



San Benito County Public Authority

User Registry Agreement



December 2025

TABLE OF CONTENTS

DEFINITION OF TERMS	1
SAN BENITO COUNTY ADULT SERVICES CONTACT INFORMATION	1
PAYROLL & TIMESHEET CONTACT INFORMATION	1
ROLES AND RESPONSIBILITIES	2
IHSS CONSUMER.....	2
REGISTRY PROVIDER.....	2
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)	2
SAN BENITO COUNTY IHSS SOCIAL WORKER	2
SAN BENITO COUNTY PUBLIC AUTHORITY	2
SAN BENITO REGISTRY PROVIDER ENROLLMENT	3
SAN BENITO CONSUMER & PROVIDER GUIDELINES	3
IMPORTANT THINGS TO REMEMBER	3
CONTACT INFORMATION.....	3
EMERGENCY CONTACT INFORMATION	4
FINANCIAL SAFETY	4
HEALTH ISSUES	4
HOME SAFETY.....	4
INFECTIOUS DISEASES.....	4
MEDICAL SAFETY	4
PAYROLL.....	4
PERSONAL SAFETY	5
PROTECTING YOUR PRIVACY.....	5
SUPPLIES	5
TIMESHEETS.....	5
TRANSPORTATION	5
WORK SCHEDULE.....	6
MANDATED REPORTING	6
DISPUTES BETWEEN CONSUMER OR PROVIDER.....	6
UNAUTHORIZED TASKS	6
UNIVERSAL PRECAUTIONS	7
COMMUNICATING WITH THE PUBLIC AUTHORITY REGISTRY	8
CONSUMER HIRING PROCESS	9
FINDING A PROVIDER.....	9
INTERVIEWING PROVIDERS	9
CHECK REFERENCES	10
MAKING THE DECISION.....	10
REMOVAL FROM THE REGISTRY	10
MINOR COMPLAINTS.....	10
MAJOR COMPLAINTS	11

FIRST OR SECOND MINOR COMPLAINT	11
THIRD OR MAJOR COMPLAINT	11
REGISTRY PROVIDER OR CONSUMER COMPLAINT PROCEDURE	11
GRIEVANCE PROCESS	12
PROVIDER AND CONSUMER RESOURCES	12
CALSAVERS.....	12
DEL MAR CAREGIVER RESOURCE CENTER	12
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)	12
CONFIDENTIALITY STATEMENT.....	13
REGISTRY USER AGREEMENT FOR PROVIDERS.....	13
REGISTRY USER AGREEMENT FOR CONSUMERS.....	13

DEFINITION OF TERMS

IHSS: The In-Home Supportive Services (IHSS) Program provides in-home assistance to eligible elderly, blind, or disabled, individuals as an alternative to out-of-home care and enables consumers to remain safely in their own home.

Public Authority: Public Authority (PA) is responsible for the enrollment process of new providers and is committed to its mission to provide services that support a positive and productive relationship between the consumer and provider.

Public Authority Registry: The Public Authority Registry is a free referral service that primarily focuses to help connect IHSS consumers with pre-screened Independent Providers (IP) by managing a registry where consumers can request a list of potential providers to perform the consumer's authorized services.

APS: Adult Protective Services (APS) agency helps elder adults (60 years and older) and dependent adults (18-59 who are disabled), when they are unable to meet their own needs, or are victims of abuse, neglect or exploitation. The county will investigate these reports and provide community resources. *APS services are voluntary.*

SAN BENITO COUNTY ADULT SERVICES CONTACT INFORMATION

Public Authority (PA): (831) 634-0784

- General Provider Questions, IHSS Provider Enrollment Process, Provider Orientations, Background Check, Administers Workers' Compensation, & Wage Verifications
- 1111 San Felipe Rd., Suite 108, Hollister, CA 95023

In-Home Supportive Services (IHSS): (831) 630-5153

- General IHSS Recipient/Consumer Questions, IHSS Referrals
- 1111 San Felipe Rd., Suite 205, Hollister, CA 95023

Adult Protective Services (APS): (831) 636-4190

- General Questions, Report on Elder & Dependent Abuse
- 1111 San Felipe Rd., Suite 205, Hollister, CA 95023

How to make an APS Report - If an EMERGENCY, Call **9-1-1**

- Non-Emergency Calls **(831) 636-4190** (M-F 8 to 5)
- After Business Hours **(831) 471-1100 County Dispatch** (24-Hour Line)

