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Overview of the IHSS Program

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

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

SERVICES

These are the types of services IHSS can provide:
- Personal care services like dressing, bathing, feeding, toileting
- Paramedical services like helping with injections, wound care, colostomy and catheter care under the direction of a licensed medical professional
- Housecleaning
- Cooking
- Shopping
- Laundry
- Accompaniment to and from medical appointments

Some of the things IHSS cannot pay for include:
- Moving furniture
- Paying bills
- Reading mail to you
- Caring for pets, including service animals
- Gardening
- Repair services
- Sitting with you to visit or watch TV
- Taking you on social outings
APPLICATION PROCESS

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

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

3. Health Care Certification Form
   You will receive a form for your doctor to complete, certifying your need for IHSS. This form must be completed before services can be authorized.

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

HIRING PROVIDER(S)

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

For more information, contact your local county IHSS office.
IHSS Authorized Tasks

Mark the tasks you need your provider to do and show how often the task needs to be done. Talk about anything special you want him/her to know as you go through the list. Write notes to help your provider remember your requests.

REMEMBER: IHSS will only pay for services that have been authorized by your social worker. When authorizing hours for someone to help you, your social worker considered the things you were able to do safely without help. It is important for you to remain as independent as possible, so you should not ask your provider to do things you can do for yourself safely.

Use the chart below to show whether the tasks need to be done daily (D), weekly (W), monthly (M), or on another schedule (O) such as two times per week.

<table>
<thead>
<tr>
<th>Authorized Task</th>
<th>How often</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Mop kitchen and bathroom floors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Clean bathroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Make bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Change bed linen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Clean sinks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Clean stovetop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Clean oven</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Clean refrigerator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Vacuum/sweep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Wipe counter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Dust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Empty trash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorized Task</td>
<td>How often</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-----------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Meals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Prepare meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Meal cleanup</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laundry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Wash, dry, fold, and put away laundry</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Shopping</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Grocery shopping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other shopping and errands</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal Care Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Dressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Grooming and oral hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Bathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Bed bath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Bowel and bladder care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Menstrual care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Help with walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Move in and out of bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Help on/off seat or in/out of vehicle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Repositioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Rub skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Assistance with prosthesis/meds</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Paramedical Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Blood sugar checks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Injections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other paramedical services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Accompaniment Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ To medical appointments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ To alternative resources</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For more information, contact your local county IHSS office.
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 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 SOC amount will also appear on your provider’s timesheet under “Share-of-Cost Liability.” 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 timesheet is 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 provider’s timesheet that is processed by the county.

If you or your provider have questions about the SOC, contact your county IHSS or Public Authority office.
Here are some examples of how Share-of-Cost works:

**Example 1:**

<table>
<thead>
<tr>
<th>Description of Share-of-Cost Spending</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. Smith has a SOC of $200 for the month of June.</td>
<td>$200</td>
</tr>
<tr>
<td>She sees her doctor on the 5th and pays $50 at the doctor’s office.</td>
<td>-$50</td>
</tr>
<tr>
<td>She fills a prescription on the 6th and pays $60 at the pharmacy.</td>
<td>-$60</td>
</tr>
<tr>
<td>The total amount Mrs. Smith has paid toward her SOC is $110 ($50 + $60).</td>
<td>$110</td>
</tr>
<tr>
<td>When Mrs. Smith’s provider submits his timesheet on the 16th, Mrs. Smith has a remaining SOC balance of $90 (200-$110).</td>
<td>$90</td>
</tr>
<tr>
<td>The State will deduct $90 from her provider’s paycheck.</td>
<td></td>
</tr>
<tr>
<td>Mrs. Smith will need to pay her IHSS provider/employee $90.</td>
<td>$90</td>
</tr>
</tbody>
</table>

**Example 2:**

<table>
<thead>
<tr>
<th>Description of Share-of-Cost Spending</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Lee has a SOC of $100 for the month of June.</td>
<td>$100</td>
</tr>
<tr>
<td>He sees his doctor on the 5th and pays $75 at the doctor’s office.</td>
<td>-$75</td>
</tr>
<tr>
<td>He fills a prescription of the 6th and pays $25 at the pharmacy.</td>
<td>-$25</td>
</tr>
<tr>
<td>The total amount of Mr. Lee’s expenses is $100 ($75 + $25).</td>
<td>$100</td>
</tr>
<tr>
<td>Mr. Lee has met his SOC for the month.</td>
<td>$0</td>
</tr>
<tr>
<td>Mr. Lee’s provider submits her timesheet on the 16th.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>$0</td>
</tr>
</tbody>
</table>
Finding, Interviewing, and Hiring a Provider

FINDING A PROVIDER

Hiring a provider is an important task, and you should take the time to find the right person.

