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July 22, 2015

ALL COUNTY LETTER NO. 15-60

TO: ALL COUNTY WELFARE DIRECTORS
ALL IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
MANAGERS

SUBJECT: **IMPLEMENTATION OF BLIND AND VISUALLY IMPAIRED (BVI)
RECIPIENT REASONABLE ACCOMMODATIONS AND TRACKING
IN CASE MANAGEMENT, INFORMATION, AND PAYROLLING
SYSTEM (CMIPS II) AND TELEPHONE TIMESHEET SYSTEM (TTS)**

REFERENCE: [ACIN NO. 1-25-15](#), DATED APRIL 29, 2015

The purpose of this ACL is to inform counties of additional resources that will be available to them, as part of their ongoing responsibility to ensure effective communication with Blind and Visually Impaired (BVI) In-Home Supportive Services (IHSS) applicants and recipients by providing alternative formats for written program documents and materials. These alternative formats will include making required recipient forms, notices of action (NOAs) and timesheets available in large 18-point font size, Braille, and compact disc (CD) audio and data files to allow BVI applicants and recipients the ability to read/listen and/or complete these documents. In addition, this ACL provides the counties with information and instructions for the implementation of system changes in the Case Management, Information, and Payrolling System (CMIPS II) related to BVI recipient assessment documentation and explains the Telephone Timesheet System (TTS) which was developed by California Department of Social Services (CDSS) to allow recipients provided this accommodation to complete and submit their providers' IHSS timesheets electronically over the telephone.

BACKGROUND

In order to allow BVI applicants and recipients to access and complete IHSS documents without the need for outside assistance, as required by the Americans with Disabilities Act (ADA), CDSS worked collaboratively with advocates and the Department of Health Care Services (DHCS) to develop and implement alternative

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

formats to ensure effective communication of written IHSS program documents for BVI applicants and recipients. As a result, CDSS has developed new alternative means of allowing those forms and NOAs to be accessed, read, and completed by BVI IHSS applicants and recipients, including large-font documents, documents printed in Braille, and documents available via CD audio and data files. Additionally, because IHSS recipients are responsible for reviewing and approving their providers' timesheets prior to submission of the timesheet for payment of authorized services provided to the recipient, CDSS developed the TTS which allows recipients to be provided this alternative format to review and approve their providers' timesheets electronically over the telephone. CMIPS II is being modified to implement these accommodations. These alternative formats must be offered by the counties to all BVI IHSS applicants or recipients or to BVI authorized representatives when necessary to ensure effective communication so that these individuals are able to obtain full and complete access to all IHSS resources and program services.

BVI Accommodations Implementation Schedule

- April 2015: CDSS selected the counties of Alameda, Sacramento, and Santa Clara to participate in a pilot testing program of the TTS system. Blind IHSS recipient volunteers in each of those counties were selected to participate in the pilot testing.
- April to July 2015: CDSS conducted a thorough review of all IHSS forms and NOAs to determine which of those documents should be converted to large (18-point) font size and Braille to accommodate BVI applicants and recipients in the IHSS program. Once the documents were identified, CDSS began the conversion process.
- May 2015: The TTS testing was initiated in the three pilot counties and included the use of new screens in CMIPS II as well as modifications to data download and the Recipient Summary Characteristics Listing report.
- August 2015: The TTS system will be expanded statewide to all counties to allow blind recipients full and complete access to the system. Additional resources for accommodation of BVI applicants and recipients will be made available at this time, including forms (including the SOC 295L "Application for Social Services") and NOAs available in large (18-point) font, and CD audio and data (text) formats and large (18-point) font timesheets.
- September 2015: The SOC 293 "Needs Assessment" form will be revised to allow county IHSS workers to document a BVI recipient's need for alternate format documents (large font, Braille, or CD) and will be made available for county use.

REASONABLE ACCOMODATIONS

In the process of reviewing IHSS forms and NOAs to make them accessible to BVI applicants and recipients, CDSS identified various types of alternative formats to allow BVI applicants and recipients to read, complete, and submit these documents in a manner that allows them to do so independently so they have access to all IHSS resources and program services.

BVI applicants and recipients will have the choice of three alternative methods of receiving forms and NOAs for review and completion:

- Large Font Documents: These documents will be provided in 18-point font to be more easily read by visually impaired individuals.
- Braille: These documents will be provided in the raised-dot Braille alphabet to allow blind individuals to read the documents.
- CD Audio or Data (Text) Files: These documents will be available as an audio file that will allow the blind applicant or recipient to hear the information as it is read or as a data (text) file that can be read to the blind applicant or recipient by specially adapted computer software.

The alternative format documents are to assist BVI applicants and recipients in reading and completing the forms and documentation necessary to participate in the IHSS program. If an IHSS applicant or recipient is visually impaired but still capable of reading large font documents, he/she should be offered the large font documents. In circumstances in which the vision of the applicant/recipient is so impaired that the large font documents are not sufficient to permit him/her the ability to read the document, he/she may be offered the CD audio/data (text) document format as an alternative.

Blind recipients will be provided the option of the use of the TTS. The TTS system enables a recipient who is blind and unable to read and complete the large font timesheet, to prepare, review, approve and submit his/her IHSS provider's timesheet to the State via the telephone. A recipient who is visually impaired may be offered the option of the use of the TTS, if the visually impaired recipient is unable to prepare, review, approve and submit his/her IHSS provider's timesheet to the State via the large font timesheet.

County IHSS workers should provide all possible guidance to blind or visually impaired applicants or recipients to assist them in determining the best and most suitable method of receiving forms and NOAs and submitting provider timesheets. County IHSS workers shall not require an applicant/recipient to provide additional medical documentation, such as physician's certification, to verify his/her diagnosis of blindness or visual impairment. County IHSS workers may use information obtained from the applicant/recipient during assessment and/or reassessment, such as the applicant's/recipient's verbal statement that he/she is blind or visually impaired, the healthcare certification, SSI determination of blindness, or provided through the Medi-Cal eligibility process, such as the Medi-Cal aid code, to evaluate the individual's

need for reasonable accommodation due to blindness or visual impairment. The county IHSS worker can confer with the applicant/recipient during the assessment or reassessment to understand the individual's visual limitations that would require the need for reasonable accommodations. Further, training modules will be developed for and available to county social workers through the IHSS Training Academy that will provide additional guidance to county social workers in assessing and providing reasonable accommodations to applicants/recipients who are BVI.