PAYROLL & TIMESHEET CONTACT INFORMATION

Electronic Services Portal (ESP): www.etimesheets.ihss.ca.gov

Electronic Services Portal (ESP) Help Desk: (866) 376-7066

IHSS EVV Mobile App

To Set Up Direct Deposit: (866) 376-7066

- To register for a new, change, or cancel direct deposit or log in to your Electronic Services Portal (ESP) account

Telephone Timesheet System (TTS) Help Desk: (833) 342-5388 or (844) 576-5445

ROLES AND RESPONSIBILITIES

IHSS CONSUMER

- Considered as the “employer” for purpose to interview, hire, train, supervise & terminate the provider
- If the consumer has a Share of Cost for Medi-Cal, he/she is responsible to pay the provider, up to the amount of the share of cost. The remaining pay would be issued by the State of California
- The Public Authority recommends that consumers and providers develop and sign a written job agreement detailing the work to be performed and other terms related to transportation, responsibility for gasoline expenses, time off, etc. If you need a sample of a job agreement you may request it from the Public Authority office

REGISTRY PROVIDER

- Considered as the “employee” to the recipient or consumer
- Must be 18 years of age to be part of the Registry
- Registry provider is an Independent Provider (Independent contractor/self-employed)
- The Public Authority requires that all providers complete an online enrollment process, in-person orientation appointment, background check and maintain a clear background to remain active on the registry
- Responsible for performing authorized IHSS services to the IHSS consumer
- If you work for only one consumer you may work the allotted hours, he/she is authorized; if you work for more than two consumers, you may work up to 66 hours per work week
- Providers get paid at the rate set by each county for IHSS providers

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)

- The California Department of Social Services (CDSS) performs IHSS Provider payroll functions on behalf of the employer of record (IHSS Consumer)
- CDSS is the (employer of record) for purposes of worker’s compensation, payroll tax deductions, social security, disability and unemployment. If the provider qualifies, the state withholds the applicable amounts for disability insurance and social security taxes.
- The state issues all checks/payments to providers.

SAN BENITO COUNTY IHSS SOCIAL WORKER

- Determines the IHSS eligibility for applicants
- Responsible for conducting a need assessment and act upon any changes reported by IHSS consumers
- Adjust authorized hours when consumers’ needs have changed

SAN BENITO COUNTY PUBLIC AUTHORITY

- Facilitates in-person monthly orientation appointments
- Reviews background checks for providers
- Manages and maintains a Registry of pre-screened providers to help consumers find a provider and help eligible providers find employment
- Assist providers with worker’s compensation process
- Provides wage/employment verifications
- Acts as the “employer of record” for the purpose of collective bargaining with the union
- All providers are required to return their photo badge to the Public Authority Office (Suite 108) once you no longer are employed and/or suspended from the registry

SAN BENITO REGISTRY PROVIDER ENROLLMENT

Public Authority registry enrollment guidelines vary by county, but generally include:

- **Application:** Applicants must complete and submit a registry application
- **References:** Registry applicants must provide favorable work and personal references (non-family)
- **Screening:** Registry applicants must undergo an interview questionnaire
- **Training:** Registry applicants may provide documentation for any relevant training, such as CPR or First Aid
- **Orientation:** Registry applicants must attend an in-person orientation appointment and review the Registry Provider User Agreement
- **Background check:** Registry applicants must pass a criminal background check through the Department of Justice (DOJ) and keep a clear background to remain on registry
- **Documentation:** Registry applicants must provide current and accurate documentation, including a Social Security card, driver's license validity, work authorization status and contact information

SAN BENITO CONSUMER & PROVIDER GUIDELINES

The IHSS program emphasizes a collaborative relationship between consumers and providers, where the consumer directs the services, and both parties should work together to ensure the services are delivered effectively and within the authorized parameters.

