

Waiver Personal Care Services (WPCS) Implementation of New
Federal Labor Standards Act (FLSA)
& Senate Bill 855 and 873 Requirements

Department of Health Care Services (DHCS)
Long-Term Care Division (LTCD)
In-Home Operations (IHO)

Presented:
October 23, 2014



Agenda

Welcome by the Department of Health Care Services

FLSA Overview and SB 855 & 873 Requirements

California Department of Social Services

Disability Rights California

Questions and Answers with Participants and Providers

Comments from Participants, Providers and Public

Implications and Challenges for IHSS and WPCS Participants

Care Plan & Cost Cap

Scheduling Additional Providers

Availability of Providers

Questions and Answers with Participants and Providers

Comments from Participants, Providers and Public

Next Steps

Review of Federal Labor Standards Act (FLSA)

Who: The United States Department of Labor

When: Effective January 1, 2015

What: Federal overtime regulations requiring overtime pay for domestic workers, including In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers.

Review Senate Bill (SB 855 & 873)

Effective date: January 1, 2015

New Federal Rules & State Laws Say That:

IHSS and WPCS providers must receive overtime when they work more than 40 hours in a week.

IHSS and WPCS providers can work up to 61-66 hours per week and receive overtime pay working above 40 hours in a week.

If a provider works for more than one consumer, all of the hours worked are added together to calculate overtime and toward the weekly limit;

If a provider works for IHSS and WPCS hours, all of the hours worked are added together to calculate overtime and toward the weekly limit.

IHSS and WPCS providers will get paid for approved wait time at medical appointments.

IHSS and WPCS providers will get paid for travel time up to 7 hours a week for traveling directly from one Waiver or IHSS consumer to another.

What is overtime and how is it calculated:

For the first time, IHSS and WPCS consumer and provider hours will be calculated by week and by month. No change to consumer's total hours.

Workweek: The IHSS and WPCS workweek begins at 12:00 a.m. on Sunday, includes the next consecutive 168 hours (24 hours x 7 days), and ends at 11:59 p.m. the following Saturday.

Overtime is paid at 1 ½ times the regular hourly wage.

Consumer Flexibility for IHSS and WPCS Hours

If your provider works less than 40 hours, you don't need approval to adjust hours from one week to another week as long as the adjustment does not cause overtime.

If your provider already works over 40 hours a week and earns overtime, you may still need to get approval to adjust hours.

If your provider works less than 40 hours a week and you need to adjust hours which would cause overtime, you need to get approval.

Provider Violations

There is a transition period designed to allow you and your providers time to learn and adjust to the new system. The transition period is from January 1, 2015 to March 31, 2015.

During this period, provided that your provider does not work more than your total monthly authorized service hours, your provider will not receive a violation for working more than the maximum number of hours per workweek (between 61 and 66) and will receive overtime compensation for the hours he/she works in excess of 40 hours per workweek.

In addition, during this period, while the seven hour-limit on travel time will be in effect, your providers will be paid for travel time they report on their travel timesheets in excess of the seven-hour limit and no violations will be assessed. Beginning April 1, 2015, the policies limiting both overtime and travel time will be enforced.

Provider Violations

CDSS or DHCS may terminate your IHSS and WPCS provider for repeated violations of the workweek requirements:

First Violations: The provider will receive a written warning.

Second Violation: The provider will receive a second written warning notice and will be required to attend a mandatory training.

Third Violation: Or if the provider does not attend the training, 3-month suspension.

Fourth Violation: One-year suspension for provider.

As long your provider does not receive any additional violations, for each year after the last violation, the number of violations he/she has received will be reduced by 1.

Implication of SB 855 & 873 Requirements on Waiver Participants : Individual Cost Cap Issue

Currently, NF/AH Waiver assigns a cost cap based on your level of care and has required you to adjust your services if service cost is above the cost cap.

With the overtime payment for IHSS and WPCS, some of your service cost may reach beyond your assigned cost cap.

DHCS will not count the cost of overtime towards your cost cap.