As the employer, you can hire anyone who meets IHSS provider enrollment requirements and can meet your needs. This may be a family member, friend, or someone referred from the Public Authority Registry. Other ways to find a provider may be through your church, posting a flyer, placing an ad in your local newspaper, or simply by word of mouth.

Remember to be careful about what personal information you give out about yourself in this process. Never put your home address on a flyer. If you cannot find a provider, contact your county IHSS office or Public Authority for assistance.

INTERVIEWING PROVIDERS

Before you interview a provider, you should take the time to review the services that have been authorized for you and how much time has been authorized for each service. If you feel that one provider cannot provide all of the services you need or work all of the authorized hours, you may wish to hire more than one provider. If you have specific needs, such as a special diet or finding someone who is capable of lifting, be sure to mention this during the interview.

You may find the following steps helpful:

1. Screen applicants through a telephone interview.
2. Meet in person with the strongest candidates.
3. Check references.
Telephone Screening Interview
During this phone call, you should get a good idea of the person’s availability, experience, and ability to perform the needed tasks. This is also a good time to let them know that IHSS providers must attend a provider orientation, be fingerprinted, and pass a background check. If you are satisfied with the person, the next step would be to set up a time to meet with him/her to discuss your needs and authorized services and find out more about him/her.

Face-to-Face Interview
This interview can take place in your home or in a public place nearby. Consider asking a friend or family member to join you so that they can help with the interview and help decide who to hire. If possible, it is a good idea to interview more than one person. Make notes during the interview that you can refer to later when checking references or choosing who to hire.
Here is some additional information to talk about during the interview:
- Ask to see identification. This may be a valid California driver’s license or identification card with a photo.
- Explain your expectations for work behavior including the use of your belongings, arrival and departure times, and other information that will be important for the person you hire to know.
- Go over the services and hours authorized for you.
- Ask if they have been an IHSS provider before, and if they have gone through the provider enrollment process, including being fingerprinted.
- Give them a chance to ask you questions about the job and the services that you need.

CHECKING PROVIDER REFERENCES
Checking references will provide you with valuable information about the person you are thinking about hiring. When calling references, ask questions that will give you an idea of the kind of work they did, how long they were employed, their reliability, and their strengths and weaknesses. Keep notes about what the references tell you as this may help you decide who to hire.

MAKING THE DECISION
Look at your notes and compare the strengths, qualifications, and references of each person you interviewed and decide which one best meets your needs. Once you have made your decision, let the person know and then contact your county IHSS office so that your provider can begin the enrollment process if they have not already done this.

For more information, contact your local county IHSS office.
Getting Started With Your New Provider

STARTING OFF ON THE RIGHT FOOT

During your first meeting with a new provider, it is important to tell them what you expect. It is best to talk about any difficult issues and agree on things before he/she starts work.

Some of the things you may want to talk to your provider about are listed below.

- **Authorized tasks review**
  Explain what tasks the provider will be doing for you and how much time he/she can spend on each task. The county will send you a list of authorized tasks and the amount of time authorized when they approve or change your hours. Be sure to tell your provider how you would like to have the tasks done.

- **Health issues**
  Tell your provider about any allergies, special diet needs, and other issues that require special care.

- **Infectious diseases**
  It is best for you and your provider to tell each other if either of you have any infectious diseases, including HIV, Hepatitis, Tuberculosis (TB), and others.

- **Supplies**
  Show the provider where supplies are kept and how to correctly use any special equipment.

- **Medications**
  Explain what help you need, if any, and go over your daily medication schedule.

- **Emergency information**
  Share all of the information your provider needs to know if an emergency happens. Include who to call in case of an emergency and how to get out of the house. Post emergency information in an easy-to-see place at all times.
• **Work schedule**
  Be clear on what days your provider will be coming and how many hours he/she will work each day. Agree on a way to keep track of hours so you can make sure the timesheet is filled out correctly. Consider using a calendar or note pad as a way to keep track of tasks and hours worked each day.

• **Contact information**
  Give each other all the telephone numbers where you can be reached and the best times for you to contact each other.