IMPORTANT THINGS TO REMEMBER

- IHSS does not pay for the cost of gas, car insurance, or public transportation. Make sure you are clear on who will pay these costs and that your provider has car insurance and a valid driver's license.
- Consumers review your [Notice of Action \(NA 1250\)](#) that lists the tasks and hours you have been approved. Explain the tasks your provider will be doing for you and how much time he/she can spend on each task.
- Providers review the [Provider Notification of Recipient Authorized Hours and Service and Maximum Weekly Hours \(SOC 2271\)](#) which tells you about your consumers monthly authorized hours, maximum weekly hours, the services you are allowed to perform and important things to remember.
- Providers clear expectations with your consumer on how to complete tasks to avoid potential misunderstandings. Cultural differences may sometimes affect how you get along and may create misunderstandings. Talk about these things immediately and work on a solution that will satisfy both of you.
- Providers are required to contact the Public Authority to ensure their personal information is updated, including contact information, driver's license validity, and work authorization status.
- Communicate and maintain a professional and positive working relationship to ensure successful use of your IHSS services and the provider's continued employment with you.
- Consumers must understand how to adjust their providers' hours from week to week; contact your county IHSS Social Worker if there is a need and when to obtain county approval or not.

CONTACT INFORMATION

- Consumer and provider should exchange contact numbers and best times to contact each other
- Providers are required to give the consumer a two-week notice, whenever possible, before taking a vacation or if you will not continue employment
- Consumers are responsible for notifying their IHSS Social Worker of any changes in their needs or hospitalizations

EMERGENCY CONTACT INFORMATION

- Share essential information with your provider in case of an emergency. This information should include your medical history, allergies, current medications, and your emergency contacts. Post emergency information in an easy to see area.
- Create an evacuation plan in case of an emergency.

FINANCIAL SAFETY

- Do not accept tips or gifts of any kind from IHSS consumers
- Do not ask to borrow or lend money or ask for a cash advance
- Consumers do not share your bank information or add your provider to any of your financial accounts and keep your PINs secure
- Unless you are an authorized card user, and have received permission from the consumer, do not use the consumer's Electronic Benefit Transfer (EBT) card
- Remember to collect and review your receipt when you give money to your provider for purchases

HEALTH ISSUES

- If preparing meals, tell your provider about any allergies, special diet needs, and other issues that require special care.
- Do not purchase or provide alcohol, cigarettes or any illegal substance to the consumer

HOME SAFETY

- It is the consumer's responsibility to provide cleaning supplies, gloves and/or masks
- Review the time for domestic services your consumer is authorized for.
- Do not bring your children or others to the consumer's home.
- Providers should not work in a situation where their health and safety are threatened.
- Providers should not make personal calls, watch TV, spend time visiting with the consumer, doing personal business or activities
- Consumers please do not leave valuables or important documents in a visible area

INFECTIOUS DISEASES

- It is best for the provider and the consumer to tell each other if either have any infectious disease, including HIV, Hepatitis, Tuberculosis (TB), or other. (See *Confidentiality Statement on page 15*).

MEDICAL SAFETY

- As a provider, you are not licensed to dispense or administer medications, unless you have received proper training under the direction of a licensed health care professional and your client is approved for paramedical services.
- Providers may remind their consumers when to take medications and may set up medi-sets.
- Consumers should explain to their provider what their needs are, if any, and go over your daily medication schedule
- Clipping a client's finger or toenails is not an allowed IHSS service only cleaning or filing nails

PAYROLL

- The consumer (or their authorized representative) is responsible for reviewing the providers timesheet for accuracy and approve or reject timesheets in a timely manner by phone (833) 342-5388 or online www.etimesheets.ihss.ca.gov
- Providers are paid semi-monthly. The first pay period is from the 1st to the 15th. The second pay period is from the 16th to the end of the month
- Providers can be paid for services performed to their consumers and may be eligible to receive payment for travel time and sick leave

PERSONAL SAFETY

- Providers, when performing In-Home Supportive Services (IHSS) tasks, prioritize safety by wearing appropriate clothing like closed-toed shoes and fit attire that isn't loose or flowy, as these elements can pose potential hazards while completing various household tasks
- Wash your hands with soap and water during your workday
- Wear disposable gloves when necessary
- Avoid an IHSS client's home if inappropriate behavior is exhibited. **Leave immediately and contact the Public Authority Registry at (831) 634-0784.**
 - You may file a sexual harassment complaint to the Department of Fair Employment and Housing (DFEH) by calling 800-884-1684.
- If the client does not answer the door, do not enter the home. Notify the IHSS Social Worker or the Public Authority: **IHSS** (831) 630-5153 or **Public Authority** (831) 634-0784
- Practice caution when carrying groceries, using cleaning supplies or helping consumers with transfer assistance.
- Avoid lifting more than 25 pounds
- Use step stools when necessary. Avoid climbing onto unstable surfaces.
- Consumers should not get involved in their providers personal life
- If providers get injured while performing IHSS Authorized Services, contact Public Authority to request Workers' Compensation paperwork at (831) 634-0784; if you need medical assistance you may go to Agile Occupational Medicine located at 591 McCray St., #101, Hollister, CA 95023.

