

PROVIDER NUMBER \_\_\_\_\_

## IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER WORKWEEK & TRAVEL TIME AGREEMENT

*(To be completed by a provider who provides authorized services to multiple recipients)*

PROVIDER NAME: \_\_\_\_\_

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### PART A. WORKWEEK SCHEDULE

#### PROVIDER REQUIREMENTS:

- State law (Welfare and Institutions Code section 12300.4) limits providers in the IHSS and Waiver Personal Care Services (WPCS) programs to working a maximum weekly number of hours providing IHSS and WPCS. A provider who works for multiple recipients is limited to providing 66 hours per workweek.
- The maximum weekly workweek does not include travel time as described in Part B of this form. The workweek starts on Sunday at 12:00 a.m. (midnight) and ends at 11:59 p.m. on the following Saturday.
- Recipients are authorized services on a monthly basis and, based on state law, are limited to receiving a set amount of those services on a weekly basis. You will get a notice telling you how many authorized service hours each of your recipients gets weekly and monthly. You may never work more than a recipient's monthly authorized hours for that recipient. However, you may work more than a recipient's weekly authorized hours in certain circumstances. A recipient may adjust his or her weekly authorized hours, but he/she must get approval from the county if the adjustment will result in either a provider working more overtime hours in the month than the provider would normally work or working over 40 hours in any workweek for him/her (when, he/she is authorized to receive 40 hours or less in services in a workweek).
- It is your responsibility as a provider to:
  - Make sure that the total combined hours you work providing authorized services for all the recipients you work for in one workweek do not total more than the 66 hours in a workweek.
  - Make sure that the hours you work providing services to any one of your recipients are not more than that recipient's weekly authorized hours, unless the hours are correctly adjusted.

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- Make sure that if one of your recipients adjusts their weekly authorized hours to have you work more than the usual authorized amount, that you work less hours in a previous or later week to make sure you are not working more than his/her authorized monthly hours or working more overtime in the month than you normally would.
- If you submit a timesheet in which you violate the workweek schedule in any of the following ways, you will receive a violation:
  - You work more than 40 hours in a workweek without county approval for a recipient if he/she is authorized 40 hours or less in a workweek;
  - You work more hours for a recipient than he/she is authorized in a workweek, without county approval and it causes you to work more overtime hours in the month than you normally would;
  - You work for multiple recipients and work more than the 66 hours in a workweek;
  - You claim more than seven hours of travel time (see Part B of this agreement).
- If you violate the workweek schedule in any of the ways described above, you will receive the following:

First Violation	<ul style="list-style-type: none"> <li>• You and your recipient(s) will get a notice of the violation with appeal rights information.</li> </ul>
Second Violation	<ul style="list-style-type: none"> <li>• Your recipient(s) and you will get a notice of the violation, and you will have a choice to complete a one-time training about the workweek and travel time limits. If you choose to complete the training, you will avoid a second violation</li> <li>• If you choose not to complete the training within 14 calendar days of the date of the notice, you will be sent a notice of your second violation with the appeal rights information.</li> </ul>
Third Violation	<ul style="list-style-type: none"> <li>• You and your recipient(s) will get a notice of the third violation with appeal rights information.</li> <li>• You will be suspended as an IHSS provider with the IHSS program for three months.</li> </ul>
Fourth Violation	<ul style="list-style-type: none"> <li>• You and your recipient(s) will get a notice of the fourth violation with appeal rights information.</li> <li>• You will be terminated as an IHSS provider with the IHSS program for one year.</li> </ul>

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**INSTRUCTIONS:** You must complete the chart below to help you plan your workweek schedule. Your schedule must include services provided to all recipients you work for and must not be more than 66 hours in one workweek. You will be notified of each of your recipients’ total maximum weekly hours in the Provider Notification of Recipient Authorized Hours and Services, (form SOC 2271).

1. In Column A, write the **name** of each recipient you provide authorized IHSS services for.
2. In Column B, write the **case number** of each recipient listed in Column A.
3. In Column C, write the **address** of each recipient listed in Column A.
4. In Column D, write the total number of hours per day (for each day of the week) you work or plan to work providing authorized IHSS services for each recipient listed in Column A.
5. For Column E, add the total number of hours from each day in Column D that you work or plan to work providing authorized IHSS services for each recipient listed in Column A and write the total number of hours for the week for each recipient in Column E.
6. At the bottom of Column E, add the total number of hours you work or plan to work providing authorized IHSS for all of your recipients each week.

