



SANTA CLARA COUNTY IN-HOME SUPPORTIVE SERVICES



SEIU Local 521

www.seiu521.org

Sept. 2011

Medical Certification Requirement

Starting Aug 1, 2011, all current In-Home Supportive Services (IHSS) recipients and new applications must have a licensed health care professional provide a medical certification stating the need of IHSS services.

Your client will lose authorization for IHSS services if the county does not receive the medical certification within 45 days of the date of assessment. The medical certification form is called SOC873 (this is in addition to the form that the social worker usually requests during the assessment). Your client will receive this form during or shortly after the annual assessment. This form must be filled out and signed by a licensed health care professional and returned to the county within 45 days of the date of assessment. If not, your client will lose authorization for IHSS services.

If your potential client is a new applicant, he/she will need to submit the medical certification before he/she can receive IHSS services. However, there are two exceptions :

- ◆ If he/she is being discharged from a hospital or nursing facility and need IHSS in order to return home safely;
- ◆ If he/she is at risk of being forced into out-of-home care, IHSS may be authorized temporarily while waiting for the certification.

Your potential client has 45 days to submit the medical certification from the date the county requests the SOC 873 to return to the county. Once the applicant is determined eligible for services, eligibility may go back to the effective date of the application.

A licensed health care professional can be a "physician, physician's assistant, regional center clinician or clinician supervisor, occupational therapist, physical therapist, psychiatrist, psychologist, optometrist, ophthalmologist, or public health nurse" who is licensed by the appropriate regulatory agency and is "acting within the scope of his or her license or certificate".

An alternative documentation can be in lieu of the SOC 873. The medical certification does not have to be SOC873. However, this alternative documentation must be provided and signed by the licensed health care professional, declaring :

- ◆ Your client is unable to independently perform some activity of daily living;
- ◆ Your client would be at risk of placement in out-of-home care if without the assistance of IHSS services;
- ◆ Your client has any condition or functional limitation that has resulted in, or contributed to the need for assistance.

Acceptable alternative documentation may include regional center individual program plans, hospital or nursing facility discharge plans and other documents that provide the necessary information. Acceptable alternative documentation must be dated no earlier than 60 days prior to the submission. Of course, the medical certification must have the accurate information of your client.



It is your client responsibility to make sure the county gets the medical certification. Your client should call his/her licensed health care professional's office to schedule an appointment to discuss the need to have the medical certification form filled out. Your client should explain the need of IHSS services, so she/he can stay at home safely, and without the medical certification, he or she will lose eligibility for IHSS. It might be helpful to bring a list describing some of the services he/she needs—for instance, laundry, cooking meals, dressing, bathing, etc. Your client should ask to be given a copy of the completed form before the health care professional mails it to the county.

Your client can request a "good cause" extension. If your client make a good faith effort to provide the medical certification, however due to factors beyond his/her control, and unable to do so; he/she can request a "good cause" extension. He/She must notify the county the need for a good cause extension no later than 35 days from the date of assessment. This may allow up to 45 days, with maximum total 90 days. After the 35th day, a good cause extension can no longer be granted.

Your client has the right to appeal the county decision. If the county does not receive the medical certification, your client will receive a Notice of Action saying that his/her IHSS services is being terminated or has been denied. Your client has the right to appeal this decision. He/She can explain in a hearing with an administrative law judge why the county's decision was wrong. Your client can review the back of the Notice of Action for information about how to ask for a hearing. It is important that your current client requests the hearing within 10 days of the issuing date of the Notice of Action. This will ensure that IHSS services are not cut off before the hearing take place.

For further information on the new Medical Certification requirement, call our union hotline :

Chinese : (408) 678-3387

English : (408) 678-3365

Spanish : (408) 678-3368

Vietnamese : (408) 678-3377

Ratification Vote on Opening Proposals

Our homecare contract with Santa Clara County Public Authority is going to expire **on Jan, 30, 2012**. Our negotiation team will have opening contract proposal that you need to learn about and vote on at the following special meeting. **Please come to this special meeting on:**



Saturday, October 22, 2011

10-12pm

SEIU Local 521 Office

2302 Zanker Road, San Jose, CA 95131

Please RSVP :

- * Chinese : 408 678 3387
- * English : 408 678 3365
- * Spanish : 408 678 3368
- * Vietnamese : 408 678 3377

HOW TO FILL OUT A TIMESHEET

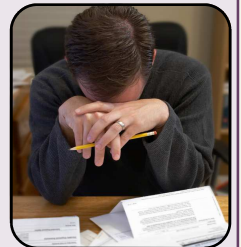
If the timesheet is filled out correctly and *submitted* on time, the provider will receive their paycheck within 10 business days from the time it was mailed. The check will be delayed if the timesheet is torn, unreadable or incorrectly completed. It will also be delayed if it is turned in too early – before the end of the pay period – or too late.

* It is important that timesheets be completed correctly, as all incorrect timesheets will be returned and this will cause lengthy delays to your paycheck. All timesheets need to be mailed with correct postage.

- ⇒ When a provider **does not** receive a timesheet but an attached timesheet to the paycheck that reads: **“THIS IS NOT AN AUTHORIZED TIMESHEET. DO NOT USE,”** the provider and consumer can **USE** this form and mail it in.
- ⇒ For days that the provider does not work, they may leave the box blank or put an **“0”** or an **“x”** in the box. Sum up the total hours worked for the pay period and put that number in the far right hand box of the “Hours worked” row. Or, leave this box blank and IHSS Payroll will write in the total.
- ⇒ If the provider’s address changes, check the **“yes”** box where indicated on the front of the timesheet and write the new address on the back of the timesheet.
- ⇒ Please note that it is a **violation** of IHSS regulations for the provider and the consumer to submit a timesheet showing more hours than the provider actually worked.

WHAT WILL CAUSE DELAYS IN TIMESHEET AND CHECKS?

- ◆ **Timesheets completed in pencil will not be accepted.** Use black or blue ink only to write the hours worked. Numbers must be readable.
- ◆ **Write** the number of hours worked in the boxes under the dates.
- ◆ **Check** to make sure the hours reported for the days worked during the pay period are equal to, or less than, the hours authorized for that pay period.
- ◆ **Do not** cross out or change provider or consumer names in the identification boxes at the top of the timesheet.
- ◆ **Cross** out mistakes in the hours reported and write in the correct information. The consumer must initial the correction. Do not fix mistakes with correction fluid or correction tape.
- ◆ **Sign** and date the timesheet in ink at the end of the pay period, and not before. Both the provider and the consumer must sign the timesheet after the hours have been worked.
- ◆ **Tear** off the “Statement of Earnings and Deductions” before mailing.
- ◆ **Mail** completed timesheet to the IHSS Payroll Mailing Address given on the form as soon as possible on the 16th and the 1st of the month.
- ◆ **Send** questions or inquiries to the consumer’s social worker in a separate envelope.



HOW TO REPORT A CHANGE OF ADDRESS

Complete a change of address form immediately.

- * This form is available at the Santa Clara County IHSS office: 333 W. Julian St., San Jose, CA 95110 *and* SEIU Local 521: 2302 Zanker Rd., San Jose, CA 95131