DHCS will submit an amendment to the waiver, to be effective January 1, 2015.

During your re-assessment, DHCS nurses will focus on the services that are necessary to support your continuing stay in the community and not on whether the overtime cost causes you to exceed your cost cap.

Implication of SB 855 & 873 Requirements on Waiver Participants

Most waiver participants receiving IHSS and WPCS services have more than 283 total authorized hours a month or 66 hours a week.

Generally, more than one IHSS and WPCS provider will be needed to provide the necessary services in a workweek.

Waiver Participants with more than 360 combined hours must have receive care from two or more IHSS and WPCS providers. WPCS providers may not be paid for more than 12 hours per day.

DHCS will work with local Public Authorities, Home Care Agencies and Home Health Agencies to increase the pool of WPCS providers that you can select.

Scheduling IHSS and WPCS Providers: An Example

Mr. Doe, a Waiver Participant, with 283 IHSS hours and 323 WPCS hours, total 606 hours per month;

Mr. Doe daily needs for care is 20 combined IHSS and WPCS hours.

Example of scheduling three IHSS and WPCS providers:

Bob provides IHSS hours to the weekly maximum of 66 hours and receives overtime pay above 40 hours.

Mary provides 58 WPCS hours every week and receives overtime pay above 40 hours.

Jim provides additional 16 WPCS hours every week and does not receive overtime pay.

Example of Schedule (DSS Form)

PROVIDER ASSIGNMENT OF AUTHORIZED HOURS TO RECIPIENT WAIVER PERSONAL CARE SERVICES (WPCS) PROGRAM

SAMPLE SCHEDULE

Recipient Name: John A. Doe
(FIRST, MIDDLE, LAST)
Recipient Address: 555 Cypress Avenue
Sacramento, CA 95888

Recipient Case Number: XXXXXXXX
Month: November
Week: 1 - 15

AUTHORIZED MONTHLY IHSS HOURS*	283
AUTHORIZED MONTHLY WPCS HOURS*	323
TOTAL MONTHLY AUTHORIZED HOURS	606

*Divide monthly authorized hours by 4.33 (weeks) for the weekly authorized hours.

A Provider Name	B Provider ID	C Program	D Total Number of Hours I Work or Plan to Work														E		
			Su							WEEKLY COMBINED SUBTOTAL	Su							WEEKLY COMBINED HOURS	TOTAL HOURS
			M	T	W	Th	F	Sa	Su		M	T	W	Th	F	Sa			
Bob		IHSS	12	8	8	8	8	10	12	66	12	8	8	8	8	10	12	66	132
		WPCS																	
Mary		IHSS								58								58	116
		WPCS	0	12	12	12	12	10	0		0	12	12	12	12	10	0		
Jim		IHSS								16								16	32
		WPCS	8	0	0	0	0	0	8		8	0	0	0	0	0	8		
		IHSS																	TOTAL
		WPCS																	

Forms Information:

Providers must continue to complete the IHSS enrollment process prior to becoming a WPCS provider. Counties will be sending new packets of forms to IHSS providers/recipients to be completed by December 2014.

Recipient and Provider WPCS Forms

A WPCS forms packet will be mailed to you mid November to be sent back to the Department of Health Care Services In-Home Operations Branch by mid December prior to the overtime rules becoming effective in January 2015.

Time sheet and payroll information

Timesheet Revisions

Larger size timesheet printed on 8.5" x 11" letter size paper

14 point font (larger)

Defined 7 day workweek to claim overtime

Timesheet mailed separately from paycheck (not attached to paycheck anymore)

Timesheet for next work period will be mailed same time paycheck is mailed

Timesheet Payment Processing

Provider to submit a signed payroll timesheet within 2 weeks after the end of each bi-monthly payroll period

Provider who provides an untimely payroll timesheet shall be paid by the State of California within 30 days of receipt of the payroll timesheet

Timesheet Form – No Travel

State of California - Health and Human Services Agency
 California Department of Social Services

San Bernardino Department of Human Services
 17270 Bear Valley RD, STE 108
 Victorville CA 92395

IN-HOME SUPPORTIVE SERVICES (IHSS) INDIVIDUAL PROVIDER TIMESHEET

Record your daily hours and minutes like these samples.

