



PUBLIC AUTHORITY
IN-HOME SUPPORTIVE SERVICES
———— MARIN COUNTY ————



**RECIPIENT
HANDBOOK**

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VISION & MISSION

Vision

We envision a world where all IHSS Recipients remain independent and safe in their home and community for as long as possible with the assistance of caring, qualified, and valued Caregivers.

Mission

To support Marin IHSS Recipients to remain independent and safe in their own home and community for as long as possible by supplying carefully selected and trained in-home Care Providers.



Welcome Letter

Welcome to the IHSS Public Authority of Marin (PA)! We are delighted to have you join our PA Registry community. Our mission is to support you in living independently and safely in your own home.

As a recipient of In-Home Supportive Services (IHSS), you have access to a range of services designed to assist with daily activities such as bathing, cooking, and housekeeping. These services are provided by dedicated providers who are committed to ensuring your well-being and comfort.

To help you get started, here are some key resources and information:

Recipient Handbook: Enclosed with this letter, you will find a Recipient Handbook that outlines your rights and responsibilities, details about the IHSS program, and important contact information. Please take some time to review this handbook.

Caregiver Registry: You will be assigned to a PA Registry Specialist, who maintain a registry of screened and trained caregivers. If you need assistance finding a suitable caregiver, please contact us at (415) 499-1024 or email us at registry@pa-marin.org.

Communication: We encourage open communication and are here to support you. If you have any questions, concerns, or need assistance, please do not hesitate to reach out to our office. Our team is here to help you navigate the Registry program and make the most of the services available to you.

Once again, welcome to the PA! We look forward to working with you and supporting your independence and quality of life. Thank you for entrusting us with your care.

Warm regards,

Dario Santiago

Dario Santiago, LCSW
Executive Director



Recipient Responsibilities

The In-Home Supportive Services (IHSS) consumers bear several important responsibilities to ensure they receive the necessary support for independent living. One primary responsibility is the hiring and supervising of IHSS providers. Recipients must select, hire, train, and supervise providers according to their specific care needs. They need to ensure that these providers complete their tasks appropriately and satisfactorily.

Consumers **as employers** are committed to ensure equal treatment without discrimination or harassment based on race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, national origin, genetic information, or any other characteristic protected by law.

Consumers must maintain accurate records of provider work hours, approve, and submit timesheets on time, and notify IHSS Public Authority (PA) promptly if there are any changes in provider employment status. Effective provider management ensures that the care services are delivered smoothly and consistently.

Consumers are responsible for understanding the allocated number of IHSS authorized hours and managing their usage within this budget. They must ensure that provider payments are processed correctly and address any discrepancies promptly.

Consumers are responsible to ensure both themselves and their providers treat each other with respect, dignity, and compassion. Recognizing that conflicts can arise in any human relationship, recipients understand the importance of addressing issues promptly and effectively. (PA staff are available to assist with conflict intervention and resolution, helping to maintain a positive working environment. In many instances, interpersonal problems are simply breakdowns in communication, and with the support of PA staff, these issues can often be resolved through open dialogue and mutual understanding).

If you and your IHSS caregiver(s) are having issues, please reach out to PA Support Service Coordinator staff and give us an opportunity to help.

By fulfilling these responsibilities, IHSS recipients in Marin County can effectively manage their care and ensure they receive the necessary support to live independently in their homes. This proactive approach helps maintain a high standard of care and supports the overall well-being of both the recipients and their providers.



Recipient Responsibilities (continued)

1. Be courteous and respectful towards providers and Public Authority (PA) staff.
2. Return providers' telephone calls within 24 hours.
3. Show up on time for appointments with potential providers or PA staff unless there is a verifiable emergency (e.g., medical or family emergency, transportation problems, etc.).
4. Make sure the enrollment process is complete, including signing your provider's packet.
5. Approve timesheets in a timely manner once you have verified them for validity and accuracy. Do not approve more or less hours than your provider worked. If there are disagreements, please contact your assigned social worker.
6. Notify PA and pay the required share of cost, if applicable to your case.
7. Be available when the provider arrives for their scheduled work assignment.
8. Notify the provider at least 48 hours in advance if making changes to the provider's work schedule or if there is a change to your approved hours and authorized tasks.
9. Ask the provider to only perform authorized tasks. If you have a question regarding what an authorized task is as opposed to an unauthorized one, please contact your assigned social worker.
10. Maintain mutually agreed boundaries with the providers as the provider is your employee.
11. Keep all firearms and weapons in a locked cabinet while the provider is present.
12. It is not appropriate to borrow or steal from your provider.
13. Notify the PA staff if there are any issues or you are not satisfied with your provider.
14. Have a valid, work-related reason for terminating providers. Notify PA staff before you terminate your provider.
15. Providers are not required to provide transportation. If they do provide transportation, reimbursement for gas and other travel expenses must be discussed and agreed upon with the provider before the provider starts working.
16. Track your IHSS hours appropriately, especially if you have more than one provider. Consumers are responsible to pay out of pocket for provider hours worked beyond your authorized hours. *(We recommend utilizing State of California SOC 838 form to allocate a portion of your hours to each provider if you have more than one provider. This will help avoid providers working more than your authorized hours. Ask our staff if you need assistance).*



