PROVIDER HANDBOOK

The In-Home Supportive Services (IHSS) Program

Acknowledgements

The In-Home Supportive Services (IHSS) Consumer and Provider Handbooks were the product of many people's efforts. The topics covered were determined by input from the IHSS Enhancement Initiative Task Force, focus groups of consumers, providers, social workers, and public authority staff in three counties (Los Angeles, Sacramento and Tehama), telephone interviews with similar persons in 18 other counties, and meetings with union staff in Los Angeles, Sacramento and the Bay Area. The Task Force was comprised of IHSS consumers, providers, county and public authority staff, state agency personnel, representatives of advocacy organizations and homecare provider unions.

Many of the subjects included in the handbooks were covered in training materials already developed by counties and public authorities throughout the state. Treatment of these topics in the handbooks depends heavily on the preexisting training materials. We are grateful to all of those who generously shared their materials for this purpose.

Four review committees selected the best treatments of individual topics within their area of responsibility. The review committees were made up of consumers, providers, county, public authority and union staff, and a representative from Resources for Independent Living. The Institute for Social Research then outlined and wrote the two handbooks, while borrowing liberally from the presentation of topics in the shared materials. In addition, we developed new material on topics identified in the needs assessment as important, but missing in the existing literature.

The following counties and public authorities gave permission for their materials to be adapted for use in this effort:

- Alameda County IHSS Public Authority
- Butte County IHSS Public Authority
- Calaveras County IHSS Public Authority
- El Dorado County IHSS Public Authority
- Napa County IHSS Public Authority
- Riverside County IHSS Public Authority
- Sacramento County IHSS Public Authority
- San Diego County IHSS Public Authority
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- San Francisco County IHSS Public Authority
- San Joaquin County IHSS Public Authority
- Santa Clara County IHSS Public Authority
- Sonoma County IHSS Public Authority

In addition, IHSS consumer Fay Mikiska gave permission for distribution of the task grid and its inclusion in the handbooks.

It is our hope that the products of this collaborative process will enhance the quality of life for IHSS consumers and providers and assist county and public authority personnel in their supporting roles.

The In-Home Supportive Services PROVIDER HANDBOOK

Prepared for the California Department of Social Services

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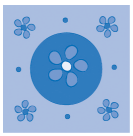

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Understanding IHSS

Goals and Limitations of the Program

The In-Home Supportive Services program (IHSS) allows low-income elderly, blind or disabled people to hire someone to help them with housework, meal preparation, and personal care. With help, people who receive IHSS can remain safely in their own home and do not need to move into a care facility or institution.

The IHSS program is supported by federal, state, and county funds. These funds are used to pay homecare providers to provide specific services. These services are authorized by the county for someone who they determine is eligible to receive IHSS. The consumer (also called recipient or client) chooses the care provider, supervises the provider's work, defines how tasks will be done, and can fire the provider if the consumer wishes. The IHSS consumer signs the care provider's timesheet twice a month, but in most cases, the paycheck comes from the State. Sometimes, the consumer pays a share of the wages directly to the provider.[1]

IHSS pays providers (also called caregivers) to provide ***personal care***, such as feeding and bathing; ***household tasks*** such as laundry, shopping, meal preparation and light housecleaning; ***transportation***; ***protective supervision***; and certain ***paramedical services*** ordered by a physician. However, the IHSS program cannot pay for all the things that are necessary for someone to live independently in his/her own home.

[1] This handbook is intended for the vast majority of IHSS providers who are employed through the Independent Provider mode. A small number of providers are employed by a private contractor. Hiring, firing, supervision and payment may be different in this situation.

IHSS **does not pay** for the following services:

- General gardening or yard clean-up that does not present a hazard
- Feeding, cleaning up after, or exercising a pet
- Moving or lifting heavy furniture, boxes, etc.
- Washing windows
- Transporting anyone but the consumer
- Paying bills

The provider should only perform those tasks that a social worker has assigned for a particular consumer. The provider does not have to do anything else for this consumer other than the assigned tasks. Moreover, the provider should not work more than the maximum number of hours the social worker has authorized for the consumer. If the provider does this, they will not be paid for the extra hours unless the county determines that the extra time was necessary due to extenuating circumstances. Finally, consumers with more than 173 authorized hours per month should employ two or more providers so that no single provider works more than 40 hours per week. A county social worker must approve payments to a consumer's sole provider for hours in excess of 40 per week.

Individual providers may choose to work more than 40 hours per week if they work for multiple consumers. However, all hours will be paid at the regular hourly rate.

No consumer can receive more than 283 hours per month of authorized services. The IHSS program does not provide 24-hour assistance. Someone with mental limitations who needs continuous supervision—called protective supervision—24 hours a day, or who needs round-the-clock nursing care, may be denied IHSS coverage unless family or friends volunteer to cover the unpaid hours.

How IHSS Differs from Other Agencies and Services

Other community agencies offer services that complement the household and personal care IHSS provides.

- Most communities have organizations that deliver hot meals to homebound adults or offer surplus food to low income families.
- The **Multipurpose Senior Services Program (MSSP)** helps people 65 and over who are Medi-Cal eligible and at risk of nursing home placement remain in their homes.
- **Linkages** serves functionally impaired adults 18 and older who are at risk of nursing home placement and ineligible for other programs.
- **Adult Protective Services (APS)** serves seniors and dependent adults who are harmed or threatened with harm. They investigate neglect, abandonment, and physical, financial or sexual abuse.
- The **Public Administrator** handles the estates of people who die without a will, or who don't have able executors. They also assist families that request help with estate administration, and they oversee burials for people who die without money to pay for end-of-life expenses.
- The **Public Guardian** acts as the legally-appointed conservator for adults who cannot take care of themselves and do not have family to help.
- **Health Insurance Counseling & Advocacy Program (HICAP)** provides Medicare beneficiaries with health plan counseling, advocacy, education, and legal help with Medicare appeals.
- **Adult Day Care** offers non-medical services and activities for people 60 and older in need of some supervision and assistance. This program provides a respite for family care givers.
- **Alzheimer's Day Care Resource Center** provides day care for persons suffering from Alzheimer's or other dementia as a respite for family care givers.
- **Regional Centers** purchase services to help individuals with developmental disabilities remain in their homes. These services can complement those that are provided by IHSS.

Providers and family members can consult a local resource guide for the phone numbers of these programs in their community. If you have access to the internet, information about resources is available at the following websites:

- California Department of Aging **www.aging.state.ca.us**
- California Department of Rehabilitation **www.rehab.ca.gov**
- Network of Care **www.neworkofcare.org**

Division of Responsibilities for Supervising and Paying Providers

Employer functions affecting homecare providers in the IHSS program are divided among three entities: the IHSS consumer, the State of California, and the county's IHSS Public Authority.

- The consumer selects, hires, supervises, and trains the provider and can fire the provider for any reason. If the consumer has more than one provider, the consumer decides how many hours each provider will work of the total authorized.
- The State pays the provider for the hours they have worked each pay period and provides some benefits. The benefits include State Disability Insurance (SDI), Unemployment Insurance (UI), and Workers' Compensation Insurance.
- The IHSS Public Authority negotiates with the unions representing homecare providers to set wages, benefits, and other employment conditions. The Public Authority also maintains a Registry of providers who are interested in working for IHSS consumers and offers access to training in homecare skills for providers. Whether or not you find a job through the Registry, you can attend any training classes offered by the Public Authority. You may also ask to receive a copy of the Public Authority newsletter, if the Public Authority in your county produces one.

Unless you attend their trainings or use the Registry, you may not have any contact with the Public Authority. However, if you would like to know about issues that affect your job, you should contact the Public Authority in your county for more information.

You will not have much contact with the State either. However, two state agencies, the California Department of Social Services (CDSS) and the Department of Health Services (DHS), make the rules for the IHSS program. It is helpful to understand these rules so that you and the person you work for can cooperate and enjoy your working relationship.

Rule Summary

Authorized hours are awarded by the county social worker to the consumer based on the consumer's need for care. These hours do not belong to the provider. Pay is received for actual hours worked. The total authorized hours are the maximum that the State will pay; the provider will only receive pay for the maximum number of hours if the provider works those hours. If, for example, either the consumer or the provider goes on vacation, then no hours can be reported for pay covering the vacation period. If the consumer is hospitalized, no hours can be reported or paid for that period.

Providers must complete an enrollment form when they first start working for a new consumer. This form must be given to the county person that handles provider enrollments. This could be the consumer's social worker, the IHSS payroll office, or someone at the Public Authority. If the provider changes jobs and goes to work for another IHSS consumer, they must complete another enrollment form. As a provider, you will not be paid until the new enrollment form has been completed and filed.

Providers can only be paid for performing the tasks authorized by a social worker for a particular consumer. Certain types of tasks are never covered under the IHSS program. (See list on page 2 of this handbook.) Other tasks are covered for IHSS consumers who need the service, but the same tasks would not be covered for consumers who do not need the service. For example, the provider would not be paid to assist a consumer with bathing if that consumer is capable of bathing without help. It is important for the provider to ask the consumer what tasks have been authorized for the consumer's care. These tasks should be written on a job agreement (see Chapter 5 of this handbook). Then, if there are any questions about performing a task, the provider and consumer can refer to the job agreement to see if that task is paid for by IHSS.

You, as the provider, have the right to refuse to perform tasks that are not authorized. The consumer has the responsibility to ask you to perform only authorized tasks. If a consumer asks you to provide a service that is not authorized, the consumer is asking you to volunteer the time needed to do it. If you are comfortable volunteering your time for that task, that is okay. However, if you report that time on your timesheet and your employer signs for it, you are both breaking the rules.

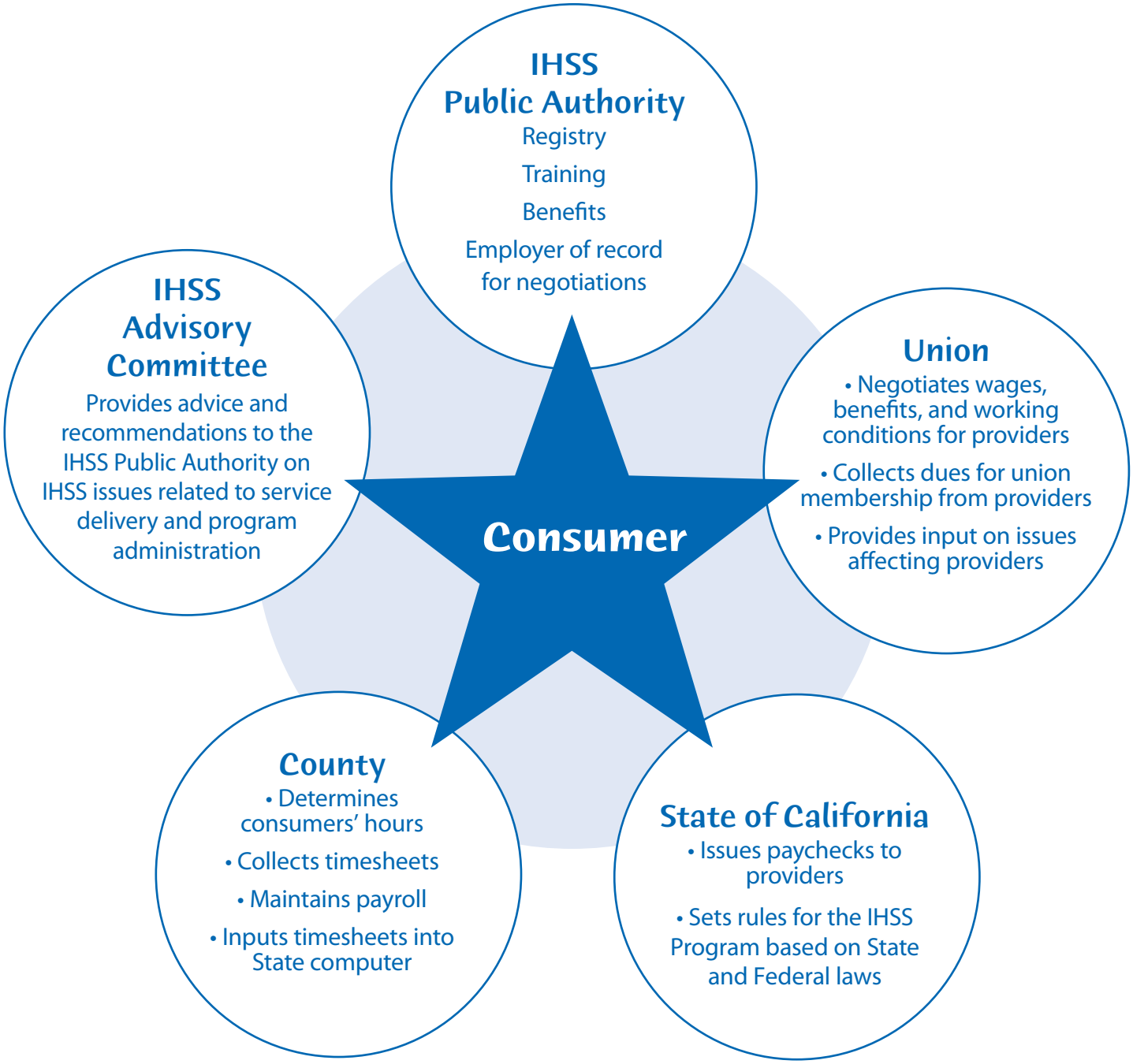
If transportation to a medical appointment is an authorized task for the consumer, it is important to understand that IHSS pays for the driving time, but not the waiting time. You could do other needed tasks such as short errands or grocery shopping in the immediate area or plan personal activities while the consumer is at the doctor's office.

Timesheets are used to summarize the hours the provider worked each day during a pay period. At the end of a pay period, the consumer signs the timesheet, indicating that the hours reported accurately summarize the hours worked. This can be easy if the provider and consumer maintain a task grid (see Chapter 6 of this handbook) noting the hours worked at the end of each day. Both should sign each day's hours on the task grid while it is fresh in their memory. At the end of the two-week pay period, the provider simply transfers the number of hours from the task grid to the timesheet. The daily summary of hours protects the provider because the consumer has agreed by his/her signature that those hours were worked that day. It also protects the consumer because the provider's signature indicates their agreement with the number of hours listed as worked that day. It is unlawful for a provider to enter more hours on the timesheet than they actually worked, and it is unlawful for a consumer to sign for more hours than the provider worked during that pay period.

Pay for the hours a provider worked belongs to the provider, not the consumer. A consumer does not have the right to ask a provider to share his/her pay. If a consumer makes this request, the provider should report the request to the consumer's social worker.

If a consumer's needs for care change, IHSS rules allows the consumer to request a reassessment. As a provider, you are in a good position to know what the consumer is able to do. If you believe the consumer needs assistance in areas that are not authorized, you can encourage the consumer to request a reassessment and help him/her communicate his/her needs to the social worker.

The diagram below illustrates the relationship between the care provider and the agencies assisting the care provider.



IHSS PROVIDER'S RIGHTS AND RESPONSIBILITIES

1. The provider has the responsibility to be dependable, to arrive on time, and be ready to work.
2. The provider has the responsibility to inform the consumer, well in advance, if the provider will be late or unable to work.
3. The provider has the responsibility to provide reliable, safe, high-quality services as authorized by the social worker and directed by the consumer.
4. Providers have the responsibility to respect the consumer's dignity, privacy, property, religion, and culture. Respectful providers come to work without family members, bring their own food rather than eat the consumer's food, refrain from using the consumer's property for their own needs, and do not ask for extra pay when they volunteer more than the authorized hours. Respectful providers do not conduct personal business when they are at work and do not watch television or spend too much time talking with the consumer when they should be performing the needed tasks. Respectful providers are not verbally or sexually abusive.
5. The provider has the responsibility to keep personal information about the consumer confidential.
6. The provider has the responsibility to inform the social worker of any changes in the consumer's condition. If the provider was hired through the Registry, they should also report these changes to Registry staff.
7. The provider has the responsibility to keep track of hours worked and to submit accurate and complete timesheets twice a month.
8. Registry providers are responsible for informing the Registry every 30 days of any change in their situation, address, phone number and hours available.
9. The provider is legally responsible for reporting suspected abuse of dependent elderly, disabled persons and children.
10. When quitting their job, providers are responsible for giving the consumer a two-week notice and informing the Public Authority if they are listed on the Registry.

11. The provider has a right to understand the IHSS work assignment and receive fair, respectful treatment.
12. The provider has the right to expect training opportunities.
13. Registry providers have the right to know why they are being removed from the Registry, should this occur.
14. The provider has the right to quit work without a two-week notice if the consumer's home is a dangerous environment.
15. If the provider is listed on the Registry, the provider can ask the Registry for assistance with problems the provider may have with the consumer that the provider cannot resolve.

