

# **Building Bridges to Independence and Dignity**

## **A Consumer Guide to In-Home Supportive Services in Alameda County**

**Public Authority for IHSS  
in Alameda County  
Last Edited  
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# A Consumer Guide to In-Home Supportive Services in Alameda County

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## A Consumer Guide to In-Home Supportive Services

# Introduction

You may have been a consumer (or recipient) of personal assistant services for years. Or perhaps this is your first look at how assistance might help you live independently with dignity in your home. The Public Authority for In-Home Supportive Services (IHSS) collaborated with IHSS consumers, IHSS staff and a number of community agencies to create a video and this guide. We hope this guide will help you understand Alameda County IHSS program and assist you in finding, hiring and managing your IHSS homecare worker(s).

This handbook is divided into five parts:

**PART I: Applying for In-Home Supportive Services**

**PART II: Finding, Screening & Hiring a Homecare Worker**

**PART III: Paying your Homecare Worker**

**PART IV: Managing your Homecare Worker**

**PART V: Additional Resources**

### Consumers and Homecare Workers

Please note there are many words used to describe you as the person looking for in-home support. You may be called a client or recipient of IHSS. In this guide we refer to you most often as the *consumer* because it means you are taking an active role in applying for and managing these needed services.

You will also see that there are many words used to describe the person who may assist you. They may be called IHSS chore providers, personal assistants, or attendants. In this guide we usually refer to those who may assist you as *homecare workers* (even though not all assistance is given in the home!).

### Getting Started

There are many situations which may lead you to consider applying for in-home support. Perhaps you had a serious accident or illness that resulted in a hospital stay. As you prepare to return home, you might need assistance with your house chores or personal care. Others might have been living with a disability all their lives. Perhaps a previous care giver is no longer able to assist you in the home. Perhaps your disability has changed so you now need assistance in order to live life fully. Whatever the reason, In-Home Supportive Services (IHSS) and the Public Authority for IHSS may offer you the assistance and services you need.



# PART I

## Applying for In-Home Supportive Services

- IHSS Description
- Who is Eligible for IHSS
- How to Apply for IHSS
- IHSS Assessment Tips

A Consumer Guide to In-Home Supportive Services

## **In-Home Supportive Services<sup>1</sup>**

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**What is In-Home Supportive Services?** The In-Home Supportive Services (IHSS) Program provides assistance to those eligible aged, blind, disabled individuals who are unable to remain safely in their homes without assistance. The program objective is to prevent premature institutionalization or nursing home placement. For those determined eligible, IHSS will pay the wages of a home care worker that they select and employ to work in their homes. Eligibility and services are limited by the availability of funds.

### **What Services are available in the IHSS Program?**

#### **Domestic Services**

- Sweeping, vacuuming, washing and waxing floors
- Washing kitchen counters and sinks
- Cleaning the bathroom
- Storing food and supplies
- Taking out the garbage
- Dusting and picking up
- Cleaning the stove and oven
- Cleaning and defrosting the refrigerator
- Changing the bed



#### **Meals**

- Menu planning
- Preparing, cooking and serving meals
- Washing, drying and putting away dishes



#### **Routine laundry:**

- Washing, mending, ironing
- Folding and storing clothes
- *60 minutes per week allowed if in-home, 90 minutes if out-of-home.*

#### **Grocery shopping and errands**

- *Shopping and errands are limited to the nearest available stores consistent with the IHSS consumer's cost, nutrition and cultural needs*
- *The worker is expected to shop without the consumer; extra time is not given for the consumer to shop with the worker*



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<sup>1</sup> The information for this section is adapted from the Alameda County Social Services Agency Department of Adult and Aging Services pamphlet *In-Home Supportive Services, IHSS Brochure030404.pub*.

## Personal Care Services

- Dressing
- Routine baths, oral hygiene and grooming
- Bowel and bladder care
- Assistance with self-administering oxygen
- Assistance with feeding
- Care and assistance with prosthetic devices and medications
- Routine menstrual care
- Ambulation (assistance walking)
- Assistance getting in and out of bed
- Rubbing of skin to promote circulation



## Taking the consumer to medical and other appointments

- *Provider is not paid for being at appointment or waiting for the consumer to complete the appointment*



## Protective Supervision

- *Only for mentally impaired persons who meet specific criteria*

## Paramedical Services



- Such as tube feeding, injections, wound care, tracheotomy care (*only when ordered by a licensed health care professional and administered under that professional's direction*).

## Heavy Cleaning

- *One-time only with IHSS Social Worker pre-approval*

## IHSS Does Not Pay For

- ⊗ Gasoline, mileage, parking or public transportation costs
- ⊗ Routine gardening or other outdoor work
- ⊗ Pet care (feeding, cleaning up after, or exercising)
- ⊗ Moving furniture, boxes, etc.
- ⊗ Washing windows
- ⊗ Household chores for visitors or family members who are not IHSS consumers
- ⊗ Paying bills
- ⊗ Care when the consumer is in the hospital or nursing home



## **Eligibility for IHSS**

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To be eligible for IHSS, a person must be a California resident who is over 65, disabled or blind, unable to remain safely in his/her home without assistance, and meets one of the following conditions:

- Currently receives Supplemental Security Income/State Supplementary Program (SSI/SSP) benefits.
- Meets all SSI/SSP eligibility criteria including income and assets, but does not receive SSI/SSP benefits.
- Meets all SSI/SSP eligibility criteria except his/her income exceeds SSI/SSP eligibility standards. In this case, the person will have to pay a Share of Cost of receiving IHSS. (See page 21 for more information on Share of Cost.)

In addition, disabled individuals who work may also be eligible for IHSS if they

- ✓ Received SSI in the past;
- ✓ Still suffer from the impairments on which their SSI was based;
- ✓ Are ineligible for SSI because they are working; and
- ✓ Need IHSS for personal care services.

They will have to pay a share of the cost of IHSS, but, it is calculated in a way that provides an incentive to keep working. See [www.disabilitybenefits101.org](http://www.disabilitybenefits101.org) for more information about working with IHSS.

## **How Can You Apply for IHSS in Alameda County?**

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- By phone: Call 510-577-1800 weekdays between 8:30 a.m. and noon and 1:00 p.m. to 5:00 p.m. and speak to a representative.
- By mail: Call 510-577-1800 and request an application. Be sure to speak slowly and clearly, and to leave your name and full address on the message. Or download an application from the internet at [www.alamedasocialservices.org](http://www.alamedasocialservices.org) (Elder and Disabled, In Home Support).
- In person: Come into IHSS offices (Eastmont Town Center, 6955 Foothill Blvd., 3<sup>rd</sup> Floor, Oakland, CA) weekdays 8:30 a.m. and noon and 1:00 p.m. to



5:00 p.m. You can either pick up an application or you can ask to meet with a representative.

- When applying, have the following ready:
  - ✓ Date of Birth
  - ✓ Social Security Number
  - ✓ Spouse Name/Social Security Number
  - ✓ Doctor's Name/Telephone Number
  - ✓ Medical Diagnosis
  - ✓ Emergency Contact
  - ✓ Current Monthly Gross Income/Source
- A social worker will explain eligibility for IHSS, answer your questions, and, if appropriate, complete a referral form. Your referral will be assigned to a social worker.
- A medical form (*Physician's Evaluation*) will be sent to you to take to your doctor for completion.
- A social worker will make a home visit and interview you to determine what services are needed. There can be a wait of several weeks for the intake visit. The wait will vary depending on the time it takes for submission of forms and determination of financial or medical eligibility.
- When you are authorized for IHSS hours, a **Notice of Action** letter will be mailed to you. This letter explains how many hours have been awarded to you for the various types of housekeeping or personal care services.
- Hours are awarded for specific tasks based on your ability to care for yourself, taking into account other persons in the household and other community resources that are being used. No consumer can receive more than 283 hours per month of authorized services. The IHSS program does not provide 24-hour assistance. (There is a Medical waiver program that adds hours to IHSS to provider 24-hour assistance. Contact

## **Helpful tips when applying for IHSS:**

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**Date of submission:** The date IHSS receives your application is important. A homecare worker currently providing you services *may* be paid retroactive to the date of submission. (The worker must also pass a criminal background check.) If possible, have someone turn in the application in person at the IHSS offices, request it be date stamped and keep a copy of the date-stamped application.

**Want to check the status of your application?** Check online at the Adult and Aging Services web interactive system; Google “IHSS interactive web.” Come in person to IHSS offices (see address in #3) or call 510-577-1800 for automated information or to speak with an intake screener.

## **How is IHSS Paid?**

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As an IHSS recipient you will receive a monthly number of in-home care hours based on your individual need. You then hire and employ one or more homecare workers to work the authorized hours. You must complete the enrollment forms for your homecare workers before they will be paid. When you select a homecare worker, you should tell him/her what tasks have been authorized for your care and the number of hours per week you assign to that homecare worker to complete these tasks. The IHSS program will not pay for more than the authorized number of hours.

Alameda County IHSS Payroll staff enrolls homecare workers, issues timesheets and processes the IHSS payroll. Payroll is processed twice per month and checks are sent directly to the homecare worker by the State of California.

Funding for IHSS comes from federal Medicaid funds, the State of California and the Alameda County General Fund.

## **IHSS Assessment Tips**

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The IHSS social worker will come to your home for your initial assessment or re-assessments. Be clear when describing your needs. Do not exaggerate your need for assistance. On the other hand, do not overstate your ability to provide your own care. As a consumer, you may wish to prepare a list of your needs and any special requirements you have. This will help you prepare for the social worker's visit. It will also help you to overcome any embarrassment you may feel when sharing personal information.

Consider the following points:

- Every question the social worker asks may be related to the hours you will be granted.
- IHSS cannot provide hours for services you are getting from another source such as laundry or meals provided by a relative or another agency.
- Be sure you understand the questions. They can affect the number of hours you may be authorized. If necessary, ask the social worker to repeat the question.
- The IHSS social worker does not know about your particular needs. Be clear and specific and realistic.
- Consider how much time it takes to complete each task and how often each task must be provided. You might want to track your tasks for a month in preparation. See Appendix A for a chart you can use to track the time per task.

### **Re-assessment**

Each consumer of IHSS is re-evaluated once a year. You will be visited in your home by a social worker. The social worker will review your physical, medical and social situation to determine whether the hours awarded are still appropriate. Following the visit you will receive a “Notice of Action” – a formal notification that explains how many hours you have been awarded for the various types of chore or personal care services.

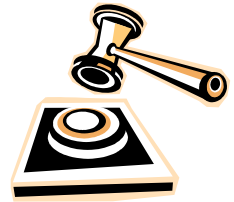


### **Appeals (Fair Hearing)**

Whenever the County makes any change in your services, you, the consumer, receive a Notice of Action letter at least 10 days before the effective date of the change. If you disagree with the change, whether it a change in the hours or services or termination of service, we recommend that you immediately:

- Contact the IHSS social worker to discuss any concerns with them.
- Contact the social worker's supervisor and discuss the situation with them.
- You have the right to appeal (request a fair hearing). The appeal procedure is on the back of the Notice of Action letter.
  - ◆ If you request a fair hearing **before the change goes into effect**, you can ask that you continue to receive your current hours and services until the hearing is over.
  - ◆ You must request a fair hearing **within 90 days** of the mailing date on the Notice of Action.

**To request a Fair Hearing**, the consumer can fill out the back of the *Notice of Action* form and send it to the address on the form, or call 1(800) 743-8525. You can prepare for your Fair Hearing by filling out the Self-Assessment in Appendix A. For additional help contact your local Independent Living Centers or Protection and Advocacy, Inc.



## Part I Worksheet: Applying for IHSS

- Filled out IHSS Application and kept a copy for my records.
- Turned in IHSS Application for services on \_\_\_\_\_ (date)
- Confirmed Application status is “pending” on \_\_\_\_\_ (date)  
(call 510-577-1800 or search for “IHSS interactive web” website)
- Received and turned in physician’s evaluation form on \_\_\_\_\_ (date)
- Filled out self-assessment in preparation for social worker visit (optional)

Special circumstances that I need to explain to the social worker:  
(i.e. special diet, cultural/religious practices, repositioning in bed or wheelchair, incontinence, frequency of illness or “bad days” that affect the number of hours you need for housekeeping or personal care.)

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

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

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

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

- IHSS Intake Social Worker scheduled a visit for \_\_\_\_\_ (date)  
\_\_\_\_\_ (time). His/her name is )\_\_\_\_\_.
- Received the “Notice of Action” letter explaining the authorized tasks and total monthly hours you can hire a homecare worker to assist you.

CONGRATULATIONS! You are now an IHSS Consumer!

# PART II

## Finding, Screening and Hiring a Homecare Worker

- Creating a Job Description
- Ways to Find Homecare workers
- Telephone Interview
- Face to Face Interview
- Reference Check
- Criminal Background Checks
- Making a Job Offer
- Sample Job Agreement

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## Preparing for Interviews

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Before talking with prospective candidates, think about what you are looking for in a homecare worker. If possible, write out what personality and skills you want. You can use the Notice of Action that you received from IHSS to summarize the tasks the worker will do and the number of hours they will need to work each month. In addition, consider the following when creating a job description:

### **What personality or traits do you want in a worker?**

Each worker is different. Consider if you'd like someone who is:

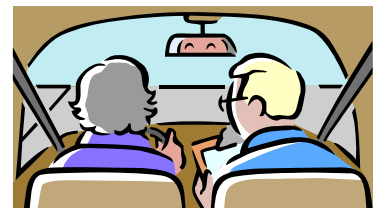
- Talkative OR quiet
- Enjoys lots of direction OR takes charge without direction
- Motherly OR all business
- Needs and can follow a strict schedule OR schedule can be flexible
- Very organized OR willing to following your style of organization
- Non-smoker OR ok working for a smoker



### **What skills or abilities do you need in a worker?**

Each consumer has different needs. Consider if you need a worker who is:

- Able to lift a certain weight
- Capable of driving a car (yours or theirs?)
- Experienced with medicines
- Ok with body fluids and personal care
- Familiar with equipment that you use



### **What days and times do you want the worker to come?**

As an IHSS consumer, you can decide what days of the week and hours the worker will assist you. Just make sure the total monthly hours do not go over your total authorized hours for assistance. Consider your needs, and also how convenient it is for the homecare worker. Here are some sample schedules:

A: Monday, Wednesday and Friday from 10:00 am – 2:00 pm (approximately 50 hours/month)

B: Monday through Friday from 12:00 noon – 5:00 pm (approximately 107 hours/month)

C: Everyday from 9:00 am to 11:00 am AND 7:00 pm to 9:00 pm (approximately 120 hours/month)

## Ways to Find Homecare Workers<sup>2</sup>

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As the IHSS consumer, you can hire anyone you chose as your IHSS homecare worker. The only requirement is that the homecare worker has current legal documents to work in the United States. You may hire a relative, friend or someone you find through the following methods:

1. **WORD OF MOUTH** – tell people you know, (friends, relatives, neighbors, etc.) that you are looking for a homecare worker. Family and friends are the most common source of homecare workers. Word of mouth is one of the best forms of advertising.
2. **PUBLIC AUTHORITY REGISTRY** –The Registry can provide you a list of screened homecare workers who match your needs and preferences. Public Authority services are free. Just call 510-577-1980.



3. **FLYERS** – put up flyers or cards on local bulletin boards, which you can find at places of worship, in supermarkets, senior centers, schools and libraries.

4. **INTERNET** – try the following websites:

- a. Craigslist at [www.craigslist.org](http://www.craigslist.org). If you post under ‘gigs’ there is no fee. If you post under help-wanted, there will be a fee.
- b. Berkeley Attendants (Available through a link on the CIL website: [www.cilberkeley.org](http://www.cilberkeley.org)) You can post your own ad, view archives and look through applications posted by people looking for attendant work.
- c. Place ads at [www.baycareersite.com](http://www.baycareersite.com) or [www.eastbay.backpage.com](http://www.eastbay.backpage.com) (look under employment in the healthcare section) for a fee.



5. **LOCAL PAPERS**– place an ad in the local newspaper.



These are just a few ways of finding homecare workers. Use your imagination and be determined.

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<sup>2</sup> This section was adapted from a handout created by Community Resources for Independent Living, Hayward, CA, (510) 881-5743.



## **Telephone Interview**

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Call several potential workers. You may invite 2-3 to come for interviews.

### **Information to share with the potential homecare worker**

- Brief description of the tasks you need done
- The city you live in
- The schedule, hours per day and days per week
- Any special requirements or skills needed (etc. non-smoking, able to lift a certain number of pounds)



### **Questions to ask the homecare worker**

- Can you tell me something about yourself?
- Are you available to work the days and times I need you?
- Would you have any problem doing the tasks I need done?
- What experience do you have performing these tasks?
- Where else have you worked?
- Do you have reliable transportation for getting to work?
- Do you have work and personal references I could check?

### **If you think the homecare worker is NOT qualified**

- Thank the homecare worker for their time
- Do not give out your phone number or address

### **If you think the homecare worker is qualified**

- Make an appointment to meet for a face-to-face interview
- Give the date and time for the interview
- Give your name and a contact phone number
- Give the address and a cross street for the location of the interview (your home or another location, such as a coffee shop, if you prefer)
- Request that the homecare worker bring current picture identification, her/his social security card and a list of references to the interview
- Request that the homecare worker bring a valid driver's license and auto insurance if he/she will be driving his/her own car as part of the job

## Face-to-Face Interview

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### Location

If you have safety concerns, you may wish to hold the Face-to-Face Interview away from your home such as in your building's community room, a local café or other public area. You may also invite a friend or relative to be with you in the interview.



### Topics to Cover

1. **IDENTIFICATION** - Ask to see their identification such as a valid California driver's license or identification card with a picture and social security card.
2. **BACKGROUND CHECK** – The homecare worker must be fingerprinted and pass a background check prior to being paid as an IHSS worker. If the worker doesn't pass, the consumer will be responsible to pay him/her for any work done. (See page 12 for details.)
3. **JOB DESCRIPTION** - Review the job agreement or job description. Point out any special requirements. Ask if there are any tasks she/he will not perform.
4. **REFERENCES** - Ask for references, both personal and job-related. Make sure you get names and current phone numbers so you can call the references later.
5. **EDUCATION AND EXPERIENCE** - Ask for information on education, training and experience in personal assistant services.
6. **DRIVER'S LICENSE** - If you need the homecare worker to drive for you, make sure they show his/her valid driver's license and ask to see proof of insurance (only if the worker will be using her/his own car.) Clarify with the worker if you will be paying for gas and at what rate.
7. **TRIAL PERIOD** – Consider telling the homecare worker that for the first few weeks you will be showing them how you want things done and seeing if they learn the tasks well.
8. **REASONS for FIRING** - Explain what actions might require you to fire the worker. Reasons may include using your belongings without your permission, consistently arriving late, or being unable to meet your needs.

### Questions you may want to ask:

1. Why do you want to work as a homecare worker?
2. What kind of in-home care have you done?

3. How long have you been a homecare worker?
4. Do you have any special training? (CPR, Certified Nurse Assistant, other seminars and classes?)
5. I need someone to work from \_\_\_\_\_ AM to \_\_\_\_\_ PM on M T W TH F Sat Sun. Are you available to work these hours?
6. The job includes \_\_\_\_\_ (lifting \_\_\_\_\_ pounds, dressing, cooking, shopping, etc.) Are you able to do these tasks? What is your experience doing these tasks?
7. Do you have reliable transportation for getting to work?
8. Do you smoke or use alcohol or drugs?
9. Should my needs change, are you able to make changes to your schedule with advance notice?
10. I would like to contact a client you've worked with or another recent employer as references, can you provide the name(s) and phone numbers of references?

### **What NOT to cover**

It is illegal for you to ask workers questions regarding: race, ethnicity, children or religion. Focus interview questions on the worker's ability to do the job tasks required.

### **Reference Check**

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Checking references is essential. It will give you valuable information about the applicant. When calling references ask questions such as the following:

1. Did (*name of applicant*) work with you in (*dates of employment*)?
2. What kind of work did they do for you?
3. Why did (*name of applicant*) stop working for you?
4. Would you hire him/her again?
5. What were his/her strengths?
6. What could have been improved about his/her job performance?



## **Criminal Background Checks**

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As the potential employer, you may choose to perform background/criminal checks to gain additional information about the worker. Following are five ways to obtain further information on the background of a worker.

- 1) **State Department of Justice.** All IHSS homecare workers must complete the State Department of Justice background check. HCWs must pay for and complete the background check as part of the enrollment process. They will be ineligible to work for IHSS if they have been convicted within the last ten years for elder abuse, child abuse or fraud. See page 26-27 for details.
- 2) **Driving Record.** You may request that the prospective employee give you a printout from the Department of Motor Vehicles for a fee of \$5.00. For more information on obtaining driving records, have the worker call the local DMV. Their telephone number is 1-800-777-0133, regardless of location. Or, you can go on-line at [www.dmv.ca.gov](http://www.dmv.ca.gov).
- 3) **Sex Offender Database.** For no cost you may go to your local police department and access their computer database of all registered sex offenders in the State of California or check on-line at [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov).
- 4) **Letter of Clearance from the County Sheriff Department.** An employer may request the homecare worker or prospective homecare worker to provide a clearance letter from the Alameda County Sheriff's Department for a fee. The letter will tell you whether the person has or has not been arrested. It also states whether an arrest resulted in a conviction. The homecare worker may call (510) 667-3190 for more information.

## **Making a Job Offer**

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Try to interview at least a few applicants. After interviewing, you may want to rank the applicants in order of preference. Eliminate those you do not wish to hire. Make an offer to your first choice and wait until he/she accepts the offer before talking with the other applicants.

When making an offer on the telephone, review the job agreement with the applicant (See sample job agreement on the following pages). Make sure you agree on a start date! Once the job has been filled, inform the others. We suggest you ask one or two if you may keep their names for emergencies or relief work.

# SAMPLE JOB AGREEMENT

**JOB AGREEMENT BETWEEN:**

**DATE** \_\_\_\_\_

\_\_\_\_\_  
Consumer (Employer)

\_\_\_\_\_  
**Homecare Worker (Employee)**

**The Consumer and Homecare Worker agree to the following general principles.**

**The Consumer agrees to:**

- Assign and direct the work of the homecare worker
- Give the homecare worker advance notice, whenever possible, when hours or duties change and two weeks notice, if possible, if he/she is being terminated
- Only ask the homecare worker to do work for the consumer
- Sign the homecare worker's time sheet if it reflects the hours that were worked
- Supply enrollment forms and cooperate with the worker in completing them
- Pay the share of cost on time, if applicable



**The Homecare Worker agrees to:**

- Perform the agreed-upon tasks and duties
- Come to work on time (see hours of work below)
- Call the consumer as soon as possible if late, sick or unable to work
- Not make personal or long distance phone calls while working
- Not ask to borrow money, or ask for a cash advance
- Give the consumer two weeks notice, whenever possible, before leaving the job

**Hourly wage:** The hourly wage is \$11.50 as of October 1, 2008. If there is a problem with time cards or checks, the worker should call the IHSS Payroll Information Line at (510) 577-1877.

**Does the consumer have a Share-of-cost that may be paid to the homecare worker?**

NO  YES If YES, write maximum amount: \_\_\_\_\_

**Will the homecare worker use his or her car to drive to shopping or medical appointments?**  NO  YES If YES, explain agreement for paying for gas:

\_\_\_\_\_  
**The consumer will provide the following supplies and/or equipment (gloves, cleaning supplies, etc.)** \_\_\_\_\_

**Hours of work for this job are shown below:** Changes in scheduled hours are to be negotiated by both parties, with advance notice.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start							
End							

## DUTIES AND RESPONSIBILITIES

Note below the tasks the homecare worker should do tasks, and how often, using these codes: **D**(Daily) **W**(Weekly) **M**(Monthly) **O**(Other). If "Other," add details next to task:

### Domestic Services:

- \_\_\_\_\_ Mop kitchen & bathroom floors
- \_\_\_\_\_ Vacuum/sweep
- \_\_\_\_\_ Wash kitchen counter & sinks
- \_\_\_\_\_ Clean stove top
- \_\_\_\_\_ Clean refrigerator
- \_\_\_\_\_ Clean bathroom
- \_\_\_\_\_ Take out garbage
- \_\_\_\_\_ Dust
- \_\_\_\_\_ Change bed linen
- \_\_\_\_\_ Make bed
- \_\_\_\_\_ Routine laundry  
(Wash, dry, fold and store laundry)
- \_\_\_\_\_ Heavy house cleaning (one time only, with approval from IHSS)

### Meals

- \_\_\_\_\_ Prepare meals
- \_\_\_\_\_ Meal clean-up
- \_\_\_\_\_ Wash dishes

### Shopping

- \_\_\_\_\_ Shopping for food
- \_\_\_\_\_ Other shopping errands

### Non-Medical Personal Services

- \_\_\_\_\_ Respiration assistance
- \_\_\_\_\_ Bowel and bladder care
- \_\_\_\_\_ Feeding
- \_\_\_\_\_ Routine baths
- \_\_\_\_\_ Dressing
- \_\_\_\_\_ Menstrual care
- \_\_\_\_\_ Help with walking
- \_\_\_\_\_ Move in and out of bed
- \_\_\_\_\_ Oral hygiene and grooming
- \_\_\_\_\_ Rub skin
- \_\_\_\_\_ Repositioning
- \_\_\_\_\_ Help on/off seats and in/out of vehicle
- \_\_\_\_\_ Care/assistance with prosthesis

### Accompaniment Services

- \_\_\_\_\_ Medical appointment
- \_\_\_\_\_ Alternative resources

### Paramedical Services

- \_\_\_\_\_ Injections
- \_\_\_\_\_ Administration of medication
- \_\_\_\_\_ Blood sugar checks
- \_\_\_\_\_ Other paramedical services:  
\_\_\_\_\_

### Additional tasks (not authorized by IHSS) which consumer will pay for:

- \_\_\_\_\_ Clerical skills such as filing or writing
- \_\_\_\_\_ Reading
- \_\_\_\_\_ Water house plants
- \_\_\_\_\_ Pet care/service animals
- \_\_\_\_\_ Other \_\_\_\_\_

The Consumer (Employer) and Home Care Worker (Employee), by signing this document, agree to the terms outlined above.

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

\_\_\_\_\_  
Homecare Worker Signature

\_\_\_\_\_  
Date Phone Number

\_\_\_\_\_  
Date Phone Number

**Consumer Tip:** Make copies of this agreement for additional homecare workers!

## Part II Worksheet: Hiring a Homecare Worker



### 1. Job description:

- Created a job description based on the IHSS “Notice of Action” letter.
- Listed important qualifications not covered in the job agreement:

**Personality:** (examples: reliable, flexible, won't wear scented products to work)

**Skills:** (examples: capable of lifting 50 lbs, can cook low-salt meals, comfortable with bathing)

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_

### 2. My recruitment strategies will include –

- Talk to family, friends, people I know: \_\_\_\_\_
- Public Authority Registry (510-577-1980)
- Post flyers in public places: \_\_\_\_\_
- Internet ads: \_\_\_\_\_
- Local newspapers: \_\_\_\_\_

### 3. Phone interview questions (in addition to those listed on page 8.):

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

### 4. Face-to Face interview

- Checked identification
- Reviewed job description
- Reviewed job expectations
- Checked car insurance
- Requested references
- Explained what actions would be cause for firing

### 5. Checked professional and personal references

# PART III

## Paying your Homecare Worker

- Enrollment Packets
- Timesheets
- Share of Cost
- Advance Pay



## How to Enroll your Homecare Worker

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IHSS consumers must enroll each new worker they hire before the worker will receive a timesheet or be paid. You must inform the IHSS payroll of a change in providers within 10 calendar days. Complete the following steps!

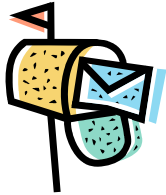
**New requirement as of November 1, 2009:** New workers must be fingerprinted and pass a background check prior to being paid as an IHSS worker. If the worker does not pass the background check, the consumer will be responsible to pay him/her for any work they have done. See **3)** for fingerprinting details.

- 1) Request an enrollment packet.** Consumers request packets by calling Adult & Aging Services at 510-577-1900, by visiting the IHSS Offices or by writing a letter to IHSS payroll (see address on page 2). Consumers served by the Public Authority Registry can call 510-577-1980 for a packet.
- 2) The consumer and worker must complete, sign and turn in the enrollment forms.** The forms include:



- 1** The consumer fills out the *IHSS Program Recipient Designation of Provider (SOC 426A)* form.
- 2** The consumer completes the *Chore Provider Enrollment (CP-6)* form that tells the county the worker's start date and, if applicable, explains how hours are shared among multiple providers.
- 3** If the consumer is terminating any providers, he/she fills out the *Chore Provider Leave Status/Discontinuance of Employment* form. This tells payroll as of what date the old homecare worker should no longer be paid.
- 4** The worker AND consumer fill out the *Personal Care Services Program: Provider/Enrollment Agreement (SOC 426)*.
- 5** The homecare worker reads, initials and signs the *IHSS Chore Provider Agreement*. Read the agreement carefully because it states your responsibilities as a homecare worker.
- 6** Workers who want Federal Income Tax (FIT) withheld from their pay, must fill out the *IRS Form W4*.
  - *If no taxes are withheld, the worker may owe the IRS after filing taxes. Check the pay stub deductions under "FIT" to see if any taxes are being withheld.*
  - *Call the Internal Revenue Service at 1-800-829-1040 if you have questions. The IRS is open from 8 AM to 6 PM., Mon. – Fri.*

**TURN IN enrollment forms.** Homecare workers new to IHSS turn in forms at the IHSS offices (County staff can review them for you!). See enrollment forms cover page for details. Current homecare workers enrolling to work for a new IHSS consumer can send the forms along with a photocopy of their current identification and SS card to:



Alameda County Adult & Aging Services  
ATTN: IHSS PAYROLL  
6955 Foothill Blvd., 3<sup>rd</sup> Floor  
Oakland, CA 94605  
Hours: 8:30 AM – 12:00 PM and 1:00 PM to 5:00 PM


- 3) Homecare workers new to IHSS must **attend the IHSS Orientation** at the IHSS Offices, see above. At the orientation providers will:
- ✓ Watch a **state-mandated informational video** about IHSS and preventing fraud. Sign an *IHSS Program Provider Enrollment Statement (SOC 846)*.
  - ✓ Sign and turn in any **enrollment forms** still not completed.
  - ✓ Pick up the form, “Request for Live Scan Service.” Homecare workers must take it to a Live Scan vendor to undergo a **criminal background check**. The worker pays the cost of the background check (approximately \$50 or more).
    - The worker must not have been convicted or incarcerated within the last ten years for elder abuse, child abuse or fraud.
    - Homecare workers can find out the status of their criminal background check by calling 916-227-4557. The caller must provide the ATI# (on the bottom of the background check receipt) and date of birth. The system is automated; there is no option for a live person.
  - ✓ Show county staff the homecare worker’s original, unexpired government **photo ID and Social Security card**.
    - The name on the Social Security card and ID must be the same.
    - If the worker’s Social Security Card states "Valid for work only with INS or DHS authorization", he/she must bring the work authorization such as a Resident Alien Card or Employment Authorization Card.
- 4) Payroll mails a **first timesheet** to the worker after enrollment forms are turned in, orientation has been completed and background check results are received by the county. This process takes 4 – 6 weeks.

#### **Need more information?**

Call the Payroll Information line at 510-577-1877 or visit the IHSS Offices (address is above). Payroll is open Monday – Friday, 9:00 – 11:30 AM and 1:00 – 4:00 PM.

## Timesheets

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To ensure prompt payment of your homecare worker, timesheets should be filled out and submitted two times a month. Your homecare worker should submit timesheets after the first time period, which ends on the 15<sup>th</sup>, and after the second time period, which ends the last day of the month. ***Always fill out timesheet with an INK pen*** 

The numbers below explain how to read and fill out sections of the time sheet with corresponding numbers.

- 1 Section ① contains the provider's name (the homecare worker) and address and your name (as the employer) and address. Check to make sure your address is correct.

If either you (the consumer) or your homecare worker has moved, check the "yes" box under the address that has changed and write the new address on the reverse side. ***Address changes must be submitted in writing.***

- 2 "Employer Service Hours" ② refers to the total number of authorized hours still available for the homecare worker to work this month. For the first pay period, you cannot be paid for more than 59% (just over half) of your total monthly IHSS hours.
- 3 The first row of section ③ lists the days of the month for this time period. The homecare worker should write the number of hours worked in whole numbers and decimals (like 3.4) below each day the homecare worker worked. Write the total number of hours worked at the end of the row. Use this conversion chart to claim minutes worked:

1 – 6 minutes = .1	31 – 36 minutes = .6
7 – 12 minutes = .2	37 – 42 minutes = .7
13 – 18 minutes = .3	43 – 48 minutes = .8
19 – 24 minutes = .4	49 – 54 minutes = .9
25 – 30 minutes = .5	55 – 60 minutes = 1

- 4 You and the homecare worker must sign and date section ④ *after* the last day worked for the pay period. Remember, the RECIPIENT SIGNATURE is referring to the consumer and the PROVIDER SIGNATURE is referring to the home care worker.

Your signature on the timesheet confirms that the worker has completed the hours written on the timesheet. Do not sign an inaccurate, incomplete or blank timesheet.

# Sample Time Sheet

Mail timesheets to the address listed on the timesheet at ⑤.

THE TIMESHEET MUST BE COMPLETED WITH THE HOURS YOU WORKED AND RETURNED TO THE COUNTY IHSS ADDRESS LISTED BELOW.  
 LA HOJA DE HORAS TRABAJADAS TIENE QUE SER COMPLETADA CON LAS HORAS QUE USTED TRABAJO Y DEBE SER REGRESADA  
 A LA DIRECCION DEL CONDADO PARA IHSS.

①

MANUAL - PAYROLL ISSUED REPLACEMENT TIMESHEET		IHSS TIMESHEET	
Recipient Number	01-	Provider Number	1
X		X	
X		X	
X		X	
ADDRESS CHANGE YES ( ) WRITE NEW ADDRESS ON REVERSE SIDE		ADDRESS CHANGE YES ( ) WRITE NEW ADDRESS ON REVERSE SIDE	

SIGN, DATE AND MAIL TIMESHEET AFTER ALL WORK COMPLETED IN PAY PERIOD

**EMPLOYER SERVICE HOURS ARE: 0.0**

FOR THE ENTIRE MONTH

②

③

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	X	TOTAL HRS WORKED
Hours Worked	✓															X	

Fill in hours for each day worked and place total here. \*\*\*\*\*  
 Llene las horas para cada día que trabajo y apunte el total aquí.

Share of Cost Liability	\$0.00	Other Liability	Provider Overpayment
-------------------------	--------	-----------------	----------------------

\*Do not sign unless you have read and understand instructions above\*  
 \*No firme hasta que haya leído y entendido las instrucciones al dorso\*

⑤

SW NO. <u>M</u> DO. <u>3</u>	RECIPIENT SIGNATURE	01-
	X	DATE
ALAMEDA CO. SOC. SVCS. AGENCY 6955 FOOTHILL BLVD STE 300 OAKLAND, CA 94605-2409	PROVIDER SIGNATURE	1
O.K. TO PROCESS	X	DATE
	AFTER WORK HAS BEEN COMPLETED, SIGN, DATE AND MAIL TO THIS ADDRESS. UNA VEZ QUE SE HAYA COMPLETADO EL TRABAJO, FIRMESE Y ENVIESE A ESTA DIRECCION.	

④

This is to certify that the information contained in this form is true, accurate and complete, and that the provider and recipient have read, understand and agree to be bound by and comply with the statements, affirmations and conditions contained on the back of this form.  
 Por medio de la presente certifico que la información que contiene esta forma es verdadera, correcta y completa, y que el proveedor y la persona que recibe los beneficios han leído, entienden y están de acuerdo en someterse a y cumplir con las declaraciones, afirmaciones y condiciones que contiene el dorso de esta forma.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY - DEPARTMENT OF SOCIAL SERVICES

*Make a mistake??* You can cross it out and write in the correction. Both the consumer and the worker must write your initials next to the change.

## Share of Cost

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A consumer with Share of Cost is responsible for paying it to their health care provider (doctor, pharmacy, physical therapist, etc.) and/or to the homecare worker. If the consumer needs to pay a Share of Cost to the homecare worker that month, a letter is mailed to both the consumer and homecare worker. This letter states how much money, or Share of Cost, the consumer must pay the homecare worker that month.



## Advance Pay

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Some IHSS consumers are approved by their IHSS social worker for Advance Pay. To be eligible, you must be authorized for over 20 hours of personal care services per month. Advance Pay consumers receive a check at the beginning of the month. The money received must be used to pay the homecare worker(s).

If you are interested in Advance Pay, talk to your social worker to see if you are eligible.

## Part III Worksheet: Enrolling your Homecare Worker



Requested/picked up enrollment packet from IHSS on \_\_\_\_\_(date).

### Submitting the enrollment packet (chose A or B):

**A**  I'm hiring an existing or returning IHSS homecare worker. The homecare worker submitted the following three items on:

\_\_\_\_\_ (Date) by  mail or  in person.

A copy of the worker's social security card (signed)

A copy of the worker's current government photo identification

The completed enrollment packet

**B**  I'm hiring a homecare worker new to IHSS. The homecare worker attended the IHSS Mandatory Provider Orientation on

\_\_\_\_\_ (Date), and did the following:

Submitted the completed enrollment packet

Paid for and completed the criminal background check

Showed IHSS staff originals of the social security card and government identification

Watched mandatory orientation video

I kept a copy of the provider enrollment packet for my records.

The homecare worker kept information on Provider Benefits and Services, Universal Precautions and Workers Compensation.

My homecare worker received his/her first timesheet (1 – 2 months after completing enrollment). Call, write or visit IHSS payroll with problems (510-577-1877).

# PART IV

## Managing your Homecare Worker

- Training
- Effective Communication
- Health & Safety
- IHSS Homecare worker Benefits
- Of Special Concern
- Firing a Worker

A Consumer Guide to In-Home Supportive Services

## **Training your Homecare Worker**

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Take time to train your homecare worker. You may not be used to being in charge, but you are the employer. Your homecare workers will not know the details of what services you need or how you prefer your care to be provided unless you clearly tell and/or show them.

**Formal Training** Workers can get formal training in home care at classes or workshops sponsored by colleges, adult schools or agencies. The Public Authority for IHSS offers free classes on many subjects. See page 41 for more information on training. Your homecare worker can call 510-577-3554 to be included on the Public Authority training mailing list.

**On-the-Job Training:** Set aside extra time during the first few days. Review in detail the tasks you want done. Consider the following points when training your worker:

- If you need/want tasks done a certain way, show or describe to your worker how.
- Consider having the outgoing worker train the new worker, when feasible.
- Allow a “training period” or a certain amount of time for a new worker to learn your preferences.
- Create written instructions for what is to be done, how you want it done and in what order.
- Establish a routine, for example - have the same tasks done at the same time on the same days of each week.
- Some tasks can be done correctly in many ways. Be flexible when you can. Nevertheless, in some cases, it is important that tasks be done as you request.
- Let the worker know you will continue to monitor how they are performing on the job and give them feedback, either praise or correction.

**The First Day of Work** On his or her first day, consider discussing the following with your worker:

- What to do and whom to contact in case of emergency.
- What are the appropriate times and ways to contact you.
- How you both will agree on and keep track of hours worked.
- Information about your medications and how to use assistive equipment.
- Any allergies, health and diet concerns.



## Effective Communication<sup>3</sup>

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1. Explain HOW and WHY you want something done instead of just saying what you want done. This will assist a worker in performing the task as you want it done. It will also help them understand how important it is to you. **BE CLEAR**
2. Listen! It is important to understand the needs, ideas and concerns of your homecare worker. By listening, you tell them you value their opinions and respect them. Listening is also the first step needed for solving problems or resolving conflicts. **LISTEN**
3. It is important to praise your provider when s/he is completing tasks the way you like them done and when s/he is working efficiently – making good use of her/his time and getting things accomplished. **PRAISE**
4. Try to make every effort to speak in “I” statements. For example, “I am upset because you arrived late for work today. I feel disrespected. I need you to be on time, can we talk about how to resolve this?” The pattern is: “I see/hear/feel (state the issue at hand). It makes me feel (state your feelings) I need (state a possible solution).” **“I” STATEMENTS**
5. Use facial expressions and gestures that show respect and interest in what the worker wants to tell you. Each culture has different customs. For example, some cultures value eye contact when speaking. Expect the same respectful body language from your worker(s). **BODY LANGUAGE**
6. Take responsibility for your own feelings and respect the feelings your workers show. Remember – people’s feelings are their own and no one can tell them they *do not* or *should not* feel a particular way. **FEELINGS**
7. Sometimes, difficulty understanding may arise from cultural differences or language barriers. If your worker’s first language is different from yours, you may want to spend time translating key words and phrases. This will help you communicate with your worker on a daily basis as well as prepare them to respond to an emergency. **CULTURE/LANGUAGE**
8. Keep an open line of communication. Tell them you want to discuss any concerns they have or behaviors they might consider offensive or out of the ordinary. You may have cultural differences or personal preferences that seem unusual and need to be understood. **OPEN LINE**

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<sup>3</sup> This information has been adapted from the “Effective Communication for Consumers & Their Personal Assistants” hand out by Community Resources for Independent Living (CRIL) 510-881-5743.

## Health and Safety +

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A homecare worker who feels unsafe or is injured on the job is much more likely to take time off or even quit. It is in your best interest to take responsibility for creating a safe environment for yourself and your worker.

**Prevent accidents** by inspecting your home and seeking assistance to eliminate dangers including clutter, loose rugs, insufficient lighting, frayed or rusting material, exposed wire or worn plugs, or slippery surfaces.



**Prepare for emergencies** by planning in advance with relatives, friends and homecare worker(s) what to do in case of an emergency. Post important phone numbers.



**Avoid the spread of infections** and diseases through the following practices:

1. Insist on your worker washing hands with soap and running water whenever arriving to and before leaving your home, before handling food and after cleaning the bathroom or assisting with personal care.
2. Provide latex gloves for workers when they are likely to encounter blood, body fluids or if you or your worker has any breaks in the skin.
3. Ask your worker to use mild bleach solution (ten parts water to one part bleach) to clean up blood or other body fluids.
4. Ask your worker to inform you when there are problems or when supplies run low.



**Reduce the risks** of injury on the job for your homecare worker.

*Sometimes equipment can help with lifting or make other tasks less dangerous for the homecare worker and yourself!*



**Examples include:** light weight, long-handled mops, rolling carts for carrying heavy loads, stepstools to minimize reaching, transfer chairs, shower chairs and bars. Consumers receiving Medi-Cal may contact their doctors to request needed "durable medical equipment" like lifting equipment, shower chairs, or transfer benches.

*You can also change the way the work is organized or how the job is done to reduce risk of injury.*

**Examples include:** having another person assist your worker when transferring you, education and training, and storing items within reach.

## **IHSS Homecare Worker Key Benefits** ↩

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You may want to share with your homecare worker(s) information about the benefits they receive. These benefits may mean they continue working for you longer and are more satisfied with their work.

Service Employees International Union, represents all IHSS workers in Alameda County and provides information and assistance. Call 1-877-MY-ULTCW or 1-877-698-5829 for information.

**Workers' Compensation:** Workers' compensation benefits are available to homecare workers who are injured on the job or become ill due to the job. Homecare workers injured on the job should seek medical attention and call Payroll at 510-577-1877 to apply for workers' compensation. For more information call State Compensation Insurance Fund (SCIF) at 1-951-697-7300.



**Social Security (FICA)\*:** Social Security Tax is deducted from each paycheck. The State of California pays the employer matching contribution. The W-2 form sent at the end of the year shows the earnings for the year and the total FICA withheld.

**State Disability Insurance Benefits (SDI)\*:** Homecare workers who become disabled, have a new child in the family, or whose family members become disabled, and therefore are unable to work, may be eligible for SDI. For more information call the Employment Development Department at 1-800-480-3287.



**State Unemployment Insurance Benefits (SUI):** Some IHSS homecare workers are covered by State Unemployment Insurance. Among the criteria for eligibility is the number of hours worked. For more information call the Employment Development Department at 1-800-300-5616.

**Health Benefits:** The Public Authority determines eligibility and enrolls IHSS workers in a bundled medical, dental & vision plan. Workers must be issued checks for (160) hours or more over (2) consecutive months in order to be covered initially. To maintain coverage, workers must be issued checks for at least (80) hours each month on-going. Once covered, homecare workers will have a \$20.00 or \$45.00 monthly premium deducted from their paycheck, depending on their choice of dental plans. Co-pays are additional. For information about enrollment or eligibility, call the Public Authority Health Benefits Hotline at 510-777-4201.



**Transportation Benefit:** Current IHSS homecare workers can enter a quarterly lottery to win commuter checks (used to purchase BART tickets or AC Transit passes) or gas cards valuing \$180. To request an entry form, call 510-577-3552.



\* Parent and spouse homecare workers do not have FICA, Medicare, or SDI deducted from their paycheck. They are not eligible for these benefits. They can pay out of pocket for SDI by completing the Elective SDI Coverage form. Call EDD at 1(800)480-3287 for more information.

## Of Special Concern

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**Be careful passing on personal information to your worker.** Most workers will respect your confidentiality and have no intention of taking advantage of you. However, it is best not to put yourself at risk by entrusting any more information about you and your family than necessary for them to assist you.

**Use caution with valuables and money.** Do not leave valuables lying around. When your worker must write checks or handle money for you, keep a written record of each transaction and ask to see receipts so that you both have proof of the amount and what was purchased. Do not lend your homecare worker money, your car, household furnishings or clothing.

### Transportation Tips



- Remember: IHSS does not pay for gas, mileage or public transportation costs.
- However, the worker may ask the consumer to pay for gas or mileage. If you plan on paying for gas:
  - Set a clear rate. For example pay per mile at the IRS rate (\$.50 per mile for 2010) or a per/trip fee.
  - Only pay mileage for work-related tasks, such as shopping or accompaniment to doctors' appointments. Do not pay for getting to and from work.
- Workers who drive consumers to appointments or on errands should have a valid driver's license. The vehicle that the worker drives should be insured with liability and collision coverage.

**Do not tolerate abuse.** If your homecare worker, or anyone else, is abusing you – hitting you, screaming at you, neglecting your care, taking your money without permission, endangering your health or making you feel afraid – tell family and friends immediately and call the police or Adult Protective Services at 1-866-225-5277.

Abusing a child, dependent adult or elderly person is a crime. Homecare workers are **required to report** the suspected abuse of any person for whom they provide care.

Criminal abuse of elderly and dependent adults includes:

- Financial misuse or theft
- Physical or sexual mistreatment
- Assault or battery
- Neglect or self-neglect
- Intimidation
- Cruel punishment
- Abandonment or social isolation
- Unreasonable physical restraint
- Any treatment causing physical or mental pain or suffering
- Prolonged deprivation of food, water or medical treatment

## Avoiding Fraud

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Welfare fraud is a crime. Be aware of what is considered fraud so you can avoid problems with IHSS. Some examples of welfare fraud include:

- ★ Splitting the IHSS paycheck between homecare worker and consumer
- ★ Falsifying timesheets (signing timesheets for more hours than worked)
- ★ Paying or requesting more than the IHSS hourly rate
- ★ Dishonesty about completion of job duties
- ★ Use of IHSS hours for unauthorized tasks
- ★ Reporting hours worked while consumer is hospitalized or in rehabilitation.



## Firing a Worker

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Finally, you may be put into the position of having to criticize or even fire someone. While criticizing or firing is not always easy, you do have the right to direct the work of your employee or to terminate your homecare worker at any time for any reason. Of course, it's best to address the potential problems as they arise by giving your worker feedback about her/his services.

But if the worker is unable to provide satisfactory care, you may need to terminate them. The following are reasons you may wish to terminate a worker:

- Abuse: verbal, physical, financial or neglect
- Involvement in criminal activity
- Providing poor, insufficient or unsafe care even after you explain what you expect
- Using your belongings without your permission
- Using work time for personal reasons
- Being unable to meet your needs or work the hours you need
- Arriving late on a regular basis and/or making frequent changes to your schedule

When firing a homecare worker, give them 2 weeks notice if this is reasonable. Consider selecting a new worker before you fire your current one. If you are abused or endangered, there is no need to give notice. You may also want to ask a trusted relative or friend to be with you for support when you fire your worker.