FORMS UPDATES

Beginning August 1, 2015 (or as specified below), counties will have access to and be required to use the following forms which have been updated to ensure that BVI IHSS applicants and recipients have access to IHSS program related information as required by the ADA.

- NOA documents in large (18-point) font, Braille, and CD data (text) format in English, Spanish, Chinese, and Armenian languages, and CD audio format in English and Spanish languages.
 - NA 1250L—Notice of Action In-Home Supportive Services (IHSS) Approval
 - NA 1251L—Notice of Action In-Home Supportive Services (IHSS) Approval Continuation
 - NA 1252L—Notice of Action In-Home Supportive Services (IHSS) Denial
 - NA 1253L—Notice of Action In-Home Supportive Services (IHSS) Change
 - NA 1254L—Notice of Action In-Home Supportive Services (IHSS) Change Continuation
 - NA 1255L—Notice of Action In-Home Supportive Services (IHSS) Termination
 - NA 1256L—Notice of Action In-Home Supportive Services (IHSS) Share of Cost
 - NA 1257L—Notice of Action In-Home Supportive Services (IHSS) Multi
 - NA Description of Services L
 - NA IHSS Back L—Your State Hearing Rights.
- Application for Social Services (SOC 295) and Needs Assessment (SOC 293) forms have been modified to include new sections to identify blind/visual limitations and to document the reasonable accommodation preferences requested by a BVI IHSS applicant or recipient; and
- IHSS Arrears timesheet (SOC 2261L) in 18-point font.

Notice of Action (NOA) in 18-point font

There are no content or process changes for 18-point font NOAs. These NOAs will be completed, printed, and mailed by the counties when needed for VI recipients. The current county printers can accommodate and print the 18-point font format continuing to use legal size paper.

Notice of Action (NOA) in Braille

By October 2015, the Braille NOAs will be produced and mailed by the CMIPS II vendor (Hewlett Packard) directly to BVI recipients. Counties will not be required to purchase or supply Braille printers.

Application for Social Services (SOC 295L)

CDSS revised the Application for Social Services (SOC 295L) (**Attachment A**), which includes a new section titled "Section 7- Communication Accommodations." This new section allows an IHSS applicant or recipient to be identified as either blind or visually impaired. The form sets forth the alternative format options which can be selected by an applicant and documented on the form to ensure proper access to and the provision of alternative formats for each type of IHSS documentation.

Needs Assessment Form (SOC 293)

CDSS revised the IHSS Needs Assessment Form (SOC 293) (**Attachment B**), to record the alternative format preferences requested for each type of IHSS documentation (NOAs, IHSS required forms, timesheets) by the BVI applicant/recipient. Once it is determined that the applicant or recipient requires reasonable accommodation for effective communication of written documents, the county IHSS worker will ask the applicant or recipient for his/her alternative format preference for each type of IHSS documentation. The county IHSS worker will explain the alternate format options and any equipment needed to utilize the options (such as CD players or specialized computer software, however the county will not be required to provide CD players or specialized computer software). The county IHSS worker will then indicate on the revised SOC 293 form the IHSS applicant's or recipient's choices.

IHSS Arrears Timesheet (SOC 2261L)

Beginning August 1, 2015, the current IHSS Arrears Timesheet (**Attachment C**) will be available in 18-point font for county use. The 18-point font IHSS Arrears timesheet will be processed at the Timesheet Processing Facility (TPF) in the same manner as the standard, non-18-point font IHSS Arrears Timesheet. Printing and reprinting of the 18-point font timesheet will be completed at the Vendor (Hewlett Packard) Print Center through batch processing. Timesheet instructions will be printed on a separate page to accompany the timesheet.

Other IHSS Forms

In the near future, the standard font size for all IHSS forms will be 14-point. To ensure BVI IHSS applicants and recipients are able to independently access all IHSS resources and program services, CDSS will be revising IHSS forms into the four alternative formats: large (18-point) font, Braille, CD audio, and CD data (text). As new forms and notices are developed for IHSS applicants and recipients, CDSS will make those documents available in these alternative formats.

COUNTY RESPONSIBILITIES

Counties have a continuing obligation to ensure effective communication with BVI applicants and recipients by providing alternative formats for written program documents and materials to ensure access to the IHSS program. As part of that obligation, counties shall ensure that BVI applicants and recipients are informed of and offered the alternative formats described in this ACL. This continuing obligation requires the county to provide alternative format options of IHSS program materials to a BVI individual who inquires or requests information about the IHSS program. As noted above, CDSS is in the process of converting all of the IHSS applicant/recipient forms into the four alternative formats. In the interim, before all of the forms are converted and available to BVI applicants/recipients, counties should engage in an interactive communication with the applicant/recipient to offer assistance to ensure effective communication. This interactive communication may include reading and completing the necessary forms and, as required under Welfare and Institutions Code section 12304.6, directing and assisting applicants and recipients to obtain community resources that can assist them in reading, comprehending, and completing the required IHSS documentation.

STATE RESPONSIBILITIES

The State shall have the responsibility of updating and revising IHSS applicant and recipient forms in alternative formats to ensure that the forms are accessible to BVI applicants and recipients. This includes making the large-font forms available on the CDSS website. Further, county notification in CMIPS II of the IHSS applicant/recipient's need for a CD Audio and/or Data (Text) file will prompt the system to notify the State to produce and send the CD to that recipient after the information is entered into the CMIPS II system.

The State is also responsible for any programming modifications to CMIPS II to support the counties in administering the IHSS program to assist applicants and recipients who may require reasonable accommodations due to their visual disabilities. In addition, the State is continuing to work on the development and maintenance of the TTS.