• **Transportation for medical appointments and errands**
  IHSS does not pay for the cost of gas, car insurance, or public transportation. Make sure you are clear on who will pay these costs, and that your provider has car insurance and a valid driver’s license.

For more information, contact your local county IHSS office.
Communicating With Your Provider

How you communicate with your provider can affect the quality of care you receive. Having good communication is the first step to a positive working relationship. In order to communicate well, always state your needs clearly. Listen to how your provider responds and ask questions about anything you do not understand.

Take time to learn about your provider.
- Ask your provider what name he/she would like to be called and use that name.
- Ask about any habits your provider may have that could affect you such as smoking, and talk about habits you have that your provider should be aware of.

Make sure what you are saying is being understood by your provider.
- Don’t talk too fast or too slow.
- If you are talking to your provider and he/she looks confused, ask them if they understand what you are saying. By asking your provider, you will know for sure if he/she understood you or if you need to provide more details.

Helpful Hints for good communication.
- Keep the lines of communication open to avoid misunderstandings.
- It may help to use humor and patience when dealing with difficult situations. The tone of your voice can also improve the outcome.
- Take responsibility for your own feelings and respect your provider’s concerns by using “I” statements.
Example:

“I see/hear/feel (state the issue). It makes me feel (state your feelings). I need (state a possible solution).”

This might sound like:

“I understand this task is hard to learn, but it makes me feel uncomfortable when you grumble under your breath. I would like you to ask me for more direction and let me know what you are feeling so we can work out the problem.”

“This is the third time this week you have been 20 minutes late. I’m feeling frustrated because my schedule is off when you are late. I need you here on time.”

Keep the lines of communication open and focused on your care.

- Be friendly, but keep your relationship as professional as possible. Remember he/she is there to provide IHSS services for you.
- Your provider may not want to share details about his/her personal life. Respect their privacy.
- Cultural differences may sometimes affect how you get along and may create misunderstandings. Talk about these things immediately and work on a solution that will satisfy both of you.

For more information, contact your local county IHSS office.
Setting and Maintaining Boundaries

Part of your job as the employer is to set expectations for your provider.

Restrictions on tasks and hours.
- Do not ask your provider to do things or work hours that have not been authorized. IHSS will not pay for unauthorized tasks or extra hours.

Professional behavior when the workplace is a home.
- Your provider should not bring children or others to your home. Your home is a workplace, and his/her job is to provide IHSS services for you.
- Your provider should not be spending his/her time visiting with you instead of working. Your provider may need to be politely reminded to stay on task.
- He/she should bring his/her own lunch or dinner if working at meal time.
- He/she should not use your property or belongings for his/her own needs.

Protecting your privacy.
- Your provider should not share your name, address, telephone number, health, family situation, or behaviors with any unauthorized people.
- It is important for your provider to know about your health conditions and family contacts in case of an emergency. However, keep other personal information private.
- Your provider should not have access to your checkbook, bank accounts, credit cards, financial information, or to money that is kept in your home.
- You should secure any valuables in a safe place and not tell your provider where they are kept.
Things to Avoid

- Do not let your provider sign your name at any time.
- Do not sign a timesheet that is incorrect.
- Do not sign a blank timesheet.
- Do not share your bank information with your provider and do not add their name to your savings, checking, or credit card accounts.
- Do not share your Social Security number.
- Ask for a receipt if you give money to your provider to purchase something for you.
- Do not leave valuables or important documents in a visible location.
- Keep an eye on things such as telephone usage, medications, etc.
- Do not let him/her borrow money, vehicles, or personal belongings.
- Do not get involved in your provider’s personal life.

For more information, contact your local county IHSS office.
IHSS Consumer and Provider Job Agreement

This job agreement will help explain job duties and work schedule. You can use this form to guide your discussion with your new provider.

Complete and sign this job agreement. Use it as a record of agreed upon responsibilities.

1. This job agreement is between:

   Consumer/Employer (Print Name) & Provider/Employer (Print Name)

2. The consumer and provider agree to the following general rules.

   The consumer agrees to:
   - Assign and direct the work of the provider.
   - 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.
   - Sign the provider’s timesheet on time if it correctly shows the hours that were worked.

   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.
   - Come to work on time (see hours of work on the back of this page).
   - Keep personal calls at a minimum and not make long distance telephone calls using the consumer’s telephone.
   - 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.

3. The provider will be paid at the rate set by the county for IHSS providers.

4. The hours of work for this job are shown below.
   Changes in the scheduled days and hours are to be agreed upon by both parties, with advance notice. Some providers may need to work split shifts each day in order to meet the consumer’s needs.
*The IHSS workweek starts at 12:00 am on Sunday and ends on 11:59 pm on Saturday.