Did not work	H	H	M	M	
6 hours 30 minutes	H	6	3	0	
4 hours 45 minutes	H	4	4	5	
10 hours	H	1	0	M	M
Total	2	1	1	5	

JOHN SMITH
 1848 W VIRGINIA ST
 SAN BERNRNDN CA 92411-1658

Important Instructions

- Use black ink only and press firmly. Numbers must be readable.
- Your defined workweek is from Sunday, 12:00 AM to Saturday, 11:59 PM.
- Do not send any other documents with the timesheet.
- Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
- You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
- You must enter hours for each day worked (Total line is optional).
- You and your Recipient must sign and date the back of your timesheet.
- Do not fold your timesheet. Do not use white out or correction tape on timesheet.
- Claimed** = hours worked and claimed in previous pay period.

Provider #: 002343227	Provider Name: SMITH, JOHN
Case #: 36 99 2243569	Recipient Name: BUSH, WILLIAM
Type: TATT01	Timesheet No: 2245674300
From: 01/16/2014	To: 01/31/2014

Workweek #1	Workweek #2	Workweek #3	Workweek #4
Claimed : 01:00	Claimed : 02:00	Claimed : 03:00	Claimed : 04:00

S 0 0 0 0	S19 H H M M	S26 H H M M	S 0 0 0 0
M 0 0 0 0	M20 H H M M	M27 H H M M	M 0 0 0 0
T 0 0 0 0	T21 H H M M	T28 H H M M	T 0 0 0 0
W 0 0 0 0	W22 H H M M	W29 H H M M	W 0 0 0 0
T16 H H M M	T23 H H M M	T30 H H M M	T 0 0 0 0
F17 H H M M	F24 H H M M	F31 H H M M	F 0 0 0 0
S18 H H M M	S25 H H M M	S 0 0 0 0	S 0 0 0 0

Total _____ Total _____ Total _____ Total _____

Turn over and sign. →



State of California - Health and Human Services Agency
 California Department of Social Services