CMIPS II Functionality Updates

CMIPS II has been modified to document that BVI IHSS recipients have requested alternative formats and indicate their preference for accessing IHSS program information. CMIPS II now includes:

- New screens, business rules, and error messages to the IHSS application to allow county IHSS workers to enter the reasonable accommodation preferences requested by BVI IHSS applicants and recipients when offered during an assessment or reassessment;
- The new interactive TTS allows an applicant or recipient provided this accommodation, via an auditory process, to review and approve or reject by electronic signature an IHSS provider(s) timesheet(s) submitted for payroll processing.

A recipient who is enrolled in the new TTS will be required to choose a 4-digit numeric Recipient Authentication Number (RAN) to be entered along with their IHSS case number, via the telephone. This will enable the recipient to hear the information documented on the provider timesheet and to approve or reject it by electronic signature.

From the "View Timesheet" screen, the county user can select the "BVI Timesheet Release/Reject History" link to view the "electronic signature" on a specific timesheet.

Please refer to *Telephone Timesheet System* section of this ACL for further details.

- The Recipient Characteristics Summary Listing report and data download file, have been modified to facilitate the documentation of the reasonable accommodation preferences requested by BVI IHSS recipients.

Forms Tracking in CMIPS II

CMIPS II screens have been modified to document the reasonable accommodation preferences requested by BVI IHSS recipients that will be documented on the revised SOC 295 form and the updated SOC 293. Since the SOC 295 is formatted differently than the CMIPS II screens, it is important that county IHSS workers understand how to navigate the SOC 295 form options to accurately document the information in the screen options.

SOC 295 - New Fields in CMIPS II

The field name changes will be effective August 1, 2015, on the Blind or Visually Impaired screens.

If “Blind” is selected on the “Blind or Visually Impaired” field, then the following options will be available:

- BVI NOA Option field: No accommodation is needed; Braille; Audio CD; Data CD.
- IHSS Required Forms field: No accommodation is needed; Braille; Audio CD; Data CD.
- Timesheet Option field: No accommodation is needed; Telephonic System.

If “Visually Impaired” is selected on the “Blind or Visually Impaired” field, then the following options will be available:

- BVI NOA Option field: No accommodation is needed; 18 Point Font; Audio CD; Data
- IHSS Required Forms field: No accommodation is needed; 18 Point Font; Audio CD; Data CD.
- Timesheet Option field: No accommodation is needed; 18 Point Font.

The standard PDF NOA will be provided only if the BVI applicant/recipient chooses one of the following options: No accommodation is needed, Braille, Audio CD, or Data CD. If the 18-point font NOA is selected, the system will only generate the 18-point font NOA. In this case, the standard PDF NOA will not be generated.

The RAN field is not a pre-populated field. A BVI recipient will be required to select a four-digit numeric RAN of their choice. The county worker will be required to enter the selected number in the RAN field.

When the “Blind or Visually Impaired” link is selected from the Cases Left Navigation, the *Blind or Visually Impaired* screen is displayed. This screen displays the current, active BVI record associated with the case (see Figure 1).

The screenshot shows a web application interface. On the left is a 'CASES' navigation menu with categories like Evidence, Modes & Hours, and Providers. The 'Blind or Visually Impaired' link is highlighted. The main content area has a yellow header 'Blind or Visually Impaired: TEST USER 1285252' and a table with one record.

Action	Blind or Visually Impaired	Timesheet Option	Notice of Action Option	IHSS Required Forms Option	Created By	From	To
View Edit	Visually Impaired	No Accommodation is Needed	Large Font NOA	Large Font NOA	UAT TESTER03	7/14/2015 13:01	12/31/9999

Figure 1 – *Blind or Visually Impaired* screen

When the “New” link is selected from the *Blind or Visually Impaired* screen, the *Create Blind or Visually Impaired* screen is displayed (see Figure 2). This screen is used to create a new BVI record.

The screenshot displays a web application interface for creating a new record. On the left is a sidebar titled "CASES" with a tree view containing categories like Evidence, Medi-Cal Eligibility, Modes & Hours, and Providers. The "Blind or Visually Impaired" category is highlighted. The main content area has a yellow header bar with the text "Create Blind or Visually Impaired: TEST USER: 1285252" and "Save Cancel" buttons. Below this is a form titled "Create Blind or Visually Impaired" with the following fields:

Blind or Visually Impaired:	Visually Impaired	Recipient Authentication Number:	
Notice of Action Option:	Large Font NOA	IHSS Required Forms Option:	Large Font NOA
Timesheet Option :	No Accommodation is Needed		

At the bottom of the form area, there are "Save" and "Cancel" buttons.

Figure 2 – *Create Blind or Visually Impaired* screen

When the “Edit” link is selected from either the *Blind or Visually Impaired* screen, or the *View Blind or Visually Impaired* screen, the *Modify Blind or Visually Impaired* screen is displayed (see Figure 3). This screen is used to modify an existing BVI record.

Modify Blind or Visually Impaired: TEST USER 1285252

[Save](#) [Cancel](#)

Details

Created By: UAT TESTER03
From: 7/14/2015 13:01 To: 12/31/9999 12:00

Modify Blind or Visually Impaired

* Blind or Visually Impaired:
* Notice of Action Option:
* Timesheet Option :

Recipient Authentication Number:
* IHSS Required Forms Option:

[Save](#) [Cancel](#)

Figure 3 – *Modify Blind or Visually Impaired* screen

When the “View” link is selected from the *Blind or Visually Impaired* screen or for a specific record on the *Blind or Visually Impaired History* screen, the *View Blind or Visually Impaired* screen is displayed (see Figure 4). This screen is used to view a current or previous BVI record.