Sexual Harassment Policy

Introduction

The Public Authority of Marin (PA) is committed to ensuring a safe and respectful environment for all recipients and providers. Violations of the sexual harassment policy by IHSS recipients will not be tolerated. This document outlines the consequences and procedures for handling violations by IHSS recipients.

Reporting Violations

Any caregiver who believes they have been subjected to sexual harassment by an IHSS recipient should report the incident immediately to the PA or IHSS Social Worker. Reports can be made verbally or in writing and should include detailed information about the incident, including the date, time, location, and any witnesses.

Investigation Process

Upon receiving a report of sexual harassment, the Public Authority will promptly initiate an investigation. The investigation will be conducted impartially and confidentially, ensuring that all parties involved can present their accounts. The investigation may include interviews with the provider, the recipient, and any witnesses, as well as a review of any relevant documentation.

Consequences for Violations

If an IHSS recipient is found to have violated the sexual harassment policy, consequences will be imposed, depending on the severity and frequency of the violations. Review **Removal of Registry, Steps for Removal** and **State of California SOC 2327 form**.

Support for Caregivers

Providers who experience sexual harassment will be provided with support and resources, including counseling and assistance with filing a report. Providers will not face retaliation for reporting harassment or participating in an investigation.

Confidentiality

All reports and investigations of sexual harassment will be handled with the utmost confidentiality. Information will only be shared on a need-to-know basis to ensure a thorough investigation and appropriate resolution.

Contact Information

For questions, support, or to report an incident, providers can contact:

IHSS Public Authority Contact: Aurora Tovar
Phone: 415-499-1024 ext. 105
Email: Aurora@pa-marin.org



IN-HOME SUPPORTIVE SERVICES (IHSS) PROVIDER'S RIGHT TO FILE A SEXUAL HARASSMENT COMPLAINT

You have a right to be free from sexual harassment in the workplace. As your employer, it is the IHSS recipient's responsibility to keep the workplace free from sexual harassment.

WHAT IS SEXUAL HARASSMENT?

There are two types of Sexual Harassment:

“Quid pro quo” (Latin for “this for that”) sexual harassment is when someone makes you put up with or accept sexual advances or other sexual behaviors in order to gain or keep a job or gain any other work benefit.

“Hostile work environment” sexual harassment occurs when unwelcome comments or behavior based on sex interferes with your work or creates a very uncomfortable, unfriendly, or upsetting work environment. You may experience sexual harassment even if the rude and unwelcome conduct was not aimed directly at you.

Sexual harassment behaviors include but are not limited to:

- Unwanted sexual attention;
- Offering benefits in exchange for sexual favors;
- Threatening to do something to get even with a person after receiving a negative response to sexual attention;
- Staring that makes the person being looked at uncomfortable; sexual movements with the body; or displaying objects, pictures, cartoons, or posters that make a person think of sex;
- Insulting or rude comments about sex;
- Rude name calling, slurs, or jokes that are about sex;
- Sexual words, comments, messages or invitations that make a person feel uncomfortable;
- Unwanted physical touching or assault; or
- Stopping or blocking a person's movements

Harassment does not have to be of a sexual nature and can include rude and hurtful remarks about a person's sex or gender. For example, it is illegal to harass a woman by making rude comments about women in general.

Both the victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex/gender.

HOW CAN I AVOID SEXUAL HARASSMENT IN THE WORKPLACE?

Observe

- Be aware of sexual-harassment behaviors or incidents and do not do them;
- Be sensitive to individuals who may be upset by the verbal and non-verbal behavior of others;
- Be aware of forms of sexual harassment that are not easily noticed such as staring or unnecessary touching; and
- Watch for the way others in the home act/ behave and do not do anything that may have a negative effect on the way you communicate with others.