PROTECTING YOUR PRIVACY

- Providers cannot share sensitive information about their consumers with anyone who is not authorized. This includes consumers name, contact information, health information, the fact that they receive IHSS services, family situation, and personal behaviors.
- Consumers keep personal information private.
 - Your provider should not have access to your checkbook, bank accounts, credit cards, financial information, or to money that is kept in your home.
 - You should secure any valuables in a safe place and not tell your provider where they are kept.
- Providers cannot use the consumer's property or belongings for their own needs.
- Your provider may not want to share details about his/her personal life. Consumers should respect their privacy.

SUPPLIES

- It is the consumer's responsibility to provide cleaning supplies, gloves and/or masks.
- Consumers should show their provider where their cleaning supplies are kept and train how to correctly use any special equipment

TIMESHEETS

- The consumer (or their timesheet signatory) is responsible for reviewing the providers timesheet for accuracy and approve or reject timesheets in a timely manner
- Do not let your provider sign or approve their own timesheet
- Providers are required to submit their timesheet at the end of each pay period either online Electronic Services Portal (ESP) www.etimesheets.ihss.ca.gov or by telephone (TTS) (833) 342-5388
- Providers who do not live with their consumer are required to check-in and check-out using either the IHSS EVV Mobile Application, the Electronic Services Portal (ESP), or the Telephone Timesheet System (TTS)

TRANSPORTATION

- IHSS does not pay for gas mileage, car insurance or public transportation; consumers must communicate and be clear with the provider on who will pay these costs.

- Providers are responsible for ensuring they have a valid driver's license and adequate car insurance when using their own vehicle or a consumer's vehicle for services.

WORK SCHEDULE

- Consumer be clear on what days your provider will be providing the services and how many hours your provider will work each day. This will help you decide if you will need to hire additional providers. Agree on a way to keep track of hours so you can make sure the timesheets are filled out correctly and avoid timesheet violations which could result in loss of provider.
- Consider using a calendar or notepad to keep track of tasks and hours worked each day.
- Providers are entitled to take a break or meal break but are unpaid as they are not performing a task during that time.
- Consumer set a schedule for each provider so that the total hours worked by all providers do not exceed more than your monthly authorized hours or maximum weekly hours.
- The provider must notify their consumer as soon as possible when they are late, sick or unable to work

MANDATED REPORTING

As an In-Home Supportive Services (IHSS) provider, you are a "Mandated Reporter". Being a mandated reporter means that **by law** you must report any suspected abuse immediately to the Adult Protective Services (APS) or the Child Protective Services (CPS). The report could be any suspected abuse or neglect of an adult or child, including self-neglect, of a consumer, someone in the consumer's home, or anyone else whether you are working or not.

ADULT PROTECTIVE SERVICES or CHILD PROTECTIVE SERVICES: (831) 636-4190

DISPUTES BETWEEN CONSUMER OR PROVIDER

If a dispute arises between the consumer and the provider, both parties have a responsibility to work together to reach an understanding and resolve the issue. It is the responsibility of the consumer (or their authorized representative) to provide directives and oversee the provider regarding the provider's work schedule (hours, days, and times) and the specific authorized IHSS services the provider is expected to perform.

Providers must be mindful of the total number of hours the consumer is authorized to receive and not to exceed this limit, even if the consumer has multiple providers.

You may contact the Public Authority to request a sample of a job agreement to help you explain job duties and work schedule and to use it as a record of agreed upon responsibilities. The Public Authority may provide resources for mediation; however, neither the Registry nor the Public Authority will be responsible for mediation.