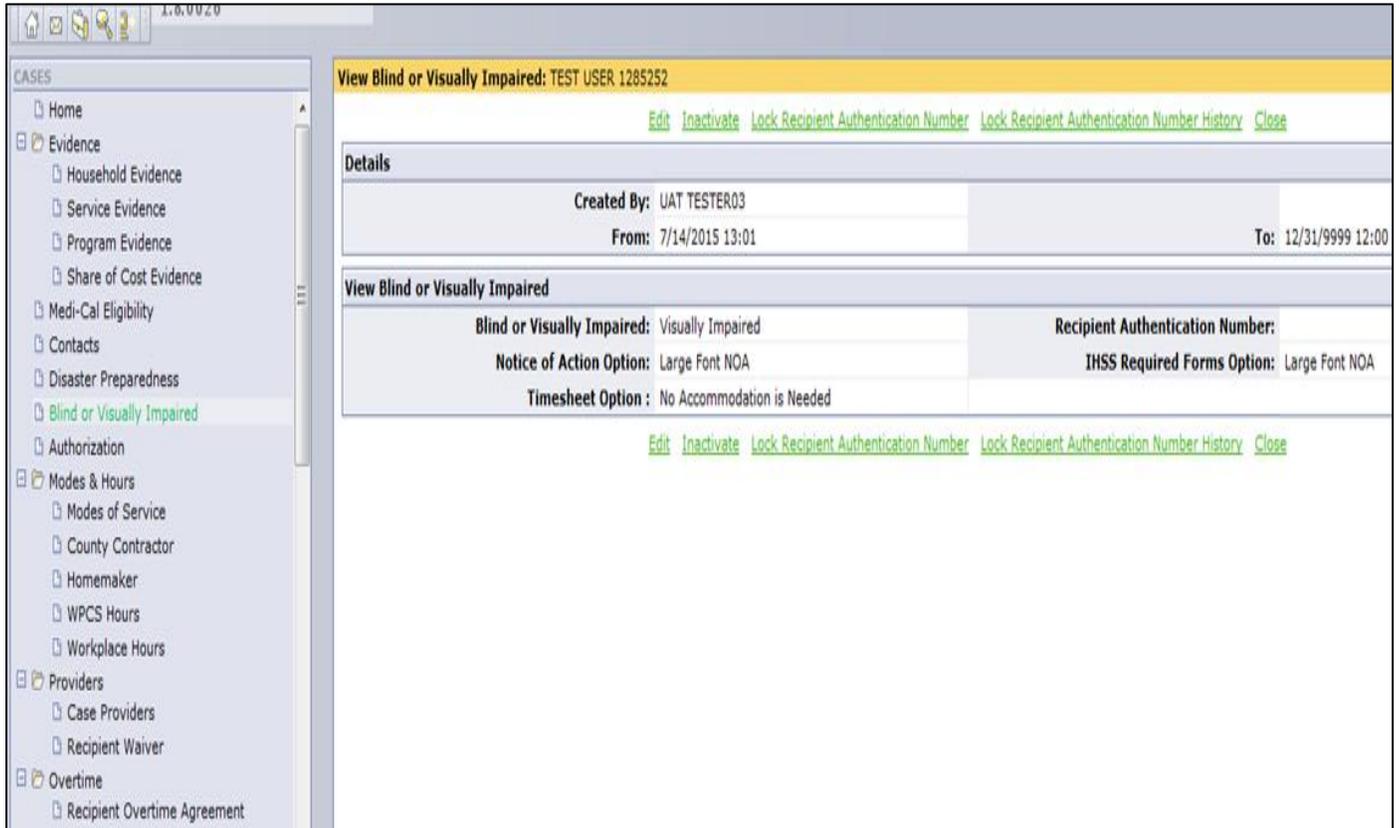


Figure 4 – View *Blind or Visually Impaired* screen

When the “History” link is selected from the *Blind or Visually Impaired* screen, the *Blind or Visually Impaired History* screen is displayed (see Figure 5). This screen lists the history of BVI records associated with the case. The default sort displays the most recent BVI record at the top of the list.