IHSS CONSUMER'S RIGHTS AND RESPONSIBILITIES

1. The consumer is the employer of the provider for the purposes of screening, hiring, supervising, training; and, if necessary, terminating the employment of the provider.
2. The consumer has the responsibility to abide by non-discrimination policies on the basis of race, religion, gender, age or disability.
3. Consumers are responsible for letting their social workers know when a provider is hired or terminated. If a Registry provider is involved, they must also inform the Registry's Payroll staff.
4. The consumer is responsible for giving the provider a two-week notice when terminating the provider's employment unless the provider is abusive.
5. The consumer is responsible for keeping a record of hours worked and limiting provider hours to the number authorized per month.
6. The consumer is responsible for verifying and signing the provider's timesheet.
7. The consumer has the responsibility to be clear and reasonable about what is expected; to be consistent, fair, and patient, and to give praise as well as criticism.
8. The consumer and the provider have the responsibility to let the IHSS social worker know immediately if the provider is injured on the job.
9. The consumer has the right to ask the IHSS social worker for a reassessment of hours if the consumer's condition changes.
10. The consumer has the right to appeal any decision by the IHSS program that the consumer does not agree with.
11. If a Registry provider is involved, the consumer has the right to ask the Registry for assistance with problems the consumer may have with the provider that the consumer cannot resolve.

Assessment and Authorized Services

Assessment

An aged, blind, or disabled person who applies for help with domestic and personal care services through the IHSS program must first establish that s/he meets the program's requirements. This information is contained in an Applicant Packet that is reviewed by an IHSS social worker and an IHSS Medi-Cal Eligibility Worker. If the program requirements are met, an IHSS social worker will arrange to visit the applicant at home in order to assess the person's needs and functional abilities.

The need for care is affected by a person's medical conditions and functional abilities. People need more care if they need assistance getting out of bed or moving about their home, or if they need help with bathing, dressing, grooming, eating, or other daily activities described later in this chapter. In general, the more limited a person's functional abilities are, the more hours that person is authorized to receive.

The hours of service authorized for a person's care is affected by his/her living arrangement and the assistance that person may be receiving from family, friends, or other community resources. For example, a person who lives with other family members has some of his/her needs met when family members prepare meals, clean the house, or do the laundry. The IHSS program will only cover the consumer's portion of household tasks. IHSS does not pay a provider to perform these tasks for other household members.

During the initial home visit, the social worker will question the applicant about their medical conditions and functional abilities and ask about other

household members. The social worker will also observe what the applicant is capable of doing. The social worker will confirm the applicant's medical conditions and capabilities with his/her doctor. This process is called a "needs assessment." The social worker uses a statewide uniform assessment process to determine which functions of daily living consumers cannot do for themselves. The purpose of the assessment is to find out at what level the consumer can function and the services the consumer may need. It is based on the consumer's functional ability in his/her own home and not just on a medical diagnosis. Two persons with the same medical diagnosis may differ greatly in their abilities.

The consumer should be sure to alert the social worker performing the assessment of any special needs caused by a medical condition and/or living situation. For example, incontinence requires frequent sheet changes and creates more laundry. The consumer should be sure to realistically estimate what the consumer needs. The social worker also takes into account other resources the consumer receives. For instance, the consumer may not need help on the days s/he goes to an Adult Day Health Center.

The outcome of the assessment is a recommendation by the social worker about which domestic and personal services are needed and how often they are to be provided. State guidelines and formulas are used to determine which services are allowed. This decision is summarized in a Notice of Action (NOA) that is mailed to the applicant. The Notice of Action describes the specific tasks that have been authorized for a particular IHSS recipient and the number of hours per month allotted for the performance of each task.

Authorized Hours

Information from the Notice of Action on authorized tasks and hours is important to the homecare provider. The authorized hours limits the number of hours a provider can be paid to work for a given consumer. As the provider, you should not work more than the authorized hours because you will not be paid by IHSS for the extra hours.

Program limitations: Unmet need and alternative resources

There is a maximum number of hours the consumer may receive each month. Sometimes a consumer needs more hours of service than the maximum allowed under IHSS. This is called "unmet need." Unmet needs may be met by Adult Day Health Centers, family members, other agencies, and/or volunteers. If the consumer has an unmet need, you can ask the social worker for a referral to an agency that might help. Friends, relatives, or agencies can volunteer for unmet need hours without affecting IHSS eligibility.

If the social worker determines that the unmet need cannot be filled and the consumer "cannot remain safely at home," the social worker may deny the application for IHSS support. For example, IHSS cannot provide 24-hour coverage for someone who needs round-the-clock nursing care.

Parents and spouses as providers

IHSS will pay spouses of consumers and parents of minor children to provide care under certain circumstances. Every IHSS case is evaluated separately, so the circumstances under which these services are granted vary greatly.

When an IHSS consumer has a spouse who does not receive IHSS, the spouse shall be presumed able to perform certain specified tasks unless the spouse provides medical verification of his/her inability to do so. An able spouse of an IHSS consumer shall also be presumed available to perform certain specified tasks except during those times when the spouse is out of the home for employment, health, or other unavoidable reasons; and the services must be provided during his/her absence. The county determines whether or not the consumer's spouse is able and available. Having an able and available spouse limits what the IHSS program will pay for because the spouse can perform the necessary tasks.

A parent cannot be paid as a provider for providing age appropriate supervision and care. (For example: A baby would need constant supervision by a parent regardless of whether the infant was disabled or blind.) The parent provider can be paid for performing those tasks listed as authorized on his/her child's Notice of Action letter.

Reassessment

The county is required to do a reassessment every year to determine whether a consumer's needs have changed. An IHSS consumer must request a reassessment at any time if his/her needs change. This change could occur as a result of a different living arrangement, hospitalization, or a new physical condition. An observant provider can encourage the consumer to request a reassessment if the provider feels it may be warranted. Call the consumer's social worker to make this request.

Following an assessment or reassessment, the consumer will receive a Notice of Action on a state-approved form. The Notice of Action describes the following:

1. The hours allotted to each service authorized; or
2. After a reassessment, the old and new hours and any increase or decrease in each service.

Hours may not be decreased without proper notice to the consumer.

Consumers should immediately notify their providers if their authorized hours have changed, particularly if the hours have been reduced. A reduction in hours could affect the provider's eligibility for health insurance.

Appeals

The consumer may appeal any denial or reduction in hours and services, including a refusal to allow the full number of hours the consumer feels s/he needs. The consumer also has a right to appeal a Share-of-Cost (SOC) determination (a decision asking that the consumer pay a share of the cost of in-home care because his/her income is above the SSI threshold.) The best way to proceed is to follow these steps:

1. Contact the person's IHSS Social Worker to discuss their concerns. If this does not resolve the issue,
2. Contact the social worker's supervisor and discuss the situation with them. If this does not resolve the issue,
3. Ask for a Fair Hearing. This must be done within ten days of the date on the Notice of Action.

To request a Fair Hearing see the instruction below:

- Fill out the back of the Notice of Action form and send it to the address on the form; or
- Call the toll free number, 1-800-952-5253, or TDD for for hearing and speech impaired, 1-800-952-8349;
- Send a letter to:
  California Department of Social Services
  State Hearing Division
  P.O Box 944243, Mail Station 19-37
  Sacramento, CA 94244-2430

If the consumer requests a fair hearing prior to the effective date of the notice to reduce or terminate his/her hours and services, these benefits will continue at the same level until the hearing decision is made. For help with appeals, contact legal services, Independent Living Centers (ILC), Protection and Advocacy, Inc. (PA&I) for developmentally disabled persons (1-800-776-5746), or other advocacy groups for seniors and/or persons with disabilities.

Tasks Covered by IHSS

The following tasks are covered by IHSS. They can be categorized into four groups: 1) domestic or household services; 2) personal care services; 3) services directed or provided by a licensed health care professional; and 4) other miscellaneous services. IHSS consumers only receive hours for those tasks that they cannot perform on their own. Hours per task will vary depending upon the consumer's abilities. Providers should determine which tasks are covered for the consumer when they first begin working for the consumer.

Domestic services

Housework. Sweeping, vacuuming, and washing floors, kitchen counters, and sinks; cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; changing bed linen (usually once a week); cleaning oven and stovetop,

cleaning and defrosting refrigerator and waxing floors (usually once a month), and miscellaneous domestic services such as changing light bulbs, wheelchair cleaning or recharging wheelchair batteries.

Preparation of meals. Planning meals; removing food from the refrigerator or pantry; washing/drying hands before meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating the stove; setting the table, serving the meals; pureeing food; and cutting the food into bite-sized pieces. A few IHSS consumers receive a restaurant meal allowance in lieu of time for meal preparation.

Meal clean-up. Washing, rinsing, drying dishes, pots, pans, utensils, and culinary appliances, and putting them away; loading and unloading the dishwasher; storing/putting away leftover foods/liquids; wiping up spills and tables, counters, stoves, and sinks; and washing and drying hands.

Laundry. Washing and drying laundry, mending, ironing, folding, and storing clothes in closets, on shelves or in drawers. Extra time is given if laundry facilities are outside the home.

Reasonable food shopping. Limited to the nearest available stores or other facilities consistent with the consumer's income and needs. No additional time is authorized for the consumer to accompany the provider. Food shopping includes the tasks of making a grocery list, travel to/from the store, shopping, loading, unloading, and storing food.

Other shopping/errands. Other shopping/errands includes the tasks of making a shopping list, travel to/from the store, shopping, loading, unloading and storing supplies purchased, performing reasonable errands such as delivering a delinquent payment to prevent a utility shutoff or picking up a prescription. This does not include travel to pay monthly bills since these can be mailed.

Heavy cleaning. Thorough cleaning of the home to remove hazardous debris or dirt is only authorized when someone first receives IHSS and the home's conditions constitute a threat to the consumer's health or could lead to the consumer's eviction. This service must be pre-approved by a supervisor.

Personal care services

Bath, oral hygiene and grooming. Bathing includes cleaning the body in a tub or shower; obtaining supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of tub or shower; assistance with reaching all parts of the body for washing, rinsing, drying, and applying lotion, powder, and deodorant; and washing/drying hands. Oral hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands. Grooming includes hair combing/brushing; hair trimming when the consumer cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care when these services are not assessed as paramedical services for the consumer; and washing/drying hands.

Routine bed baths. Cleaning basin or other materials used for bed sponge baths and putting them away; obtaining water and supplies; washing, rinsing, and drying body; applying lotion, powder and deodorant; and washing/drying hands before and after bathing.

Dressing. Washing/drying hands; putting on/taking off corsets, elastic stockings, and braces and/or fastening/unfastening; buttoning/unbuttoning; zipping/unzipping; and tying/untying of garments and undergarments; changing soiled clothing; and bringing tools to the consumer to assist with independent dressing.

Care and assistance with prosthesis and assistance with self-administration of medications. Care and assistance with prosthetic devices includes assistance with taking off or putting on, maintaining or cleaning prosthetic devices and vision/hearing aids as well as washing and drying hands before and after performing these tasks. Assistance with self-administration of medication

consists of reminding the consumer to take prescribed and/or over the counter medications at appropriate times and setting up Medisets or filling syringes.

Bowel and bladder care. Assistance with using, emptying, and cleaning bed pans/bedside commodes, urinals, ostomy, enema and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable gloves; wiping and cleaning consumer; assistance with getting on/off commode or toilet; and washing/drying consumer's and provider's hands.

Routine menstrual care. Limited to external application of sanitary napkins and positioning for sanitary napkin changes; using and/or disposing of barrier pads; managing clothing; wiping and cleaning; and wiping/drying hands before and after performing these tasks.

Rubbing skin, repositioning, range of motion, etc. Rubbing of skin to promote circulation; turning in bed and other types of repositioning; and range of motion exercises.

Ambulation. Assisting the consumer with walking or moving from place to place inside the home including to and from the bathroom; climbing or descending stairs; moving and retrieving assistive devices such as a cane, walker, or wheelchair, etc.; and washing/drying hands before and after performing these tasks. Ambulation also includes assistance to/from the front door to the car including (getting in/out of car) for medical accompaniment and/or alternative resource travel.

Transfer. Transfer includes assisting from standing, sitting, or prone position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or assistive device generally occurring within the same room.

Feeding. Consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to consumers who cannot feed themselves or who require other assistance with special devices in order to feed themselves or to drink adequate liquids. Feeding includes

assistance with reaching for, picking up, and grasping utensils and cups, and washing/drying hands before and after feeding.

Respiration. Limited to non-medical services such as assistance with self-administration of oxygen, assistance with setting up CPSP machine, and cleaning IPPB and CPAP machines.

Services directed or provided by a licensed health care professional

Protective Supervision. Observing consumer's behavior in order to safeguard the consumer against injury, hazard, or accident. Very strict rules apply for this service. Consult with the consumer's IHSS social worker for further information.

Paramedical Services. Paramedical services are activities that the consumer would normally provide for him/herself but cannot due to physical limitations. They are provided when ordered by a licensed health care professional and provided under the direction of the licensed health care professional. In order to provide paramedical services, the county must have a signed statement of informed consent saying that the individual has been informed of the potential risks arising from the receipt of the services.

Other miscellaneous services

Accompaniment to medical appointments. Authorized when the consumer needs help getting to and from the doctor, dentist, or other health practitioner's office. (Time is not authorized for waiting during the visit.) Providers are not required to provide transportation. If they do provide transportation, reimbursement for gas and other travel expenses must be negotiated between the consumer and the provider.

Accompaniment to alternative resources. Authorized when the consumer needs help getting to and from alternative resources where IHSS recipient receives services in lieu of IHSS. This could mean Adult Day Care of Respite Programs. (Time is not authorized for waiting during the visit.) Providers are not required to provide transportation. If they do provide transportation, reimbursement for gas and other travel expenses must be negotiated between the consumer and provider.

Teaching and demonstration services. Certain teaching and demonstration services enable the consumer to perform for themselves domestic or household services, personal care services or miscellaneous services such as travel to/from medical appointments and/or alternative resources.

Yard hazard abatement. Removal of grass, weeds, rubbish, ice, snow or other hazardous items.

Unauthorized Services

The following services are not covered by IHSS. Providers should not perform these services for a consumer. The State will not pay for the time spent in performing these services and the provider is not protected by Workers' Compensation for any injury that might result from performing them.

IHSS **does not** pay for the following services:

- General gardening or yard clean-up
- Feeding, cleaning up after, or exercising a pet
- Moving or lifting heavy furniture, boxes, etc.
- Washing windows
- Transporting anyone but the consumer
- Paying bills

The IHSS Public Authority

What the Public Authorities Do

Nearly every county in California has an IHSS Public Authority that negotiates with the local homecare providers' union to set wages, benefits and working conditions for IHSS providers. These benefits are summarized on your pay stub. Depending upon the county, they may include a deduction for health care in addition to union dues.

The Public Authorities offer the following services to IHSS consumers and providers:

- They maintain a homecare provider Registry that consumers can use to find a suitable provider.
- They investigate the qualifications and backgrounds of individuals who wish to be listed on the Registry.
- They offer access to training for providers in caregiving skills and for consumers in communicating with their providers.
- They help Registry providers and their clients work out difficulties in their relationship.
- They provide staff support to each county's IHSS Advisory committee which works to improve the Public Authority and the IHSS program.

If you would like information on the training classes, call the Public Authority and ask them to send you a list of classes, their location, and dates. The Public Authorities' telephone numbers are listed alphabetically by county at the end of this chapter.

How the Registry Works

In many counties, the IHSS Public Authority Registry maintains a computerized referral list of homecare providers for IHSS consumers who want to hire someone to provide them with their IHSS service needs.

Potential providers attend an orientation meeting and/or complete an application process that includes providing references and giving permission for the Registry to check references and/or work history and, in some counties, conduct a criminal background check. If the provider qualifies to be on the Registry, there is no charge for the Registry listing or referral to IHSS consumers.

Registry staff interview potential providers and check backgrounds and references. They enter this information into a computerized program that matches providers with IHSS consumers. The program searches through provider and consumer information and assembles possible matches. Generally, the Registry then mails the consumers the names and contact numbers for several providers who meet the consumers' specific service needs and preferences. Referrals are based on geographic location, language, service needs, and provider skills.

IHSS consumers call, interview, and hire the provider of their choice. The Registry does not hire or recommend providers; it only serves as a referral service.

Registry Providers should call the Registry monthly to report any changes in address or telephone numbers or in days you are available for work. If you do not call with these updates, your file could be put on inactive status, and your name would not be referred to consumers.

The Registry may refer consumers to you who do not exactly match the type of consumer and type of work you told the Registry you wanted. This can happen if the consumer does not tell the Registry staff all of his/her needs and medical conditions. Hopefully, you will at least consider working for any consumer that you have the ability to serve. If after talking with the consumer you are not interested in the job, you may politely decline. Return all calls to consumers, even if you are not interested in the job, as that is the professional and considerate thing to do.

It is against the law for a consumer to refuse to hire you because of your age, race, religion, sexual orientation, national origin, ethnicity, political affiliation, gender identity, marital status, or disability. It is also unlawful for you to refuse to accept a job based on these same factors. The only exception is for consumers who need personal care, such as bathing, dressing, bowel, bladder, and menstrual care. In this situation, a consumer may request a list of workers of the same gender.

To Become a Provider on the Registry

If you are looking for a job as an IHSS caregiver, contact the local Public Authority and follow their instructions on how to be included on the Registry. In many counties, you will be asked to attend an orientation session and complete an application. The Public Authority may also conduct a criminal background check. Persons who have been convicted of welfare fraud or of adult or child abuse are not eligible to be an IHSS provider. Depending upon the local Public Authority in a particular county, other criminal convictions may prevent someone from being listed on the Registry.

