . . . . .  | 19 |
| Understand that you have the ability to hire the Provider of your choosing, to make IHSS work for you.         |    |
| <b>Where to Look for a Provider</b> . . . . .  | 20 |
| Discover the best resources to find a Provider.  |    |
| <b>The Public Authority Registry</b> . . . . .   | 21 |
| Learn how to use the Public Authority Registry service.  |    |
| <b>How to Read an Independent Provider List</b> . . . . .  | 22 |
| Understand what information is included on your customized Registry Provider list.                             |    |
| <b>Connecting by Phone</b> . . . . .   | 24 |
| Ensure that you have a reliable way to communicate with your Providers and others on your IHSS support team.   |    |
| <b>Phone Interview Preparation</b> . . . . .   | 25 |
| Learn how to prepare to make phone calls to the Providers on your list.  |    |
| <b>Pre-Written Phone Scripts</b> . . . . .   | 26 |
| Read some samples of phone scripts that could help you with phone calls.                                       |    |
| <b>After the Phone Interview</b> . . . . .   | 27 |
| Decide how to proceed with Provider candidates after your initial phone conversation.                          |    |
| <b>The In-Person Interview</b> . . . . .   | 28 |
| Learn tips for interviewing Provider candidates in person.   |    |
| <b>Questions for the In-Person Interview</b> . . . . .   | 29 |
| Review suggested questions to cover in your in-person interview, and come up with some of your own questions.  |    |
| <b>Hiring Your New Provider</b> . . . . .  | 31 |
| After you decide which candidate to hire, find out how to get them enrolled as your Provider to start working. |    |

## — YOUR PROVIDER, YOUR CHOICE —

As an IHSS Consumer, you have the right to hire anyone who can meet your service needs. The person could be a friend or family member, someone you find through the Public Authority's Provider Registry, or someone you meet through your trusted networks or word of mouth.

The most important, and sometimes challenging, task is finding a homecare Provider that matches with your needs, schedule, and personality. When you find the right person, training and supervising your new Provider can be easier, and feels more like building a relationship than overseeing an employee. It is worth putting some effort into the search process and taking the time to make a good decision.



## — WHERE TO LOOK FOR YOUR PROVIDER —

Finding a potential Provider is the first step. But where do you look?  
Here are some ways to look for a potential Provider:

1. **Request a list of Providers from San Francisco IHSS Public Authority:** The next pages goes over this in detail.
2. **Ask a friend or family member:** One idea would be to ask your family and friends if they would be interested in becoming your Provider.
3. **Ask your neighbors:** They may know of someone who might be interested in becoming a Provider. Some of your neighbors may also be IHSS Consumers and could recommend Providers to you.
4. **Talk to your building manager:** Your building manager may know of individuals who are interested in becoming your Provider.
5. **Visit your local senior or neighborhood center:** Senior and neighborhood centers usually have information on where to look for a potential Provider.
6. **Ask your support staff:** If you live in a building that provides support staff, they may know of Providers for hire.

## — THE PUBLIC AUTHORITY REGISTRY —

For those in need of an In-Home Supportive Services (IHSS) Provider, the Public Authority Registry matches Consumers with trained, qualified care Providers and provides on-going support. Consumers are matched to homecare Providers according to location, language, the Consumer's approved tasks, work schedule and other job-related preferences. A list of potential Providers is sent to the Consumer, and then Consumers contact and interview those on the list to make their hiring choice.

Sometimes Consumers may need more than one list to make their choice. If that's the case, Consumers can call the Registry anytime to request an additional list of matched Provider candidates.

In addition to helping Consumers find a Provider, Registry Counselors are also available to assist Consumers in setting Provider hours, answering IHSS questions, communicating with Providers and other information and referrals.

### STEPS TO FINDING A HOMECARE PROVIDER:

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- 1** IHSS will refer you to the Public Authority for help finding an Independent Provider. You can also call directly at 415-243-4477 to speak to a Registry Counselor.
- 2** A Registry Counselor will call you to learn more about your homecare needs and your language and personal preferences for a Provider.
- 3** You will be given a list of Providers that the Registry Counselor has matched to your needs and preferences.
- 4** You will call and interview these Providers to determine which you think is the best fit for you. If you have questions along the way, you can call your Registry Counselor.
- 5** If you feel you would like assistance in determining your needs, interviewing or hiring a Provider, the Public Authority has a Mentorship program to help you.

## — HOW TO READ AN INDEPENDENT PROVIDER LIST —

A Provider list is generated by the Public Authority Registry and contains the names and information of registered Providers. All registered Providers on the list have undergone a background check, 48-hour Provider training, Tuberculosis test and reference check. These names are on the list because they match preferences of both the Consumer and Provider.

There are two ways to connect with the Providers on this list:

- Call the Provider Connect Line number, (415) 343-0331, and enter the Providers extension
- Send a text to the “Text” number. (Please note: Not all providers have a text option)

Should you need further information or additional Registry Provider lists, please do not hesitate to call us at (415) 243-4477.

### A Provider list contains the following information for each listed Provider:

---

- A** Name, gender, and contact information of the potential Independent Provider.
- B** Days and times the Independent Provider may have availability.
- C** What their primary language is to communicate.
- D** Level of English fluency.
- E** What other languages are spoken (if any).
- F** If the Provider smokes (If the Provider smokes, smoking is not allowed in your home or car).
- G** If the Provider is limited to public transportation or can drive.\*
- H** If the Provider has allergies to pets it will mention this here.

*\*This does not necessarily mean Providers will drive the Consumer in their car. Some Providers who can drive may be able to drive a Consumer’s car, but it is important to use caution in this situation and ensure there is proper insurance coverage.*

## — EXAMPLE OF A PROVIDER LIST —

|          |                                  |         |   |
|----------|----------------------------------|---------|---|
| <b>A</b> | <b>Andre Hall</b><br>Experience: | Gender: | <b>CALL:</b> 415-343-0331 x813<br><b>TEXT:</b> 510-867-0838 |
|----------|----------------------------------|---------|---|

| * AVAILABLE SCHEDULE FOR Andre Hall * |        |         |           |          |        |          |        |
|---------------------------------------|--------|---------|-----------|----------|--------|----------|--------|
|                                       | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| <b>B</b> Morning                      |        | .       | .         |          |        |          |        |
| Afternoon                             |        | .       | .         |          |        |          |        |
| Evening                               | .      | .       | .         | .        | .      | .        | .      |
| Overnight                             |        |         |           |          |        |          |        |

**C** *Schedule Notes:*  
\* Schedule preferences may have changed. Review schedule needs with Provider.

**D**

**Other Details:**

|                            |  |                                    |   |
|----------------------------|--|------------------------------------|---|
| <b>E</b> Primary Language: |  | <b>F</b> Level of English Fluency: | Fluent English                                |
| Other Language:            |  | Smokes:                            |   |
| <b>G</b> Ability to drive: | Drive own car for Consumer; Drive Consumer's car | Allergies to pets:                 | Provider unwilling to work with other animals |

**H**

## — CONNECTING BY PHONE —

It is important you have access to a phone that is in working order to be able to call Providers, as well as receive calls and voicemail messages. It is also important you know how to access messages from your phone. Check your phone before making calls to candidates and/or ask someone to help you test your phone. Check the following features:

- ✓ Check that your phone rings loud
- ✓ Check that your voicemail is set up
- ✓ Check that there is space on your voicemail to leave a message
- ✓ Learn how to record a greeting
- ✓ Learn how to erase messages so your voicemail box doesn't become full
- ✓ Learn how to retrieve messages
- ✓ Learn how to save and or delete messages



## — PHONE INTERVIEW PREPARATION —

Before talking with prospective candidates, it helps to write out a brief description of the job and the questions you wish to ask the candidates.