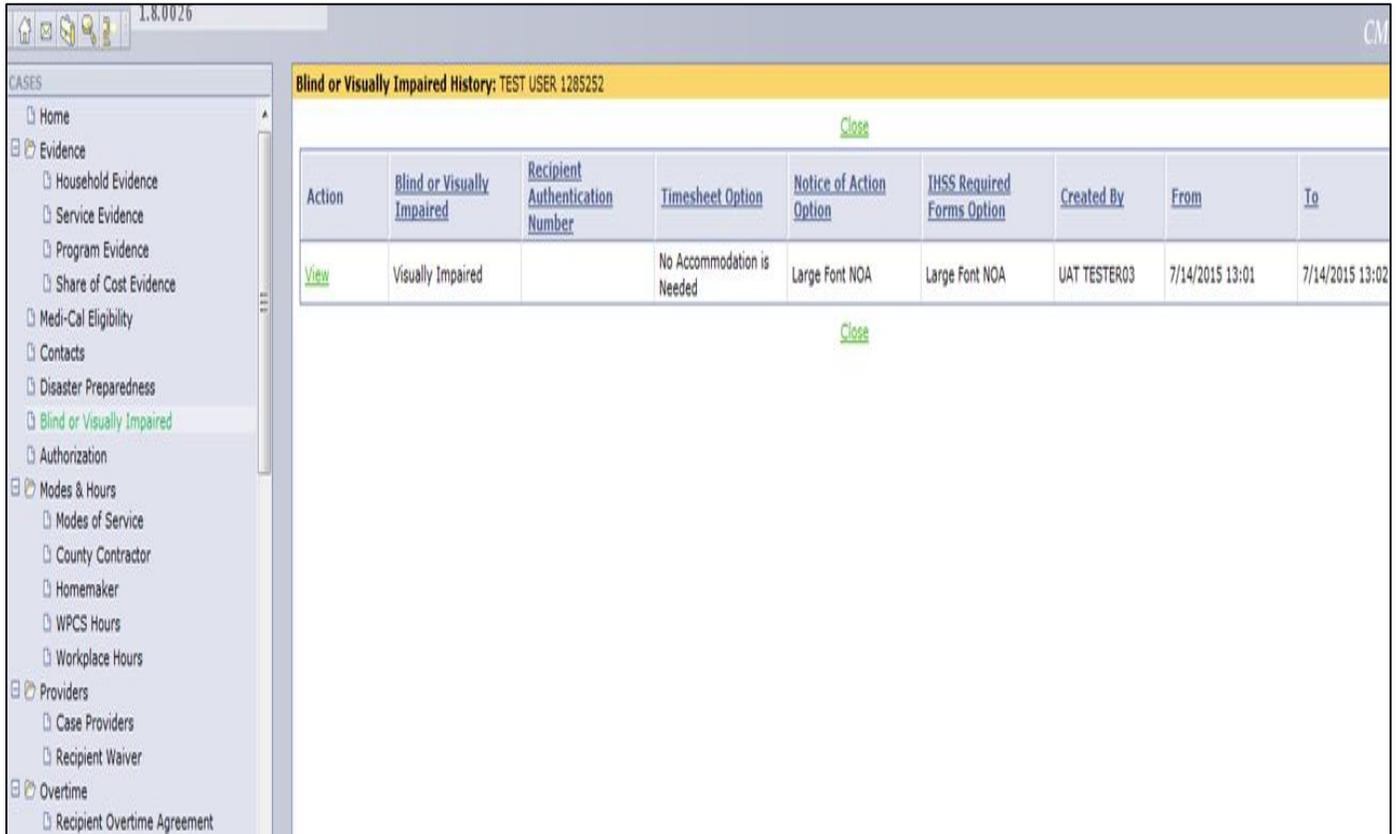


Figure 5 – *Blind or Visually Impaired History* screen

The BVI IHSS applicant or recipient can indicate and request different format preferences for the NOA during initial assessment or reassessment or at any time. Depending on the selection, the NOA generation and triggers will be different.

No.	Event	Action
1	When the <i>No Accommodation is Needed</i> Option is selected	CMIPS will generate and mail the standard PDF NOA
2	If the <i>Notice of Action Option of Braille Documents</i> is selected	<p>Until the Braille Documents become available the CMIPS II will:</p> <ul style="list-style-type: none"> • Generate and mail the standard PDF NOAs <p>When Braille Documents become available the CMIPS II will:</p> <ul style="list-style-type: none"> • Generate and mail the Braille NOAs <p>AND</p> <ul style="list-style-type: none"> • Generate and mail the standard PDF NOAs

No.	Event	Action
3	When the <i>Notice of Action Option of Audio CD</i> is selected	Until the Audio CD becomes available the CMIPS II will: <ul style="list-style-type: none"> • Generate and mail the standard PDF NOAs; When Audio CD NOAs become available the CMIPS II will: <ul style="list-style-type: none"> • Generate and mail the CD NOAs AND <ul style="list-style-type: none"> • Generate and mail the standard PDF NOAs
4	When the <i>Notice of Action Option of Data CD</i> is selected	Until the Data CD becomes available the CMIPS will: <ul style="list-style-type: none"> • Generate and mail the standard PDF NOAs; When Data CD NOAs become available the CMIPS II will: <ul style="list-style-type: none"> • Generate and mail the CD NOAs AND <ul style="list-style-type: none"> • Generate and mail the standard PDF NOAs
5	When the <i>Notice of Action Option of Large Font NOA</i> is selected	Until Large Font NOAs become available the CMIPS II will: <ul style="list-style-type: none"> • Generate and mail the standard PDF NOAs; When Large Font NOAs become available the CMIPS II will: <ul style="list-style-type: none"> • Generate and mail the Large Font NOAs

Updates to the Recipient Summary Characteristics Listing Report

Screens have been added to capture and manage the BVI recipient’s correspondence delivery format and TTS preferences which are recorded from either an application for IHSS services (SOC 295) or the BVI recipient’s reassessment (SOC 293). BVI recipient preference selections will be available both in data downloads and in CMIPS II reporting.

Description of change: The below changes have been made to the Recipient Summary Characteristics Listing Report (see Figure 6).

- BLIND OR VISUALLY IMPAIRED – The count of recipients using the TTS self-indicated with the status of Blind or Visually Impaired at the end of the reporting month.
- TIMESHEET OPTION – The count of recipients indicated as receiving the BVI timesheet or not at the end of the reporting month.

- NOTICE OF ACTION OPTION – The count of recipients with the indicated BVI Correspondence Delivery Option at the end of the reporting month.

STATE OF CALIFORNIA						PAGE: 5
IN-HOME SUPPORTIVE SERVICES						CYCLE DATE: 06/01/2015 TO 06/30/2015
RECIPIENT SUMMARY CHARACTERISTICS LISTING						RUN DATE: 07/14/2015 TIME: 13:15:54
CATEGORY	TOTAL IHSS CASES	CPCD	PCSP	IPO	IHSS-R	
BLIND OR VISUALLY IMPAIRED						
BLIND	105	39	62	2	2	
VISUALLY IMPAIRED	63	29	32	2	0	
TOTAL	165	66	93	4	2	
TIMESHEET OPTION						
NO ACCOMMODATION NEEDED	3	2	1	0	0	
TELEPHONIC SYSTEM	103	38	61	2	2	
LARGE FONT TIMESHEET	62	28	32	2	0	
NOTICES OF ACTION OPTION						
NO ACCOMMODATION NEEDED	28	9	19	0	0	
LARGE FONT NOA	57	26	29	2	0	
BRAILLE DOCUMENTS	2	2	0	0	0	
AUDIO CD	44	19	23	2	0	
DATA CD	38	12	24	0	2	
INCOME ELIGIBLE						
IHSS-R SOC	21	N/A	N/A	N/A	21	

Figure 6 – Recipient Summary Characteristics Listing Report

CMIPS II Data Downloads

Description of change: The data download has been modified to capture the data elements added to the Recipient Summary Characteristics Listing Report as described above. The new columns listed below will be added to the *RECIPIENT_MANAGEMENT_DATA_DATADWLDREC_PART_4.csv* file

Telephone Timesheet System (TTS)

Beginning May 1, 2015, blind IHSS recipients in three Pilot Counties were offered the option to enroll in the TTS to review and approve or reject their provider’s timesheet(s) for payroll processing in CMIPS II. Beginning August 1, 2015, this option becomes available to IHSS blind recipients in all 58 counties (see Reasonable Accommodation section).

During standard IHSS timesheet processing, each timesheet submitted is scanned and analyzed. If the provider's timesheet was signed by the recipient, the timesheet is processed using standard CMIPS II processes and is generally released for payment. However, if CMIPS II detects a missing recipient signature on a timesheet, the system will determine whether the recipient is enrolled in TTS. If the recipient is enrolled in TTS, the recipient will receive an automated call to review and electronically verify or reject the provider's timesheet.