To be included on the Registry, you will likely need the following:

- A Social Security card or other proof of the right to work in the United States (U.S).
- Proof of citizenship or legal immigration.
- A valid Driver's License or other government-issued photo identification.
- Three references – a non-relative personal reference and two from previous employers.
- Documentation or certificates for any training you may have had.
- A completed application form.
- To grant the Public Authority permission to do a criminal background check to determine whether you have been convicted of any crimes that would prohibit your employment as a Registry provider.
- To complete an interview with Registry staff and/or attend an orientation for new providers.

If you are willing to transport the IHSS consumer to medical appointments, you may have to provide proof of a current auto insurance policy that includes liability, a copy of your Department of Motor Vehicles (DMV) record, and a valid Driver's License.

To Remain on the Registry

Once you have been included on the Registry, you may need to call Registry staff each month to update your file and state that you want to remain active on the Registry. You can do this by leaving a message with your name, telephone number, and any changes in the times you can work. If you accept a job and are no longer interested in being referred to other consumers, call the Registry and ask to be put on the inactive list. If your job ends, you can call and ask them to put you back on the active list. Some Public Authorities may have a time limit on the length of time that you can be inactive before you must reapply.

How to Contest Registry Actions

There is a grievance process for caregivers who have a dispute with the Registry. The caregiver has the right to file an informal or formal grievance with the IHSS Pubic Authority regarding a dispute involving the Registry:

- Before filing an informal grievance, the caregiver should contact the Registry supervisor to discuss the grievance.
- To file an informal grievance, the caregiver should contact the Public Authority Director/Manager to ask for a decision on the grievance.

If the caregiver is not satisfied with the decision by the Public Authority, the caregiver can make a formal grievance by contacting the local homecare providers' union.

Provider Removal from the Registry

General policy

The Public Authority reserves the right to remove a provider from the Registry. The Public Authority may determine reasonable rules and regulations regarding the appointment of providers to the Registry as well as their removal from the Registry. Complaints concerning a provider may be given verbally or in writing to Public Authority staff. The Public Authority staff will document all complaints.

Minor offenses

The Public Authority will remove a provider from the Registry after two complaints of minor offenses reported by one or more sources within a 90-day period and deemed valid by Public Authority staff. Minor offenses include, but are not limited to:

- Not appearing at scheduled interviews without notice
- Being late for work without reasonable cause
- Disrespect, rudeness or inappropriate behavior toward the consumer, the consumer's relatives or representatives, or Public Authority staff
- Refusal to do the authorized tasks agreed to upon hire
- Not performing requested and authorized tasks during work hours
- Inadequate job performance
- Not returning the consumer's telephone calls or not returning Registry telephone calls
- Failure to update Registry files
- Quitting a Registry assignment (without good reason) without at least a two-week notice

Major offenses

The Public Authority will remove a provider from the Registry after one complaint of a major offense that has been deemed valid by Public Authority staff. Major offenses include, but are not limited to:

- Theft
- Sexual/physical abuse or neglect
- Dishonesty or misrepresentation related to job duties
- Intentional falsification of time sheets
- Unauthorized disclosure of confidential information
- Being intoxicated or being under the influence or possession of any illegal substance while on duty
- Asking the consumer to supplement the allowable IHSS wage
- Possession of a firearm or other dangerous weapon while on duty
- Conviction of a crime that indicates unfitness for the job
- Knowingly putting the consumer in jeopardy

IHSS Public Authority Contact List

Alameda
Public Authority for IHSS in Alameda County
6955 Foothill Blvd., 3rd Floor, Suite 300
Oakland, CA 94605
(510) 577-5621

Alpine
Health & Human Services, Alpine County
75A Diamond Valley Rd.
Markleeville, CA 96120
(530) 694-2235

Amador
Amador County IHSS Public Authority
255 New York Ranch Road, Suite B
Jackson, CA 95642
(209) 223-6781

Butte
Butte County IHSS Public Authority
202 Mira Loma Drive
Oroville, CA 95965
(888) 337-4477

Calaveras
Calaveras County IHSS Public Authority
509 E Saint Charles St.
San Andreas, CA 95249
(209) 754-6544

Colusa
Colusa County IHSS Public Authority
251 E. Webster St.
Colusa, CA 95932
(530) 458-0379

Contra Costa
Contra Costa County Public Authority
1330 Arnold Dr., #143
Martinez, CA 94553
(925) 957-7522

Del Norte
Del Norte County IHSS Public Authority
880 Northcrest Dr.
Crescent City, CA 95531
(707) 464-3191

El Dorado
El Dorado County Public Authority
694 Pleasant Valley Road, Suite 9
Diamond Springs, CA 95619
(530) 295-2748

Fresno
Fresno County Public Authority
2025 E Dakota
Fresno, CA 93726
(559) 453-6450

Glenn
Glenn County IHSS Public Authority
PO Box 1201
Orland, CA 95963
(530) 865-6150

Humboldt
Humboldt County Public Authority
808 E. Street
Eureka, CA 95501
(707) 476-2115

Imperial
IHSS Public Authority of Imperial County
2999 S. 4th Street
El Centro, CA 92243
(760) 336-3945

Inyo
Community Service Solutions
308 W. Line Street Suite #5
Bishop, CA 93514
(760) 872-7604

Kern
Kern County IHSS Public Authority
5357 Truxtun Ave.
Bakersfield, CA 93309
(661) 868-1000

Kings
Kings County Public Authority
1400 W. Lacey Blvd.
Hanford, CA 93230
(559) 582-3211 x3610

Lake
Lake County Public Authority
926 South Forbes
Lakeport, CA 95453
(707) 262-0235

Lassen
Lassen County IHSS Public Authority
PO Box 1359
Susanville, CA 96130
(530) 251-8158

Los Angeles County
Personal Assistance Services Council of
Los Angeles County (PASC)
4730 Woodman Ave., Suite 405
Sherman Oaks, CA 91423
(818) 206-7000

Madera
Madera County IHSS Public Authority
PO Box 6009
Madera, CA 93639
(559) 675-2442

Marin
Public Authority of Marin
10 N. San Pedro Rd., Suite 1016
San Rafael, CA 94903
(415) 499-1024

Mariposa
Mariposa County IHSS Public Authority
5200 Hwy. 49 North
Mariposa, CA 95338
(209) 966-3609

Mendocino
Mendocino County Public Authority
PO Box 839
747 South State Street
Ukiah, CA 95482
(707) 463-7886

Merced
Merced County IHSS Public Authority
2777 North Hwy 59
Merced, CA 95340
(209) 383-9504

Modoc
Community Service Solutions
308 W. Line Street Suite #5
Bishop, CA 93514
(760) 872-7604

Mono
Community Service Solutions
308 W. Line Street Suite #5
Bishop, CA 93514
(760) 872-7604

Monterey
Monterey County IHSS Public Authority
1000 South Main Street Suite 211C
Salinas, CA 93901
(831) 755-4466

Napa
Napa County Public Authority
900 Coombs Street, Suite 257
Napa, CA 94559
(707) 259-8366

Nevada
Nevada-Sierra Regional Public Authority
350 Crown Point Circle, Suite 115
Grass Valley, CA 95945
(530) 274-5601

Orange
Orange County IHSS Public Authority
1200 N. Main, Suite 700
Santa Ana, CA 92701
(714) 480-6446

Placer
Placer County IHSS Public Authority
11533 C Avenue
Auburn, CA 95603
(530) 886-3680

Plumas
Nevada-Sierra Regional Public Authority
350 Crown Point Circle, Suite 115
Grass Valley, CA 95945
(530) 274-5601

Riverside
County of Riverside IHSS Public Authority
12125 Day Street, Suite S-101
Moreno Valley, CA 92557
(888) 470-4477

Sacramento
Sacramento County IHSS Public Authority
3700 Branch Center Road, Suite A
Sacramento, CA 95827
(916) 874-2888

San Benito
San Benito County IHSS Public Authority
1111 San Felipe Rd., Suite 207
Hollister, CA 95023
(831) 634-0784

San Bernardino
San Bernardino IHSS Public Authority
600 N. Arrowhead Ave., Suite 100
San Bernardino, CA 92415
(909) 386-5014

San Diego
San Diego County Public Authority
780 Bay Blvd., Suite 200
Chula Vista, CA 91910
(619) 476-6295

San Francisco
San Francisco County IHSS Public Authority
832 Folsom St., 9th Floor
San Francisco, CA 94107
(415) 243-4477

San Joaquin
San Joaquin IHSS Public Authority
25 E. Harding Way
Stockton, CA 95204
(209) 468-1746

San Luis Obispo
IHSS Public Authority for San Luis Obispo County
PO Box 3236
San Luis Obispo, CA 934023236
(805) 788-2501

San Mateo
San Mateo Public Authority for IHSS
225 37th Ave.
San Mateo, CA 94403
(650) 573-3901

Santa Barbara
In-Home Care Network, Santa Barbara County IHSS Public Authority
1410 S. Broadway, Suite L
Santa Maria, CA 93454
(805) 614-1256

Santa Clara
Santa Clara County IHSS Public Authority
2115 The Alameda
San Jose, CA 95126
(408) 350-3206

Santa Cruz
IHSS Public Authority of Santa Cruz County
1400 Emeline Ave., 3rd Floor
Santa Cruz, CA 95062
(831) 454-4036

Shasta
Shasta County IHSS Public Authority
1506 Market Street
Redding, CA 96001
(530) 229-8330

Sierra
Nevada-Sierra Regional Public Authority
350 Crown Point Circle, Suite 115
Grass Valley, CA 95945
(530) 274-5601

Siskiyou
Siskiyou County IHSS Public Authority
818 S. Main Street
Yreka, CA 96097
(530) 841-2738

Solano
Solano County Public Authority
470 Chadbourne Road, Suite 100
Fairfield, CA 94534
(707) 438-1773

Sonoma
Sonoma County IHSS Public Authority
2280 Northpoint Parkway
PO Box 1949
Santa Rosa, CA 95402
(707) 565-5700

Stanislaus
Stanislaus County Public Authority
305 Downey Ave
Modesto, CA 95354
(209) 558-4787

Sutter
Sutter County IHSS Public Authority
543 Garden Hwy, Suite C
Yuba City, CA 95991
(530) 822-7618

Tehama
Tehama County IHSS Public Authority
PO Box 368
Red Bluff, CA 96080
(530) 527-0276

Trinity
Trinity County IHSS Public Authority
PO Box 1470
Weaverville, CA 96093
N/A

Tuolumne
Tuolumne County IHSS Public Authority
20075 Cedar Road
N Sonora, Ca 95370
N/A

Ventura
Ventura County Public Authority
4245 Market St.
Ventura, CA 93003
(805) 652-7674

Yolo
Yolo County Public Authority
25 N. Cottonwood Street
Woodland, CA 95695
(530) 661-2676 or (800) 630-2224

Yuba
Yuba County IHSS Public Authority
6000 Lindhurst Ave., Suite 700-C
Marysville, CA 95901
(530) 749-6298

Finding a Position

Resume

The first step in becoming a homecare provider is to develop a resume that describes the training and experience you have had in caring for others and performing household tasks. A resume is simply a summary of your training and experience. Training may include classes in cardiopulmonary resuscitation (CPR) or first aid taught by the Red Cross or at a local junior college; classes in caregiving skills given by a junior college, the IHSS Public Authority or a homecare providers' union; or coursework for nursing or physician assistants. Experience in homecare services might include taking care of a family member, working for other disabled or elderly people, working in a hospital, working for a hotel/motel making up rooms, etc.

The resume should include your name, address and telephone numbers, birth date, training, experience, languages spoken, and days and hours available for work.

The Hiring Process

If you have registered as a provider with the IHSS Public Authority, you should receive telephone calls from IHSS consumers who have gotten your name and telephone number from the Public Authority. The Public Authority matches consumers and providers based on the consumer's service needs and the provider's skills and, wherever possible, a shared language. Consumers will call you to discuss the position and your availability.

You may also learn of homecare positions through newspaper ads in the "Help Wanted" section, or notices on bulletin boards. In this case, you would make the first telephone call, letting the consumer know that you are interested in knowing more about the position.

Telephone interviews

In either case, your first contact with a potential employer is over the telephone. It is important to make a good impression during the telephone interview. Here are some tips for a successful telephone interview:

- Be easily reachable by telephone, pager, cell phone or answering machine.
- Have a short, simple message on your answering machine giving your family name and telephone number and asking callers to please leave a message. Do not use music in the background because it makes it hard for callers to understand your words.
- Return calls promptly.
- Be polite, listen carefully, and do not interrupt your caller.
- Be prepared to respond to the following questions:
  - What experience have you had in home and personal care?
  - What training have you had in home and personal care?
  - When are you available to work? What days and hours?
  - Do you smoke?
  - Do you use alcohol or drugs?
  - What are your personal strengths?
  - Please provide references from previous employers who have hired you to do personal and household care.
- Be prepared to ask the consumer the following questions:
  - What tasks do you want me to do? Could you show me the Notice of Action that describes the authorized tasks?
  - How many hours a week do you need me to work?
  - What days and times would you like me to come?

- Is there any flexibility in this schedule?
- When would you need me to start?
- Are these hours paid for by IHSS or would you be paying for all or part of my hours with your own funds?
- Is there an IHSS Share-of-Cost? If so, how much and how will it work?
- Is this a temporary position?
- If so, for what period of time?
- Will I need to lift you? If so, how much do you weigh and can you bear your weight for transfer from bed to chair?
- Do you have any special care needs, such as a special diet, use of medical equipment, etc.?
- Do you have a list of medications that you are taking? Does this list include the time you take each medicine and any conditions involved such as taking with food, or before bedtime, etc.?
- Will you need me to provide transportation to medical appointments? If so, would we use your car or mine? If your car, do you have current insurance and could you provide me with a copy of your insurance policy? If my car, will you be paying for the cost of gas?

Some consumers will ask many questions, some just a few basic ones. The amount of information that consumers give you and want from you will vary. Some consumers want to wait until the face-to-face interview to hear more about you. You need to judge how much to say and how many questions to ask.

Face to face interviews

If you make a good impression on the telephone, the consumer may invite you to their home for a face-to-face interview. This will give you a chance to see the place where you would work, to determine whether you can physically handle the household and personal tasks required, and to judge whether you could work well with the consumer.

You should accept the invitation for a face-to-face interview if the hours and times work for you, if you feel you can meet the physical requirements of the job, and if you are comfortable with the transportation needs of the position.

If, for any reason, you are not interested in the job, you can politely decline the interview invitation. Always return a consumer's calls, whether you are interested in the job or not. This is simply professional courtesy.

If you are interested in the job and accept the invitation for a face-to-face interview, make sure that you understand how to find the consumer's home. Take the consumer's telephone number with you so that you can call if you become lost.

Be sure to bring the following items to the interview:

- A copy of your resume.
- The names and telephone numbers of at least three references. These should include previous employers or course instructors who are familiar with your homecare skills.
- A valid Driver's License or California picture Identification Card.
- A DMV printout showing your driving record. You may get a copy of this from your local DMV office for a $5.00 fee.
- Social Security card or green card showing that you have permission to work in the United States (U.S.)
- Proof of auto insurance if you will be providing transportation to medical appointments or alternative resources.
- Training certificates.
- Results of negative Tuberculosis (TB) test.

You will make a good impression at the interview if:

- You arrive on time or call if you know you will be late.
- You are clean and neatly dressed.
- You come alone to the interview and do not bring children or others with you.
- You have the items listed above with you.
- You are prepared to answer the consumer's questions and prepared to ask your own questions.
- You are friendly and interested in the consumer's needs for care.
- You are honest about the tasks you have performed and the ones you do not wish to perform.
- You are willing to be flexible about tasks that may make you uncomfortable.
- You are clear about any health problems that may affect your job performance.
- You can describe why you enjoy working as a caregiver.
- You can describe the qualities you have that make you a good caregiver. (For example, that you are reliable, willing to learn new skills, and willing to learn how the consumer wants things done in their home.)
- You can describe any special skills or training you have had. For example, lifting, transferring, preparing meals for special diets, CPR, first aid, or bowel and bladder care.

Before You Start the Job

If you are offered the job, be prepared to learn the way the consumer wants you to do the required tasks. You need to be open to new ways of doing familiar tasks as requested by the consumer. The consumer is responsible for hiring you, as well as training you and directing your work. The consumer is also the one to fire you if that becomes necessary.

It is important to let the Registry know that you have been hired by the consumer and the hours you may still be available for more work.

Issues for Discussion Before Starting a New Position

Disclosing infectious diseases

Consumers and providers are strongly encouraged to disclose to each other whatever health conditions they have that may negatively affect the health of the other. This includes all infectious diseases, including HIV, Hepatitis, Tuberculosis (TB), and others. If you are concerned about your own possible exposure to TB, you may ask to see proof of the consumer's negative test. Providers should use universal precautions against infectious disease in all cases, whether or not there is disclosure of a medical condition.
(See Chapter 9: Safety.)

Identifying responsibility for transportation to medical appointments and errands

Since IHSS does not cover the cost of a consumer's transportation to medical appointments or the cost of transportation involved in shopping and other errands, it is important for the consumer and caregiver to determine at the time of hiring who is going to pay those costs. This decision should be included in your job agreement. Being clear about this issue from the beginning will lessen the chance of misunderstandings later.