<table>
<thead>
<tr>
<th>Days of the week</th>
<th>SUN</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hours</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The consumer and provider, by signing this document, agree to the terms outlined above. If the agreement changes, both parties will initial and date the changes.

Consumer/Employer Signature

Date

Phone Number

Provider/Employee Signature

Date

Phone Number
Supervising Your Provider

As an employer, you will need to supervise your provider. This may feel uncomfortable if you have never done this before. However, the following information may help.

1. Let your provider know what tasks must be completed each time he/she works.
   If it seems like there is not enough time to do all the authorized services, you and your provider should talk about how to make the best use of the IHSS time authorized. If your condition changes and you need more or less hours, contact your county IHSS office.

2. Communicate your needs.
   Your provider needs to know how you like things done so he/she can complete tasks in a way that works for you.
   • Be clear. Explain in as much detail as possible how you would like your provider to complete each authorized task. Keep in mind the amount of time your provider has to do the task. You may be more comfortable starting with things like housework or laundry before talking about any personal care needs.
   • Be patient. You may need to remind your provider how you would like him/her to do things more than once.
   • Be specific. If you would like your authorized tasks done in a specific way, let your provider know.

3. Be reasonable in what you expect.
   A new provider may need to work for you a few times before learning your expectations and needs.

4. Let your provider know how things are going.
   • Say something positive when he/she does things the way you like them done.
   • Say something to correct your provider when tasks are not completed the way you want them. Politely let him/her know how you specifically want things done.
Some helpful tips include:

- Use a friendly tone of voice.
- Don’t blame or humiliate your provider.
- Treat your provider with respect.

5. It is important NOT to ask your provider to do unauthorized tasks or services not covered.

When the social worker assesses your needs, he/she will decide which IHSS services to authorize for you. You should not ask your provider to do services not authorized or not covered by IHSS. If you need help with tasks not covered by the IHSS program such as taking care of pets, assistance with mail or finances, or accompaniment to social activities, you should ask family members, friends, church volunteers, or others to help you.

6. Make good use of time.

As your provider’s employer and supervisor, it is your job to make sure he/she is completing the IHSS services within the authorized time. Your provider should not be doing anything except providing IHSS services to you while they are being paid as an IHSS care provider.

Your provider should NOT be:

- Making personal telephone calls
- Watching TV
- Spending too much time visiting with you
- Bringing children or others to work
- Doing his/her personal business or activities

For more information, contact your local county IHSS office.
Recognizing Abusive Behaviors

Sometimes a provider, family member (including a child), or friend steps over the line and becomes abusive.

In California, abusing a child, a person over 65, or anyone between the ages of 18 and 64 who has physical or mental limitations, is a crime punishable by law.

Abuse can occur in many ways including physical or sexual abuse, financial abuse, neglect, and psychological abuse or intimidation. Here are some examples of abuse:

- Being slapped, hit, choked, pinched, kicked, shoved, raped, or molested.
- Being constantly yelled at, threatened with bodily harm, or threatened to be left alone.
- Being left alone by a care provider when you cannot get necessary food, water, clothing, shelter, or health care.
- Being kept from getting mail, telephone calls, or visitors; or prevented from leaving your home without good reason.
- Having money, property, or items of value being taken by force or without your approval.
- Being neglected by someone who should be providing care, food, or water.

Report Abuse!

If you are being abused, even by a family member, you should get help right away by contacting:

- 911
- Adult Protective Services (APS)

For more information, contact your local county IHSS office.
Deciding When to Fire a Provider

As an employer, you have the right to fire your provider for any reason, but you should think about this decision carefully before you take action.

Can the problems be solved?
- It can be hard to tell someone that you no longer need their services. Try to work on any minor problems with your provider before you decide to fire him/her.

Talk to your provider about your concerns.
- Try to tell your provider as soon as you see a problem. It is best not to let problems build up, but if they do, make a list of the things you are unhappy about and decide what must change in order for you to keep your provider. Have an open talk with your provider and reach agreements about any improvements you need to see in his/her job performance. Tell him/her when the improvements will need to be made.
- Remember that communication is a two-way street. Allow your provider to ask questions and be open to any thoughts and concerns he/she may have.
- If you are not comfortable about having this talk alone, ask a friend or family member to be there to support you.

