

IHSS FAIR-LABOR STANDARDS ACT (FLSA) QUICK SUMMARY

Effective 02/01/2016, IHSS Providers can be paid for Overtime, Travel Time, and/or Wait Time

Orange County's FLSA Toll-Free Phone Number: 1-844-825-3002

under certain circumstances only.



OVERTIME (OT)

- Any hours > 40 hours per week, including Travel Time hours;
- CMIPSII accumulates ALL weekly hours (Sunday – Saturday), regardless if workweek crosses from one pay period or from one month to another and will pay at the OT rate for any hours worked over the 40 hours/week



- Only for Providers working for multiple Recipients and travel directly from one Recipient to another Recipient's home on same workday by car, bus, or any form of transportation;
- Limited to 7 hours per week;
- Must submit SOC2255 Form and Travel Claim Form;
- Payment for Travel time is separate from regular payment.

HOW TO AVOID A FLSA VIOLATION?

- DON'T work more hours in a wee causing the State to pay you OT when you usually do not receiv hours or more OT hours in a m
- violation than you usually get without approval; or
 - If you work for more than 1 Recipient, DON'T work more than the combined 66 hours per week (unless you meet the Exemption criteria); or
 - DON'T claim more than 7 hours per week of Travel Time.

MAXIMUM WORKWEEK HOURS: PROVIDER working for ONE (1) RECIPIENT: PROVIDER working for MORE THAN ONE (1) RECIPIENT:	http://ssa.ocgov.com/elder/ihss/flsa = Recipient's Monthly Hours ÷ 4 and can work up to 70:45 hours/week IF Recipient has 283 hours per month. = Total combined hours MUST be 66 hours or less per week (unless Provider is approved for an	What happens when Recipient needs Provider to work more hours in a week? When is a "Flexible Hour" request required? Ask RECIPIENT to CALL us for a Flexible Hour adjustment request:
 Exemption #1: PARENT PROVIDER or GRANDPARENT PROVIDER working for > 1 RECIPIENT: Provider MUST meet ALL 3 conditions BY 1/31/2016: 1. Work for > 1 recipients; & 2. Live with ALL Recipients with whom Provider works for; & 3. Be related to Recipients as his/her parent, stepparent, adoptive parent, legal guardian, conservator, or grandparent. 	 Exemption as explained below). = PROVIDER MUST BE WORKING FOR MORE THAN ONE RECIPIENT. IF approved, Provider may work UP TO 90 hours per week (or equivalent to 360 hours per month) ✓ Please call our FLSA Call Center fo more information on Exemption 2 or to request a FLSA Exemption. 	 to be paid for a week or more Overtime hours for a month when you (the Provider) are usually not compensated for those Overtime hours. Call PRIOR TO submitting your IHSS Timesheets.
Exemption #2: EXTRAORDINARY CIRCUMSTANCE EXEMPTION: call us PROVIDER working with IHSS & WPCS (IHO) Programs:	=Workweek hours' limitations are same as the above. To request WPCS	s
ive OT month 2 nd	Exemption, call (916) 552-9214. lation Notices will be mailed to cipient(s) and Provider	FLSA FORMS o SOC846: required for ALL Providers o SOC2255: only for Providers working for multiple Recipients (or to enroll for Travel Time if applicable) o SOC2256: only for Recipients with multiple Providers
proval; VIOLATION Opt FLS cale	tion to review, sign, & return the A Self-Certification within 14- endar days to remove 2 nd violation ree (3) Months Suspension	 SOC2271: Notification of maximum Monthly & Weekly Hours (mailed each time case hours or IHSS services change) SOC2279: only for Providers who meet Exemption #1 by 1/31/16 TEMP3000: required for ALL Recipients, unless has new SOC426A
	e(1) Year Termination as a Provider reinstate after 1 year, must re-enroll)	Keep track & work within your authorized Workweek and Monthly Hours to avoid getting a FLSA Violation.

(FLSA Quick Summary: KDN 10/2018)