If you will be driving the consumer's car, you should ask to see proof of current insurance that covers you in case of an accident. If you are driving your own car, be sure that your insurance covers the consumer. You can also accompany the consumer to medical appointments on public transportation.

Paramedical services

During the job interview, you will want to find out whether the consumer requires any paramedical services. These services include:

- Administering medication or giving injections
- Urine testing
- Wound care
- Catheter care and ostomy irrigation
- Any treatments requiring sterile procedures
- Enemas, digital stimulation, or the insertion of suppositories
- Tube feeding
- Suctioning

IHSS regulations require that a licensed health care professional order and supervise paramedical services. To protect yourself and to provide the best service to a consumer, you should not perform any paramedical service unless the consumer's doctor has taught you how to provide the service, explained the risks involved, and told you what to do in an emergency if something goes wrong.

Starting off on the Right Foot

When you come to work for a new consumer, you will be off to a good start if you discuss the following issues.

- What health issues do you have that will require special actions on my part?
- In case of an emergency, what should I do and whom should I contact? Ask the consumer if they have a "File of Life" that summarizes the names and telephone numbers for the consumer's doctor, social worker, and key family members and friends.
- Do you need assistance with organizing your medications? Do you already have a system for organizing your medications? If not, I would like to work with you in setting up a system for managing your medications.
- Do you use any special equipment? Can you or someone else show me how to use it?
- Do you have any allergies or special dietary concerns? What would you like me to do to respond to these concerns?
- What are the best times to contact you? Here are the best times to contact me:
- Do you use a task grid to keep track of the hours that I work? If not, what kind of system do you have for tracking the hours that I work and verifying that I have transferred them to the time sheet correctly?

Job Agreements

A clear understanding of job duties and work schedule at the beginning can reduce the likelihood of conflict or misunderstanding later. When you put that understanding in writing, you have a job agreement or contract. If the consumer you are about to work for has not prepared a written job agreement, we recommend that you begin the process of creating one by discussing the following with the consumer:

- The duties to be performed within the authorized hours
- The expectations and standards you each have
- When and how the duties are to be performed

IHSS CONSUMER AND PROVIDER JOB AGREEMENT

1. This job agreement is between:

   _____ and _____
   Employer (Print consumer name) Employee (Print provider name)

2. The consumer and provider agree to the following general principles.

   The consumer agrees to:
   - Assign and direct the work of the provider
   - Give the provider advance notice, whenever possible, when hours or duties change
   - Only ask the provider to do work for the consumer
   - Sign the provider's time sheet if it reflects the hours that were worked

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

3. The provider will be paid at the rate set by the county for IHSS providers.

4. The total number of hours per week for this job are _____.

5. The hours of work for this job are shown below. Changes in the scheduled days and hours are to be negotiated by both parties, with advance notice.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start							
End							

6. Will consumer pay provider for gas used to drive to shopping or medical appointments?
   ___ No
   ___ Yes

7. Does consumer have a Share-of-Cost?
   ___ No
   ___ Yes

   If yes, indicate maximum amount_____

8. The duties and responsibilities for this job are shown below. The consumer should mark the tasks they need the provider to do and show how often the task needs to be done (D=Daily, W=Weekly, M=Monthly, O=Other). If a task needs to be done on a different schedule, the consumer should write this in next to the task.

D=Daily W=Weekly M=Monthly O-Other

Meals

___ Prepare meals
___ Meal cleanup
___ Wash dishes
___ Help with eating

Cleaning and Laundry

___ Empty trash
___ Wipe counter
___ Clean sinks
___ Clean stove top
___ Clean oven
___ Clean refrigerator
___ Vacuum/sweep
___ Dust
___ Mop kitchen & bathroom floors
___ Clean bathroom
___ Make bed
___ Change bed linen
___ Routine laundry (wash, dry, fold and put away laundry
___ Heavy house cleaning (one-time only with approval from IHSS)

Shopping

___ Grocery shopping
___ Other shopping errands

Non-Medical Personal Services

___ Dressing
___ Grooming and oral hygiene
___ Bathing
___ Bed baths
___ Bowel and bladder care
___ Menstrual care
___ Help with walking
___ Move in and out of bed
___ Help on/off seat or in/out of vehicle
___ Repositioning
___ Rub skin
___ Care/assistance with prosthesis
___ Respiration assistance
___ Other personal services:
_____

Paramedical Services

___ Administration of medication
___ Blood sugar checks
___ Injections
___ Other paramedical services:
_____

Transportation Services

___ Escorting to medical appointments
___ Escorting to alternative resources

The consumer and provider, by signing this document, agree to the terms outlined above. If the agreement changes, both parties will initial and date the changes.

Consumer Signature	Provider Signature
Date Phone Number	Date Phone Number

Timesheets, Paychecks, and Benefits

The Enrollment Process

When IHSS consumers hire a new provider, they call their social worker and give them the following information about the caregiver:

- Name as it appears on the individual's Social Security card
- Telephone number
- Social Security Number
- Date of birth
- Date of the first day on the job
- Familial relationship, if any, to the consumer
- The provider's preferred language

The social worker then mails a provider enrollment agreement to the caregiver. Sometimes, a consumer will supply a copy of this form. This form should be filled out completely and accurately and mailed immediately to IHSS Payroll at the address given on the form. You must complete a new enrollment form for each IHSS consumer that you work for. When you begin work for a new consumer, you cannot be paid until you send in a new enrollment form. A delay in returning the signed enrollment form will cause a delay in receiving your paychecks.

When you sign this form, you are verifying that you have not been convicted of fraud or abuse in government health care programs, IHSS, or Adult or Child Protective Services. If a conviction is discovered later, the provider will be excluded from serving an IHSS recipient and may be subject to other legal penalties.

When the IHSS payroll office receives your enrollment form, they will send you a timesheet in the mail. You will need to complete a timesheet at the end of each pay period. Both you and the consumer must sign and date the timesheet, and it must be mailed to the address printed on the timesheet.

Normally, your check is received within 10 business days or 14 calendar days from the date you mailed the completed timesheet. A timesheet for the next pay period is attached to each paycheck. Please note that your first paycheck for services provided to a new consumer may not arrive for three to six weeks from the time you mailed the payroll enrollment form. Once IHSS receives your enrollment form and verifies your information with the Social Security office, timesheets are mailed to you, usually within two business days. You will be sent all the timesheets you need to catch up to the current pay period. IHSS pay periods run from the 1st of the month through the 15th and from the 16th through the last day of the month.

Getting Your Paycheck

Payroll inputs timesheets the same day they receive them or the next day, unless your timesheet is not completed correctly. If your timesheet has errors or is not complete, your check may be delayed. Incorrect timesheets take longer to process. They may be returned to you so that you can complete them correctly. You can avoid errors by reading the information Payroll sends you with your initial timesheet. It gives you directions on how to fill out the timesheet correctly. Those directions are also included in this chapter.

Your paycheck is mailed from the State Controller's Office in Sacramento two business days after Payroll inputs your timesheet in the computer. (Saturdays, Sundays, and holidays are not business days). If you lose your check or do not receive it within ten business days from the date you submitted your timesheet, call Payroll.

The Task Grid

A task grid can be used for several purposes. It summarizes the tasks a consumer has been authorized to receive, indicates when the consumer wants you to do them, and summarizes the number of hours worked each day of the month. It is important for you and the consumer to sign each day the number of hours worked that day while it is fresh in your minds. There is a space at the bottom of each column for your signatures. When it is time to fill out the timesheet, you can simply copy the hours worked per day directly from the task grid to the timesheet.

Keeping Track of Hours Worked

We recommend that you and the consumer record the hours you worked each day on a task grid so there is no confusion over the days and hours you have worked.

Replacing Lost or Missing Timesheets

If the end of a pay period arrives and you do not have a timesheet to submit, call IHSS Payroll.

What is Your Pay Rate?

The pay rate varies by county. However, all IHSS providers in the same county earn the same wage. In some counties, a few providers who work for a private contractor are paid a different wage. The consumer's social worker will know what the pay rate is in your county.

IHSS Task Grid – Meals and Cleaning

Provider Name: _____		Month:_____ Total Authorized Hours for Month: ___														
	Day of the week:															
	Date:															
	Hours scheduled for day:															
Meals	Meal preparation															
	Help with eating															
	Wash dishes and clean up kitchen															
	Menu planning/shopping list															
	Shopping for food															
Cleaning	Empty trash															
	Clean kitchen surfaces/appliances															
	Throw out spoiled food															
	Make bed															
	Change linen															
	Clutter management/tidy up															
	Dust															
	Clean bathroom															
	Sweep/vacuum															
	Mop															
	Laundry/ironing															

IHSS Task Grid - Personal Care and Other Services

Month:_____

	Day of the week:													
	Date:													
Personal Care	Help with medication													
	Bathing/bed bath													
	Oral hygiene/grooming													
	Dressing													
	Bowel/bladder													
	Menstrual care													
	Shift body position													
	Rub skin/massage													
	Lift/transfer													
	Help with walking													
	Help with prescribed exercises													
	Help with breathing equipment													
Other	Medical appointments													
	Other shopping and errands													
Total Hours Worked														
Provider Initials														
Consumer Initials														

Share-of-Cost (SOC)

Some IHSS consumers pay a Share-of-Cost (SOC) for their household and personal care directly to their provider. When you are interviewing a potential consumer, you should ask whether s/he pays a Share-of-Cost for his/her care. If the consumer does and you accept the position, you should include the maximum SOC amount in your work agreement.

For consumers who receive IHSS as part of their Medi-Cal benefits, the consumer's total SOC can be applied to both IHSS and Medi-Cal services. In some months, the consumer may spend all of the SOC on Medi-Cal services. In that month, the consumer will not pay any of his/her SOC to you. Instead, the State will pay you for all the authorized hours you worked during that month. Please note that the amount the consumer pays you may change with each paycheck issued depending upon the amount of medical payments made by the consumer each month. By the time you receive your paycheck, you and your client will have received an "Explanation of Share-of-Cost Letter" that identifies the amount of the SOC you will need to collect from the consumer for that pay period.

You need to be sure that you collect the amount reported in the letter because this amount will be included on your annual W-2 form as part of your income. You will be taxed on it, whether you received the money or not. You should notify the social worker if the consumer does not pay the SOC. Consumers who fail to pay the SOC will lose their IHSS services.

Providers should keep dated copies of their monthly task grids and timesheets. They can then compare the hours paid on their pay stub with the hours reported on their timesheets. As long as providers have not worked more than the authorized hours – or in the case of multiple providers, more than the hours assigned to them – the paid hours should match the hours reported on the timesheet.

It is the IHSS consumer's responsibility to ensure that their providers do not work more than the total authorized hours. The State will not pay for more than the authorized hours. If you are a consumer's only provider and you work more than the authorized hours, you will be volunteering that extra time.

It is unfair for a consumer to ask you to work without pay and you are not obligated to do so. It is also unfair if a consumer has several providers and the consumer allows the providers as a group to work more than the authorized hours. In this situation, the first timesheet processed by the State will be paid in full. The other providers' timesheets will only be paid if some authorized hours remain unpaid. These providers will not be paid for some or all of the hours that they have worked.

As a provider, you can help the consumer maintain control of the hours worked by making sure that you use a task grid to summarize the hours worked each day. Both of you should sign for the hours worked each day. The total hours authorized for the month should be shown on the task grid. If there are multiple providers, you can help the consumer by coordinating the hours assigned and worked with the other providers. If everyone communicates and cooperates, you will be a good team.

A few IHSS consumers receive advance pay, which means IHSS pays the consumer at the beginning of the month, and the consumer then pays the provider (minus the withholding). If this applies to you, you will be notified by Payroll.

How to Fill Out a Timesheet

A provider's regular timesheet is printed by a computer and should already have the following information printed on it:

1. The consumer's and provider's name and address.
2. The consumer's and provider's identification numbers.
3. The number of service hours authorized for the consumer. (The timesheet for the first half of the month shows the hours for the whole month.) The hours shown on the timesheet for the second half of the month are the total hours for the month minus the hours paid in the first half of the month. If you are not the only provider for the consumer, the hours remaining include those assigned to other providers. These are not the hours assigned to you for the second half of the month. The State has no way to know how individual consumers assign hours to multiple providers.
4. The dates of the pay period including month and year.

5. The consumer's Share-of Cost, if any. This is the maximum amount of money the consumer may pay you directly for IHSS services during the month.
6. Any reduction in your check for a prior overpayment.
7. The IHSS Payroll Address where you should mail the completed timesheet.
8. The employee number of the consumer's IHSS social worker.

If you fill out your timesheet correctly and submit it on time, you will receive your pay within ten working days from the time you mailed it. Your 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.

Here are some tips to help you avoid timesheet problems:

Use black or blue ink only to write the hours worked. Numbers must be readable. ***Timesheets completed in pencil will not be accepted.***

Write the number of hours worked in the boxes under the dates. Fill in the number of hours you worked each day of the pay period on the day you work unless you are doing this on a task grid.

Check to make sure the hours you report 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 providers' or consumers' names in the identification boxes at the top of the timesheet. Acceptable timesheets are preprinted with the consumer and provider names. These can be obtained from the local IHSS payroll office.

Cross out mistakes in the hours reported and write in the correct information. Ask the consumer to 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 after the 15th and the last day of each month.

Send questions or inquiries to the consumer's social worker in a separate envelope.

The State asks that you fill in the number of hours worked each day of the pay period using decimals to designate partial hours. Each tenth (.1) of an hour equals 6 minutes. To convert minutes into tenths of an hour, simply divide the number of minutes worked by 6. For example, 2 hours and 48 minutes would be written 2.8. Or, you can use the conversion table below to find the tenth of an hour that matches the number of minutes worked.

Minutes in tenths of an hour:

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	= .10

Example: If you work 1 hour and 42 minutes you should write "1.7."

For days that you did not work, you may leave the box blank or put a "0" or an "X" in the box. You may 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, you can leave this box blank and IHSS Payroll will write in the total.

If your address changes, check the "yes" box where indicated on the front of the timesheet and write your new address on the back of the timesheet.

Please note that it is a violation of IHSS regulations for you and the consumer to submit a timesheet showing more hours than you actually worked.

Common Timesheet Mistakes

- Information is left out.
- The timesheet is not signed by both you and the consumer.
- A pencil is used to fill out or sign the timesheet.
- The numbers cannot be read.
- A mistake is covered with correction fluid (white out).
- The number of hours worked in the pay period is not entered correctly.
- Some of the information on the timesheet was torn off when the pay stub (the upper part of the form) was detached.
- The timesheet was mailed before the last day worked in the pay period.
- More hours are claimed than were authorized for payment.

Frequently Asked Questions (FAQs)

1. **Q** ***I sent my timesheet to the county, but I haven't gotten my check. When will I get my paycheck?***

   A Once your timesheet is received and processed in the county payroll office, the information is sent electronically to Sacramento where paychecks are printed and mailed to you. Please allow at least seven (7) working days to receive your paycheck. If the 15th or the last day of the month falls on a Saturday, Sunday, or holiday: timesheets will be processed on the next working day.

2. **Q** ***I mailed in my timesheet, but I forgot to sign it. What will happen?***

   A Your timesheet cannot be processed without your signature. Your timesheet will be mailed back to you for you to sign and return.

3. **Q** ***I mailed in my timesheet, but I forgot to fill in my hours. What will happen?***

   A Your timesheet cannot be processed without the hours filled in. It will be mailed back to you for you to complete and return.

4. **Q** ***I mailed in my timesheet, but my consumer forgot to sign it. What will happen?***

   A Your timesheet cannot be processed without the consumer's signature. Your timesheet will be mailed to you so you can have the consumer sign it.

5. **Q** ***I worked more hours this pay period than I was paid for. Why did this happen, and will I get paid for the rest of the hours I worked?***

   A Each consumer is assessed by a social worker to determine his/her eligibility and authorized hours for IHSS. A caregiver can be paid only for the number of hours per month for which the consumer has been approved. If you submit a timesheet claiming hours beyond the number authorized, you will not be paid for the additional hours. As a caregiver, it is your responsibility to stay informed, through your consumer, of any changes in authorized hours. If the consumer's needs have increased, a reassessment has been done by a social worker and a change in hours has generally occurred. The notification of a change in hours is sent directly to the consumer. If this is not the case and you believe a mistake was made, call Payroll and ask to have your timesheet checked.

Payroll Deductions and Benefits

Deductions

IHSS providers are required to contribute to the federal Social Security system and some are required or may elect to contribute to State Disability Insurance (SDI). These contributions are deducted from your paychecks. Each deduction is described in more detail below.

Social Security benefits are available if you become totally disabled or retire and meet certain eligibility requirements. The benefits include a monthly payment to you or your dependents from the Social Security system. The size of the payment depends upon your lifetime earnings and the number of years you contributed to the system. You will also be contributing to Medicare, a federally sponsored health care program. Medicare benefits will be available to you at age 65. You may qualify for Medicare before age 65 if you are receiving Social Security Disability (SSD) payments.