If your provider is not willing to improve.
- If your provider does not improve his/her performance, it may be time to end his/her employment. If it is possible, it is best to give your provider two weeks’ notice. This will give him/her time to look for a new job and you time to get a new provider.
Terminate an unsafe provider right away!
- If your provider is treating you in an abusive or threatening manner, you should call 911 and fire him/her immediately. Your personal safety is most important. If you need help doing this, call your IHSS county office, friends, or family members to help you.

Some reasons for firing your provider might be:
- Not meeting your care needs
- Stealing your money or personal property
- Coming in late often or not coming to work at all
- Using your personal property without permission

If you have to fire your provider without notice, you have several options to find a new person quickly:
- Contact your Public Authority for a list of available providers.
- Ask a family member or friend for short-term help (remember all providers must be fingerprinted and pass a criminal background check to be paid by IHSS).

Always contact your IHSS county office if you change providers.

For more information, contact your local county IHSS office.
Electronic Visit Verification – Recipient Factsheet
Telephone Timesheet System (TTS)

How to Register in TTS:
   a. Dial (833) DIAL-EVV or (833) 342-5388 for TTS.
   b. Press 3 for Registration.
   c. Enter your 6-digit registration code (which was mailed to you), your 7-digit case number, and your date of birth.
   d. Create your 4-digit passcode by entering it on your keypad.

   PASSCODE: ____________________________

   YOU SHOULD NEVER SHARE YOUR PASSCODE WITH ANYONE.

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.

How to Approve Timesheets in TTS:
   a. 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 receive a call, you can call the TTS at (833) DIAL-EVV or (833) 342-5388 at any time.
   b. Log in with your 7-digit case number and 4-digit passcode.
   c. Once you log in, press 1 to review pending timesheets from the Activity Menu.
   d. The TTS will tell you which provider and pay period you are reviewing.
   e. You can choose to review daily hours, weekly hours or total hours.
   f. You should review the information entered on the timesheet, including the Hours Worked for each workweek.
   g. After your timesheet review is complete you can approve your provider’s timesheet by pressing 1.
   h. 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.
   i. Once the timesheet is approved you can request that a paper copy be mailed to you.

To view videos on Telephone Timesheet System (TTS), please visit the following website: Department of Social Services - Electronic Services
Electronic Visit Verification – Recipient Factsheet
Electronic Services Portal (ESP)

How to Register in ESP:

a. Access the ESP website at: Electronic Services Portal.
b. Select “Register Here,” and follow the steps.
c. Enter your name, date of birth, 7-digit case number, and the last 4-digits of your Social Security Number.
d. 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.

e. 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.
f. Once you are registered, you will be able to submit and approve timesheets very easily.

To view videos on Electronic Services Portal (ESP), please visit the following website:

Department of Social Services - Electronic Services

How to Approve Timesheets in ESP:

a. You will receive email notification that your provider has submitted an electronic timesheet.
b. Log in to Electronic Services Portal using your username and password.
c. 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.
d. 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.
e. You should review the information entered on the timesheet, including the Hours Worked for each workweek.
f. Once reviewed, click the Approve Timesheet button.
g. Read the Declaration statement and click the checkbox saying that you agree to the Declaration terms.
h. Once you are sure the timesheet is true and correct, you may select the Electronically Sign the Timesheet & Submit for Payment button.

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.
### Who to call when You Have Questions?

<table>
<thead>
<tr>
<th>Social Worker</th>
<th>IHSS Payroll</th>
<th>Public Authority</th>
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<tbody>
<tr>
<td><strong>831-755-4466</strong>&lt;br&gt;Toll Free: (800)510-2020</td>
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*If you have been or will be in the hospital overnight
*If your health, functioning, environment or living situation changes significantly
*If you move, change mailing address, or change phone numbers
*Problems with your provider
*Questions regarding services and IHSS policies

**911 Emergency**
In an emergency call 911 immediately

*Problems or concerns regarding provider paycheck or check stubs
*Problems or concerns regarding timesheets
*Request Recipient/Provider Worksheet Agreement (SOC 2256)
*Request SOC 838 Recipient Request for Assignment of Authorized Hours to Providers used to assign hours to individual provider
*Request a 426A Recipient Designation of Provider used to hire a new provider

*To request a list of providers that match your needs
*Assistance in hiring providers from the registry list
*Mediation and conflict resolution with a provider from the registry
*Report problems with a registry provider

**Adult Protective Services**
Toll Free: (800)510-2020