### Using Your NOA

You can use the Notice of Action (NOA) that you received from IHSS to summarize what you want the Provider to do and how many hours a month you will need him/her to work. Remember: IHSS Providers are only allowed to help you with tasks authorized by your IHSS social worker. If you have any questions about what tasks are authorized, call your social worker before you hire someone.

### Selecting a Schedule

Another important part of the job description is the days and times you want the Provider to come. This is for you to decide. If you can be flexible about when the Provider comes, you may have more options in choosing a good Provider. Finally, plan to tell the candidate in general terms where you live. They will need to think about how they will be able to get to your home on a regular basis.

Write out the questions you wish to ask candidates over the phone. Here's some suggestions:

- Can you tell me a little bit about yourself?
- Do you have experience performing these tasks?
- Have you had any training in home and personal care?  
If so, please describe it.
- Where else have you worked?
- Do you have reliable transportation for getting to work?

## — PRE-WRITTEN PHONE SCRIPTS —

When it's time to call potential Providers, it's important you know what to say if you should leave a message or if the candidate answers the phone.

### SCRIPT #1:

#### Needing to leave a voicemail (phone number).

"Hello, my name is \_\_\_\_\_ (your name) \_\_\_\_\_ and I'm a Consumer of IHSS. I'm looking to hire a new homecare Provider. Please give me a call back at \_\_\_\_\_ (phone number) \_\_\_\_\_ so we can talk. Again, my number is \_\_\_\_\_ (phone number) \_\_\_\_\_. Thank you and I look forward to hearing from you."

### SCRIPT #2:

#### Speaking directly with the Provider.

"Hello, my name is \_\_\_\_\_ (your name) \_\_\_\_\_ and I'm a Consumer of IHSS. I'm looking to hire a new homecare Provider. Can I ask you some questions to learn if we might be able to work together?"

- "I have \_\_\_\_\_ monthly hours and am looking for someone to work on \_\_\_\_\_ (days of the week), for \_\_\_\_\_ hours each day. Does this fit into your schedule?"
- "These are the tasks I have, (refer to your tasks). Can you perform these tasks?"
- "I live in \_\_\_\_\_ (neighborhood). Does this work for you?"

## — AFTER THE PHONE INTERVIEW —

### **If it was not a good match**

If you are not satisfied with the person's availability, experience, or ability to perform the needed tasks or get to your home on a reliable basis, thank the person for his/her time and wish the person the best in finding a more suitable position.

### **If you're unsure or if they matched your criteria**

If the candidate's responses are generally positive, but you want a little more information, or if the person has the necessary experience, meets your special requirements, and communicates well with you over the phone, schedule a personal interview with him/her. This interview can take place in your home or in a public place nearby if you are uncomfortable meeting alone. However, it may be useful for the Provider to see your home, as this will be their workplace.

### **Scheduling the in-person interview**

Be clear about the date, time, and location of the interview (a cross-street is helpful) and make sure the candidate has your name and phone number. Ask the candidate to bring the names and phone numbers of at least three references and a resume, if they have one. Consider asking a friend or family member to join you so you can compare your assessments of the candidate. If needed, Consumers can also have a Mentor join them for interviews from the Public Authority Mentorship Program.

## — THE IN-PERSON INTERVIEW —

The in-person interview is important for making sure the potential Provider is willing and able to perform the tasks you need. Be clear and open with the potential Providers about what you're looking for. It is a good idea to interview at least two or three candidates, if possible. The process of comparing their strengths helps you decide what skills are most important to you.



### HINT: HIRING MULTIPLE PROVIDERS

Consumers with a large number of authorized hours should consider hiring multiple Providers. Having multiple Providers gives you a potential back-up for times when one Provider is ill or has other unavoidable commitments.

## — QUESTIONS FOR THE IN-PERSON INTERVIEW —

In the in-person interview, it is a good idea to review the tasks and work schedule that you described over the phone. If there were any questions that you did not get the chance to ask during the phone interview, ask them in person. You may want to check their photo identification when they arrive to confirm you are speaking with the same person.

- Again, I have \_\_\_\_\_ monthly hours and am looking for someone to work on \_\_\_\_\_ (days of the week), for \_\_\_\_\_ hours each day. Does this fit into your schedule?
- Again, my tasks are \_\_\_\_\_. Are you able to perform these tasks?
- Have you had prior experience as a homecare Provider? Have you had prior experience with these tasks?
- Have you received any homecare training?
- Do you have a way to get to work on time?
- Are there any tasks offered by IHSS you will not perform?
- May I get a list from you of at least 3 references, at least two job-related, with their names and current phone numbers? *(Remember: Providers from the Public Authority Registry List have already verified this!)*

Write any additional questions you'd like to ask during the interview here:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_?

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_?

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_?

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_?

## REMEMBER:

Keep questions work-oriented. Consumers should not ask questions about a Provider's personal information. It is not legal to ask people about their religious beliefs, their family, their sexual orientation, physical appearance, and other information that is personal and not related to the job. Consumers are the direct employer and must follow these standards.

## — HIRING YOUR NEW PROVIDER —

Congratulations on finding a new Provider! Before work can begin, you need to be certain your new Provider is formally linked to you. To do this, you will have to complete any of the options listed below for your Provider to get started.



1. You or your Provider could call the Independent Provider Assistance Center, (IPAC), at 415-557-6200, and ask for an Independent Provider Packet, (IPP). In the package you will find the SOC 426A form that should be completed by the both of you, and a W-4 tax form that your Provider completes. These forms should be completed and mailed to: IHSS, Attention N3AX, P.O. Box 7988, SF, CA., 94120
2. If the building is open, you could go directly to IPAC, 2 Gough St., to pick one up, complete the forms, and either mail it back to the address above in #1 or return it to 2 Gough St.
3. You could call your IHSS Social Worker directly and let them know you have made a hire and request an IPP packet be mailed to your home.
4. If you have a username and password on the IHSS Electronic Services Portal, (ESP), you could eliminate all paperwork and link your Provider directly to you at [www.etimesheets.ihss.ca.gov/login](http://www.etimesheets.ihss.ca.gov/login). (At this page you would log in to your account with your username and password and be directed to a page that allows you to quickly “hire” your Provider, no 426A necessary).