Federal Insurance Contributions Act (FICA). The Social Security deduction is called FICA. It is deducted from the paychecks of all IHSS providers except the parent provider of a child under 18 who is receiving IHSS. You may contact your local Social Security Administration (SSA) Office for more information about Social Security and how to apply for it.

Medicare Tax. Medicare is the health and medical benefits that you will receive along with Social Security benefits package. Contributions are based on a percentage of your income.

State Disability Insurance (SDI). SDI benefits are available for people who become disabled and are prevented from doing their regular work, if they meet certain eligibility requirements. SDI benefits are available for a maximum of 52 weeks. You may contact your local Employment Development Department (EDD) office for more information about SDI and, if needed, how to apply for it. Caregivers who are providing IHSS services for a parent, spouse, or child do not have to contribute to SDI. However, they may choose to participate in the SDI program by applying for Elective SDI. Forms for Elective SDI coverage are available from the county social service worker. If caregivers providing services for a parent, spouse, or child do not elect to participate in

SDI, SDI will not be available to them should they become disabled for work. All other IHSS caregivers are automatically covered for SDI if they have IHSS quarterly wages in excess of $750.00. SDI contributions are deducted from your paycheck.

Union Dues. California's homecare providers are represented by three unions: the Service Employees International Union (SEIU), United Domestic Workers/ American Federation of State, County and Municipal Employees (UDW/ AFSCME), and California United Homecare Workers Union (CUHWU). The unions bargain with the Public Authorities for wages and benefits. Deductions for union dues are made from the paychecks of providers who have worked 15 or more hours per month.

Health and Dental Insurance. Health and dental insurance are available to homecare providers in many counties through the unions. To be eligible, providers must pay union dues and pay a share of the premium for both types of insurance. The specific plans and entry requirements vary by county. Call your local union or the consumer's social worker to find out more about the coverage in your county. Health and dental insurance can be terminated when the provider's hours drop too low. If provider insurance is terminated, there may be a disqualification period before eligibility for benefits can be reestablished. If your health care insurance is terminated, you may be eligible for caregiver–paid coverage under Consolidate Omnibus Budget Reconciliation Act (COBRA).

- Are you without insurance? If you do not have health insurance and need assistance while waiting to be enrolled, contact the Health and Human Services Department in your county. This department has programs for individuals who economically qualify for care under Medi-Cal and the County Medical Services Program (CMSP).
- Do you already have health coverage? If you have coverage now, carefully compare the plans, co-payments, and costs to decide which plan is best for you. If, for example, you are covered by Medi-Cal, you may not have any monthly contribution or co-payment when using a service. This comprehensive health care system may be less expensive than the health insurance offered to IHSS providers through the unions.

- Can spouses or dependents enroll? Plans vary by county. Healthy Families offers low cost coverage for dependent children of low-income families. You can contact Healthy Families staff at (800) 880-5305 or at: www.healthyfamilies.ca.gov.

Benefits

Unemployment Insurance (UI). Unemployment Insurance (UI) benefits may be available to IHSS providers if they become unemployed and are able and available to work and meet certain eligibility requirements. UI benefits are available for a maximum of 26 weeks. You may contact your local EDD office for information about UI and how to apply for it or call 1-800-300-5616. UI benefits are not available to IHSS caregivers who are the parent or spouse of an IHSS recipient. There is no paycheck deduction for UI.

Workers' Compensation. If you are injured on the job or become ill as a result of it, the State will pay for your medical care and an income stipend through the State Compensation Insurance Fund (SCIF). To qualify, you must meet certain eligibility requirements. There is no deduction from your paycheck for the cost of Workers' Compensation.

If you are hurt on the job:

- Seek medical attention immediately. IHSS caregivers can choose their own Primary Care Physician (PCP) for treatment as long as the physician receives reimbursement from SCIF. This can be confirmed on SCIFs website (http://www.scif.com/MPN/MPNHome.html).
- Then, notify your consumer's social worker.
- Ask the social worker for a claim form to apply for Workers' Compensation. You are required to file a form describing the nature of the injury or illness, when it occurred, and how and where it happened.
- Complete and return the form immediately to the IHSS office in the return envelope provided. IHSS will send the form to SCIF. Then, a representative from SCIF will contact you with an explanation of any benefit entitlement or to deny the claim.

Earned Income Credit (EIC). The Earned Income Credit (EIC), also known as the Earned Income Tax Credit (EITC), is a federal program that provides a credit or cash supplement to low and moderate-income workers who qualify. For those who are eligible, the EIC will either lower the amount of tax owed to the federal government for the prior year or provide a refund for taxes already paid. To qualify for the EIC:

- You or your spouse must have a job and file a federal tax return with the IRS.
- Workers with no children must have an earned income below $12,490; workers with one child must have an earned income below $31,338; and workers with two or more children must be below $35,458. These represent 2004 income ceilings. You will need to check on the income ceiling limits for the year in which you apply for the EIC.

Claiming the EIC will not affect your eligibility for other programs such as:

- Temporary Assistance for Needy Families (TANF)
- Medicaid (Medi-Cal)
- Supplemental Security Income/ State Supplementary Payment (SSI/SSP)
- Food stamps
- Housing assistance

However, if you receive an EIC payment and fail to spend it in a certain period of time, it might be counted as an asset and affect your eligibility for these other programs. Immigrants who are legally authorized to work may claim the EIC.

Income Tax Withholding. Income tax withholding for IHSS homecare workers is strictly voluntary. If you wish to have state and federal income tax withheld from your paycheck, please complete the Income Tax Withholding Form (W-4) and mail it to your county welfare department.

All IHSS providers must file a tax return on or before the 15th of April each year, whether or not you have state or federal taxes withheld from your paycheck. You should contact your consumer's IHSS social worker if you need additional W-4s, or if you need to change your withholding or determine the status of your withholding. You may contact your local California Franchise Tax Board (FTB) office for additional information about state income tax withholding or your local Internal Revenue Service Office (IRS) office for additional information about federal income tax withholding.

Qualities of a Good Provider

A provider's job is complex, physically demanding, and essential to the health and well-being of the consumer. Without dependable help, many IHSS consumers could not live in their own home. In extreme situations, an unreliable or careless provider could put the consumer's life at risk. As a result, the job of provider has a lot of responsibility.

Many different skills are needed to be an effective provider. These include the ability to communicate, coordinate, organize, cook and clean, and be sensitive to the needs of another person. Communication, coordination, and organization are skills that will be discussed in the next two chapters. The way in which housekeeping and cooking skills are applied will be determined and directed by the consumer; providers must be open to cleaning a house and preparing meals in ways that suit their employer. This chapter focuses on the more personal qualities that define an effective homecare provider. These are the qualities that show sensitivity to the needs of another person. These personal qualities include:

- Reliability
- Punctuality
- Respect
- Honoring confidentiality
- Trust
- Sensitivity to differences

Reliability

Reliability is important in any job. However, in homecare, reliability is essential. Being reliable means:

- Reporting for work on the days you are scheduled to be there.
- Performing the authorized tasks to the best of your ability. Provide the quality of work that you would expect if you were the consumer.
- Letting the consumer know well in advance if you are going to miss work. They may need to arrange for someone else to care for them in your absence.
- Following through on things you have agreed to do.

Punctuality

Punctuality means coming to work on time. Many IHSS consumers depend upon their homecare provider for help in getting out of bed, in toileting and bathing, in meal preparation, eating, taking medications, and other services as described in Chapter 2. For some consumers, a provider's failure to arrive on time can cause severe discomfort. For a few, the delay could have serious health consequences.

If being late is unavoidable, the provider is responsible for calling the consumer to let them know. Always carry the consumer's telephone number with you so that you can reach them if you need to.

Punctuality also means getting a consumer to appointments on time. If a provider has assumed responsibility for taking the consumer to doctors and other appointments, the provider has made a commitment to arrive in advance of the scheduled time.

Respect

The provider has the responsibility to respect the consumer's dignity, privacy, property, religion, and culture. Respectful providers:

- Come to work without bringing family members
- Wear clothing that is appropriate, neat and clean

- Bring their own food rather than eat the consumer's food
- Ask the consumer how they want things done
- Observe the consumer's routines and cultural preferences
- Plan their work to make the most of the time allowed
- Are careful in their use of the consumer's supplies and personal belongings
- Address the consumer by his/her last name unless requested to do otherwise
- Protect the consumer's privacy by not sharing his/her personal information with others – including name, address, health, behavior, or family situation
- Do not use the consumer's property or belongings for provider's own needs
- Do not ask for extra pay if they volunteer to work more than the authorized hours
- Do not conduct personal business when at work
- Do not talk on the telephone with friends or family members when at work
- Do not watch television or spend too much time talking with the consumer when they should be performing the needed tasks
- Are not verbally or sexually abusive
- Do not borrow money from the consumer
- Do not take any of the consumer's belongings or household goods
- Do not bring a large back-pack, purse, or other bag to work because doing so may raise concerns about possible theft
- Give a two-week notice if they decide to leave the job

Honoring Confidentiality

Confidentiality is a special form of respect. When we respect others, we do not disclose any personal information about their health, finances, family members, or friends to other people. We keep their personal information confidential. IHSS recipients are in a vulnerable position because they must depend upon others in order to live independently. Homecare providers learn information about consumers that might harm them if the information were public. Under

the California Welfare and Institutions Code Section 10850, violation of a consumer's confidentiality is punishable by a fine and/or imprisonment.

There is only one situation in which it is "okay" to share information about the consumer. If you observe other people that are physically, sexually, or financially abusing the consumer, you should report the behavior to the police or to Adult or Child Protective Services. Similarly, if you observe the consumer physically, sexually, or financially abusing others, you should also report this behavior to the police, or to Adult or Child Protective Services.

Since consumers also have the responsibility to respect the provider's right to privacy and confidentiality, a consumer and his/her provider could commit to this mutual responsibility by signing a confidentiality agreement. Here is an example of one:

"I understand that it is my responsibility to keep confidential any medical, financial, family, or personal information concerning the IHSS consumer. I will not divulge any information which may identify the consumer or his/her family or which may cause embarrassment to his/her family. I will not give out the consumer's name, address, or telephone number" (signed by the provider).

"I understand that it is my responsibility to keep confidential any medical, financial, family, or personal information that I may learn about my provider. I will not divulge any information which may identify the provider or his/her family or which may cause embarrassment to his/her family. I will not give out the provider's name, address or telephone number" (signed by the consumer).

Trust

If respect is demonstrated in the ways described above, a consumer will come to trust the provider. Trust leads to a good working relationship between a consumer and his/her provider. It encourages mutual respect between consumer and provider. If you can establish a trusting relationship with the consumer, you will contribute to the consumer's well-being and happiness and your own job satisfaction and stability. With trust, it becomes easier to discuss any problems that may arise and to develop solutions that work for both of you.

Sensitivity to Differences - Cultural, Language, Age and Disability

People from different cultures may have different expectations and different ways of communicating or behaving. There are cultural differences in food, grooming, touching, sharing personal matters, and what is considered polite, private, or rude. Try to be aware of these cultural differences and of the stereotypes you may have about people based on their culture, age, gender, or disability.

Often the consumer and caregiver have different native languages. The caregiver may be new to this country and just learning English. In these circumstances, it is natural that, at first, communication may be difficult and require patience. Once you learn to listen to each other and adjust to differences in language, it will get easier.

Remember also that people who are elderly are often dealing with change, limitations, and loss. They may be experiencing illness, pain, frustration, reduced mobility, and freedom, loss of friends, or reduced income. They may be worried about further limitations or death. They may react with irritability, anger, low energy, sadness, or depression. Sometimes, it is challenging to sort out the meaning of these symptoms. They could be signs of aging and loss. But other times, they may be signs of more serious medical or emotional difficulties, reactions to medication, depression, or drug or alcohol abuse. All of these suggest that they need the help of a counselor or doctor.

Working for a disabled employer may be a new and challenging experience. You may feel uncomfortable with the consumer's condition and needs. A good place to start is to ask what the consumer wants done and how you should do it. Avoid the tendency to "do it all" for the consumer. Let the consumer tell you what is needed and when. People with disabilities are capable and should be encouraged to make choices for themselves. You will find that once you become familiar with the employer, you will become more comfortable.

Communication

Communicating with the IHSS consumer

Your ability to communicate with the consumer (your client), his/her social worker, doctor, and family is your best job security. Good communication starts with good observation and good questions.

The following tips can help you develop a good relationship with your employer:

- Take time to learn about your client.
- Discover your client's favorite foods, clothes, games, music, animals, recipes, or memories. Include these favorites in conversations when you are doing approved activities.
- Learn the name your client wants to be called and use that name.
- Observe your client's use of humor
- Be clear about your client's perception of time and punctuality
- Note how your client uses and interprets body language
- Note your client's preferred ways of greeting
- Observe how or if your client expresses emotions
- Listen and show respect for your client's concerns. Take time to understand the ways your client interprets communication.
- Be sensitive in providing personal care. Some clients find it difficult to talk about the help they need with personal care. It may be easier to start with the less personal tasks first. Let your client know that you will follow his/her lead in how they want you to help.

There are several techniques to remember in communicating with your client (the consumer):

Set a comfortable pace for conversation. The consumer may need time to process the information you are giving them. Do not speak too quickly. Find a pace that is comfortable for the consumer. You can watch his/her facial expressions to find out whether s/he fully understands what you are saying. If you are not sure, ask.

"Please let me know if I am going too fast. I will be happy to slow down."

Actively Listen. Many cultures expect that people will make eye contact when they are listening to someone else. Listening in this way communicates interest and respect. Active listening is the first step in resolving problems.

Make "I" statements. Take responsibility for your own feelings and respect the consumer's feelings. Remember people's feelings are their own and no one can tell them they *do not* or *should not* feel a particular way. The pattern for an "I" statement is: "I see/hear/feel **(state the issue at hand).** It makes me feel **(state your feelings)**. I need **(state a possible solution)**.

Accept the consumer's individuality. Accept the consumers as they are and be open to how they may change over time. Respect their right to be an individual rather than criticizing them because they are different from you. Sometimes cultural differences between a provider and consumer lead to misunderstandings. Since there is no right or wrong culture, it is helpful to identify when cultural preferences are behind a disagreement. Using "I" statements, you can help each other understand how your separate cultures do things. When you are working in a consumer's home, it is your responsibility to respect and follow his/her culture's way of doing things.

If you and your client do not speak the same language, you may want to get help translating key words and phrases that you both can use in communicating. Be sure to include words and phrases that identify an emergency so that you can take appropriate action.

Tips for special situations

If a consumer has trouble hearing:

- Position yourself so the consumer can see you.
- If necessary, get the consumer's attention verbally or by touch.
- Speak slowly and form words carefully.
- Raise the volume of your voice if necessary.
- Use simple sentences.
- Reduce background noise as much as possible.
- Use gestures and facial expressions to help explain.
- Check to make sure the consumer has understood what you said.

If a consumer has trouble talking:

- Ask questions that can be answered with one word or a hand gesture.
- Be patient, even if you must ask the same question many times.
- Reduce background noise and distraction as much as possible.
- Keep paper and pencil handy in case they can be of use.
- If you do not understand, ask again for clarification.
- Limit conversations that may tire the consumer.

Communicating with Others

One of your responsibilities as a homecare provider is to communicate on the consumer's behalf with his/her social worker, doctor, nurse, and family. Be sure to ask the consumer for a list of their names and telephone numbers and which you should call first in an emergency.

You may have more contact with the consumer than any one else, so you may be in the best position to know the consumer's needs and observe any important changes in their condition. If there is/has been a deterioration in the consumer's condition, you can assist him/her by bringing this change to his/her social worker's attention.

It is helpful to know the consumer's health history, if s/he feels comfortable sharing it with you. Then, you can read about the consumer's health problems in this handbook's chapters on "Health" and "Safety." A conversation with the consumer's doctor or nurse can help you understand what to look for in terms of danger signals. They can also give you direction in how to respond in different emergency situations and how to administer certain medical procedures, if these are required.

Finally, you may need to raise important issues with a consumer's family. Family members may not have thought about the need for a "Power of Attorney for Health Care," or an advanced directive stating the consumer's wishes for resuscitation and end-of-life care. Or the consumer may not have a will. Family members, and not the provider, should work with a consumer to complete a will. The provider, however, should know where these documents are stored in case of an emergency.

Organizational Skills

A homecare provider needs to be well organized. First, there is a lot to do in a short time. Second, in many situations, it is important to talk with several people who may be involved in a consumer's care. This would include the consumer's social worker, doctor, and family members. Sometimes there are other caregivers. Then, it becomes important to coordinate your activities and hours with theirs.

This chapter discusses essential organizational skills that will help you become an effective caregiver. These skills include:

- Scheduling tasks
- Documenting your work

Scheduling Tasks

The hours assigned by IHSS social workers assumes that the person doing the tasks works in an efficient manner. To complete your work within the time authorized will, therefore, require you to organize the tasks and work steadily.

A task grid is available to help you and the consumer schedule what tasks need to be completed on which days. You can also use the task grid to summarize the number of hours per day that you worked. When it is time to complete the timesheet for the pay period, you can simply copy the hours from the task grid. Each task grid covers a two-week pay period. Task grids are also helpful if there is more than one provider. The consumer can indicate on the task grid which provider should do which tasks and how many total hours each provider should plan to work during the pay period. You should restrict

the number of hours worked to the number listed on the task grid. A sample of the task grid is included in this handbook in Chapter 6.