UNAUTHORIZED TASKS

If a service is not listed on the consumers Notice of Action (NOA), **this service is not authorized by the IHSS Program and IHSS cannot pay.** For example, IHSS will not pay for:

- Moving or lifting heavy furniture, climbing ladders
- Paying bills or other non-IHSS errands
- Reading mail to the consumer
- Caring or cleaning after pets
- Catering to other family members
- Gardening or yard work
- Sitting with the consumer to visit or watch television
- Taking consumers on social outings
- Unauthorized transportation requests (i.e. church, gym, bank)
- Scrubbing walls, ceilings; washing windows or their vehicle, or turning mattresses are not an authorized service *(unless the recipient has been approved for a one-time deep cleaning)*

In addition, IHSS services cannot be provided during the following situations:

- **When a consumer is in the hospital, nursing home, or board and care facility.**
 - If you choose to visit the consumer to one of these locations and help with tasks such as feeding the consumer, the hours you spend providing the service are not part of the IHSS program and cannot pay.
- **Cleaning the consumer's home after the consumer is admitted to a skilled nursing facility.**
 - IHSS is not authorized to pay to clean the home after the consumer is admitted to a hospital, nursing home, or board and care facility.
- **While the consumer is on vacation.**
 - If the provider accompanies the consumer on vacation, the provider may provide some IHSS tasks; however, the consumer (or their authorized representative) should report it to the county social worker and ask if there are any other travel limitations.
- **While the consumer is incarcerated.**
- **After the consumers death.**
 - If the provider claims time and receives payment for services after the consumer has passed away, the provider will need to repay any money that was received and/or may face criminal penalties.

Note: If you need help with tasks not covered by the IHSS program, such as taking care of pets, assistance with mail or finances, or accompaniment to social activities, you may want to ask family members, friends, church volunteers, or neighbors to help you with these non-IHSS tasks.

UNIVERSAL PRECAUTIONS

Universal precautions are guidelines you follow to prevent the spread of infection, including influenza and other airborne diseases. Using universal precautions will protect you from communicable diseases such as HIV or Hepatitis B & C or when handling blood & other body fluids of all people regardless of one's knowledge of whether the person is infected with a specific communicable disease. Use universal precautions with every consumer, every time! Below are additional tips to promote a safe working environment for the provider and consumer.

What precautions must I take when caring for someone?

1. You should always wash your hands with soap and water during your workday and especially when you:
 - a. Come into contact with a person's blood and/or body fluids.
 - b. Prepare food
 - c. Perform personal care
 - d. Perform housecleaning tasks
 - e. Have physical contact with your client
2. Wear disposable gloves when there is a chance of being in contact with blood, semen, vaginal secretion, mucous membranes or other body fluids.
3. Take time to remove your gloves correctly to avoid the risk of contamination.
 - a. With the right hand, pinch the palm of glove on left hand and pull left glove down and off fingers.
 - b. Form the left glove into a ball and hold in the first of the right hand.
 - c. Insert 2 fingers of the left ungloved hand under the inside rim of right glove on palm side.
 - d. Push the glove inside out and down onto fingers and over balled left glove.
 - e. Grasp gloves, which are now together and inside out, with left hand and remove from right hand.
 - f. Discard gloves in plastic bag with any used first aid material and seal bag.
 - g. WASH YOUR HANDS!!
4. Avoid punctures with objects that contain blood of others.
5. Carefully dispose of trash that contains body fluids. Use special containers with plastic liners for disposal of refuse that contains blood or for any spills that may contain blood.
6. Wash soiled laundry in HOT water and dry on HIGH heat.

7. Carefully dispose of sharp objects such as razors and needles. Use containers that cannot be broken or penetrated. Do not bend break or recap needles. Handle diabetes lancets with caution to avoid needle sticks.
8. Clean surfaces that have blood or body fluids containing blood in them with a 1:10 solution of bleach and water mixed fresh daily. Wash dishes and utensils in hot, soapy water. Rinse in very hot water and let them air dry.

COMMUNICATING WITH THE PUBLIC AUTHORITY REGISTRY

The Public Authority Registry reserves the right to refuse services to both consumers and providers.

Providers, please read the following information carefully:

1. Providers are required to check in monthly with the Public Authority to confirm their availability and update any relevant information regarding their ability and work status.
2. If possible, provide a two-week notice if you will not be able to continue working for the consumer, ***unless there is a dangerous or hostile environment.***
3. Failure to update or respond to Public Authority for three months may result in your removal from the registry. *(for more information See Removal from Registry).*
4. Acceptance of the Registry does not guarantee employment.
5. Providers are required to notify the Public Authority of certain changes, including contact information, planned vacation, driver's license validity, work authorization status and complaints regarding their consumer.
6. Providers should report any unsafe or hazardous working conditions immediately to the Public Authority.

