

INFORMATION/CHECKLIST FOR INDIVIDUAL PROVIDERS (IPs):



IP NAME: _____

DATE: _____

- _____ Individual Providers (IP) are considered **independent contractors**. The client you work for is your employer.
- _____ All Individual Providers who have been hired by a DSHS client **contribute dues to a union** called Service Employees International Union 775NW (SEIU775) phone: 866-371-3200.
- _____ Unless otherwise specified in the clients Assessment Details and Service Summary, **work is to take place at the client's home** (exceptions are Shopping and Transportation).
- _____ You must call the case manager or social worker if: **your client's condition changes**; s/he is hospitalized or is out of the home for other reasons; has an address or phone number change; you want to stop working for your client or intend to take a vacation.
- _____ Most long-term care workers, hired after January 7nd, 2012, are required to submit to a DSHS fingerprint-based background check. Your HCRR Coordinator will assist you through this process and with generating your **OCA number**; this number is required at your fingerprint appointment and must be written on your Home Care Aide Certification application.
- _____ **DSHS Certification requirement** – Beginning January 7, 2012, most long-term care workers must also take 75 hours of training within 120 days of hire and become certified home care aides within 150 days of hire. In order to become certified you must complete the DSHS required training as explained below, submit an application and fee to the Department of Health (DOH), and take the Home Care Aide Certification exam. Contact the DOH for applications, and current certification fee's so you can submit the correct amount with your application at: <http://www.doh.wa.gov/hsga/HCAides/fees.htm> or 360-236-4700. Please contact Prometric for exam application and current exam fee's at: <http://www.prometric.com/WADOH/Default.htm> or 1-800-324-4689.
- _____ **DSHS Training requirement** – In order to provide care to a consumer living in his or her home you must complete required training, this includes: 5 hours of Safety and Orientation training which must be completed prior to starting work. Basic training, 70 hours for standard IP's/30 hours for parent/child providers (non DDD) and limited service providers, must be completed within 120 days of employment. You are responsible for signing up for training. Call the Training Partnership toll free at **1-866-371-3200**. DSHS pays for the classes. Unless you are a parent provider, you must complete 12 hours of Continuing Education by your birth date each calendar year after the year you complete Basic Training.
- _____ An individual provider is the paid provider and is to satisfactorily perform duties and services as specified in the client's **Assessment Details and Service Summary**. These documents serve as your job description. Failure to comply may result in termination of your contract and/or your employment.

_____ **You cannot be paid for any work done before you sign a contract**, a background check is completed and you have authorization from client's AAA Case Manager or Social Worker from DSHS Home & Community Services, Developmental Disabilities or Children's Administration.

_____ The Client's Case Manager or your HCRR Coordinator will provide a **DSHS Employment Reference Guide** to you during orientation, which includes; information regarding benefits, *Frequently Asked Questions*, *When to Call Your Employer's (client) Case Manager*, *If You Decide to Leave Your Job* and samples of invoices and timesheets.

_____ Your new prospective employer will have a Case Manager or Social Worker that works at an Area Agency on Aging, Home and Community Services or Division of Developmental Disabilities office. You will need to contact the Case Manager or Social Worker **before** you start work so that you can **review** the employer Service Summary and **be authorized** for work.

_____ You **will need to** notify the Home Care Referral Registry office with your start date prior to working with all new Clients. Local office numbers are available at: www.hcrr.wa.gov or dial 800-970-5456 to contact your local HCRR Coordinator and advise of your employment activity.

Points to Remember About Getting Paid

_____ **Invoice** -- your invoice is mailed once a month. It will be mailed from Olympia around the last week of the month and is not considered late until the 3rd working day of the following month. Your invoice will have a service unit - hourly, daily or monthly. You can validate your invoice by 1) writing in your time and signing the form; or 2) use Invoice Express. Do not use both. DO NOT mail or phone in your invoice information until the last working day of the month.

_____ **Payment** - your warrant is not late until 10 working days after the end of the month and after you've mailed it to Olympia or called in your time using Invoice Express.

_____ As an IP, you may pay your own **Income taxes**. IRS information 1-800-829-1040/ forms 1-800-829-3676. You can request withholding of Federal Tax, by submitting a W-4 to: DSHS, Provider File Unit-Section Two, P.O. Box 45346, Olympia, WA 98504-5346.

_____ In most situations, **Social Security and Medicare taxes** will be deducted along with union dues. Keep all documentation that arrives with your check. This paperwork contains important information regarding your deductions.

_____ **If your address or telephone changes**, immediately contact your client's Case Manager or Social Worker. **WARRANTS CANNOT BE FORWARDED -- YOUR PAY WILL BE DELAYED.**

_____ **Warrant System Remittance Advice** paperwork that comes with your warrant is the equivalent of a pay stub. You are advised to keep it as it provides a personal record of DSHS payments. You cannot get evidence of income from the Case Manager or Social Worker.

_____ **Time Sheet** - fill out completely. You and your client must sign. Keep a copy for your records, the case manager may want to review.

_____ If your client pays **participation** (indicated by DSHS) for personal care services, s/he is responsible for paying participation to you directly. This amount is subtracted from your payment from Olympia.