Ask the consumer how to perform the tasks. Some people will want things done in a very particular way, while others are more flexible about how things are done. You may find it helpful to make notes on the consumer's preferences for task completion.

Documenting your Work

Documenting the work that you do for a consumer protects you in case your efforts are ever questioned by the consumer, the social worker or the county's quality assurance staff. If you use the task grid to check off each task as you complete it, and you and the consumer sign for the hours and tasks completed each day, the consumer can easily determine how many hours you worked during the pay period. As long as the number of hours you worked is within the hours assigned by the consumer, there should be no question about the number of hours you should be paid for. If there are multiple providers, however, you need to confirm that the total assigned hours for all providers does not exceed the consumer's authorized hours. You may need to remind the consumer not to sign for more than the assigned hours for each provider. If the consumer does that, one of you will not be paid for some of the hours you worked.

Documenting your work also protects you if a consumer asks you to do unauthorized tasks. A consumer should only ask you to perform services that the social worker has authorized. If the consumer checks unauthorized services for you to do, you should remind him/her that those services were not authorized and you cannot be paid for performing them. If the consumer insists, discuss his/her request with the consumer's social worker. This will give the social worker a chance to explain the limitations on IHSS services to the consumer. There are so many new things to learn when the consumer first receives IHSS that consumers sometimes do not understand all of the rules.

Besides documenting hours and tasks, it is also important to document any medicines that you have reminded the consumer to self-administer. Some IHSS consumers take a lot of medicine. Typically, a prescription specifies the number of times per day a pill is taken and whether it needs to be taken with food or not. The combination of multiple pills, number of times per day and conditions for taking them can pose quite a challenge to administer safely. A medicine log that summarizes all of this can be useful in tracking the medicines as they are administered. Use of pill boxes that are labeled by day of the week and time of the day can also help in tracking medicine administration.

It is also important to document any significant changes in the consumer's condition. As you get to know the consumer better, you will notice many details about his/her physical abilities. Whether his/her condition improves or deteriorates, it is important to document the changes and remind the consumer to share these with the social worker. The goal is to help the consumer be as independent as possible. If his/her health improves and the consumer becomes stronger, the consumer may require less help and can take pride in becoming more independent. If his/her health deteriorates, the consumer will need more care. When you document these changes and remind the consumer to share this information with the social worker, the social worker can adjust the authorized hours to reflect changes in the consumer's condition.

Finally, you can build trust with the consumer by documenting all expenditures made on his/her behalf. If you shop for the consumer, keep a notebook of the amount of money you have been given for an errand on a particular date. Bring back the receipt and change, and write the amount of change in the notebook. Staple the receipt to the page.

Setting and Maintaining Boundaries

The previous chapter focused on how a good homecare provider shows respect for the consumer and builds a trusting relationship. Hopefully, consumers, in turn, will be respectful of their providers. This chapter discusses some ways in which consumers may, without meaning to, be disrespectful of their provider. The following discussion is designed to help providers recognize disrespectful treatment and offers ideas about how care providers can set reasonable limits to protect themselves from inappropriate requests and behaviors. This chapter also considers the problem of abusive behavior and the provider's responsibility as a "mandated reporter."

Setting Boundaries

As employers, IHSS consumers have the responsibility of supervising providers in the performance of tasks that have been authorized by the IHSS social worker. It is against the rules for an IHSS consumer to ask their provider to do a task that has not been authorized. It is also against the rules for the consumer to ask their provider to work more hours than have been authorized. These requests are disrespectful of the provider because IHSS will not pay for the extra hours.

The best way to protect yourself from these inappropriate requests is to complete a job agreement with your consumer and use a task grid for each pay period. Then you can refer to these documents if the consumer asks you to work extra hours or perform tasks that are not covered. You can gently remind the consumer that you do not get paid for the extra time or to perform tasks that are not authorized. If the consumer asks you to do more work than

can be performed in the hours scheduled for the day, you can use the task grid to help him/her prioritize which tasks need to be performed that day and which tasks can wait. If the consumer persists, you can discuss the situation with his/her social worker. More specific information about job agreements is mentioned in Chapter 5 and information about task grids in Chapter 6.

Home care work is important and rewarding but can be very hard. Some consumers may be very demanding; a few may be unpleasant. A consumer's condition or situation may cause you to worry or may be upsetting to you. Do not take on more responsibility than is reasonable. You are not hired to rescue or change the consumer.

- Try to maintain a positive attitude.
- Talk about problems before they get serious.
- Take care of yourself. Take breaks if you are working several hours. Stay in good health. Eat a nutritious diet. Get sufficient sleep. Try to get away for recreation, exercise, and social time. Find satisfaction elsewhere and find someone who can give you support and understanding.

It is important to try to discuss problems before they get serious, or before one of you is so angry that discussion is not going to help. If you need help in working out a problem, the IHSS Public Authority may be able to assist you with conflict resolution.

If a consumer is verbally or physically abusive, the provider should take steps to prevent the behavior from recurring. Try discussing the problem with the consumer when it arises. If this does not help, talk with the social worker to determine whether the behavior is illness-related. If the behavior is illness related, the consumer's doctor may need to be consulted to see if there is a medical solution for the behavior. If verbally abusive behavior continues, and by understanding its origins you can tolerate it without too much stress, you could continue working for this consumer. However, you should not remain in a job where you are subject to physical or sexual abuse or where verbal abuse causes undue stress.

Handling Money Appropriately

Homecare providers are frequently asked to shop for consumers. This involves spending the consumer's money and returning change from the purchases. You can protect yourself and maintain the consumer's trust by following these steps:

- If asked to take money from the consumer's wallet or purse, insist that the consumer watch you.
- Ask the consumer to verify the amount of money you are taking and record the amount in a log book, on a note, or on the shopping list. The log book offers a more permanent record.
- Count the change and ask the consumer to initial the receipt when you give it back.
- Do not loan money to the consumer.
- Do not borrow money from the consumer, even if the consumer offers it.
- Never ask the consumer to contribute to anything, join anything, or buy anything.

Unless you are a relative or a close friend, you should not be involved in the consumer's legal and financial affairs. You should not have power of attorney or be named in a will. You should, however, ask the consumer or a family member what they would like you to do in case of an emergency.

The IHSS Caregiver as a Mandated Reporter

California requires that people who work closely with children, the disabled or the elderly; report signs of neglect, suspected abuse, or exploitation. Abuse of children is reported to Child Protective Services (CPS) and abuse of adults is reported to Adult Protective Services (APS). You may also call the local police or sheriff's department to report suspected abuse. Failure to make a report could result in a $5,000 fine and/or up to six months jail time.

Criminal abuse of elderly and dependent adults includes financial misuse; physical or sexual mistreatment; assault; battery; neglect; intimidation; cruel punishment; abandonment; unreasonable physical restraint; any treatment causing physical or mental pain or suffering, and prolonged deprivation

of food, water, or medical treatment. Abuse of children includes physical injury, neglect, cruel or excessive punishment, sexual misuse, assault, and exploitation.

Abuse can occur whenever a person is dependent on someone else for care. People of any age who are ill or disabled may be at risk of abuse by a caregiver, family member, friend, or neighbor. Caring for a dependent adult or child can be stressful – especially if the dependent person lives in your household. Ideally, a caregiver experiencing this kind of stress would reach out for help. The IHSS social worker can refer caregivers to supportive resources in their community. If you, as a provider, observe signs of neglect or abuse, you are required to report your observations to Adult Protective Services or Child Protective Services as directed above. But you could also share your observations with the social worker and/or let the person you suspect of abuse know about the resources that are available.

Signs of Abuse[1]

Physical abuse

- Cuts, lacerations, bruises, welts.
- Any injury that is incompatible with the consumer's health history or not properly cared for.
- Poor skin condition or hygiene.
- Absence of hair and/or a hemorrhaging scalp.
- Dehydration, malnourishment or unexplained weight loss.
- Cigarette burns or rope marks.
- Soiled clothing or bed.
- Physical coercion, confinement. A consumer may not be locked in rooms, tied down, or overmedicated.
- Pushing, shoving, slapping.
- Unwanted sexual advances, including assault accomplished through coercion, intimidation, force, or fear.

[1] Thanks to Elder Abuse Prevention for permission to reprint these indicators.

Financial abuse

- Unusual or inappropriate activity in the consumer's bank account.
- Signatures on checks and other documents that do not resemble the consumer's signature.
- "Power of Attorney" recently signed, or recent changes in a will, when the consumer is clearly incapable of making such decisions.
- Lack of amenities that the consumer can afford such as clothing, food, or medicine.
- Unpaid bills, overdue rent, when someone is supposed to be paying the bill.
- Missing personal belongings such as silverware, jewelry, or credit cards.
- Extortion or fraud.
- Deliberate isolation of the consumer from friends and family.

Self -neglect

- Inability to manage finances.
- Inability to manage activities of daily living, including personal care, shopping, meal preparation, housework, etc.
- Suicidal acts, wandering, refusing medical attention, isolation.
- Lack of toilet facilities or utilities, animal-infested living quarters, or other dangerous conditions.
- Changes in intellectual functioning, confusion, disorientation, and memory failure.

Neglect by the caregiver

- Safety hazards in environment.
- Unattended rashes, sores, lice.
- Failure of the responsible person to provide basic needs such as food, water, personal care, shelter, and medical care.

Abuse by the caregiver

- The elder or dependent adult may not be given the opportunity to speak for herself/himself.
- Family members or caregiver "blames" the older or dependent adult (for example, describing incontinence as a deliberate act).
- Aggressive behavior (threats, insults, harassment) by the caregiver toward the elder or dependent adult.
- Caregiver has problems with alcohol or drugs.
- Flirtations, coyness, etc., as possible indicators of an inappropriate sexual relationship.
- Social isolation from the family or caregiver, restrictions of the dependent adult's activity within the family unit.
- Conflicting accounts of incidents by the family, supporters, and the victim.
- Unwillingness or reluctance by family members or other caregivers to cooperate with a service provider in planning and implementing a consumer's care.
- Inappropriate or unwarranted defensiveness by the caregiver.

Psychological abuse

- Hesitation to talk openly.
- Implausible conflicting stories.
- Confusion, disorientation, denial, agitation, depression.
- Exaggerated fear.
- Verbal assaults, threats or harassment.
- Withholding emotional support.
- Desertion by a person who has assumed responsibility for providing care for an individual.

Health

Normal Changes of Aging

Many changes you may see in the elderly are a normal part of the aging process.

Normal Changes to the Heart:

- Decreased cardiac output (decreased cardiac reserve)
- Decreased blood vessel elasticity

Normal Changes to the Lungs:

- Tissue between ribs becomes less elastic, breathing capacity decreases
- Increased residual air in lungs (less effective expiration)
- Decreased number of cilia; drying of tissue of bronchi
- Decreased effectiveness of cough

Normal Changes to Digestion/Taste/Smell:

- Decreased number of taste buds (leaving the sensation of bitter and sour intact longest)
- Decline in sense of smell
- Decrease in production of saliva, enzymes, and digestive acids
- Decrease in absorption of nutrients
- Decrease in ability of liver to filter toxins

Normal Changes to Urinary Tract:

- Marked decrease in kidney function
- Kidneys less able to regulate salt and filter out waste products
- Often a decrease in bladder capacity
- Prostate gland in men enlarges

Normal Changes to Muscle, Bones, Tendons, and Ligaments:

- Cartilage shrinks between vertebrae of spine. Discs compress with time. "Loss of average of 2" in height is common.
- For those who don't exercise:
  - Bones become brittle and porous
  - Muscles lose tone and strength
  - Joints become stiff and less flexible

Normal Changes to Skin, Hair, and Nails:

- Circulation to skin is decreased
- Skin loses oil glands
- Sweat glands are lost
- Epithelial layer of skin thins
- Less fatty tissue below skin in periphery
- Hair loses color and becomes coarser
- Hair thins, often disappears on body
- Nails become thicker and more brittle

Normal Changes to Vision:

- Decreased ability to see small details
- Loss of accommodation (depth perception, light to dark)
- Visual field is smaller
- Changes in color perception (trouble distinguishing one color from another, colors less clear because of lens)
- Eye problems such as cataracts, glaucoma, and macular degeneration

Normal Changes to Hearing:

Hearing loss is potentially the most damaging of all sensory impairments. Approximately 30-50% of all older people suffer a significant hearing loss that impacts their life. Hearing loss can cause problems in communication and relationships leading to isolation, anxiety, and depression.

- Loss of hearing of high frequency sounds
- Consonants (S, Z, T, K) are difficult to understand
- Build up of earwax

Caregiving Tips:

- Do not shout; lower the pitch of your voice.
- Speak clearly and distinctly.
- Face the person. Place yourself at the same height as the person's eyes.
- Remove things from your mouth: gum, food, cigarettes, and hands.
- Use facial expressions, gestures, touch, and objects to clarify what you need to say.
- Reduce background noise.
- Speak toward persons' good ear (if there is one).
- Encourage effective hearing device use.

Normal Changes to the Nervous System:

- Nerves respond more slowly to stimulation, especially when exposed to multiple stimulations.
- Nerve impulses travel more slowly to and from the brain.
- Sleep patterns change (less deep sleep, less dream sleep).
- Reduced sensitivity to pain or other discomforts (delayed response to being touched).
- Decreased production of antibodies.
- Decrease of all hormones (estrogen, thyroid, insulin).
- Decreased effectiveness of ankle jerk reflex.

Normal Changes to the Brain, Intelligence, Learning, and Memory:

- Speed of recall and perfect recall decrease slowly after the age of 22.
- It takes longer for the brain to search for and retrieve information.
- Intellectual capacity, judgment, comprehension, retention of learned material does not change with age.

Non-Communicable Diseases

Cancer

Cancer is a general term used to describe many types of malignant tumors or cells. Malignant cells are ones that grow and invade healthy tissue. Malignant cells can also spread throughout the body.

Cancer is often treated in one of three ways:

- Surgery: The tumor and/or abnormal cells are removed from the body.
- Chemotherapy: Medications are given that kill the cancer cells. These medications have many side effects and can harm the healthy cells as well.
- Radiation: A beam is aimed at the tumor. The radiation kills the tumor cells but also can harm healthy cells.
- Be sensitive to the consumer's physical and emotional state.

The American Cancer Society's 7 Warning Signs of Cancer

1. Change in bowel or bladder habits
2. A sore that does not heal
3. Unusual bleeding or discharge from a body opening
4. A thickening or lump in the breast or elsewhere
5. Persistent indigestion or difficulty swallowing
6. An obvious change in a wart or mole

Caregiving Tips: How the caregiver supports and assists the consumer with cancer will depend on how the cancer or the treatment is affecting the consumer's ability to function.

- Generally, good nutrition is very important, making sure that the consumer gets enough calories, fluids, and protein.
- Comfort measures to decrease pain are also important.

Cardiovascular Disease (Heart Disease)

This is any disease that affects the heart or blood vessels in the body. This is the leading cause of death in our country and many people may need care because of this condition.

Heart Attack (Myocardial Infarct or MI) occurs when there is a stoppage of blood to the heart muscle either by a clot or a clogging of an artery feeding the heart muscle. This causes heart tissue to die and gives the consumer chest pain (ANGINA). Depending on what part of the heart is affected, heart attack can cause the heart to stop beating.

Congestive Heart Failure (CHF) occurs when the heart muscle does not pump efficiently and fluid backs up in the lungs and/or lower legs. This can cause shortness of breath and/or swollen ankles and legs. A person with CHF needs to follow his medical regime and reduce the salt in their diet.

Caregiving Tips:

- Track consumer's weight and document.
- Support the consumer in choosing a lower salt diet, if the doctor has ordered it.
- Assist the consumer in conserving their energy as they do their daily activities.
- Be aware if the consumer has or uses nitroglycerin tablets (NTG) and/or aspirin.
- Encourage the consumer to keep all medical appointments.

Cerebral Vascular Accident (CVA) or Stroke

A CVA occurs when there is a stoppage of blood to brain tissue by a clot, clogging of an artery, or bleeding into the brain. Because a part of the brain is damaged, the body part or function controlled by that part of the brain is affected. Weakness, language problems, behavior problems, swallowing problems, or other things may be involved.

Caregiving Tips: How the caregiver assists and supports the consumer will depend upon what functions the stroke has affected.

With one-sided weakness

- Refer to "right" or "left," not "good" or "bad."
- Assist with ambulation and transfer by supporting the weaker side.
- Assist with dressing by dressing the weaker side first and undressing the stronger side first.
- Use adaptive equipment and clothing as appropriate.
- Allow plenty of time for any activity.
- Make sure that the home is free of tripping hazards.

With speech or language difficulty

- Keep your questions and directions simple and one at a time.
- Try to use "yes" or "no" questions.
- Use a picture board.
- Use more nonverbal language, gestures, facial expressions, pointing to objects.
- Give the consumer a pencil and paper if he/she is able to write.

With swallowing difficulty

- Use soft foods or thickened liquids, thin liquids like water is very hard to swallow without choking.
- Allow plenty of time for meals.