If a recipient requires assistance while using TTS, a TTS assistance line is available to assist them with timesheet review and the verification/rejection process. The TTS assistance line is intended to support recipients if they need assistance reviewing and electronically verifying or rejecting their timesheets. The TTS assistance line can be reached toll-free at **1-844-576-5445**. The TTS assistance line will be available Monday through Friday from 8 a.m. to 5 p.m. excluding holidays.

When calling the TTS assistance line, the recipient will be asked to identify his or her preferred language for the call. If English or Spanish is selected, the interactive call will continue. If Mandarin or Armenian is selected, the call will be redirected to the TTS assistance line, where a voice message can be left so that an Assistance Line Agent who speaks Mandarin or Armenian can return the recipient's call (See Figure 7). The Mandarin or Armenian voicemail messages will be returned within two hours during TTS assistance line operational hours.

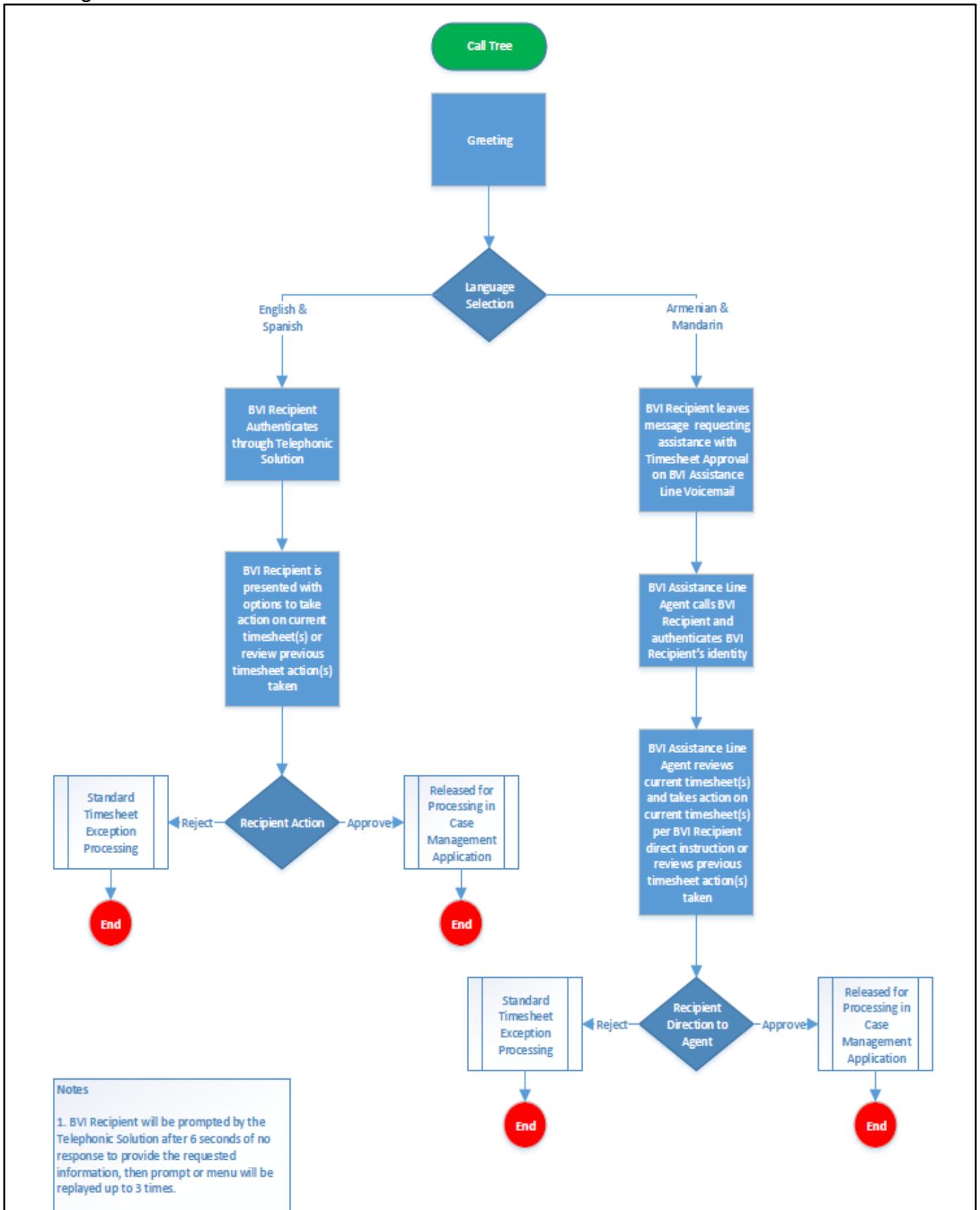


Figure 7: Telephone Timesheet System Call Flow Diagram

County User View

When the “BVI Timesheet Release/Reject History” link is selected on the *View Timesheet* screen (see Figure 8), the *BVI Timesheet Release/Reject History* screen is displayed. This screen lists the history of released or rejected BVI timesheet records associated with the case. The default sort displays the most recent creation date at the top of the list.

The BVI Timesheet Release/Reject History screen can be accessed by TTS Assistance Line Agents to update timesheet information. County workers will have view-only access to the *BVI Timesheet Release/Reject History* screen.

The screenshot shows the 'CASE WORKER APPLICATION' interface. The top bar includes a home icon, an envelope icon, a folder icon, a magnifying glass icon, and a version number '1.8.0006'. The left sidebar, titled 'CASES', contains a tree view with categories like Evidence, Contacts, Disaster Preparedness, Authorization, Modes & Hours, Providers, Overtime, Timesheet (with sub-items: Timesheet Search, Timesheet Issuance, Timesheet Manual Entry), Payroll, Case Maintenance, and Administration. The main content area is titled 'BVI Timesheet Release/Reject History:' and features three buttons: 'View Timesheet Details', 'History', and 'BVI Timesheet Release/Reject History'. Below the buttons is a 'Close' link. A table with the following data is displayed:

<u>Entered By</u>	<u>Creation Date</u>	<u>Text</u>
superuser	7/3/2015 14:08	Released

Below the table is another 'Close' link.