NOTE: If you have forgotten your username or password or want to set up an account, you call the IHSS Service Desk at: 1-866-376-7066

If the person you want to be your Provider still needs to enroll in IHSS to be a Provider, please refer to the “IHSS New Provider Enrollment: Step-by-Step” in the [Appendix](#).

# SECTION IV: GETTING STARTED WITH YOUR PROVIDER

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After you have made a selection and hired a Provider, it is important to have clear communication and expectations for both individuals to ensure you have a healthy and productive relationship. Starting off on the right foot is important.

## SECTION OBJECTIVES:

|  |    |
|--|----|
| <b>IHSS Job Agreement</b> . . . . .  | 33 |
| Draw up some agreements to set the stage for how you will work together.   |    |
| <b>Roundtable Agreements</b> . . . . .   | 34 |
| Discuss your preferences and needs to help establish a working relationship built on mutual understanding.       |    |
| <b>Setting a Schedule</b> . . . . .  | 36 |
| Develop a schedule that works for both of you.   |    |
| <b>Assigning Authorized Tasks</b> . . . . .  | 39 |
| Communicate how you want your authorized tasks to be completed.  |    |
| <b>Suggestions on How to Handle Money.</b> . . . . .   | 42 |
| <b>Electronic Visit Verification Timekeeping</b> . . . . .   | 43 |
| Review the Electronic Visit Verification process to ensure your Provider is paid on-time for the hours they work |    |



## — IHSS JOB AGREEMENT —

The California Department of Social Services (CDSS) recommends using a job agreement like this one to help explain the Provider's job duties. You can use this form to guide your discussion with your new Provider. Complete and sign this job agreement.

### **This job agreement is between:**

---

Consumer

---

Provider

### **The Consumer agrees to:**

- Assign and direct the work of the Provider.
- Set a schedule that both Consumer and Provider mutually agree on (see [Setting a Schedule on page 36](#)).
- Let the Provider know ahead of time, whenever possible, when hours or duties change.
- Not ask the Provider to do work for anyone other than him/her or do things that have not been authorized by IHSS.
- Confirm the hours your Provider worked, (if correct), when prompted to do so by the Electronic Visit Verification system.

### **The Provider agrees to:**

- Perform the agreed upon tasks and duties.
- Call the Consumer as soon as possible if they are late, sick, or unable to work.
- Arrive at work on time.
- Keep personal calls at a minimum and not make calls using the Consumer's phone unless it is an emergency.
- Not ask to borrow money or ask for a cash advance.
- Give the Consumer a two-week notice, whenever possible, before taking a vacation or leaving the job.

**The Provider will be paid at the rate set by the county for IHSS Providers. IHSS does not pay Provider gas or transportation expenses.**

## — ROUNDTABLE AGREEMENTS —

When first starting out, it is important to take a moment with your new Provider to discuss the rules and preferences you both have while working with each other. Talking about these things early on and making these agreements with one another can help you both feel heard, understood, and respected going forward. Think about the questions below and share your answers with each other.

### CONSUMER GUIDELINES:

#### What name do you want your Provider to use to address you?

Do you want him/her to use your last name or first name? Do you have a nickname you prefer?

#### How should someone speak to you or get your attention?

Do you need people to speak loudly to hear them better? Do you need people to be close to see them better, or do you want them to be mindful of your personal space? Is it better to write things down when you need to communicate?

#### What is the best way to contact you?

Phone, text, email?

#### What are the rules of your home?

How should people enter your home? Do they need to take their shoes off? Is there anything they should not touch or rooms they should not enter?

## What health considerations should your Provider know?

Do you have allergies? Do you have food restrictions or preferences? Are there any sensitive areas on your body your Provider should be mindful of?

## What should your Provider do in case of an emergency?

Should they contact a friend or family member? If you have to go to the hospital, where do you want to be taken? Should they share information with your doctor?

## What else should your Provider know when they are working with you?

# PROVIDER GUIDELINES:

## What name do you want your Consumer to use to address you?

Do you want him/her to use your last name or first name? Do you have a nickname you prefer?

## How should someone speak to you or get your attention?

Do you need people to speak loudly to hear them better? Do you need people to be close to see them better, or do you want them to be mindful of your personal space? Is it better to write things down when you need to communicate?

## What is the best way to contact you?

Phone, text, email?

## What else should your Consumer know when you are working with them?

## — SETTING A SCHEDULE —

Setting a schedule that works for both the Consumer and the Provider is important. It can feel frustrating for Consumers when Providers do not show up at the time they are scheduled. It is equally frustrating for Providers when they arrive to work and the Consumer is not home. When you both agree on the days and hours to work together, you can each expect the other one to be there on-time and ready to work together.

To figure out how many hours you have a week to schedule your Provider, refer to the number of Authorized Hours on your NOA (see page 16):

1. My total monthly authorized hours are \_\_\_\_\_.
2. My total monthly authorized hours will now be divided by 4 to determine my maximum weekly hours. My maximum weekly hours are \_\_\_\_\_.

Under certain circumstances, you may be able to adjust your weekly authorized hours which will allow more hours in one week than you normally get to use, as long as you do not exceed your monthly hours. If you need to do this, discuss it with your IHSS Social Worker first. Providers are not allowed to work over 66 hours a week.

Think about when you need a Provider to be at your home. Ask yourself questions like:

- Do you have regularly scheduled appointments that you need to get to?
- Do you like to have your meals made in the morning or the night before?
- Is it best to have your laundry done on a certain day?
- Do you prefer to wake up early and get things done before lunch, or is the afternoon better?

When you consider your own habits and schedule, you can work with your Provider to decide on what will work best.

## REMEMBER:

You may have to be flexible with your schedule. Providers sometimes have multiple Consumers they are working for, so they may be balancing schedules between jobs. They also have their own personal schedules like school, childcare, or appointments. You may need to compromise to accommodate both of your needs.

## CREATE A CALENDAR:

Once you have discussed and agreed on a schedule, make a calendar that you both can see and keep track of the hours worked. This will also help when it comes to approving Provider hours in the Electronic Visit Verification system ([see page 43](#)).

### Example:

| SUNDAY                     | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY  | SATURDAY |
|----------------------------|--------|---------|-----------|----------|---------|----------|
| 2pm-4pm                    | -      | 1pm-5pm | -         | -        | 8am-1pm | 11am-2pm |
| Total Week Hours: 14 Hours |        |         |           |          |         |          |

## — ASSIGNING AUTHORIZED TASKS —

When your Provider is ready to begin work, they will have to spend some time with you to understand what authorized tasks you need done, and how you prefer tasks to be completed. Everyone has a different way of doing things, so if you have a specific way or order of how things should be done, let your Provider know early on to avoid misunderstandings.



Show your Provider where they will find the supplies they will need. IHSS Providers do not bring their own cleaning supplies and tools. Consumers must provide whatever items are necessary to complete the task. Also, think about the order you might want things to be done. If you want the counters wiped down before the floor is swept, let them know.

On the next pages of this handbook there is a Task Guide Worksheet with an example filled out. Use a Task Guide for easy reference for both you and your Provider.