A	B	C			D							E
Recipient’s Name	Recipient Case #	Recipient’s Address			Total Number of Hours I Work or Plan to Work							Total Hours
		Street Address	City	Zip Code	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	

**TOTAL HOURS I WORK OR PLAN TO WORK PROVIDING AUTHORIZED SERVICES FOR ALL RECIPIENTS:**

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**PART B. TRAVEL TIME****PROVIDER REQUIREMENTS:**

- If you travel from one recipient's location to another recipient's location on the same workday in order to provide IHSS services to both recipients, you can get paid for that travel time, but that time cannot be more than seven hours per workweek. These seven hours are in addition to the 66 hours.
- To get paid for that travel time, you must travel directly from one recipient's location to the other recipient's location without stopping. If you make only a brief stop on your way to the second recipient's location, such as to fill your gas tank at a service station, you are still considered to be traveling directly. However, if you stop to conduct personal business or if you return to your own home, you can only be paid for the time that it would have taken to travel between the two locations where services are provided without the personal stops.
- If your total estimated weekly travel time will be more than seven hours, you will need to adjust your work schedule so that your travel time is less than seven hours.

**Do you plan to travel from a location where you provide authorized services to another location where you provide authorized services to another recipient on the same day?**

YES    NO

*If you answer NO, you do not need to complete PART B, go directly to PART C.*

**PART B INSTRUCTIONS:** You must complete this section to help you plan the travel time that you can be paid for so that your total weekly travel time is not more than 7 hours. Because you are traveling, it may be necessary for you to provide proof of time and mileage.

1. In Column A below, write the name(s) of the recipient(s) you will be traveling from.
2. In Column B below, write the name(s) of the recipient(s) you will be traveling to.

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3. In Column C below, write how far (in miles) it takes to travel directly from one recipient's location to the next recipient's location.
4. In Column D below, write how long (in minutes) you estimate it takes to travel directly from one recipient's location to the next recipient's location.
5. In Column E below, write how many days each workweek you plan to travel from one recipient's location to another recipient's location on the same day?
6. In Column F, multiply the amount of time you estimate it takes to travel directly from one recipient's location to the next recipient's location (Column D) by the number of days you will travel between recipients' locations each workweek (Column E) to indicate your total travel time between the two recipients' locations (Column A and B).
7. Add up the total of all the time listed on the lines in Column F and write the total at the bottom of Column F.

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**PART B. TRAVEL TIME**

A		B		C	D	E	F
Names of the Recipients You Will Be Traveling Between				Distance Between Recipients' Locations (in miles)	Estimated Travel Time Between Recipients' Locations (in minutes)	Number of Days You Will Travel Between Recipients' Locations Each Workweek	Total Estimated Travel Time Between Recipients' Locations Each Workweek (Col. D x Col. E)
From	To						
<b>TOTAL ESTIMATED TRAVEL TIME EACH WORKWEEK:</b>							

How will you travel between recipients' locations?

 CAR\*     PUBLIC TRANSIT     OTHER Specify: \_\_\_\_\_

***\* If you will be driving yourself to travel between recipients, you must have a valid California driver's license and proof of insurance, and your vehicle must have current registration. If you do not have a valid California driver's license, proof of insurance, or current vehicle registration, you are not legally allowed to drive your vehicle for the purpose of providing IHSS. You must choose a different form of transportation, such as public transit. If you have chosen to drive yourself and there is a negative change to the status of your legal right to drive your vehicle (i.e., your California driver's license, auto insurance, or vehicle registration expires or is no longer valid), you must inform the county and select a different form of transportation. If you fail to inform the county of this change in status, you will be considered in violation of IHSS program requirements and may be terminated.***

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**PART C. PROVIDER AGREEMENT**

**I declare that I have read and understood the requirements as stated in this document and I agree to comply with these requirements. I further declare that all of the information I have provided on this form is true and correct to the best of knowledge.** I agree to notify the county within 10 calendar days if any of the information I have provided in this Provider Workweek and Travel time Agreement changes, and depending on what information has changed, I may be required to complete a new SOC 2255.

PROVIDER SIGNATURE:

DATE:

PROVIDER'S PRINTED NAME:

**FOR COUNTY USE ONLY**

WORKER NAME:

DATE:

ESTIMATED TRAVEL TIME REVIEWED:

SOURCE USED TO VERIFY TRAVEL TIME:

YES  NO 

NOTES: