



TELE-TOWN HALL

**What you need to know about
the new provider overtime rules
and regulations.**



Overview of FLSA Requirements



Recipient and Provider Responsibilities

Recipient

Understand requirements and limitations

Complete and mail required forms

Accurately record hours worked by provider

Verify hours worked by provider and sign timesheet

Provider

Understand requirements and limitations

Complete and mail required forms

Accurately record hours worked for recipient

Properly complete timesheet and travel claim form (if applicable)

KEY TERMS

- Monthly Authorized Hours
- Maximum Weekly Hours
- IHSS Workweek
- Overtime
- Travel Time
- Violations



KEY TERMS

Monthly Authorized Hours

Total number of IHSS service hours a recipient is authorized per month

Maximum Weekly Hours

Total number of IHSS service hours a recipient is authorized per workweek

Monthly authorized hours divided by 4 = the number of hours the provider may work up to.



KEY TERMS

Maximum Weekly Hours

Total number of IHSS service hours a recipient is authorized per workweek

A recipient's monthly authorized hours must be spread throughout the month to ensure that the recipient receives services during the entire month.

Monthly authorized hours divided by 4 = the number of hours the provider may work up to.



KEY TERMS

**Maximum
Weekly Hours
Exam**

$$\frac{\div 200 \text{ Monthly Authorized Hours}}{4}$$

50 Maximum Weekly Hours



IHSS Workweek

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 a.m.						11:59 p.m.

Workweek begins:

- Sunday at 12:00 a.m.

Workweek ends:

- Saturday at 11:59 p.m.



KEY TERMS

February

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28



KEY TERMS

December

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



**KEY
TERMS**



**Recipient with 1
Provider**



**Provider does not
work for any other
recipients**

**Monthly Authorized
Hours**

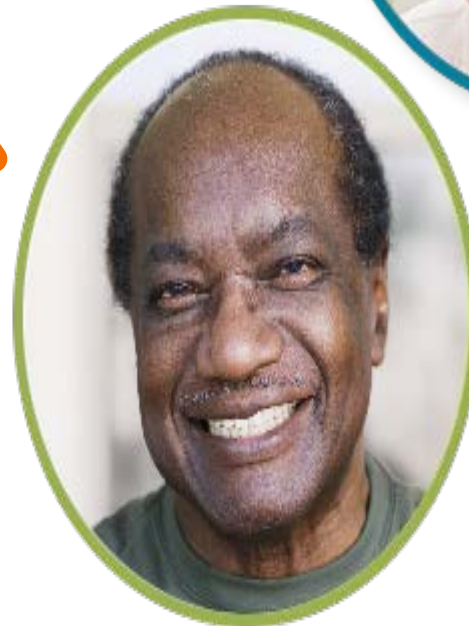
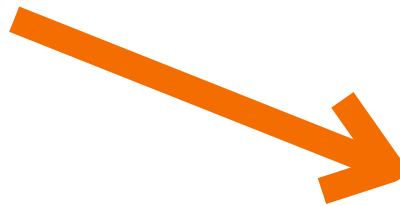
**÷ 4 = Maximum Weekly
Hours**



KEY TERMS



**Provider with
multiple Recipients**



**Maximum Weekly Hours
= 66**



OVERTIME

**All hours worked over
40 hours in one
workweek.**

TRAVEL TIME

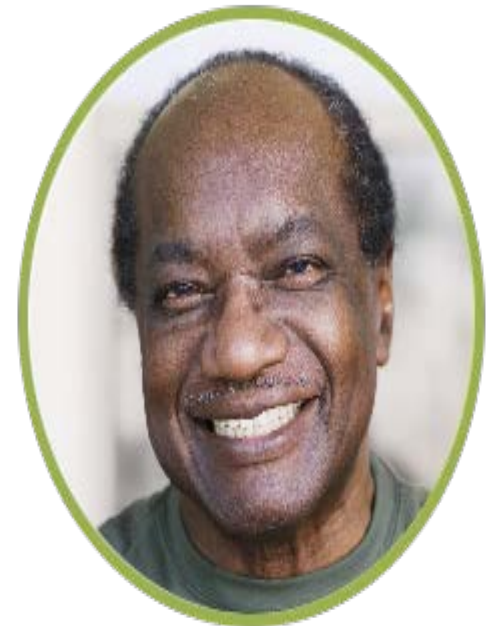
Up to 7 hours per week when traveling directly from one recipient to another on the same day.

KEY TERMS



Travel Time

Travel Time is the time it takes for a provider to travel directly from providing services to one recipient to providing services for another recipient on the same day.



VIOLATIONS

Consequences of not following overtime and travel time limitations.

A photograph of a caregiver in blue scrubs talking to an elderly woman in a wheelchair. The woman is smiling and has her hands clasped. The background is a blurred outdoor setting.

REVISED AND NEW FORMS



FLSA Recipient Notices and Forms for IHSS

TEMP 3002

Important Information for the In-Home Supportive Services (IHSS) Recipient

**SOC
2271A**

IHSS Program Recipient Notice of Maximum Weekly Hours

No action required.

SOC 2256

IHSS Program Recipient & Provider Workweek Agreement

Must be postmarked to the County by March 15, 2016.

**IHSS RECIPIENT
FORMS/NOTICES**

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM RECIPIENT NOTICE OF MAXIMUM WEEKLY HOURS

Notification Date: _____
Recipient Name: _____
Recipient Case Number: _____
Social Worker Name: _____
Social Worker Number: _____
Social Worker Telephone: _____
Social Worker Address: _____

SOC 2271A

hours.

You were sent a notice of action indicating, as of _____, your **monthly**
authorized hours are _____. DATE

IN-HOME SUPPORTIVE SERVICES PROGRAM RECIPIENT AND PROVIDER WORKWEEK AGREEMENT

IHSS RECIPIENT CASE NUMBER

RECIPIENT NAME (FIRST, MIDDLE, LAST)

My total monthly authorized hours are _____.

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 I may be able to adjust my weekly authorized hours which will allow me to give more hours in one week than I normally give, as long as I use less hours in

SOC

I understand that this form is a tool to help me schedule hours for my provider(s). This schedule helps me to ensure that my provider(s) stay(s) within my monthly authorized hours.

225

6

INSTRUCTIONS:

**IHSS PROVIDER
FORMS/NOTICES**

FLSA Provider Notices and Forms for IHSS

TEMP 3001

Important Information for the In-Home Supportive Services (IHSS) Provider **(No Action Required)**

SOC 846

IHSS Program Provider Enrollment Agreement **Due to the County by April 15, 2016.**

SOC 2255

IHSS Program Provider Workweek & Travel Agreement

SOC 2271

IHSS Program Provider Notification of Recipient Authorized Hours & Services and Maximum Weekly Hours
No Action Required

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER ENROLLMENT AGREEMENT

PROVIDER NUMBER

PROVIDER NAME (FIRST, MIDDLE, LAST)

1. I attended the required provider enrollment orientation for IHSS providers and I understand and agree to the following:
 - I was given information about being a provider in the IHSS program.
 - I was informed of my responsibilities as an IHSS provider.
 - I was informed of the consequences of committing fraud in the IHSS program.

SOC 846

<http://www.cdss.ca.gov/individuals/age/stopfraud.asp> for reporting suspected fraud or abuse in the IHSS program.

2. I understand the following:

Where to get SOC 846

Call the FLSA unit in your IHSS office

Call Public Authority – PASC 877-565-4477

Or press type it into your question box that you
need
the form and include your name and phone number.

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:

PROVIDER NUMBER:

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 hours

SOC 2255

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 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:

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER NOTIFICATION OF RECIPIENT AUTHORIZED HOURS AND SERVICES
AND MAXIMUM WEEKLY HOURS**

Notification Date: _____

Provider Name: _____

You are receiving this notice because you are a provider of IHSS for

SOC 2271

This notification is to inform you of your recipient's monthly authorized hours and the services you are allowed to perform for your recipient.

Your recipient's monthly authorized hours are _____.

Who to call

For answers to the new requirements on overtime, travel time, and wait time:

Contact your IHSS Office FLSA (Fair Labor Standards Act) Unit:

Burbank (866) 544-9048

Chatsworth (888) 822-9622

El Monte (888) 322-2204

Metro (866) 512-2857

896-0044

Lancaster (866) 514-9911

Hawthorne (866) 512-2856

Pomona (866) 465-0905

Rancho Dominguez (888)

San Diego – Where to send the SOC 846 form

All forms are to be mailed to the Recipient's IHSS office if you live in LA County.

San Diego

Providers will send the completed SOC 846 and SOC 2255 forms to the following address

Attention: Provider Enrollment Department
780 Bay Blvd Suite 200
Chula Vista CA, 91910

Consumers

All questions regarding provider overtime and forms, contact the

IHSS Overtime Assistance Unit
In-Home Supportive Services
P.O. Box 23217
San Diego, CA 92193
Fax number (858) 505-6683
Phone 1-844-841-7442

Claiming Hours



Recipient and Provider Situations

**One
Recipient/
One Provider**



**Multiple
Recipients/ One
Provider**



**Multiple
Providers/ One
Recipient**



Recipient and Provider Situations

One Recipient | One Provider



Requirement:

The maximum number of hours that providers may work in a workweek is the recipient's monthly authorized hours divided by 4.

In this specific situation where one recipient employs only one provider AND receives the maximum hours of 283, the provider may work up to 70:45 maximum weekly hours ($283/4=70:45$).

Recipient and Provider Situations

Multiple Recipients | One Provider



Requirement:

The maximum number of combined hours that a provider may work in a workweek is 66 hours.

Recipients must complete a work schedule for the provider to determine how many hours s/he will work before working for each of them. This schedule will ensure that the provider will not work more than 66 hours per workweek.

Recipient and Provider Situations

One Recipient | Multiple Providers



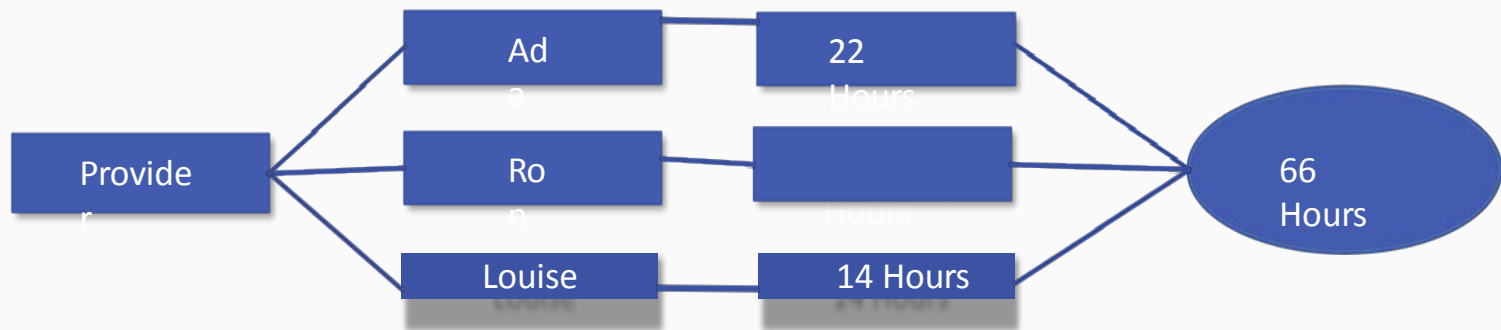
Requirement:

The recipient must make a work schedule for all of their providers to determine how many hours each of them may work.

Hours

How many maximum weekly authorized hours may a provider with multiple recipients claim?

Recipient	Total Monthly Hours Assigned to Provider	Maximum Weekly Hours
Ada	88 hours per month	22 hours per week
Ron	120 hours per month	30 hours per week
Louise	56 hours per month	14 hours per week
Total Weekly Authorized Hours:		66 hours per week



Adjusting Hours



When is county approval needed to adjust hours?

Recipients must get county approval to adjust their providers' weekly work hours when the change requires the providers to work:

- **More than 40 hours in a workweek if the recipient's maximum weekly hours are 40 hours or less, or**
- **More overtime hours in the month than they would normally work.**

1 RECIPIENT: 1 PROVIDER



**156:00
Monthly
Authorized
Hours**

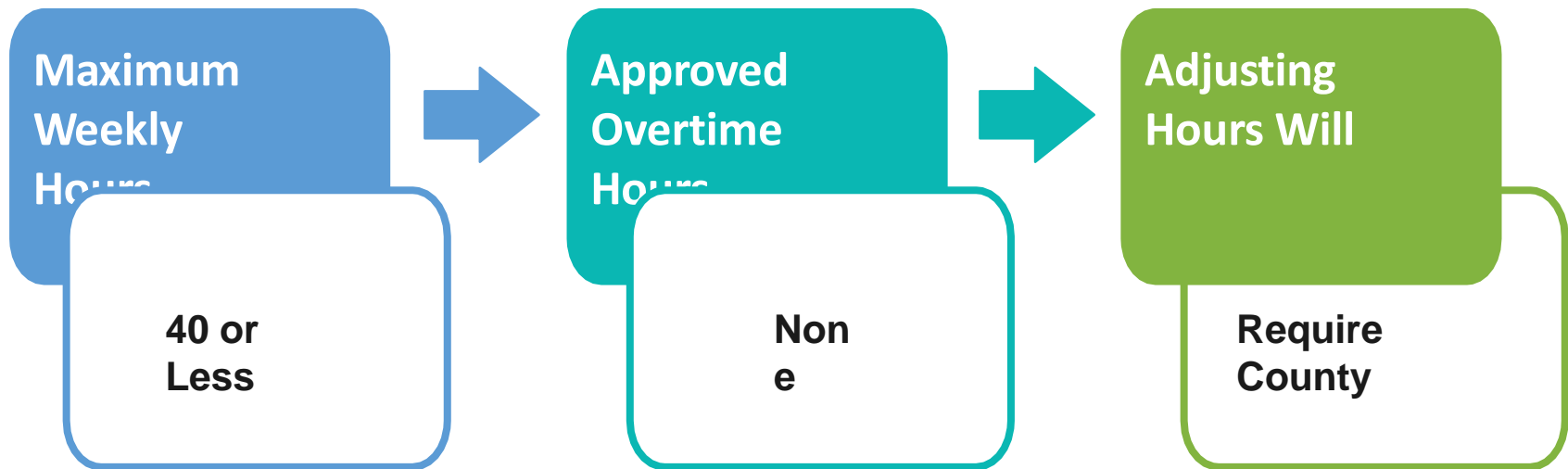


**39:00 Maximum
Weekly Hours**



**Is county approval
needed?**

Do I Need County Approval?



Increasing work hours to more than 40 hours in a workweek will require county approval.

**When can the Recipient adjust
hours without county
approval?**

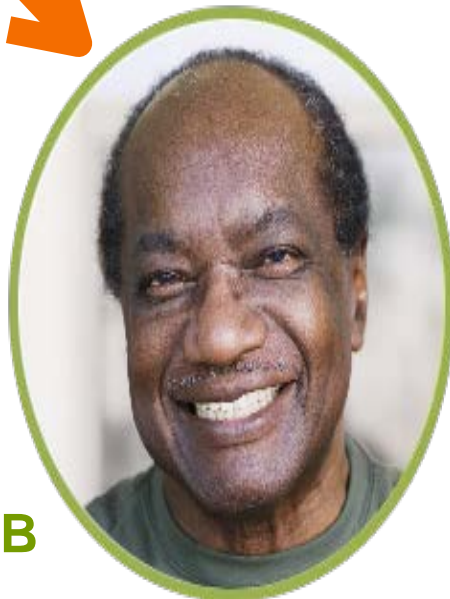
2 RECIPIENTS: 1 PROVIDER



Recipient A



Recipient B



If a provider works the 66 maximum weekly hours per workweek and one of their recipients asks them to work additional hours, the provider can only do so if they reduce the number of hours they work for another recipient.

1 RECIPIENT: 3 PROVIDERS

Recipient B

200:00 Monthly Authorized Hours
50:00 Maximum Weekly Hours

What happens if one of those providers is ill or takes vacation?

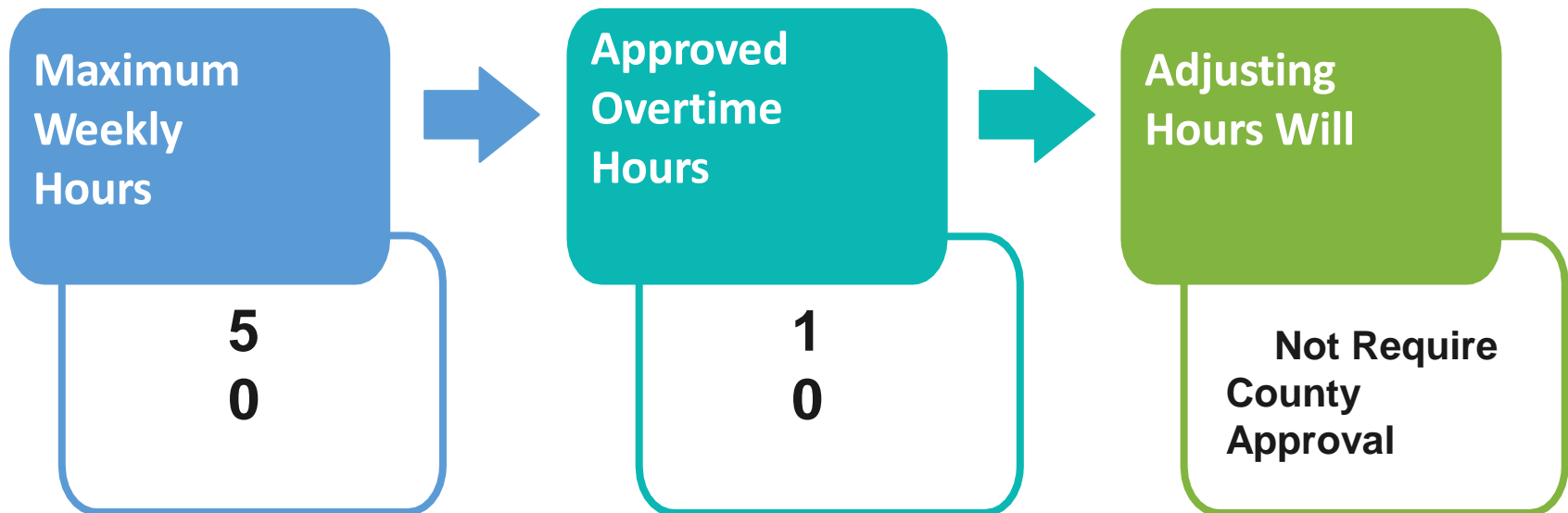


Recipient B

The recipient can adjust hours as long as his/her total monthly authorized hours are not exceeded.



Do I Need County Approval?



Over the month there are a total of 40 hours of overtime available that the provider may work without the recipient seeking county approval.

Maximum Weekly Limit of 66 Hours

2 RECIPIENTS: 1 PROVIDER



**40 hrs
for Recipient
A**



**Recipient A
160:00 Monthly
Authorized
Hours**

**40:00
Maximum
Weekly Hours**

**26 hrs
for Recipient B**



**Recipient B 104:00
Monthly Authorized
Hours**

**26:00 Maximum
Weekly Hours**

**Providers who work for
multiple recipients can
only work a maximum of
66 hours per workweek.**

Approval to Adjust Weekly Authorized Hours

- The recipient must inform the County of the request to change as early as possible and prior to timesheet submission.
- The County will review the request to determine if all of the following conditions exist to support the request:

Is this an unexpected need?

Is the need immediate?

Can the need wait for a backup provider?

Is the recipient's health or safety in danger?



Properly Completing Timesheets- Practice



Tips for Properly Completing Timesheets

- **Use only black ink and press firmly**
- **Both the recipient and the provider must sign and date the back of the timesheet**
- **Cut along the dotted line**
- **Do not fold the timesheet**
- **Only enter hours and minutes for each day worked on timesheets**
- **Only mail one timesheet per envelope**
- **Place the correct postage on the outside of the envelope**

Travel Time & Travel Claim Forms



Travel Time

Conditions

- For providers with multiple recipients.
- Must travel directly from one location where services are provided to another location where services are provided on the same day.
- Must have submitted a timesheet for service hours with corresponding dates.

Limits

- Travel time is limited to 7 hours per week and will not be deducted from the recipient's monthly authorized hours.
- Travel time is not included in the overtime limit of 66 hours/week.

Violations

- Travel time in excess of 7 hours will be paid but the provider will receive a violation.

Travel Time

Providers who have multiple recipients will be required to complete:

2255

**IHSS Program Provider
Workweek & Travel Time
Agreement**

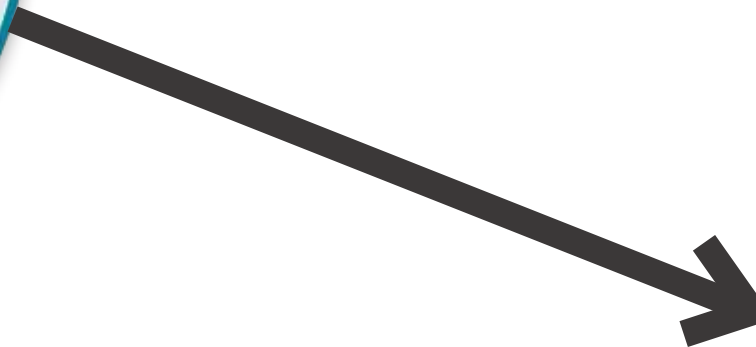
SOC

**This completed form must be submitted
and processed before providers are
eligible to receive travel time
compensation.**



Recipient A

**30 minutes travel time
from Recipient A to
Recipient B**



**30 minutes
claimed on
Travel Claim
form for
Recipient B**



Recipient B





Violations



Violations

1st Violation

Notice of violation with information on how to request a county review

2nd Violation

Notice of violation with information on how to request a county review
Complete one-time training, 2nd violation avoided
Does not complete one time training within 14 days of notice, 2nd violation confirmed

3rd Violation

Notice of violation with information on how to request a county review
Optional: State appeal if the violation is upheld
Suspended as an IHSS Provider for 3 months, or 90 days

4th Violation

Notice of violation with information on how to request a county
Optional: State appeal if the violation is upheld
Terminated as an IHSS Provider for one year, or 365 days

Violations

If the provider's actions result in more than one violation during a calendar month, it will only count as one violation.