## TASK GUIDE

**TASK:**

**When to Complete:**

|                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| SUN                      | MON                      | TUE                      | WED                      | THU                      | FRI                      | SAT                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**STEPS:**

- 1.
- 2.
- 3.
- 4.
- 5.

| What you will need: | Where to find: |
|---------------------|----------------|
|                     |                |
|                     |                |
|                     |                |

**OTHER IMPORTANT INFORMATION:**

## TASK GUIDE (EXAMPLE)

### TASK:

Laundry

### When to Complete:

| SUN                      | MON                      | TUE                      | WED                      | THU                      | FRI                                 | SAT                      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### STEPS:

1. Gather the laundry from the hamper in the closet and the clothes on the floor.
2. Remove the sheets off the bed and add to hamper.
3. Take all laundry to washers and dryers located in the basement.
4. Separate whites and colored laundry to wash in two separate loads. Only fill soap to first line on measuring cup.
5. Dry all laundry on low heat with dryer sheets.

| What you will need: | Where to find:                |
|---------------------|-------------------------------|
| Laundry soap        | Under the sink                |
| Dryer sheets        | Under the sink in blue basket |
|                     |                               |

### OTHER IMPORTANT INFORMATION:

Please do not put wool pants in the dryer. Leave out to air dry.

Please tell me when the soap is getting low, so that I can make sure to get more soon.

## — SUGGESTIONS ON HOW TO HANDLE MONEY —

If your Provider is authorized to shop and run errands, you will need to give him/her the money to pay for the items you need. It is important that you take steps to protect both of you when you give your Provider money:

- 1** If you need to have your Provider get money out of your purse or wallet, it is recommended for you to watch him/her. If the wallet or purse is in another room, ask your Provider to bring it to you so you can get the cash out.
- 2** When the Provider returns from shopping, count the change, look at the receipt to make sure that only those items requested were purchased, and ask your Provider to sign or initial your log or Reimbursement Form ([see page 67](#)).
- 3** Keep receipts in a large envelope or folding file so you can easily answer any questions that come up.
- 4** Do not share any of your bank information with your Provider.

Be very organized about the use of money to help avoid misunderstandings.

### HINT: KEEPING A LOG

Write down the amount of money you gave to your Provider, the amount spent, and the amount of change returned. You can use a notebook for this or use the Reimbursement Form in the Appendix ([see page 67](#)) as a template.



## — ELECTRONIC VISIT VERIFICATION (EVV) TIMESHEETS —

Paper timesheets are no longer in circulation. All timesheets are now submitted and approved through a new system called the Electronic Visit Verification, (EVV), system. Within this system, Consumers and Providers are presented two options for submitting and approving hours:

### Electronic Services Portal (ESP)

The ESP is used by either the Provider and/or the Consumer to submit and or approve hours through a computer, laptop, tablet, or smartphone. In other words, the operation of this system requires a device with an internet connection. To register and use ESP visit: [www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov).

### Telephone Timesheet System (TTS)

The TTS is used by either the Provider and/or the Consumer to submit and or approve hours through a landline or cellular phone. Once your Provider has submitted the hours worked, you will be notified by an automated TTS call alerting you to review and approve or reject the submitted hours. Calls occur every two hours up to five times per day. If you miss a call, you can call TTS at 833-342-5388. Be sure to have your IHSS case number and 4-digit TTS passcode readily available.

NOTE: an “Electronic Visit Verification Recipient (Consumer) Factsheet for ESP and TTS” is available for viewing on the [Appendix](#) page at the end of this handbook.

In the occurrence that you need someone else to approve your hours, you should designate a “Timesheet Signatory” and request a Timesheet Signatory form (SOC 839) from your IHSS Social Worker.

The IHSS Service Desk at 866-376-7066 is available Monday-Friday 8AM-5PM to help with the following questions:

- Information about the Electronic Visit Verification (EVV)
- How to register and use EVV
- How to enter/reset passcodes
- Troubleshoot technical issues with TTS or ESP

# SECTION V: WORKING EFFECTIVELY TOGETHER

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Like any relationship, the Consumer and Provider relationship takes effort to be successful. After you have developed your initial agreements that were discussed in the previous chapter, it helps to maintain them to keep things working smoothly for everyone. This section discusses ways to talk about things when there are problems or misunderstandings.

## SECTION OBJECTIVES:

### **Communication Strategies . . . . . 45**

Communication techniques to help you feel heard and understand, and help you understand what your Provider is thinking or feeling.

### **Setting & Maintaining Boundaries . . . . . 47**

Strategies to letting your Provider know what you need so that you feel comfortable and respected.

### **Appropriate Use of Time . . . . . 49**

Learn what is not appropriate use of time for your Provider while at work.

### **Deciding When to Dismiss Your Provider . . . . . 50**

If things are not working well, learn how you can talk to your Provider, and if necessary, terminate their employment as your Provider.



## — COMMUNICATION STRATEGIES —

Good communication is the foundation for any relationship. When we take the time to discuss our goals and listen to one another, we can effectively work together on anything. After you have hired your new Provider, it is important to foster good communication so you can retain your Provider and develop a trusting working relationship. Below are some communication strategies that can help:

### Use “I” Statements

“I” statements are a way of structuring your communication so that you can express how the actions of the other affected you either positively or negatively. When someone feels they are being accused or blamed for something they have unintentionally done wrong, they may stop listening. “I” statements are helpful because they allow you to express your feelings and work towards addressing the problem, not the person, to start the conversation for finding better solutions.

Here’s an example of a “you” statement versus an “I” statement:

| “YOU” STATEMENT                                       | “I” STATEMENT   |
|---|---|
| You always arrive to work late. You’re never on time. | I feel frustrated when you are late for work because I can’t take a shower until you are here to assist me. Can you please try to leave earlier so you can be here on time? |

Try using this format when communicating with your Provider:

“I feel (emotion) when (action) because (reason why you have the emotion).  
Can you please (desired solution)?”

## Positive Feedback

Don't forget that positive feedback that addresses successes or strengths is just as important and needed as constructive feedback that addresses problems and weaknesses. When your Provider has done a great job, or listened to what you have asked them to do, let them know. Tell them that you appreciate their efforts.

If people do not hear positive encouragement, they may think they are still not meeting your expectations and stop trying. Praise, appreciation and encouragement are great motivators to keep up the good work.

## Active Listening

Receiving communication is just as important as giving communication. When you are listening effectively, you are focused on the person speaking, not interrupting, and asking for clarification if you did not understand something that was said.

Your Provider may also want to give feedback to you, so it is important to hear them out and try to see where they are coming from when you can.

## When Communication Works

When communication is effective, it leaves all parties involved satisfied and feeling accomplished. By delivering messages clearly, there is no room for misunderstanding or alteration of messages, which decreases the potential for conflict. In situations where conflict does arise, effective communication is a key factor to ensure that the situation is resolved in a respectful manner.

## — SETTING & MAINTAINING BOUNDARIES —

Setting boundaries is an important part of establishing a good working relationship, as well as being crucial for your own mental health and well-being. A boundary is a limit or space between you and another person, and many types of boundaries exist:



| PERSONAL   | EMOTIONAL  | TIME   | SPACE   | MATERIAL   |
|--|--|--|---|--|
| <p>Your personal information or beliefs including political, religious, etc.</p> <p><b>Example:</b><br/>Not wanting to discuss your health status.<br/>Wanting to be called by a different name.</p> | <p>Your feelings and moments of feeling vulnerable.</p> <p><b>Example:</b><br/>Asking to not talk about a loved one who has passed away.</p> | <p>Your limitations on spending time on certain activities.</p> <p><b>Example:</b><br/>Wanting to take a break from talking because you are tired.</p> | <p>Your own body space and how you are touched or physically supported.</p> <p><b>Example:</b><br/>Asking someone to give you some space to walk by them.</p> | <p>Your money and physical possessions.</p> <p><b>Example:</b><br/>Not allowing people to borrow money or your things.</p> |

Discuss with your Provider what types of boundaries you have. Also take the time to listen to their boundaries. Both of you will have these personal rules that you should share so that you both feel heard and respected.

If a boundary is crossed, remind each other of your boundaries and ask firmly and politely for the behavior to stop. Remember that while you may be firm, you should also remain respectful of the other individual. Thank your Provider when they honor your boundaries.

Take a moment to think about what some of your boundaries are with your Provider, and create an action plan if your boundaries are being crossed:

| A BOUNDARY THAT I HAVE IS...   | IF THIS BOUNDARY IS CROSSED, I WILL...   |
|--|--|
| <p><b>Example:</b></p> <p>I do not want my care Provider to eat my food.</p> | <p>Ask the Provider to please bring their own food if they are working during meal times.</p>  |
| <p><b>Example:</b></p> <p>I will not approve hours that are incorrect.</p>   | <p>Ask the Provider to refer to the schedule and submit the hours correctly. I will approve the hours if they are submitted correctly.</p> |
|  |  |
|  |  |

## — APPROPRIATE USE OF TIME —

It is important to remember that Providers should be spending their time on approved tasks while working. Providers should not:

- Use your property or belongings for their own needs.
- Make lengthy personal telephone calls, especially on your phone, unless there is an emergency.
- Cook for themselves or watch TV.
- Spend too much time talking with you or sitting.
- Bring anyone to your home, especially to work with you.
- Handle their personal business while working such as texting their friends, making their own appointments, or doing their own laundry.



If the Provider engages in these behaviors, use the skills you learned in your effective communication and boundaries pages to remind them, and redirect them to work that is authorized.

## — DECIDING WHEN TO DISMISS YOUR PROVIDER —

The decision to replace a Provider should be considered carefully. It can be hard to tell someone that you no longer want or need their services. It is also hard work to find a new IHSS Provider. Therefore, there is reason to invest some energy in making a list of the areas where a Provider could improve, ranking them in order of importance, and then respectfully discussing your list with your Provider. Let them know the most important improvements you would like to see in his/her job performance.

You can ask your Social Worker or someone from the Public Authority to help communicate your concerns to the Provider. If your Provider is willing to work on his/her skills and willing to try to meet your expectations, it may save you time in the long run to give him/her a chance.



On the other hand, if your Provider is not being respectful or is treating you in an abusive or threatening manner, you should end their employment quickly, seeking help, if you need it, to do so. Your personal safety is most important. Contact your Social Worker, the Public Authority's Registry, friends and family members to help you through the transition to a new Provider.

If you have decided to replace a Provider and the situation is tolerable, it is best to give the Provider a two-week notice. This gives them time to look for a new position, and it gives you time to start the process of finding a replacement.

# THINGS TO CONSIDER:

Make a list of things your Provider does well, and things they could improve on to help guide your conversation.

| MY IP IS REALLY GOOD AT: |                                     | I WOULD LIKE MY IP TO BE BETTER AT: |                                     |
|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1                        | <div></div> <div></div> <div></div> | 1                                   | <div></div> <div></div> <div></div> |
| 2                        | <div></div> <div></div> <div></div> | 2                                   | <div></div> <div></div> <div></div> |
| 3                        | <div></div> <div></div> <div></div> | 3                                   | <div></div> <div></div> <div></div> |
| 4                        | <div></div> <div></div> <div></div> | 4                                   | <div></div> <div></div> <div></div> |

# SECTION VI: YOUR CONSUMER RESPONSIBILITIES

---

IHSS is a unique Consumer-driven program, meaning the Consumer is empowered to direct their own care and serve in the role as a direct service employer. It is important to remember that there are many responsibilities Consumers have as part of receiving IHSS Services. In this section we will review those responsibilities and how you can stay in compliance with the program.

## SECTION OBJECTIVES:

- Your Role as the Employer . . . . . 53**  
Learn what it means to be an Employer and what your responsibilities are to receive IHSS services.
- Reporting Fraud or Abuse . . . . . 55**  
Understand strategies to keep you safe and active in the IHSS program.
- Share-of-Cost . . . . . 56**  
Get a brief overview of how a Medi-Cal share of cost affects your IHSS if you have one.
- Communicating with Your IHSS Social Worker . . . . . 58**  
Your IHSS Social Worker is your primary resource to make sure IHSS is working for you.

## — YOUR ROLE AS THE EMPLOYER —

When IHSS was first envisioned, those who were advocating for the program strongly believed it should be a Consumer directed service, so that the individuals receiving IHSS would retain flexibility and independence to direct their own care. This means that the Consumer is the direct Employer for the Independent Provider.

Being an Employer comes with many responsibilities. Below is a list of responsibilities all Consumers must adhere to:

- The Consumer is the employer of the Provider and is responsible for screening, hiring, supervising, training; and, if necessary, terminating the employment of the Provider.
- The Consumer has the responsibility to abide by San Francisco's non-discrimination policies on the basis of Race / Color / National Origin / Place of Birth, AIDS / HIV, Marital Status, Ancestry, Sex, Age, Religion / Creed, Disability, Sexual Orientation / Gender Identity, Weight / Height.
- Consumers are responsible for letting their social workers know when a Provider is hired or terminated. If a Registry Provider is involved, they must also inform the Registry.
- The Consumer is responsible for keeping a record of hours worked and limiting Provider hours to the number authorized per month.
- The Consumer is now responsible for confirming the Providers submitted hours. [See page 43](#) for more about Electronic Visit Verification
- The Consumer and the Provider have the responsibility to let the IHSS social worker know immediately if the Provider is injured on the job.

Including those emphasized here, the Consumer has the responsibility to abide by all conditions and complete all activities listed on the SOC 332 form: “Recipient/Employer Responsibility Checklist” found in the Appendix ([see page 70](#)).

## Consumer Rights

- The Consumer has the right to ask the social worker for a reassessment of hours if the Consumer’s condition changes.
- The Consumer has the right to appeal any decision by the IHSS program that he/she does not agree with.
- If a Registry Provider is involved, the Consumer has the right to ask the Registry for assistance with problems the Consumer may have with the Provider that the Consumer cannot resolve.

## — REPORTING FRAUD OR ABUSE —

### FRAUD

Most IHSS Providers and Consumers work together within the rules of IHSS, and fraud is not common for the majority of program participants. However, sometimes fraud can happen. It is good to remember the rules of IHSS discussed in this handbook. If you feel that your Provider is committing fraud by claiming more hours than they worked or signing the timesheet on your behalf without permission, you can report them to the state through the fraud hotline: [\(800\) 822-6222](tel:8008226222)



### ABUSE



Adult Protective Services (APS) division accepts and responds to reports of abuse, neglect, exploitation, and self-neglect involving older adults and adults with disabilities. If you do not feel like you are safe, or feel that your care is being neglected, tell someone you trust or call APS immediately. Their hotline is open 24-hours: [\(415\) 355-6700](tel:4153556700) or [\(800\) 814-0009](tel:8008140009)

## — SHARE-OF-COST —

### What is a Share-of-Cost?

Most people receive IHSS as a part of their Medi-Cal benefits. Depending on the amount of income received, some people must agree to pay a certain amount each month toward their Medi-Cal expenses, before Medi-Cal will pay. The money that must be paid before Medi-Cal will pay is called a Share-of-Cost (SOC). The SOC allows a person with income above the allowed amount to receive IHSS if he/she agrees to pay the SOC. Your SOC may be paid to your IHSS Provider, a pharmacy, doctor's office, or when purchasing other medical services or goods.

### How does the Share-of-Cost Work?

You will pay your share directly to the Provider when you receive an "Explanation of Share-of-Cost" letter that identifies the amount of the SOC to be paid that pay period. The amount you need to pay your Provider may change each pay period, depending on whether you have paid your SOC for other medical expenses before the hours are processed each pay period. If you have more than one IHSS Provider, you will not be able to choose which Provider your SOC is paid to. Any SOC that you have not paid will be subtracted from the first IHSS Providers hours that is processed by the County.



### EXAMPLE 1:

|   |       |
|---|-------|
| Ms. Smith has a SOC of \$200 for the month of June,   | \$200 |
| She sees her doctor on the 5th and pays \$50 at the doctor's office.  | -\$50 |
| She fills a prescription on the 6th and pays \$60 at the pharmacy,  | -\$60 |
| The total amount Ms. Smith has paid toward her SOC is \$110 (\$50+\$60)   | \$110 |
| When Ms. Smith's Provider submits his hours on the 16th, Ms. Smith has a remaining SOC balance of \$90. (\$200-\$110) | \$90  |
| The state will deduct \$90 from her Provider's paycheck.  | -     |
| Ms. Smith will need to pay her IHSS Provider \$90,  | \$90  |

### EXAMPLE 2:

|  |       |
|--|-------|
| Mr. Lee has a SOC of \$100 for the month of June   | \$100 |
| He sees his doctor on the 5th and pays \$75 at the doctor's office.  | -\$75 |
| He fills a prescription on the 6th and pays \$25 at the pharmacy,  | -\$25 |
| The total amount Mr. Lee has paid toward his SOC is \$100 (\$75+\$25).   | \$100 |
| Mr. Lee has met his SOC for the month.   | -     |
| When Mr. Lee's Provider submits hours on the 16th, the state will pay for all of the authorized hours worked in June, and Mr. Lee will not have to pay any money to his IHSS Provider. | \$0   |

## — COMMUNICATING WITH YOUR IHSS SOCIAL WORKER —

Your IHSS Social Worker is there for you whenever you need help with your IHSS Services. As long you are enrolled in IHSS, you will see your Social Worker at least once a year for your annual re-assessment. You may see them more often if you need to be reassessed sooner or have a concern that requires their support. You may request a reassessment of need at any time if your needs or living situation changes. You may also ask them for clarification on what authorized tasks you have been approved for, and get another copy of your Notice of Action (NOA) if needed.

Your IHSS Social Worker is also the one who can approve you for Emergency On-Call Services. If your Provider is out sick, on vacation, or is temporarily unable to work, your IHSS Social Worker will work with the Public Authority to send an On-Call Provider to provide emergency personal care services. There are limitations to the services On-Call Providers can perform, so you and your Social Worker will discuss what specifically you will need for that time.

Also, if your Individual Provider has any questions about IHSS rules, or you need help explaining your authorized service tasks and hours, ask them to speak with your Social Worker.



# SECTION VII: ADDITIONAL RESOURCES

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Hopefully you have been able to gain important knowledge and strategies for navigating the IHSS program and successfully hiring and working with your Provider. If you still have more questions, or need additional support, there are additional resources to help you.

## SECTION OBJECTIVES:

- IHSS Mentorship Services** . . . . . 60  
Find out how to get connected to an IHSS Mentor who can provide you with training and support to navigate IHSS and hire your next Provider.
- One-Stop Resource Center** . . . . . 61  
Learn about the Public Authority’s One-Stop Resource Center, a central learning place for all things related to IHSS.
- Important Contacts** . . . . . 62  
Reference guide for important phone numbers for IHSS and Medi-Cal related services.



## — IHSS MENTORSHIP SERVICES —

The Public Authority Mentorship program offers IHSS assistance to Consumers in the comfort of their own homes. Consumers can also arrange to meet with a Mentor in the One-Stop Resource Center or to receive guidance over the phone. Mentors are trained to assist with:

- ✓ Navigating the IHSS system
- ✓ Understanding authorized hours
- ✓ Searching for a Provider
- ✓ Obtaining and reading a Provider list
- ✓ Preparing for interviews
- ✓ Sitting with Consumers during in-person interviews
- ✓ Getting started with a Provider
- ✓ Working effectively with a Provider

Mentors have been trained to navigate the IHSS system, drawing on their experience as Consumers, Providers, and community health workers. Anyone can request and receive information about the Mentorship program by contacting the Public Authority.



## — ONE-STOP RESOURCE CENTER —



### San Francisco IHSS Public Authority **ONE-STOP RESOURCE CENTER**

Open Monday – Friday  
9:00am – 12:00pm & 1:00pm – 4:00pm

#### **TRAININGS | WORKSHOPS | REFERRALS | RESOURCES | 1-ON-1 ASSISTANCE**

The Public Authority offers a central community space designed for both Seniors and People with Disabilities receiving In-Home Supportive Services for trainings, referrals, resources, and 1-on-1 Assistance.

Located at 832 Folsom Street, on the 9th Floor, Consumers are welcome to come for trainings or speak with one of our mentors. Check out our training schedule on our website:

[www.sfhsspa.org/our-services/mentorship/one-stop-resource-center.php](http://www.sfhsspa.org/our-services/mentorship/one-stop-resource-center.php)

## — IMPORTANT CONTACTS —

### Adult Protective Services

2 Gough Street  
San Francisco, CA 94103  
Monday-Friday, 8am-5pm  
(800) 814-0009

7 days a week, 24 hours

Reports can also be made online at [ReportToAPS.org](https://ReportToAPS.org) for cases not involving physical abuse or requiring immediate response.