<p>1. La persona con la que trabajo es para un destinatario IHSS y el destinatario es su empleador.</p> <p>2. Usted está contemplado como un proveedor y el trabajador son del destinatario.</p> <p>3. Este es sólo de tiempo para un período de pago e incluye aquellos días que usted pueda tener trabajo para un beneficiario de IHSS.</p> <p>4. Su empleador puede tener otros proveedores que trabajan para él / ella.</p> <p>5. Es su responsabilidad de empleador que le diga cuántas horas puede trabajar durante un período de pago y qué días son para trabajar.</p> <p>6. Asegúrese de que usted y su empleador han firmado y fechado.</p> <p>7. Al final de cada período, con permiso y cortar el tiempo de regreso a continuación a la recepción de procesamiento central de tiempo. No envíe su timesheet hasta el final del período, a menos que su empleo es terminado.</p> <p>8. Mal de tiempo en el formato sobre la que se incluye con el de tiempo.</p>	<p>1. Introdúzcalo las horas trabajadas y las actas en las casillas situadas junto a la fecha en la que trabajó.</p> <p>2. Sólo el uso de lápiz azul o negro.</p> <p>3. No escriba en el timesheet, excepto en horas, minutos, firma, fecha y cajas.</p> <p>4. El programa IHSS no pagará más de hora autorizada.</p> <p>5. El pago se basa en las horas diarias.</p> <p>6. No tachar o blanco en las de tiempo.</p> <p>7. Asegúrese de que tanto el proveedor receptor y han firmado y fechado en la parte posterior del timesheet.</p> <p>8. No doblar el timesheet.</p>
<p>Важные инструкции</p> <p>1. Либо вы работаете является IHSS получателя и ваш работодатель.</p> <p>2. Вы называете провайдера и сотрудник получателем.</p> <p>3. Этот таймшит только за один платежный период, и включает эти дни в выходные, работал IHSS получатель.</p> <p>4. Ваш работодатель может иметь другие поставщиков, работающих.</p> <p>5. Это ваш работодатель обязан сказать вам, сколько часов вы можете работать в течение платный период и какие дни вы можете работать.</p> <p>6. Будьте уверены, как вы и ваш работодатель подписали и от таймшит.</p> <p>7. В конце каждого периода, своевременно вывозить и вернуть таймшит не же Центральная Timesheet обработки фонда. Не отправлять свой таймшит до конца периода, а только если вы уверены, что вы закончили.</p> <p>8. Плохо таймшит в формате, который был включен в таймшит.</p>	<p>Как заполнять таблицу.</p> <p>1. Видите час и минуты работы в нижних рядах с датой, вы работали.</p> <p>2. Используйте только синий или черный перо.</p> <p>3. Не пишите на таблицу, за исключением часов, минут, подписи, дату и номер.</p> <p>4. IHSS программа не будет платить за υπερмеченная часов.</p> <p>5. Оплата будет основываться на часовой в день.</p> <p>6. Не красит не белого или на таблицу.</p> <p>7. Будьте уверены, так и работодатель Provider имеют подписано "и" датой.</p> <p>8. Не гнуть таблицу.</p>
<p>重要指示</p> <p>1. 您的人工作是一项IHSS收件人是您的雇主。</p> <p>2. 您被称为供应商和雇员的收件人。</p> <p>3. 这个时间表只是一个付款周期内, 包括您在日子是可能工作了一个IHSS收件人。</p> <p>4. 您的雇主可能有其他供应商的工作为他的。</p> <p>5. 这是您的雇主的责任, 告诉他多少时间可能金期间的工人。</p> <p>6. 请确保你和您的雇主, 及时准确地填写和返回您的时间表。</p> <p>7. 在每个时期, 请及时取出并带回您的时间表中央处理基金。</p> <p>8. 糟糕的时间表是在附带的格式。</p>	<p>如何填写工时</p> <p>1. 输入小时和分钟从事者旁边的日期, 您工作的日期。</p> <p>2. 只能使用蓝色或黑色钢笔。</p> <p>3. 不要写上的时间表, 除 小时和分钟。</p> <p>4. IHSS 计划不会支付超额的时间。</p> <p>5. 付款将基于每小时。</p> <p>6. 不要擦或白色的时间表进行。</p> <p>7. 确保你和您的雇主已经签署并带回您的时间表。</p> <p>8. 不要折的时间表。</p>

I understand that any false claim relating to this timesheet may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties. By signing as the recipient of services claimed on this timesheet, I declare that the information on the timesheet is true and correct. By signing as the provider of services claimed on this timesheet, I declare that the information on this timesheet is true and correct.

 Recipient's Signature Date Provider's Signature Date

Mail Detached Timesheet To:
 IHSS Timesheet Processing Facility • PO Box 2380 • Chico, CA 95927-2380

Timesheet Form – With Travel

State of California - Health and Human Services Agency California Department of Social Services

San Bernardino Department of Human Services
17270 Bear Valley RD, STE 108
Victorville CA 92395

IN-HOME SUPPORTIVE SERVICES (IHSS) INDIVIDUAL PROVIDER TIMESHEET

Record your daily hours and minutes like these samples.

Did not work	H	M	M	M
6 hours 30 minutes	H	6	3	0
4 hours 45 minutes	H	4	4	5
10 hours	1	0	M	M
Total	2	1	1	5

JOHN SMITH
1848 W VIRGINIA ST
SAN BERNRDN CA 92411-1658

Important Instructions

- Use black ink only and press firmly. Numbers must be readable.
- Your defined workweek is from Sunday, 12:00 AM to Saturday, 11:59 PM.
- Do not send any other documents with the timesheet except travel claim form.
- Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
- You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
- You must enter time for each day worked (Total line is optional).
- You and your Recipient must sign and date the back of your timesheet.
- Do not fold the timesheet. Do not use white out or correction tape on timesheet.
- Time travelled from one recipient to another on the same day must be claimed on the timesheet for the recipient you travelled to and cannot exceed the 7 hour travel weekly cap.
- Claimed** = hours worked and claimed in previous pay period, **Travel** = hours travelled and claimed in previous pay period.