The following behaviors are not acceptable, by any individual and may result in suspension or exclusion from utilizing the registry services in the future:

Consumers and providers please read the following information carefully:

1. Consumers and providers cannot use verbal abuse or repeated discourtesy, rudeness or inappropriate behavior or improper physical contact toward provider(s) or consumer(s) including name calling, yelling, racist language, offensive insults, threats, teasing and or demeaning treatment
2. Repeated pattern of not following through with hiring process; repeated pattern of hiring then firing registry providers without a valid work-related justification and no advance notice without a good cause
3. Refuse to approve or reject time sheets in a timely manner
4. Acceptance of the Registry does not guarantee that you will find a suitable provider, and the list might be exhausted, therefore, the list of available providers may be limited or insufficient to meet your needs.
5. Refuse to pay required Share of Cost
6. Repeated pattern of asking provider to perform non-authorized tasks
7. Theft, fraud, forgery, dishonesty or misrepresentation related to being the employer of the provider, (i.e., approving timesheets when hours were not worked and splitting the money).
8. Using or offering an illegal substance
9. Registry consumers are required to notify the Public Authority or their IHSS Social Worker of certain changes, including planned vacation, hospitalizations, provider terminations, and complaints regarding their provider.
10. It is the consumer's responsibility to provide a safe work environment and free from harassment
11. Communication and maintaining a positive working relationship with the IHSS provider(s) is essential to ensure successful use of your IHSS services and the provider's continued employment with consumers.

Note: This is an incomplete list.

CONSUMER HIRING PROCESS

The primary function of the Public Authority Registry is to connect consumers with qualified and screened registry providers who are available and willing to provide in-home care. The consumer (or their authorized representative) is responsible for contacting and scheduling a phone or in-person interview with the provider; an interview is part of the hiring process therefore providers do not get paid for that time.

Public Authority staff will provide you with a referral list that may include up to six potential providers with their name and contact information. During your first meeting with a new provider, it is important to discuss what you expect and talk about any difficult issues and agree on things before the provider starts work. Once you have chosen a provider, please call Public Authority at (831) 634-0784 or email at PA-IHSS@sanbenitocountyca.gov to request a provider packet.

Providers who are available and open for more hours may work up to 66 hours per workweek when working for two or more consumers. Providers may be eligible for travel time when working for two or more consumers on the same workday but in different households.

Hiring a provider is an important task. Please review the following information to help you with the hiring process:

FINDING A PROVIDER

- Be sure to tell your provider how you would like to have tasks done; be clear about your care needs, work schedule and any other details.
- If you are satisfied with the person, the next step would be to set up a time to meet with him/her to discuss your needs and authorized services.

INTERVIEWING PROVIDERS

- Before you interview a provider, you should take the time to review the services that have been authorized for you and how much time has been authorized for each service. If you feel that one provider cannot provide all the services you need or work all the authorized hours, you may wish to hire more than one provider. If you have specific needs, such as a special diet or finding someone who is capable of lifting, be sure to mention this during the interview. You may find the following steps helpful:
 - Screen applicants through a telephone interview.
 - Meet in person with the strongest candidates.
 - Check references.
- Explain what tasks the provider will be doing for you and how much time he/she can spend on each task. The county will send you a list of authorized tasks and the amount of time authorized when they approve or change your hours.
- This interview can take place in your home or in a public place nearby. Consider asking a friend or family member to join you so that they can help with the interview and help decide who to hire. If possible, it is a good idea to interview more than one person. Take notes during the interview that you can refer to later when checking references or choosing who to hire. Here is some additional information to talk about during the interview:
 - Ask to see identification. This may be a valid California driver's license or identification card with a photo.
 - Explain your expectations for work behavior, including the use of your belongings, arrival and departure times, and other information that will be important for the person you hire to know.
 - Go over the services and hours authorized for you.
 - Ask if they have been an IHSS provider before and if they have gone through the provider enrollment process, including being fingerprinted.
 - Give them a chance to ask you questions about the job and the services that you need.
- After the interview, you may have an idea of the person's availability, experience, and ability to perform the needed tasks.

CHECK REFERENCES

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

MAKING THE DECISION

- Review your notes and compare the strengths, qualifications, and references of each person you interviewed, and decide which one best meets your needs. Once you have made your decision, let the person know and then contact your county IHSS Social Worker or Public Authority to request a provider packet.