Figure 8: *BVI Timesheet Release/Reject History* screen

Timesheet Status

The table below provides new timesheet status information located on the “View Timesheet” screen:

Hyperlink	Function
Release BVI Timesheet	This link will only be available for timesheets in the following status: Held – BVI Recipient Review Required <u>Note:</u> This link will only display for a User ID which is part of the correct BVI Security Group (i.e., Assistance Line Agents).
Reject BVI Timesheet	Allows the user to terminate processing of a timesheet. When rejected, the timesheet will be set to an Exception status. This link will only be available for timesheets in the following status: Held – BVI Recipient Review Required <u>Note:</u> This link will only display for a User ID which is part of the correct BVI Security Group (i.e., Assistance Line Agents).

New CMIPS II Tasks

New tasks have been created to assist social workers with updates to BVI recipient’s information:

- Task #1 to correct a BVI recipient’s incorrect phone number
- Task #2 to restore a BVI recipient’s RAN (when it is locked by the recipient, the county IHSS worker will receive a task in their Inbox).

Note: These tasks will be redirected to “Payroll Work Queue” (targeted implementation of September, 2015). This will allow a county worker, other than the social worker, to unlock the RAN. An Informational Notification will follow.

These tasks will be generated through daily batch cycle processing:

#	CMIPS II Task Name	Screen Action	Task Recipient	Required Action for Closure	Deadline
1	Indication received from Telephonic Solution that the telephone number associated with Case [case number] is incorrect. Confirm telephone number with BVI Recipient. [Telephonic Solution refers to the feature that allows blind recipients to approve or reject their timesheet via telephone]	CMIPS II shall trigger a Task to the Case Owner when Case Management receives notice that the telephone number used to reach the BVI Recipient for Timesheet Review is incorrect.	Case Owner	Task Closed by the User Or When Primary Telephone Number of the Recipient is Updated	One Day
2	[case number] Incorrect Personal Identification Number entered three (3) times. Contact [recipient name] at [primary recipient telephone number] to establish a new Personal Identification Number.	CMIPS II shall trigger a Task to the Case Owner when Case Management receives notice that the incorrect Personal Identification Number has been incorrectly entered three (3) times via the Telephonic Solution.	Case Owner	Task Closed by the User Or New Personal Identification Number is saved.	One Day / Case Owner Supervisor

TRAINING

Initial training for county IHSS workers to address new formats and changes made to CMIPS II will take place July - August 2015. This training will include the items needed to capture BVI information in CMIPS II. An Informational Notification will be sent describing items to be sent to each county and instructions on their use. Each county will receive the list of BVI recipients in their county, sample TTS CDs for county staff training purposes, and a copy of the TTS CD script for county staff training. This Informational Notification will include instructions for the counties on how to place their initial order (and request any future orders) of the TTS CDs and Braille labels. These labels are printed with "IHSS Info" in Braille and should be placed on the envelopes the county uses to mail TTS CDs to blind recipients who choose the TTS option.

Webinar regarding systems changes will take place within the next few months. An Informational Notification will be sent containing specific broadcast details.

Additionally, training modules and materials for county social workers addressing reasonable accommodations for BVI applicants/recipients will be produced and made available through the IHSS Training Academy beginning January 2016. An audio CD will be provided to county IHSS offices for future training of county social workers.

CAMERA-READY COPIES AND TRANSLATIONS OF FORMS

Counties may access camera-ready versions of the English forms referenced in this ACL on CDSS' Forms/Brochures web page at:

<http://www.dss.cahwnet.gov/cdssweb/PG183.htm>.

Counties may access camera-ready versions of the Spanish, Armenian, and Chinese forms referenced in this ACL on CDSS' Forms/Brochures web page at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

Your county forms coordinator should distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code section 7290 et seq.) and by state regulation (Manual of Policies and Procedures, Division 21, Civil Rights Non-discrimination, section 115).

If you have any questions about accessing the forms, please contact the Forms Management Unit at FMUdss@dss.ca.gov. Should you have questions regarding this ACL, please contact the Adult Programs Division, Adult Programs Policy & Quality Assurance Branch, Policy and Operations Bureau at (916) 651-5350. If you have questions or comments regarding system changes described in this ACL, please contact the Adult Program Division CMIPS and Systems Operations Unit at (916) 551-1003 or via e-mail at: CMIPSII-Requests@dss.ca.gov.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

C: CWDA

Attachments

APPLICATION FOR SOCIAL SERVICES

Information:

To the Applicant - This form is subject to verification. Retain your copy of your completed application. Regarding your Social Security Number, it is mandatory that you provide your Social Security Number(s) as required in 42 USC 405 and MPP Section 30-769.71. This information will be used in eligibility determination and coordinating information with other public agencies.

Instructions: All applicants must complete the following sections.

Date of Application:	Case Number (if known):
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Section 1 – Personal Information

Name:		Social Security Number:
Street Address:		City:
State:	Zip Code:	Telephone:
Birthdate:	Sex:	Male Female

Section 2 – Veteran Information

Are you a Veteran? Yes No	Are you a Spouse/Child of a Veteran? Yes No
If YES, give Veteran name and Claim Number:	

Section 3 – SSI/SSP Information

Do you receive SSI/SSP benefits?	Yes	No
If yes, check your type of living arrangement:		
Independent Living	Board and Care	Home of Another
Services being requested:		

Section 4 – Past IHSS Information

Have you received In-Home Support Services (IHSS) in the past? Yes No	
If Yes, complete the following. Date and county where service was last received:	
Total Monthly Hours:	Name Used (if different from above):

Section 5 – Household Information

List Family Members in Household:

Name of:		Spouse	Parent	Other Relative
Birthdate:		Social Security Number:		
Name of:		Child	Other Relative	
Birthdate:		Social Security Number:		
Name of:		Child	Other Relative	
Birthdate:		Social Security Number:		
Name of:		Child	Other Relative	
Birthdate:		Social Security Number:		
Name of:		Child	Other Relative	
Birthdate:		Social Security Number:		

Section 6 – Ethnic and Language Information

The law requires that information on ethnic origin and primary language be collected. If you do not complete this section, social service staff will make a determination. The information will not affect your eligibility for service.