Examine

- Pay attention to the response of others in order to avoid accidentally doing something they would find upsetting;
- Do not automatically think that anyone would enjoy or want to hear sexual jokes or sexual comments about their appearance;
- Do not automatically think that anyone would enjoy or want to be touched, stared at, flirted with, asked on dates or asked for sexual favors;
- Ask yourself if what you are saying or doing might have a negative effect on other people's feelings;
- Examine your behaviors, body language, and comments. Ask yourself, "Could I unknowingly be encouraging sexual feelings or conversations by the way I communicate?"
- Do not take sexual harassment lightly. If you think you are being sexually harassed by an individual or a group, do not accept it as a joke. Do not encourage the harasser by smiling, laughing at his/her jokes, or flirting back. Let the harasser know that you do not enjoy and do not want this type of attention.

WHAT DO I DO IF I AM BEING SEXUALLY HARASSED?

Confront

- Write down what happened whenever you have been sexually harassed. Write down as much detail as you can. Know the exact date it happened, as well as the time, location, and person/persons involved.
- If possible, tell the harasser that they are bothering you right away. Using your detailed notes, tell him/her that you find that type of attention upsetting.
- If possible, tell the harasser that their behavior upsets you and makes you uncomfortable;
- If possible, tell the harasser what behaviors (gestures, physical or verbal) you find upsetting;
- Consider writing a letter to the harasser and keep a copy for yourself.
- If you feel that the sexual harassment behavior places your safety at risk, leave the workplace and call 911 or local law enforcement immediately.

Resolve

- If you cannot resolve your problem with your employer/recipient, you may inform the county that you no longer wish to be a provider for that recipient.
- You may also seek out new employment by registering with the IHSS Public Authority registry in your county. The provider registry may be able to connect you with new recipients who need a provider.
- You may also make a complaint to the Department of Fair Employment and Housing (DFEH) by calling in your complaint to DFEH's Communication Center at 800-884-1684 (voice) or 800-700-2320 (TTY) or turn in a complaint intake form online at: www.dfeh.ca.gov/complaint-process/file-a-complaint/.
- For more information on sexual harassment prevention please visit the DFEH website at: www.dfeh.ca.gov/resources/frequently-asked-questions/employment-faqs/sexual-harassment-faqs/.



Removal of Registry

The PA Registry maintains the right to provide a safe and supportive environment to the providers and recipients by removing them from the Registry, as it deems necessary. The PA will review all aspects prior to taking any action to remove a consumer or provider from the Registry. The PA may suspend temporarily or permanently remove a Consumer after one valid, properly documented violation. The length of suspension will depend on the frequency or severity of the violation(s) towards a Provider, IHSS or PA staff.

In the spirit of cooperation with the County's Aging and Adult Services Division, the IHSS Public Authority will seek the feedback from the IHSS staff (including the consumer's IHSS Social Worker, IHSS Supervisor, and Program Manager) when a consumer is at risk of being removed from using the PA Registry.

Violations include but are not limited to:

- Repeated verbal abuse (e.g., yelling, use of extreme profanity, demeaning or offensive language).
- Sexually inappropriate behavior or remarks.
- Discriminatory comments or actions about a person's race, ethnicity, national origin, gender, gender identification, sexual orientation, age, physical appearance, religion.
- Theft, forgery, dishonesty or fraud.
- Physically, verbally or in writing abusing, assaulting or knowingly endangering a Provider or a Registry staff member.
- Not allowing the Provider to use Universal Safety Precautions when providing care and services.
- Display or use of a dangerous weapon.
- Possession, use or offering of illegal substances.
- Failure to abide by IHSS Rules and Regulations (e.g., failure or refusal to: request the hiring paperwork, pay Provider for hours worked, pay Share of Cost, or using IHSS hours for unauthorized tasks, etc.).
- Excessive request of lists of Registry Providers in a very short time, and/or without contacting all the Providers in the lists provided.
- Inappropriate contact with the Provider's family members or personal contacts.
- Unauthorized disclosure of Provider's confidential information.

A Consumer who is removed from the Registry will receive a letter to this effect and will be informed of his/her right to appeal the decision within 30 days of the date of the removal notice. Appeals can be in the form of a letter addressed to the IHSS Public Authority Executive Director. If appeals are received after the 30-day period they will not be processed.