If you decide to hire a provider to help you with non-IHSS tasks. It is the consumer (or their authorized representative) to establish a separate, independent employment agreement and payment arrangement with your provider with services IHSS does not pay for.

Note: You may need to consider tax withholdings, worker's compensation insurance, and other legal requirements as their employer.

REMOVAL FROM THE REGISTRY

San Benito County Public Authority retains the exclusive right to list, refer, suspend, or remove an Individual Provider or Consumer from the Registry. Public Authority staff will review complaints and determine which actions to take, including the right to remove a Provider or Consumer from the Registry, subject to the Grievance Process described in this agreement. If the Public Authority decides to suspend or remove an individual from the Registry, the provider or consumer will receive a written notice of the action.

MINOR COMPLAINTS

The Public Authority may remove an individual from the Registry after three (3) minor complaints have been reported within a six (6)-month period that have been determined credible by Public Authority. Minor complaints are complaints that impact receipt of authorized services for IHSS consumers, or which may cause other avoidable disruptions of service provision or program compliance. Examples of minor complaints that can result in suspension or removal include, but are not limited to:

1. Failure to appear at scheduled interviews without notice.
2. Rude, discourteous, or inappropriate behavior towards recipients or providers, their representatives, or registry staff.
3. Refusal to do the authorized tasks agreed upon hire or not performing authorized tasks during work hours.
4. Not returning IHSS related calls from consumers within 48 hours; failure to give a two-week notice without a good cause.
5. Failure to notify the Public Authority staff of changes when necessary.
6. Refuse to approve or reject time sheets in a timely manner
7. Refuse to pay your Share of Cost required
8. Bringing anyone with you to the consumer home even if allowed by the consumer.
9. Passing along the name of a prospective consumer to other registry or non-registry providers.
10. Failure to check-in with Public Authority to update your availability; if providers fail to check-in for three consecutive months, you will not be referred to future consumers
11. Repeated pattern of asking a provider to do non-authorized tasks
12. Terminating providers without a good cause
13. Repeated pattern of not following through with this User Agreement

Note: This is not a complete list. The removal of a provider or consumer may be based on reasons other than those mentioned above.

MAJOR COMPLAINTS

The Public Authority may remove an individual from the Registry after one (1) major complaint has been determined credible by Public Authority. Major complaints are complaints which pose a health or safety risk to either the IHSS consumer, provider or county staff. Examples of major complaints that can result in suspension or removal include, but are not limited to:

1. Theft, forgery or fraud
2. Abuse, including Physical, Financial, Sexual, Mental, Verbal or Neglect
3. Conviction of a crime
4. Possession of a firearm or other weapon while providing IHSS Services
5. Either provider or consumer being intoxicated or under the influence or possession of any illegal substance while performing services or consumer offering of illegal substances
6. Dishonesty or misrepresentation of job duties
7. Claiming more hours than worked
8. Repeated or excessive discourtesy or inappropriate behavior
9. Discriminatory or sexual remarks or actions
10. Unauthorized disclosure of confidential information
11. Asking consumers to supplement allowable IHSS wages for authorized IHSS services
12. Borrowing money from or lending money to a consumer
13. Intentional fraudulent actions/behaviors against the consumer and the IHSS program
14. Confirmed allegations resulting from an Adult Protective Services (APS) investigation
15. Failure to abide by IHSS Rules & Regulations (i.e., failure or refuse to: request the hiring paperwork, pay the IP for hours worked, pay your Share of Cost (if applicable) or use the IHSS hours for unauthorized tasks, etc.)
16. Knowingly putting the consumers health, safety or well-being in jeopardy
17. Provider failure to renew expired documents such as driver's license and authorization to work
18. Provider driving a consumer with an expired driver's license, car insurance or vehicle registration

Note: This is not a complete list. The removal of a Provider may be based on reasons other than those mentioned above.

FIRST OR SECOND MINOR COMPLAINT

If a first or second minor complaint is determined to be credible by Public Authority, Public Authority will send, via US mail, a written statement describing the complaint. If a provider or consumer disagree with a first minor offense complaint, the provider or consumer may, within ten (10) calendar days of receipt of the complaint, file a written response.

The Public Authority will notify the provider or consumer that a third minor or one major complaint may be grounds for removal or suspension from the Registry.

If the written statement is not returned by the via Postal Office to Public Authority, it will be considered as received.