## Part IV Worksheet: Supervising Your Homecare Worker

- First Day:** Made a list of what to discuss with homecare worker on first day(s) of the job, including review of:
- A. Job description & expectations
  - B. Important details about your disability, diet, special equipment, medicines
  - C. Emergency plans
  - D. Behaviors that will be cause for firing

- Training:** Created a plan for training a new homecare worker.

1. \_\_\_\_\_ (name of person or self) will provide the training.
2. When feasible, I have a written task list for the homecare worker (either as part of the job agreement, or more detailed description of tasks and when they should be done.)
3. The following tasks need to be explained in detail:
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
  - E. \_\_\_\_\_
  - F. \_\_\_\_\_
  - G. \_\_\_\_\_
  - F. \_\_\_\_\_
4. We have agreed on the following “training period” that the worker has to learn the new routines: \_\_\_\_\_ (ex. 2 weeks, 1 month).

- Communication:** I will have a regular check-in with my homecare worker on \_\_\_\_\_ (day of week) at \_\_\_\_\_ (time) to give feedback on tasks well done, and tasks that need improvement.

- Cultural preferences:** I explained to my homecare worker any cultural preference or practices that might not be familiar to them.

- Health & Safety:** I discussed health and safety practices with my homecare worker. I have agreed to provide the following supplies (gloves, sharps container, plastic bags, soaps, mop, gloves . . .):

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

- Benefits:** Explained benefits available to homecare workers.

- Transportation:** I have the following agreement with my homecare worker on payment for gas/use of the homecare worker’s car: \_\_\_\_\_

# PART V:

## Additional Resources

- Public Authority for IHSS Services
  - Centralized Registry
  - Rapid Response
  - Training Opportunities
  
- Important Phone Numbers & Web Sites

A Consumer Guide to In-Home Supportive Services

## Public Authority Registry

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The *Public Authority Registry* is where IHSS consumers can receive assistance in finding a homecare worker.

The Registry:

- Provides IHSS consumers referral lists of the names and phone numbers of workers that match their needs and preferences. Lists can be mailed or sent by e-mail.
- Uses a computer database (list) of IHSS homecare workers to make referrals.
- Educates homecare workers listed on the registry through the “Registry Essentials” workshop.
- Screens and interviews IHSS homecare workers on the Registry.
- Checks references of IHSS homecare workers on the Registry.
- Ensures that homecare workers on the Registry have passed a criminal background check.
- Provides assistance and training to consumers and homecare workers.
- Offers interpretation services for consumers who need registry services in their language.



To receive a referral list with the names and phone numbers of workers interested in working for IHSS consumers, call **510-577-1980**. The Registry will ask about your preferences and you will be sent several names of workers who match your request for work schedule, tasks to be provided, language, etc.

Once you receive a list of workers, it is your responsibility to call, interview, select and hire the worker. Although the Registry has checked the worker's references, you are strongly encouraged to ask for and call references yourself and select someone with whom you are comfortable.

**PUBLIC AUTHORITY REGISTRY  
CONSUMER ASSISTANCE: 510-577-1980**



## Training Opportunities with the Public Authority for IHSS

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**For IHSS Consumers in Alameda County:** A video or DVD is available that will introduce you to IHSS, the assessment process, and hiring and managing homecare workers. The video or DVD is 24 minutes long and available in English, Spanish and Chinese. It is available to by consumers and family members. Call 510-577-3554 for details.

**For IHSS Homecare Workers:** You can invite your homecare worker to participate in the following workshops offered free to IHSS homecare workers working in Alameda County. Homecare workers can call 510-577-3554 and ask to be placed on the Training Mailing List, so they receive notice of upcoming classes in their area.



These two workshops are offered quarterly rotating between Oakland, Hayward, Fremont and Pleasanton:

**IHSS Homecare Worker Basics:** This introductory class teaches homecare workers basics on aging & disability, IHSS-approved job tasks, finding work, filling out IHSS forms, where to go with IHSS problems and questions, benefits, mandatory abuse reporting and handling communication challenges. Current homecare workers may qualify for a \$50.00 stipend for completing this class!

**First Aid & CPR:** Homecare workers learn how to prevent, prepare for and respond to workplace emergencies. Participants receive certification for successful completion of the course.

In addition, the Public Authority regularly offers other workshops and classes, such as:

**Health and Safety:** Participants learn how to prevent the spread of disease through simple practices like hand washing and using gloves. They also learn about preventing aches and pains on the job, including how to identify risks on the job, finding ways to prevent injury, and how to address concerns with their consumers.

**ABC's of Alzheimer's and Dementia:** Participants learn the basics about the effects of Alzheimer's and dementia and how to handle communication and care challenges.

**Body Mechanics & Transfers:** Participants learn good body mechanics, how to use transfer belts to assist in safe transfers and tips on using other assistive devices.

**Homecare Worker Classes:** In collaboration with local adult schools, the Public Authority sponsors 24-hour classes covering basic issues in homecare.



For more information on all PA for IHSS training opportunities, call the Training Coordinator at (510) 577-3554 or check out our website at [www.ac-pa4ihss.org](http://www.ac-pa4ihss.org).

## **Emergency Worker Replacement**

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Please note: The Rapid Response emergency worker replacement program is currently closed (as of 4-1-2012). We no longer have weekend, early morning or evening assistance available.

### **Registry Worker Replacement Assistance**

- IHSS Consumers can call the Public Authority Registry at 510-577-1980 for assistance during our regular office hours, Monday – Friday.
- Request a list of homecare workers that we will send you by mail or e-mail.
- If your need is urgent, we can provide names over the phone so you can call them immediately.

### **Plan Ahead!**

- Make a back up plan in case you suddenly find yourself in need of a replacement worker
- Make arrangements with family members or friends
- Hire more than one IHSS worker who may switch days or shifts
- Enroll a back-up IHSS worker and give them .1 hours, then place on leave status (contact the registry for more details)

## Important Phone Numbers

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### **In-Home Supportive Services (IHSS): [www.alamedasocialservices.org](http://www.alamedasocialservices.org)**

GENERAL INFORMATION Adult & Aging Services & IHSS Consumer information	510/577.1900
IHSS CONSUMER INFORMATION Apply for IHSS	510/577.1800
PAYROLL Enrollment & payment of homecare workers	510/577.1877

### **Public Authority for IHSS: [www.ac-pa4ihss.org](http://www.ac-pa4ihss.org)**

GENERAL INFORMATION Find out about Public Authority programs	510/577.3552
REGISTRY Assistance finding an IHSS homecare worker	510/577.1980
TRAINING Workshops and educational materials	510/577.3554
HEALTH BENEFITS Enroll homecare worker in health benefits	510/777.4201

### **Other Useful Numbers**

ADULT PROTECTIVE SERVICES Report if you are being abused or suspect abuse of a client	866/CallAPS
SENIOR INFORMATION/ASSISTANCE Find out about other Alameda Co. resources	800/510.2020
SEIU UNITED LONG TERM CARE WORKERS Union that represents homecare workers	877/698-5829

# **Appendix A:**

## **Self- Assessment**

**A Consumer Guide to In-Home Supportive Services**