Provider #:	002343227	Provider Name:	SMITH, JOHN
Case #:	36 99 2243569	Recipient Name:	BUSH, WILLIAM
Type:		Timesheet No:	2245674300
From:	01/16/2014	To:	01/31/2014

Workweek #1	Workweek #2	Workweek #3	Workweek #4
Claimed : 01:00	Claimed : 02:00	Claimed : 03:00	Claimed : 04:00
Travel : 01:15	Travel : 02:30	Travel : 03:45	Travel : 05:00
Travel	Travel	Travel	Travel
S 0 0 0 0	S19 H H M M	S26 H H M M	S 0 0 0 0
M 0 0 0 0	M20 H H M M	M27 H H M M	M 0 0 0 0
T 0 0 0 0	T21 H H M M	T28 H H M M	T 0 0 0 0
W 0 0 0 0	W22 H H M M	W29 H H M M	W 0 0 0 0
T16 H H M M	T23 H H M M	T30 H H M M	T 0 0 0 0
F17 H H M M	F24 H H M M	F31 H H M M	F 0 0 0 0
S18 H H M M	S25 H H M M	S 0 0 0 0	S 0 0 0 0
Total	Total	Total	Total

Turn over and sign. →



State of California - Health and Human Services Agency California Department of Social Services

<p>1. La persona con la que trabajó es para un destinatario IHSS y el destinatario es su empleador.</p> <p>2. Listed está contemplado como un proveedor y el trabajador son del destinatario.</p> <p>3. Este es sólo de tiempo para un período de pago e incluye aquellos días que usted pueda tener trabajo para un beneficiario de IHSS.</p> <p>4. Su empleador puede tener otros proveedores que trabajan para él / ella.</p> <p>5. Es su responsabilidad el empleador que le diga cuántas horas puede trabajar durante un período de pago y qué días son para trabajar.</p> <p>6. Asegúrese de que usted y su empleador han firmado y fechado.</p> <p>7. Al final de cada período, con prontitud y cortar el tiempo de regresar a continuación a la instalación de procesamiento central de tiempo. No envíe su timesheet hasta el final del período, a menos que su empleo es terminado.</p> <p>8. Mal de tiempo en el tiempo sobre lo que se incluye con el de tiempo.</p>	<p>1. Introduzca las horas trabajadas y las actas en las casillas situadas junto a la fecha en la que trabajó.</p> <p>2. Sólo el uso de lápiz azul o negro.</p> <p>3. No escriba en el timesheet, excepto en horas, minutos, firma, fecha y cajas.</p> <p>4. El programa IHSS no pagará más de hora autorizada.</p> <p>5. El pago se basa en las horas autorizadas.</p> <p>6. No tachar o borrar en las de tiempo.</p> <p>7. Asegúrese de que tanto el proveedor receptor y han firmado y fechado en la parte posterior del timesheet.</p> <p>8. No doblar el timesheet.</p>
<p>Важные инструкции</p> <p>1. Лицо, вы работали является IHSS получателем и ваш работодатель.</p> <p>2. Вы называетесь поставщика и сотрудник - получатель.</p> <p>3. Этот timesheet только за один платежный период, и включает эти дни и выходные, работая IHSS получателем.</p> <p>4. Ваш работодатель может иметь других поставщиков, работающих.</p> <p>5. Это ваш работодатель обязан сказать вам, сколько часов вы можете работать в течение каждого периода и какие дни вы можете работать.</p> <p>6. Будьте уверены, как вы и ваш работодатель подписали и от timesheet.</p> <p>7. В конце каждого периода, оперативно вырезать и вернуться timesheet не на Центральной Timesheet обработки фонда. Не отправлять свое timesheet до конца периода, если ваш занятость прекращается.</p> <p>8. Понятно timesheet вернуться в конверт, который был вложен в timesheet.</p>	<p>Как заполнять таблицу.</p> <p>1. Введите час и минуты работ в ящиках рядом с датой, вы работали.</p> <p>2. Используйте только синий или черного пера.</p> <p>3. Не пишите на таблицу за исключением часов, минут, подписи, дату и коробки.</p> <p>4. IHSS программа не будет платить за υπερэкономичных часов.</p> <p>5. Оплата будет основываться на часов в день.</p> <p>6. Не зачеркивать или бorrar на timesheet.</p> <p>7. Будьте уверены, как и поставщик. Проведите наметку подписью "и датой на."</p> <p>8. Не раз timesheet.</p>
<p>重要指示</p> <p>1. 您的工作是一项IHSS收件人雇主的职位。</p> <p>2. 您被称为供应商和雇员的收件人。</p> <p>3. 这个时间表只是一个付款期间内，包括这些日子您可能会工作了一个IHSS收件人。</p> <p>4. 您的雇主可能还有其他供应商的工作为您提供。</p> <p>5. 这是您的雇主的责任，告诉您多少小时您能够在每个期间工作。</p> <p>6. 确保您和雇主已签署并标明日期的时间表。</p> <p>7. 在每个时期，迅速剪下并返回中央工时的处理设施。</p> <p>8. 邮寄时请确保您的表格列入的信封。</p>	<p>如何填写工时</p> <p>1. 输入小时和分钟从事劳动的日期，你工作的日期。</p> <p>2. 只能使用蓝色或黑色钢笔。</p> <p>3. 不要写上的时间表时，签名和日期框。</p> <p>4. 该IHSS计划不会支付超过授权小时。</p> <p>5. 付款将根据每日小时。</p> <p>6. 不要划掉或白色的时间表进行。</p> <p>7. 请务必按照你已经签署并标明日期的“时间”时间表。</p> <p>8. 不要折叠的时间表。</p>