### Department of Human Services – General Information

(415) 557-5000  
Monday-Friday, 8am-5pm

### Electronic Visit Verification, IHSS Service / Help Desk

(866) 376-7066

- Information about EVV
- How to register and use EVV
- How to enter and reset passwords
- Troubleshoot technical issues with TTS and ESP

### Fraud Hotline

(415) 557-5771

### IHSS Independent Provider Assistance Center (IPAC)

2 Gough Street  
San Francisco, CA 94103  
Monday-Friday, 8am-5pm  
(415) 557-6200

### In-Home Supportive Services (IHSS)

New and existing Consumers: (415) 355-6700  
Providers: (415) 557-6200  
Fax: (415) 557-5271

## The Public Authority

832 Folsom Street, 9th Floor  
San Francisco, CA 94107  
Monday-Friday, 9am-5pm  
[www.sfhsspa.org](http://www.sfhsspa.org)

### Registry

(415) 243-4477

### Mentorship Program

(415) 593-8139

### One-Stop Resource Center

(415) 593-8142

## The San Francisco Department of Aging and Disability Services Information, Referral, and Assistance Benefits and Resources Hub

2 Gough Street  
San Francisco, CA 94103  
Monday-Friday, 8am-5pm  
(415) 355-6700  
TTY: (415) 355-6756  
[www.sfdaas.org](http://www.sfdaas.org)

## 211

2-1-1 is a toll-free, confidential, 24/7, and multilingual service that connects people with local health and human services for every day needs and in times of crisis. For the hearing impaired, dial 7-1-1 (TTY). Staff will assess the caller's needs and provide appropriate referrals.

[www.211bayarea.org](http://www.211bayarea.org)

# APPENDIX

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## MATERIALS INCLUDED:

|   |    |
|---|----|
| <b>Terms to Use</b> . . . . .   | 65 |
| Helpful guide to common terms or acronyms used within the IHSS system.  |    |
| <b>Reimbursement Form</b> . . . . .   | 67 |
| A helpful template to handle money exchanges between you and your Provider.   |    |
| <b>IHSS New Provider Enrollment: Step-by-Step.</b> . . . . .  | 68 |
| Further guidance for how Providers are enrolled in the IHSS system.   |    |
| <b>Electronic Visit Verification - Recipient (Consumer) Factsheet</b> . . . . .   | 69 |
| <b>IHSS Recipient/Employer Responsibility Checklist</b> . . . . .   | 70 |
| Responsibility checklist to which both Consumer and Provider must abide by all the conditions and complete all activities listed. |    |



## — TERMS TO USE —

### **Activities of Daily Living (ADLs):**

Dressing, toileting, bathing, eating, respiration, mobility. Instrumental Activities of Daily Living (IADLs) include housekeeping, grocery shopping, taking medication, meal preparation, managing finances.

**Authorized Hours:** The total amount of hours allocated to the Consumer for the authorized tasks.

**Authorized Tasks:** The chores (i.e. assistance) approved by IHSS and carried out by the Independent Provider.

### **Consumer (i.e. Recipient, Client):**

The recipient of IHSS services and the employer of the Independent Provider.

### **Healthcare Certification**

**(SOC form 873):** A licensed healthcare professional will need to complete this form, certifying a Consumer's need for IHSS.

### **Independent Provider (IP), (i.e.**

**Caregiver, Provider):** The independent contractor who provides in-home care and performs the authorized tasks.

**IHSS Needs Assessment:** The in-home evaluation performed by an IHSS Social Worker to determine a Consumer's level of need for IHSS. This includes a Consumer's ability to complete Activities of Daily Living and Instrumental Activities of Daily Living.

**IHSS Social Worker:** The Consumer's main contact for all IHSS matters.

### **In-Home Supportive Services**

**(IHSS):** A statewide program, administered by each county, providing in-home care services to assist qualified individuals in remaining safely in their homes.

**Mentorship:** The Mentorship program provides direct support and community referrals to IHSS Consumers.

**Notification of Action (NOA):** A notice mailed to the Consumer after the Needs Assessment, regarding the outcome of the IHSS application: approval or denial. If approved, it contains the authorized tasks and authorized hours.

**Public Authority:** The IHSS Public Authority is a non-profit agency that supports IHSS Consumers in managing their in-home care. We offer 2 core programs: The Registry and The Mentorship Program.

**Recipient (Consumer) Designation of Provider (SOC form 426A):** This form is used to link a Consumer to a Provider.

**Registry:** Acts as the liaison between Consumers and Providers. The Registry, among other roles, provides lists of screened Independent Providers to Consumers for potential in-home employment.

## REIMBURSEMENT FORM



**SFIHSS** PUBLIC  
AUTHORITY

### REIMBURSEMENT FORM

Provider Name:

Consumer Name:

Date:

Type of Expense:

- ☐ Prescriptions
- ☐ Medical Supplies
- ☐ Groceries
- ☐ Personal Care Items
- ☐ Household cleaning items
- ☐ Laundry
- ☐ Other: \_\_\_\_\_

Amount:

Amount Returned:

Receipt Attached: ☐ Yes ☐ No

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date



## IHSS New Provider Enrollment: Step-by-Step

**Are you a returning IHSS provider? Contact San Francisco Independent Provider Assistance Center (IPAC) first at 415-557-6200**

①



### Register at Home

- ☐ Go to: [ihss.sfipenroll.org](https://ihss.sfipenroll.org)
  - ☐ Register\*
  - ☐ Watch videos\*
  - ☐ Schedule an orientation appointment

\*IMPORTANT: Write down your user name, password, and security question answers. They are case sensitive and you will need them to watch the videos.

②



### Prepare for your orientation appointment at 77 Otis St

- ☐ Bring your valid State or U.S. government issued photo ID\*\*
- ☐ Bring your original Social Security Card\*\*
- ☐ Bring work authorization (Required only if your Social Security card states "Valid for work only with DHS or INS authorization")
- ☐ Complete "Recipient Designation of Provider" (SOC 426A) form with your recipient. To request form, call 415-557-6200\*\*\*

\*\*The name on the ID and Social Security card must match, photocopies are not accepted.

\*\*\*If you are in need of a recipient, contact the Public Authority at 415-243-4477

③



### Attend orientation appointment with IDs

- ☐ Arrive 10 minutes prior to your appointment time
- ☐ Sign registration and overtime regulation documents
- ☐ Receive LiveScan form for fingerprints

④



### Background check

- ☐ Bring Livescan form to vendor to complete background check
- ☐ Keep LiveScan copy and payment receipt\*\*\*\*

\*\*\*\*The result of the background check will be automatically given to IHSS

⑤



**Timesheets - once your background check has cleared, you will receive your first timesheet by mail. This means you are now a paid care provider!**

- ☐ Sign up for electronic timesheets: [etimesheets.ihss.ca.gov](https://etimesheets.ihss.ca.gov)
- ☐ Submit direct deposit form (SOC 829): [www.cdss.ca.gov](https://www.cdss.ca.gov) or call 866.376.7066



**Need help or have questions? Call the help desk: 415-557-6200**

SF Independent Provider Assistance Center ▪ 77 Otis Street ▪ San Francisco ▪ CA 94103  
Mail: Attention N3AX ▪ P.O. Box 7988 ▪ San Francisco ▪ CA 94120-9939  
Telephone (415) 557-6200 ▪



## Electronic Visit Verification – Recipient Factsheet Electronic Services Portal (ESP)

### How to Register in ESP:

- Access the ESP website at: [www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov).
- Select “Register Here,” and follow the steps.
- Enter your name, date of birth, 7-digit case number, and the last 4-digits of your Social Security Number.
- Create your user name and password and enter your email address.