A stroke can be devastating to the consumer and cause frustration, anger and depression. Learning to do things again that they have always been able to do is a difficult and slow process. Be supportive and positive whenever the person makes progress.

Support the consumer in keeping their therapy appointments and doing their exercises.

Chronic Obstructive Pulmonary Disease (COPD)

This is a progressive and irreversible condition where the person has difficulty breathing due to a problem in the lungs or bronchi. Asthma, Chronic Bronchitis and Pulmonary Emphysema are examples of COPD. The most common cause is smoking.

Caregiving Tips:

- Avoid perfume
- Ask about cleaning product odors, like bleach
- Encourage nutrition and small frequent meals
- Allow plenty of time for activities
- Plan for frequent rest periods
- Understand that the consumer will have good days and bad days

Coronary Artery Disease (CAD)

CAD is hardening of the arteries (arteriosclerosis) or forming plaques in the blood vessels (atherosclerosis) that narrows the space for blood to go through. This is a condition that occurs over time and requires medical assessment and treatment.

Hypertension (High Blood Pressure) is called the "silent killer" because the signs are not readily visible. High blood pressure damages body systems over time and can cause very serious disease.

These are the signs and symptoms of a heart attack

It is an emergency and you should call 911

- Sudden, severe pain in the chest, maybe going down the left arm or up to the jaw. Often described as crushing, pressure, tightness
- Sweating
- Nausea
- Difficulty breathing
- Dizziness
- Agitation or anxiety
- Skin may be pale or grayish, cool and clammy
- Weak and irregular pulse

Caregiving Tips:

- Support the consumer in reducing their dietary salt intake per the doctor's orders, eliminating caffeine and nicotine, exercising moderately, reducing fatty foods, reducing stress, getting his/her blood pressure checked regularly and taking prescribed medications.
- Support the consumer in maintaining his/her ideal body weight.

Dementia and Alzheimer's

Dementia refers to a general loss of intellectual functions (i.e., memory, reasoning, concentration, attention, abstract ability, and reduced language function) plus personality changes (though not always disorientation). Whether related to Alzheimer's, Parkinson's disease, or another medical condition, dementia comes on gradually and has no known cure. The condition progresses through several stages:

- The person may experience loss of memory, insight and judgment, personality changes, mental confusion, language disturbances, and severe disorientation.
- The person may eventually become incontinent, wander, and have behavioral changes.
- The person will eventually become totally dependent on others.

The beginning of Alzheimer's disease is subtle. It can begin at any age, but there is a higher frequency of getting the disease as persons age into their 80's and 90's. Persons who get the disease at a younger age (in their 50's and 60's) experience a more rapid decline. Average time that someone lives with the disease is 7 to 8 years, although 3 to 15 years can be considered normal course.

Caregiving Tips:

- Install alarms on doors and windows.
- Be aware that some individuals with dementia have super physical strength. Their physical strength is apparent when they grab onto a railing or the caregivers arm.
- Speak in short and simple sentences.
- Caregivers need to give constant gentle reminders to those suffering with dementia to help them stay focused.
- Caregivers need to be patient when working with someone with dementia.

Diabetes

Diabetes is a chronic disease of the pancreas. In diabetes, the pancreas does not produce any or enough of a hormone called insulin. Without insulin, the body cannot properly use sugar to fuel the body's cells. As a result sugar (glucose) builds up in the bloodstream.

Diabetes is a very serious health problem and can cause damage to vital organs if it is not treated properly.

Type I or Insulin Dependent Diabetes means the person must use insulin every day and follow a special diet. This type of diabetes usually starts in childhood. The causes of Type I are largely unknown but may include heredity, stress, injury, or illness.

Type II or Non-Insulin Dependent Diabetes usually occurs in people over the age of 40 who are overweight and have poor eating habits. Other causes are heredity and stress. Type II is generally less severe than Type I. About 90 percent of people who have diabetes have Type II.

People with Type II diabetes often can manage their disease for a while with a modified diet, regular blood tests, exercise, and oral prescription medication. As the disease progresses, they may need to use insulin or a combination of oral and injectable treatments.

The goals of treatment for either type of diabetes are the same:

- Consistent blood sugar levels
- Good control of blood sugar in order to avoid long and short-range problems
- Weight control/overall awareness of nutritional intake
- Avoid complications of diabetes like eye disease or kidney disease
- Avoid saturated fats and cholesterol that can contribute to cardiovascular problems that are a frequent complication of diabetes

Caregiving Tips:

A consumer with diabetes can do many things to keep the disease under control and decrease the other complications that might occur. You as the caregiver can support the consumer by knowing and understanding some of these things.

- Meals should be eaten regularly, and in a moderate amount. Meals should not be skipped after taking insulin.
- A dietitian can often help designing an appropriate diet based on what a person likes and dislikes. A dietitian can also advise a consumer on how to modify his/her diet when they are sick.
- Pay very close attention to skin condition, especially the legs and feet. It is best to avoid clothing that restricts circulation, like socks with tight elastic or garters or poorly fitting shoes.
- Be aware that physical activity influences blood sugar. When doing new or unusual physical activity, have the consumer carry a form of fast-acting sugar.
- Medic Alert Diabetes bracelet or necklace could get help quicker for the consumer in an emergency where they were not able to speak for themselves.
- Low blood sugar can be a very dangerous emergency situation. The consumer should have a plan in place for what to do when his/her blood sugar gets too low.
- Monitor blood regularly.
- Help the consumer inspect his/her feet daily.

Dysphagia

Dysphagia is a condition where a consumer has difficulty chewing and swallowing foods. Dysphagia is usually the result of a stroke or another neurological condition like Lou Gehrig's disease, multiple sclerosis or Parkinson's disease. Sometimes consumers with developmental disabilities have trouble swallowing as well. A consumer with dysphagia needs their food prepared in a way that they do not choke or aspirate and are able to keep the food in their mouth. When feeding a consumer with dysphagia, remember these points:

Caregiving Tips:

- Have the consumer sitting as straight as possible. Take special care when feeding individuals who are not alert and responsive.
- Make sure the consumer's head is forward and his/her chin is down.
- Never feed a consumer who is lying down.
- Sit level with the consumer, eye to eye. This will keep the consumer from having to look up or down to receive their food, possibly causing them to lose the food from their mouth or to choke on a bite.
- Watch for pocketing of food (storing in the cheek). If this happens, remove the pocketed food and have consumer slow down.
- Feed the consumer slowly. Don't rush. Be certain to make eating a pleasant experience. Don't talk to others, speak to the consumer you are helping to eat.
    - You may need to prompt the swallowing process with statements like "chew thoroughly," "swallow twice," "hold your breath while you swallow," and "clear your throat."

Solid foods are most appropriate; these are foods that stick together in the mouth or form. Some examples are:

- Egg dishes like soufflés or quiches
- Casseroles
- Meat, egg or tuna salad
- Canned fruits
- Soft cheeses like cottage or cream cheese
- Moist soft meats (may need grinding or pureeing)
- Custards and puddings
- Cheesecake, pies, cakes (may need to soak with milk)
- Hot cereals
- Most vegetables in sauces or casseroles
- Gelatin

Solid foods that are problematic for some consumers include those, which fall apart such as:

- Dry bread; crackers
- Chips and nuts
- Thin, pureed applesauce
- Plain rice
- Thin, hot cereal
- Plain ground meats that break into chunks when chewed
- Cooked peas or corn

Other solid foods which can be a problem include very bulky or sticky foods difficult to swallow, for example:

- Fresh white bread
- Peanut butter
- Plain mashed potatoes
- Bananas
- Refried Beans
- Bran cereals
- Chunks of plain meats
- Raw vegetables and some fruits

Liquids are most difficult if they are thin, like water or apple juice. Some individuals need liquids thickened to be able to use them. Use a starch-based rather than a gum or fiber-based thickener so the consumer is able to break the thickener down during the digestive process. Some liquids are naturally a little thicker and may be ***easier to swallow:***

- Vegetable juice, frozen juices, pureed fruits
- Nectars, puddings
- Ensure Plus; Sustacal HC; Nutren 2.0, or other supplements
- Cream soups
- Milkshakes, eggnog, yogurt
- Some liquids are spoon-thick
- Ice cream or sherbet

Each consumer will need to be evaluated by an occupational therapist or a speech therapist to determine what they can and cannot handle. Commercial thickeners are very helpful because they can be added until the food holds its shape. ***Other thickeners include:***

- Instant mashed potato powder, infant rice cereal
- Cornstarch (must be cooked), non-fat dry milk powder
- Fruit and vegetable flakes

Epilepsy

Epilepsy is a disease characterized by seizures. A seizure is a sudden increase in the electrical activity in one portion of the brain. The seizure can occur in one area with specific and localized symptoms or it may spread to the entire brain, resulting in loss of consciousness and the body shaking. This sudden discharge of electrical activity can have several causes, ranging from epilepsy to head injury. There are many types of seizures. They can be mild or severe. Medication use is helpful.

Caregiving Tips

- Do not put anything in the consumer's mouth during a seizure.
- If possible, roll consumer on his/her side to minimize danger in the event of vomiting.
- Do not give anything to eat or drink.
- Support the consumer in consistent medical care, including taking their medications as prescribed.
- Keep a record of seizures--time, date, how long they last, and how the consumer is after the seizure.
- Dial 911 (unless the consumer's doctor has provided other instructions).

Mental Illness

Mental illness is a disease just like disorders that involve physical functioning and physical diseases. Mental illnesses have signs and symptoms, affect the body's ability to function, and are treatable. There are over 100 types of mental illness.

Mental illness may be caused by physical problems such as a chemical imbalance, a physical problem in the brain, or the cause may be unknown. Medications are often very helpful. Remember that the behaviors of a person with mental illness may be caused by the illness.

Be sure to look at specific behaviors, not the diagnosis. Some types of mental illness can be phobias, depression, paranoia, abnormal thinking (schizophrenia), or bipolar disease (formerly called manic-depressive disorder).

Basic classes of mental illness

1. Thought disorders
2. Personality disorders
3. Mood (affective) disorders

Thought disorders are characterized by a diminished ability to think clearly and logically. Often language is disconnected and nonsensical and it is difficult for the person to participate in conversations. Common signs include:

- Delusions--when the person may believe that he/she is being conspired against or that others hear his/her thoughts. Delusions may cause bizarre behavior.
- Hallucinations--when something is heard, seen, or felt only by that person. Voices may warn him/her of danger or tell him/her what to do. He/she may hear several voices carrying on a conversation.
- Withdrawal from interaction with others
- Flat affect – lack of emotional expression
- Apathy

Schizophrenia is a serious, usually chronic mental disorder that affects the person's ability to think and communicate clearly, make decisions, and understand reality. A person with schizophrenia may have several combinations of symptoms and have different symptoms at different times.

Although schizophrenia cannot be cured it can usually be controlled. Some people with schizophrenia will consume large amounts of caffeine and cigarettes (sometimes up to 7-8 packs a day). The IHSS Social Worker can help you work with the person if this is a problem. The risk of suicide is high for this group.

Personality Disorders exist when a person's usual patterns of thinking, behaving, perceiving, and feeling are inflexible and maladaptive.

Personality disorders are characterized by a rigid, inflexible behavior, and difficulty adapting that impairs a person's ability to get along with others and function in society.

Some types of personality disorders are: Obsessive-compulsive, anti-social, narcissistic, histrionic, avoidant, dependent, and borderline. Some disorders benefit from medications.

Mood Disorders are disturbances in mood. The two basic mood disorders are bipolar illness and depression.

Bipolar (manic-depressive) illness is characterized by alternating periods of greatly elated moods or excited states and depression. This condition requires long-term medication management.

Depression affects 19 million people annually. Depression affects a person's thoughts, mood, and body as well as their sleeping and eating habits. How people think and feel about themselves may also be affected. Depressive illness often interferes with a person's ability to function normally, which can cause the individual to suffer, but also has a great impact on the person's loved ones.

Depression is a "low mood." A depressed person may show a loss of interest in usual activities or have changes in appetite, and sleep patterns. The person may show feelings of despair, worthlessness, and suicidal thinking. The symptoms of depression may be very similar to those of dementia at times. Depression is considered chronic or clinical after three months of symptoms.

It is important to remember that an individual who suffers from a depressive disorder needs treatment. A person cannot be expected to snap their fingers, and the depression will instantly be gone.

Behavioral Changes:

- Crying, tearfulness, or inability to cry
- Social withdrawal
- Psychomotor retardation
- Agitation
- Suicide attempt

Cognitive (mental process of knowing, thinking, learning, and judging) changes:

- Negative self-concept/feeling inadequate
- Negative expectations for the future
- Self-blame
- Indecisiveness
- Helplessness
- Hopelessness
- Decline in attention/concentration
- Memory loss
- Constricted or "tunneled" thinking

Emotional Changes:

- Sadness
- Guilt
- Anxiety
- Anger

Physical Changes:

- Sleep disturbances
- Eating disturbance
- Constipation
- Weight loss or weight gain
- Low energy or chronic fatigue
- Pain, unexplained origin
- Vague physical complaints

Treatment:

Depression is one of the most treatable of mental disorders. Some people can be completely cured. The treatments used include medication and psychotherapy.

Recognizing Signs of Depression and Possible Suicide[1]

- ***Talking About Dying*** — any mention of dying, disappearing, jumping, shooting oneself, or other types of self-harm.
- ***Recent Loss*** — through death, divorce, separation, broken relationship, loss of job, money, status, self-confidence, self-esteem, loss of religious faith, loss of interest in friends, sex, hobbies, activities previously enjoyed.
- ***Change in Personality*** — sad, withdrawn, irritable, anxious, tired, indecisive, apathetic.
- ***Change in Behavior*** — can't concentrate on school, work, routine tasks.
- ***Change in Sleep Patterns*** — insomnia, often with early waking or oversleeping, nightmares.
- ***Change in Eating Habits*** — loss of appetite and weight, or overeating.
- ***Diminished Sexual Interest*** — impotence, menstrual abnormalities (often missed periods).
- ***Fear of losing control*** — going crazy, harming self or others.
- ***Low self esteem*** — feeling worthless, shame, overwhelming guilt, self-hatred, "everyone would be better off without me."
- ***No hope for the future*** — believing things will never get better; that nothing will ever change.

[1] Courtesy of San Francisco Suicide Prevention- www.sfsuicide.org

Older adults are more at risk of suicide than young adults. Among the older adult population, white males, 85 years and above have the highest rate of suicide.

An individual who has suicidal thoughts, or a family member who suspects a loved one is contemplating suicide, could contact the primary doctor, mental health professional, the emergency room, or the local suicide prevention hotline.

Caregiving Tips for helping consumers with mental illness:

- Be compassionate and empathetic.
- Caregivers should avoid taking behaviors or attitudes personally when working with someone suffering from a mental illness.
- Caregivers should acknowledge their consumer's frustration with empathy.

Suicide Prevention: Myth or Fact

People who talk about suicide don't do it — suicide happens without warning...
MYTH: Although suicide can be an impulsive act, it is often thought out and communicated to others, but people ignore the clues.

Talking about suicide may give someone the idea...
MYTH: Raising the question of suicide without shock or disapproval shows that you are taking the person seriously and responding to their pain.

Suicide rates are higher for people of low income…
MYTH: Suicide shows little prejudice to economic status. It is representative proportionally among all levels of society.

More men commit suicide than women…
FACT: Although women attempt suicide twice as often as men, men commit suicide twice as often as women.

Most suicidal people are undecided about living or dying, and they gamble with death, leaving it to others to save them...
FACT: Suicidal people are often undecided about living or dying right up to the last minute; many gamble that others will save them.

Once a person is suicidal, he/she is suicidal forever...
MYTH: People who want to kill themselves will not always feel suicidal or constantly be at a high risk for suicide. They feel that way until the crisis period passes.

Most suicides are caused by a single dramatic and traumatic event...
MYTH: Precipitating factors may trigger a suicidal decision; but more typically the deeply troubled person has suffered long periods of unhappiness, depression, lack of self respect, has lost the ability to cope with their life and has no hope for the future.

There is no genetic predisposition to suicide...
FACT: There is no genetic predisposition to suicide - it does not "run in the family."

Improvement following a serious personal crisis or serious depression means that the risk of suicide is over...

MYTH: The risk of suicide may be the greatest as the depression lifts. The suicidal person may have new energy to carry out their suicide plan.

It's unhelpful to talk about suicide to a person who is depressed...

MYTH: Depressed persons need emotional support and empathy; encouraging them to talk about their suicidal feelings can be therapeutic as a first step.

Communicable Diseases

What is a communicable disease?

A communicable disease is one that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or by having contact with a little bug called lice. For the most part, communicable diseases are spread through viruses and bacteria that live in blood and body fluids. For instance, hepatitis and Human Immunodeficiency Virus (HIV) are examples of infections that can be carried in blood and bodily fluids. On the other hand, tuberculosis is an airborne disease. A person with Tuberculosis (TB) can spread tiny germs that float in the air if they cough or sneeze without covering their nose or mouth. And, there are some communicable diseases like head lice that are caused by a live lice bug that is spread by using an infected comb or wearing a hat that is infested with lice. For more information about how to reduce potential exposure to communicable diseases, see Chapter 12 on Safety. Let's take a closer look at some communicable diseases.