I understand that any false claim relating to this timesheet may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties. By signing as the recipient of services claimed on this timesheet, I declare that the information on the timesheet is true and correct, excluding time claimed by my provider relating to travel. By signing as the provider of services claimed on this timesheet, I declare that the information on this timesheet is true and correct.

Recipient's Signature _____ Date _____
 Provider's Signature _____ Date _____

Mail Detached Timesheet To:
 IHSS Timesheet Processing Facility • PO Box XXXX • Town, CA XXXXX-XXXX

Payroll System Modifications

System will be modified to pay overtime when providers claim more than 40 hours in a week, not to exceed the recipient's authorized or weekly allowed hours

System will calculate payroll based on the defined 7 day workweek to claim overtime

System will process travel time, limited to 7 hours per week, when traveling directly between different recipients on the same day

The system will track providers' overtime and travel hours.

PROVIDER ASSIGNMENT OF AUTHORIZED HOURS TO RECIPIENT WAIVER PERSONAL CARE SERVICES (WPCS) PROGRAM BLANK SCHEDULE

PROVIDER ASSIGNMENT OF AUTHORIZED HOURS TO RECIPIENT WAIVER PERSONAL CARE SERVICES (WPCS) PROGRAM

SAMPLE SCHEDULE

Recipient Name: John A. Doe
 (FIRST, MIDDLE, LAST)
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A Provider Name	B Provider ID	C Program IHSS WPCS	D Total Number of Hours I Work or Plan to Work														E WEEKLY COMBINED HOURS	TOTAL HOURS	
			Su							WEEKLY COMBINED SUBTOTAL	Su								
			M	T	W	Th	F	Sa	M		T	W	Th	F	Sa				
Bob		IHSS	12	8	8	8	8	10	12	66	12	8	8	8	8	10	12	66	132
		WPCS																	
Mary		IHSS								58							58	116	
		WPCS	0	12	12	12	12	10	0		0	12	12	12	12	10	0		
Jim		IHSS								16							16	32	
		WPCS	8	0	0	0	0	0	8		8	0	0	0	0	0	8		
		IHSS																	
		WPCS																	
TOTAL																280			

Thank you for your participation!