Steps for Removal

The IHSS Public Authority strives to offer a fair and transparent process and provides the following steps:

1. For minor violations, PA will send a "warning letter" to a consumer that has violated Registry Rules, informing him/her of the potential consequence of being removed from using the PA Registry.
2. If after a "warning letter" has been sent the consumer commits another violation, the consumer may be removed from using the Registry for a period of at least 6-months (or more, depending on the violation).
3. If a consumer previously received a 6-month suspension within the last year commits another violation, the consumer may be removed again from using the Registry for a period of at least one year (or more, depending on the violation).
4. If a consumer received a 1-year suspension from using the Registry commits another violation of the Consumer Registry Rules, the consumer may be banned from the Registry indefinitely. If a violation is severe, a consumer may be removed indefinitely after their first offense.

Appeal Process: Consumers that have been banned from using the Registry have the right to appeal in the form of a letter addressed to the IHSS Public Authority Executive Director within the 30 days after the ban notice.

Consumers that have been banned indefinitely are able to appeal after a 12-month period has passed and every subsequent year thereafter. Decisions made by the Executive Director are final.

Note: Removal from the PA Registry does not prevent the consumer from receiving IHSS services or authorized hours. IHSS consumers may hire any eligible provider according to state regulations.

All Public Authority staff members and Providers are mandated reporters and are required to report suspected abuse or violations of the law to local law enforcement and Adult Protective Services. Additionally, the Public Authority will report any potential violation(s) to the IHSS Rules and Regulations to the IHSS Fraud Investigator.



Resources

Public Authority Staff Phone: 415-499-1024

NAME	TITLE	EMAIL	EXT
Candelaria Fariña	Office Administrator	candelaria@pa-marin.org	100
Dario Santiago	Executive Director	dario@pa-marin.org	101
Julia Hansen	Finance Manager	julia@pa-marin.org	102
Marta Villela	Senior Registry Specialist (For Providers & Recipients with last name L-Z)	martav@pa-marin.org	103
Adriana Acosta	Registry Specialist (For Providers & Recipients with last name A-K)	adriana@pa-marin.org	104
Aurora Tovar	Support Services Coordinator	aurora@pa-marin.org	105

Other Important Contacts

NAME	EMAIL	PHONE
Emergency		911
Suicide and Crisis Lifeline		988 (call or text)
Adult Protective Services		415-473-2774
IHSS Reception		415-473-7118
IHSS Intake Line		415-473-4636
IHSS Payroll	hhsihss@marincounty.gov	415-473-7487
IHSS Social Worker (IHSS Reception)		415-473-7118



Acknowledgment of Recipient Responsibilities

1. Be courteous and respectful towards providers and Public Authority (PA) staff.
2. Return providers' telephone calls within 24 hours.
3. Show up on time for appointments with potential providers or PA staff unless there is a verifiable emergency (e.g., medical or family emergency, transportation problems, etc.).
4. Make sure the enrollment process is complete, including signing your provider's packet.
5. Approve timesheets in a timely manner once you have verified them for validity and accuracy. Do not approve more or less hours than your provider worked. If there are disagreements, please contact your assigned social worker.
6. Notify PA and pay the required share of cost if applicable to your case.
7. Be available when the provider arrives for their scheduled work assignment.
8. Notify the provider at least 48 hours in advance if making changes to the provider's work schedule or if there is a change to your approved hours and authorized tasks.
9. Ask the provider to only perform authorized tasks. If you have a question regarding what an authorized task is as opposed to an unauthorized one, please contact your assigned social worker.
10. Maintain mutually agreed boundaries with the providers as the provider is your employee.
11. Keep all firearms and weapons in a locked cabinet while the provider is present.
12. It is not appropriate to borrow or steal from your provider.
13. Notify the PA staff if there are any issues or you are not satisfied with your provider.
14. Have a valid, work-related reason for terminating providers. Notify PA staff before you terminate your provider.
15. Providers are not required to provide transportation. If they do provide transportation, reimbursement for gas and other travel expenses must be discussed and agreed upon with the provider before the provider starts working.
16. Track your IHSS hours appropriately, especially if you have more than one provider. (Consumers are responsible to pay out of pocket for hours worked beyond your authorized hours).

I have read and understand the list of recipient responsibilities and I will comply to the best of my abilities.

Recipient Name

Recipient Signature (or Authorized Rep)

Date