Head lice

Facts about head lice

- Adult lice are 2 to 3 mm long (about the size of a sesame seed) and brownish to grayish white in color.
- Lice crawl; they do not jump or fly.
- Head lice do not live on pets.
- Most infestations occur in children 1-12 years old.
- Primary means of transmission occurs when sharing hats, combs, clothing, etc.
- Head lice require a blood meal every 4 to 5 hours and die in 1 or 2 days when off of a person.

How is head lice spread?

Head lice can infest people of all ages and economic standing. Head to head contact or simple exchange of hats, clothing, combs and other personal items can lead to the transmission of lice from one person to another. Head lice are contagious. If someone you know has head lice, do not panic.

- It is important to remember that no one is immune to head lice.
- Only infested household members should be treated and all on the same day.
- If you see lice walking around after treatment, do not panic. It is not unusual to see lice moving around the head after treatments. Lice control products may take a while to kill the adult lice.

Caregiving Tips:

1. **Inspect for lice and nits.**

   Using a magnifying glass and natural light, carefully examine hair, scalp, sideburns, eyebrows, beards and mustaches of all household members for lice and their eggs, called "nits. "Nits, which are yellowish-white in color and oval shaped, can be easier to locate than lice. Nits are glued to the side of the hair shaft and can be found throughout the hair, especially at the back of the neck, behind the ears, and at the top of the head. Do not confuse nits with dandruff or hair casts (material from the hair follicles). Unlike a nit, dandruff can be flicked or blown out of the hair and hair casts can slide easily along the hair shaft.

2. **Treat affected individuals**

- Wash hair with a cleansing shampoo, i.e., Prell or Johnson's Baby Shampoo, something without any type of conditioners.
- Towel dry hair thoroughly (use a fresh towel at each stage).
- Saturate hair with a lice/nit treatment product; for example, common over-the-counter products are NIX and RID. People with long, thick, or curly hair may have to use several bottles to saturate hair completely.

- Leave product on the hair only for the time stated in the directions.
- Rinse product out over sink, never in the shower. This limits exposure of pesticide to the head area.
- Do not apply any so-called nit (egg) removers, or vinegar after rinsing out the lice/nit treatment product.
- Comb out all nits with a metal fine-tooth nit comb.
- Separate the hair into 1-inch sections (as if you were setting pin curls), comb each section with metal nit comb, and pin back with a metal hair clip. This will help you keep track of what you have already combed.

3. **Clean the environment**

- Vacuuming is the most effective tool against lice in the home. Remember to vacuum:
  - Bed & mattress
  - Pillows
  - Base board around bed
  - Couches
  - Chairs
  - Stuffed animals (tightly close in plastic bag for 2 days)
  - Back packs
  - Car seats
  - Helmets/hats
- Launder washable clothing, bed linens, blankets, pillow cases.
- Soak all hair brushes and combs in hot water for 10 minutes.
- Insect sprays often sold with lice/nit products are not recommended. They are ineffective and expose household members to pesticides unnecessarily.

Hepatitis

Hepatitis is a liver disease that makes your liver swell up and stop working well. Hepatitis can be mild and last for a short time, or it can be very serious and cause liver failure and death.

What causes Hepatitis?

Hepatitis is caused by viruses, bacteria, alcohol or drug abuse, some medicines, or serious harm to the liver. Millions of people in the U. S. have hepatitis.

What are the different kinds of Hepatitis and how is it transmitted?

Hepatitis A:

- By eating food and drinking water infected with Hepatitis A. This can occur when food or drinks are contaminated with feces or blood of a person infected with Hepatitis A.

Hepatitis B:

- By having unprotected sex (sex without a condom) with someone who has Hepatitis B.
- By sharing needles with someone infected with Hepatitis B.
- Being stuck by an infected needle.
- A mother passing the virus to her child during the birthing process or breastfeeding.
- Contact with bodily fluids, blood, or open wounds of a person infected with Hepatitis B.

Hepatitis C:

- Getting blood that is infected with Hepatitis C.
- Sharing needles with someone infected with Hepatitis C.
- Accidentally stuck by a needle infected with Hepatitis C.
- Using tools for tattoos and body piercing that are infected with Hepatitis C.
- Having unprotected sex (sex without a condom) with someone infected with Hepatitis C.

- A mother passing the virus to her child during the birthing process.
- Contact with bodily fluids, blood, or open wounds of a person infected with Hepatitis C.

Hepatitis D: (Individuals must already have Hepatitis B)

- By sharing needles with someone infected with Hepatitis D.
- Being stuck by a needle infected with Hepatitis D.
- Having unprotected sex (sex without a condom) with a person infected with Hepatitis D.
- Contact with bodily fluids, blood, or open wounds of a person infected with Hepatitis D.

What are the signs of Hepatitis?

The most common early signs are:

- A mild fever
- Headache
- Muscle aches
- Tiredness
- Loss of appetite
- Nausea
- Vomiting

Some individuals with Hepatitis have no signs of the disease.

Later signs of Hepatitis are:

- Dark-colored urine and pale bowel movements
- Pain in the stomach
- Skin and whites of eyes turn yellow (jaundice)

Other serious signs of Hepatitis can include short-term, arthritis-like problems, and personality changes.

Did you know?

- Today, Hepatitis B, Hepatitis C, and HIV are blood infections that pose the greatest infectious disease risks to healthcare workers.
- Job-related Hepatitis infection occurs much more often than job-related HIV infection among healthcare workers.

Caregiving Tips:

Always use Universal Precautions when exposed to blood or bodily fluids.

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)

HIV and AIDS are viruses that affect the body's immune system. A person who is infected with HIV/AIDS is at increased risk of developing infections.

HIV

Human Immunodeficiency Virus is a virus that attacks the body's immune system.

After a person is exposed to HIV, the virus attaches itself to the body's infection fighting cells in the immune system. The virus turns the immune system cells into "virus factories," making more and more of the virus. Over time, the virus weakens a person's defenses against disease, leaving them vulnerable to many infections and cancers.

Being infected with HIV does not always mean you have AIDS. Being infected means the virus is in your body for the rest of your life. You can infect others if you engage in behaviors that can transmit HIV. You can infect others even if you feel fine, have no symptoms of illness, or don't even know you are infected.

AIDS

AIDS is a late stage of HIV infection. It is a group of symptoms and signs of the disease that are specific to this viral infection. Most AIDS defining conditions are opportunistic cancers or infections.

How is HIV spread?

Human Immunodeficiency Virus is transmitted when infected blood, semen, vaginal fluids, or breast milk enter the body through the mucous membranes of the anus, vagina, penis (urethra), or mouth, or through cuts, sores, or abrasions on the skin. The highest concentrations of the virus are in the blood, vaginal fluid, and semen. Anyone who is infected can transmit the virus, whether or not they have symptoms of AIDS.

Caregiving Tips:

Caregivers should always wear gloves to avoid contact with bodily fluids. This includes wearing gloves when putting linen or clothing soaked in bodily fluids in the hamper or washing machine. Be very cautious when handling a needle or syringe.

Meningitis

Meningitis is an inflammation of the membranes that surround the brain and spinal cord. Bacteria, viruses, or fungi may cause this condition. It sometimes develops as a complication of another infectious disease. Bacterial meningitis may occur following an ear infection, a sinus infection, or in connection with a skull fracture.

The symptoms might include:

- Headache
- Fever
- Rash
- Sore throat
- Stiffness of the neck

In all forms of bacterial meningitis, the most important consideration is early detection and the use of appropriate antibiotics. Not only the patient, but also all of those exposed to the patient should be treated with antibiotics in an attempt to get rid of the germs before they spread.

During the winter months, these germs may be present in the nose and throat of perfectly healthy persons without them being aware they are carrying the germ. These healthy carriers do not get sick, but they can spread the germ to others through saliva.

Caregiving Tips:

Avoid sharing drinking cups, water and soda bottles, lipstick, eating utensils, cigarettes, etc.

Tuberculosis (TB)

Tuberculosis is an airborne disease caused by Mycobacterium tuberculosis. Although the bacteria primarily affect the lungs, TB can attack any part of the body, including the brain and internal organs.

Symptoms of active TB may include:

- Fever
- Fatigue
- Weight loss
- Persistent cough

Coughing is usually associated with TB, but may not be present at the beginning. If your consumer has symptoms of chronic or productive cough, fatigue, and/or weight loss, it should be reported to the person's doctor or relative.

How is TB Spread?

Tuberculosis is spread person-to-person through the air. Bacteria is released into the air when an infected person who is not taking tuberculosis medication coughs or sneezes. These droplets of respiratory secretions are then inhaled into the lungs of another individual. Prolonged exposure is normally necessary for infection to occur.

A person with active TB may remain contagious until he/she has been on appropriate treatment for several weeks. A person with TB infection, who does not have symptoms of the disease, cannot spread the infection to others.

Tuberculosis can affect anyone. People infected with HIV/AIDS or other people with weakened immune systems, active alcoholics, and the elderly are at increased risk.

The best prevention of transmission to others is early detection. A person with active TB should also prevent the spread of droplets by covering his/her nose and mouth when coughing or sneezing and properly disposing of tissues contaminated by mucous materials.

Caregiving Tips:

- Remember to wear a mask when working with a consumer suffering from TB since it is spread through the air.
- Caregivers should remind their consumer to cover their mouth and nose when coughing or sneezing.
- Wash your hands frequently with hot water and soap.
- Have an annual Tuberculosis Screening Test

Safety

Universal Precautions

These are methods that every individual should use as a means of protecting oneself from getting ill. They should be followed by anyone providing a service, which may include contact with blood or body fluids. Body fluids include saliva, mucus, vaginal secretions, semen, or other internal body fluids such as urine or feces.

Basics of Universal Precautions:

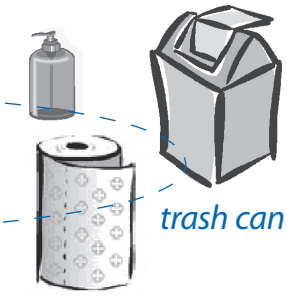
- Use protective barriers such as gloves or facemask depending on the type and amount of exposure expected.
- Be careful about always washing your hands before and after tasks. This includes washing your hands:

Before and after contact with consumer
Before and after preparing food
Before eating
Before putting on and after removing gloves
Before and after using the restroom
After removing protective clothing
After contact with body fluid or other contaminated items
After blowing nose, sneezing, coughing, etc
After cleaning
After smoking
After handling pets

- Avoid accidental cuts or needle sticks. Keep cuts covered.
- Use soap and water or bleach solution to clean and disinfect any surfaces contaminated with blood or body fluids.

Hand Washing

1. Make sure you have everything you need at the sink.



2. Turn on warm water.

Keep warm water running while washing your hands.

3. Rub palms together to make lather. Scrub between fingers and entire surface of hands and wrists.

Clean fingernails by rubbing the tips of your fingers against your palms.

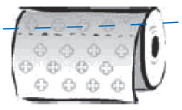
Scrub wrists.

Scrub hands for at least 10 to 15 seconds.

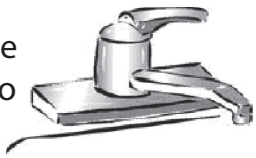
4. Rinse hands thoroughly.

Point fingers down so water does not run up your wrists.

5. Dry hands with clean towel



6. Use a clean paper towel to turn off the faucet. Use hand lotion if available to prevent chapping.



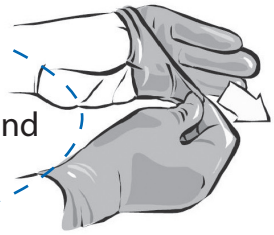
HANDWASHING IS THE SINGLE MOST IMPORTANT MEANS OF PREVENTING THE SPREAD OF INFECTION

Removing Gloves Safely

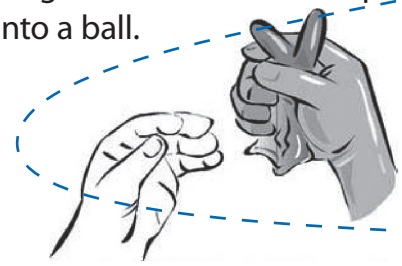
Assume that all used gloves are contaminated. When you or your provider removes them, make sure to follow these steps so that the outside of the gloves does not touch any bare skin.

1. With one gloved hand, grasp the other glove just below the cuff.

2. Pull the glove down over your hand so it is inside out.

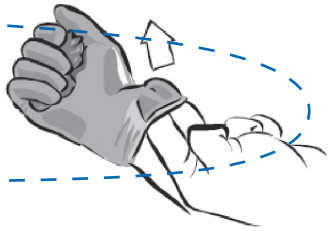


3. Keep holding the glove with your gloved hand and crumple it into a ball.



Danger: do NOT touch bare hand to dirty glove.

4. With two fingers of the bare hand, reach under the cuff of the second glove.



5. Pull the glove down inside out so it covers the first glove.

6. Both gloves are now inside out. You can throw them away safely.

7. Wash your hands.

Home Safety and Emergencies

One of your responsibilities as a caregiver is to discuss with the consumer the best way to make sure the consumer is safe. Providing for a consumers' safety means:

- Knowing about possible safety hazards in the home
- Finding ways to make things safer
- Knowing how to handle emergencies if they happen

Hazardous chemicals and cleaners, electrical cords, throw rugs and floor coverings, walkways and water pose some of the most common home safety hazards. By following these guidelines, you can make the consumer's home safer.

Hazardous chemicals and cleaners

- Label all containers.
- Know what steps need to be taken if the chemical is swallowed, splashed in the eyes, or comes in contact with the skin.

Electrical cords

- Do not use a cord if it is frayed or has exposed wires.
- Keep cords out of walkways. Do not place cords under rugs.
- Avoid overloading electrical outlets.

Throw rugs/floor coverings

- Secure all floor coverings to prevent tripping and falls.
- Repair loose threads or holes in carpets.

Walkways

- Keep walkways clear of clutter.
- Allow space for using walker, cane, or wheelchair.
- Keep walking paths well lit to prevent tripping.

Water

- Clean spills immediately to prevent slips or fall.
- Keep electrical appliances away from water.
- Use handrails and bathmat in tub/shower to prevent slips or falls.
- Set maximum water temperature on water heater to 120 degrees to prevent burns.

It is important for you and your provider to be prepared to deal with any emergencies that may happen

- Discuss with your consumer a plan for handling emergencies.
- Know the location of first aid kit / emergency supplies.
- Have a list of numbers to call in an emergency: family, physician, social worker.
- Have consumers' medical information available for emergency response personnel.
- Know what exit routes to take in case an emergency evacuation is needed.
- Post the full address near all telephones, so it is available if calling 911.
- Know if consumer has a living will, an advanced directive or a "Do Not Resuscitate" (DNR) order, and where it is located. This information is needed for any emergency personnel that may respond to a 911 call.

If you need to call 911:

- Briefly describe the problem.
- Give address and the nearest major street or intersection.
- Stay on the telephone and follow the directions of the emergency operator.

Preventing Falls

Wet, slippery surfaces make bathrooms high-risk areas for falls.

- Use mats in showers and tubs.

Two rails are better than one.

- Use hand rails in tubs and next to toilets.

Raised seat rests on normal toilet.

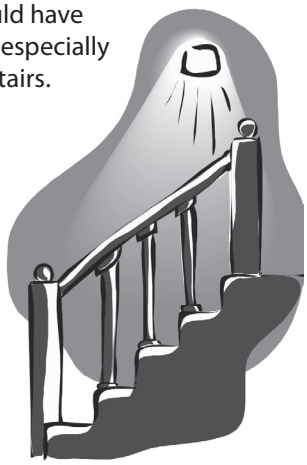
Hand Grips

- Safety toilet seats make standing and sitting easier. Hand grips help prevent falls. Special seats for the bath are also available.

Watch for fall hazards.

- Throw rugs are a serious trip hazard - even if they have a non-slip mat.

- All rooms should have good lighting, especially hallways and stairs.

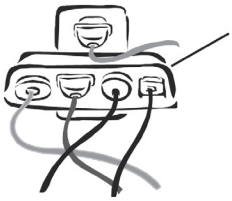


- Stairs should have a strong hand rail and be free of clutter.

Fire Prevention – Watch for Fire Hazards

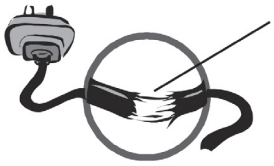
Using damaged electrical cords or plugging too many cords into an outlet can start a fire.

- Lamp, appliance and extension cords that are frayed, discolored, or cracked.
- Cords under rugs - stepping on them can break the cord and start a fire.
- More cords in the outlet than it is made to take.



danger

Outlet splitters can cause fires.



Sparks can cause fires.

This outlet is made for 2 cords.

Smoke Alarms

- Batteries need to be replaced twice a year.

If you or your provider smoke, encourage smoking safety rules.

- No smoking in bed or when sleepy.
- Smoking near oxygen is like smoking near a bomb.
- Empty ashtrays when ashes are cool. Hot ash can cause fires.
- Move ashtrays away from things that burn easily, including papers, drapes, bedding, and cloth furniture.

The graphics used in this chapter were adapted from the Revised Fundamentals of Caregiving, Washington State Department of Social and Health Services.