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

**NOTE: YOU SHOULD NEVER SHARE YOUR USERNAME AND PASSWORD OR THE ANSWERS TO YOUR SECURITY QUESTIONS WITH ANYONE.**

- Select 3 security questions and enter your answers. The answers to these questions should be something that you can remember. Once you have finished the registration steps, you will receive an email with a secure link to complete registration. The link in the email is valid for a short time. You must click the link in the email to be able to use the ESP. If the link expires you will have to register again.
- Once you are registered, you will be able to submit and approve timesheets very easily.

**NOTE: If you need help call the IHSS Service Desk at (866) 376-7066. Agents are available at the help desk Monday – Friday from 8am to 5pm.**

### How to Approve Timesheets in ESP:

- You will receive email notification that your provider has submitted an electronic timesheet.
- Log in to [www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov) using your user name and password.
- You will see a message in red under a provider’s name that says, “**1 Timesheet to Review.**” To review the timesheet, click on the provider’s name.
- The system will take you to the timesheet that needs to be reviewed. If there are multiple timesheets that need approval, you will need to select the pay period you wish to review first.
- You should review the information entered on the timesheet, including the Hours Worked for each workweek.
- Once reviewed, click the **Approve Timesheet** button.
- Read the Declaration statement and click the checkbox saying that you agree to the Declaration terms.
- Once you are sure the timesheet is true and correct, you may select the **Electronically Sign the Timesheet & Submit for Payment** button.



## Electronic Visit Verification – Recipient Factsheet

### Telephone Timesheet System (TTS)

#### How to Register in TTS:

- Dial **(833) DIAL-EVV** or **(833) 342-5388** for TTS.
- Press **3** for Registration.
- Enter your 6-digit registration code (which was mailed to you), your 7-digit case number, and your date of birth.

**NOTE: If you do not have your Registration Code, you can contact your county IHSS office or the IHSS Service Desk at (866) 376-7066 for assistance. Agents are available at the help desk Monday – Friday from 8am to 5pm.**

- Create your 4-digit passcode by entering it on your keypad.

**PASSCODE:** \_\_\_\_\_

**NOTE: YOU SHOULD NEVER SHARE YOUR PASSCODE WITH ANYONE.**

#### How to Approve Timesheets in TTS:

- The TTS will call you when you have a timesheet to review. If you have caller ID, it will show (833) 342-5388. If you miss the call, or you don't want to wait to receive a call, you can call the TTS at (833) DIAL-EVV or (833) 342-5388 at any time.
- Log in with your 7-digit case number and 4-digit passcode.
- Once you log in, press **1** to review pending timesheets from the Activity Menu.
- The TTS will tell you which provider and pay period you are reviewing.
- You can choose to review daily hours, weekly hours or total hours.
- You should review the information entered on the timesheet, including the Hours Worked for each workweek.
- After your timesheet review is complete you can approve your provider's timesheet by pressing **1**.
- The TTS will read the Declaration Statement to you. If you are sure the information entered on the timesheet is true and correct, you will need to enter your 4-digit passcode followed by the **#** key to complete the approval of the timesheet.
- Once the timesheet is approved you can request that a paper copy be mailed to you.



# IHSS RECIPIENT/EMPLOYER RESPONSIBILITY CHECKLIST

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## IN-HOME SUPPORTIVE SERVICES Recipient/Employer Responsibility Checklist

I, \_\_\_\_\_, HAVE BEEN INFORMED BY MY SOCIAL WORKER THAT AS A RECIPIENT/EMPLOYER, I AM RESPONSIBLE FOR THE ACTIVITIES LISTED BELOW.

- 1) Provide required documentation to my Social Worker to determine continued eligibility and need for services. Information to report includes, but is not limited to, changes to my income, household composition, marital status, property ownership, phone number, and time I am away from my home.
- 2) Find, hire, train, supervise, and fire the provider I employ.
- 3) Comply with laws and regulations relating to wages/hours/working conditions and hiring of persons under age 18.

**NOTE:** Refer to Industrial Welfare Commission (IWC) Order Number 15 regarding wages/hours/working conditions obtainable from the State Department of Industrial Relations, Division of Labor Standards and Enforcement listed in the telephone book. Additional information regarding the hiring of minors may be obtained by contacting your local school district.

- 4) Verify that my provider legally resides in the United States. My provider and I will complete Form I-9. I will retain the I-9 for at least three (3) years or one (1) year after employment ends, whichever is longer. I will protect the provider's confidential information, such as his/her social security number, address, and phone number.
- 5) Ensure standards of compensation, work scheduling and working conditions for my provider.
- 6) Inform my Social Worker of any future change in my provider(s), including:
  - \_\_\_ Name
  - \_\_\_ Address
  - \_\_\_ Telephone Number
  - \_\_\_ Relationship to me, if any
  - \_\_\_ Hours to be worked and services to be performed by each provider

- 7) Inform my provider that the gross hourly rate of pay is \$\_\_\_\_\_, and that Social Security and State Disability Insurance taxes are deducted from the provider's wages.
- 8) Inform my provider that he/she may request that Federal and/or State income taxes be deducted from his/her wages. Instruct the provider to submit Form W-4 (for federal income tax withholding) and/or Form DE 4 (for state income tax withholding).
- 9) Inform my provider that he/she is covered by Workers' Compensation, State Unemployment Insurance benefits, and State Disability Insurance benefits.
- 10) Inform my provider that he/she will receive an information sheet that will state my authorized services and the authorized time given to perform those services. Inform the provider that he/she is not paid to perform work when I am away from my home (for example, when in a hospital or away on vacation).
- 11) Pay my share of cost, if any.
- 12) Verify and sign my provider's timesheet for each pay period, showing the correct day(s) and the total number of hours worked. I understand I can be prosecuted under Federal and State laws for reporting false information or concealing information. I understand that when required, it will be necessary for me to place my fingerprint on my provider's timesheet to verify the correct day(s) and hours worked. This will be necessary, so my provider can be paid.
- 13) Ensure my provider signed his/her timesheet.
- 14) Advise my provider to mail his/her signed timesheet to the appropriate address at the end of each pay period.

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



832 Folsom Street, 9th Floor  
San Francisco, CA 94107

(415) 243-4477 Voice  
(415) 243-4407 Fax

[www.SFIHSSPA.org](http://www.SFIHSSPA.org)