THIRD OR MAJOR COMPLAINT

If a third minor (within a six-month period), or one major complaint is determined credible by Public Authority, the provider or consumer will be removed from the Registry. The Public Authority will provide the provider or consumer with a written notification of the removal.

REGISTRY PROVIDER OR CONSUMER COMPLAINT PROCEDURE

Complaints concerning a registry provider or consumer, please contact the Public Authority at (831) 634-0784. When the Public Authority Registry is made aware of a complaint against a Registry Provider or Consumer, the Public Authority staff will attempt to evaluate the complaint and determine what actions to take. The Public Authority will investigate, which may include interviewing the parties involved. The provider and consumer must cooperate with the Registry staff. Failure to cooperate may result in the immediate removal of the Registry.

GRIEVANCE PROCESS

The Public Authority and the union will make every reasonable effort to resolve issues informally. If a Provider or Consumer is removed from the Caregiver Registry, you may file a written appeal with the Public Authority within ten (10) calendar days from the date on the notice.

If the grievance is not resolved, the union shall submit it in writing to the Public Authority within forty-five (45) days of the alleged violation. The Public Authority shall meet with the grievant and his/her union representative and provide a written response to the union within ten (10) days of receiving the written grievance.

Written appeal letters may be submitted to the San Benito Public Authority office at 1111 San Felipe Rd., Suite 108. The Public Authority will deny registry services to a Provider or Consumer after two complaints of minor offenses deemed reasonable and valid by staff within a two-year period.

A Provider or Consumer removed from the registry may reapply after two (2) years from the date of removal, except for those removed due to major offenses.

PROVIDER AND CONSUMER RESOURCES

CALSAVERS

- A retirement savings program option for all IHSS providers, including live-in providers, can now save earnings for their retirement.
- Participating in CalSavers is completely voluntary
- Account access online, through the app, or by phone www.calsavers.com or (855) 650-6918

DEL MAR CAREGIVER RESOURCE CENTER

- Sign up for CareNav is a resourceful and educational site available online for providers and consumers
- Provides caregiver and community support groups www.delmarcaregiver.org

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)

- <https://www.cdss.ca.gov/inforesources/cdss-programs/ihss/ihss-provider-resources>
- <https://www.cdss.ca.gov/inforesources/cdss-programs/ihss/ihss-recipient-resource>

CONFIDENTIALITY STATEMENT

I understand and agree to maintain strict confidentiality in all matters related to consumers or providers. I cannot give information about IHSS services rendered, including whether a person receives IHSS or the specific services and hours authorized for consumers. I understand that I cannot discuss any information about the consumer or provider with any individuals or organizations without the written or verbal permission of the consumer or the person who is legally responsible for that individual. I understand that if I share information about a consumer or provider, I may be found guilty of a violation and be removed from the registry.

Signature of Provider: _____ Date: _____

Signature of Consumer/Authorized Representative: _____ Date: _____

REGISTRY USER AGREEMENT FOR PROVIDERS

As a San Benito County Registry Provider, I understand the contents of this agreement and I agree to:

- Follow all IHSS and Public Authority policies, procedures, and service guidelines
- Report any concerns, incidents, or changes related to the consumer
- Communicate effectively and maintain a professional, respectful working relationship with the consumer
- Notify the Public Authority staff of any changes in my availability and understand that once I am placed on the Public Authority Registry, my name and my contact information will be released to consumers.

I understand that failure to follow these guidelines or receiving three (3) minor complaints or one (1) major complaint, may result in my removal from the Caregiver Registry.

Print Name: _____ Date: _____

Signature of Provider: _____

IHSS Provider #: _____

REGISTRY USER AGREEMENT FOR CONSUMERS

As a San Benito County Registry Consumer, I understand the contents of this agreement and I agree to:

- Maintain a safe & respectful work environment, free from any form of harassment
- Comply with all laws and regulations related to wages, hours, working conditions, and the hiring of providers
- Review, approve or reject the provider timesheet in a timely manner
- Report any incidents or changes to the county IHSS Social Worker or Public Authority

I understand that failure to follow these guidelines or receiving three (3) minor complaints or one (1) major complaint, may result in my removal from the Caregiver Registry.

Print Name: _____ Date: _____

Signature of Consumer/Authorized Representative: _____

IHSS Case #: _____

Thank you,
San Benito Public Authority Registry