A. My Ethnic Origin is: (See Page 9 for a list of Ethnicities)	B. I speak and understand English: Yes No If not English, my primary language is: (See Page 10 for a list of Languages)
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Section 7 – Communication Accommodations

To accommodate blind or visually-impaired applicants, IHSS information is available in the following alternative formats. Please indicate which format you would prefer, if applicable. Providing information in this section will not affect your eligibility for services.

I am Blind:	Yes	No
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If **yes**, please choose one of the following for each of the three types of DSS documents listed.

For Notices of Action:	No accommodation is needed		
Braille	Audio CD	Data CD	County Support
(If County Support, describe requested support)			
For IHSS Required forms:	No accommodation is needed		
Braille	Audio CD	Data CD	County Support
(If County Support, describe requested support)			
For Timesheets:	No accommodation is needed		
Telephonic System (4 Digit RAN:)	County Support		
(If County Support, describe requested support).			

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
 CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

I am Visually Impaired:	Yes	No
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If yes, please choose one of the following for each of the three types of DSS documents listed.

For Notices of Action:	No accommodation is needed		
18 Point Font	Audio CD	Data CD	County Support
(If County Support, describe requested support)			
For IHSS Required forms:	No accommodation is needed		
18 Point Font	Audio CD	Data CD	County Support
(If County Support, describe requested support)			
For Timesheets:	No accommodation is needed		
18 Point Font	County Support		
(If County Support, describe requested support, including blind-only services)			

Section 8 – Affirmation

I affirm that the above information is true to the best of my knowledge and belief. I agree to cooperate fully if verification of the above statements is required in the future.

I also understand that as the employer of my IHSS provider(s) I am responsible for:

- 1) Hiring, training, supervising, scheduling and, when necessary, firing my provider(s).
- 2) Ensuring the total hours reported by all providers who work for me do not exceed my IHSS authorized hours each month.
- 3) Referring any individual I want to hire to the County IHSS office to complete the provider eligibility process.
- 4) Notify the County IHSS office when I hire or fire a provider.

In addition, I understand and agree to the following terms and limitations regarding payment for services by the IHSS program:

- 1) In order for any individual to be paid by the IHSS program, they must be approved as an IHSS eligible provider.
- 2) If I choose to have an individual work for me who has not yet been approved as an eligible IHSS provider, I will be responsible for paying him/her if he/she is not approved.
- 3) The IHSS program will not pay for any services provided to me until my application for services is approved and then will only pay for those services that are authorized for me to receive by the IHSS Program.
- 4) I will be responsible for paying for any services I receive that are not included in my IHSS authorization.

I also understand and agree to cooperate with the following as a part of my eligibility for IHSS:

To promote program integrity, I may be subject to unannounced visits to my home and that I or my provider(s) may receive letters identifying program requirement concerns from the State Department of Health Care Services (DHCS), California Department of Social Services (CDSS) and/or the County in which I receive services.

The purpose of the visits and letters is to ensure that program requirements are being followed and that the authorized services are necessary for you to remain safely in your home. The visit will also verify that the authorized services are being provided, that the quality of those services is acceptable, and that your well-being is protected.

If it is found that IHSS services are not required or not being properly provided, you and/or your provider may be subject to a Medi-Cal fraud investigation. If fraud is substantiated, you and/or your provider will be prosecuted for Medi-Cal fraud.

Section 9 – Signature(s)

Signature of Applicant:		Date:
Signature of Applicant’s Representative (if applicable):		Date:
Representative’s Relationship to Applicant (only if applicable):	Representative Telephone Number (only if applicable):	
Representative’s Address (only if applicable):		

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
 CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

To report suspected fraud or abuse in the provision or receipt of IHSS services, please call the fraud hotline at 1-800-822-6222, email at stopmedicalfraud@dhcs.ca.gov, or go to <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx>

FOR AGENCY USE ONLY

Income Eligible:		Status Eligible:		Verification:
Yes	No	Yes	No	
Signature of Social Worker or Agency Representative:				Telephone Number:
Recipient Status:		Source of Verification for Refuge or Entrant Status (explain):		
Refugee				
Cuban/Haitian Entrant				
Neither				

Ethnic Codes:

- | | |
|---------------------------------------|------------------|
| 1. White. | H. Cambodian. |
| 2. Hispanic. | J. Japanese. |
| 3. Black. | K. Korean. |
| 4. Other Asian or Pacific Islander. | M. Samoan. |
| 5. American Indian or Alaskan Native. | N. Asian Indian. |
| 7. Filipino. | P. Hawaiian. |
| C. Chinese. | R. Guamanian. |
| | T. Laotian. |
| | V. Vietnamese. |

Language Codes:

- O. American Sign Language (AMISLAN or ASL).
- 1. Spanish - NOA will be issued in Spanish.
- 2. Cantonese.
- 3. Japanese.
- 4. Korean.
- 5. Tagalog.
- 6. Other non-English.
- 7. English.
- 9. Spanish - NOA will be issued in English.
- A. Other Sign Language.
- B. Mandarin.
- C. Other Chinese Languages.
- D. Cambodian.
- E. Armenian.
- F. Ilacano.
- G. Mien.
- H. Hmong.
- I. Lao.
- J. Turkish.
- K. Hebrew.
- L. French.
- M. Polish.
- N. Russian.
- P. Portuguese.
- Q. Italian.
- R. Arabic.
- S. Samoan.
- T. Thai.
- U. Farsi.
- V. Vietnamese.

Social Worker Number

NEEDS ASSESSMENT FORM

Assessment Type Initial Reassessment Change ICT		Application Date	Home Visit Date	
Recipient Number	CIN	SSN		
Name (Last, First, M.I.)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	Age
Residence Address - Street	City	State	Zip Code	
Mailing Address - Street	City	State	Zip Code	
Home Phone	Cell Phone	Other Phone		
Medi-Cal Aid Code	Funding Source Aid Code	IHSS Aid Code	Federal Funding Participation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Does the Recipient Speak and Understand English? Yes No		Does the Recipient Request a Translator? Yes No	
Ethnic Origin (Enter Code)	Primary Spoken Language	Primary Written Language	

<u>Ethnic Codes</u>	<u>Spoken Language</u>	<u>Written Languages</u>
1 – White	00 – American Sign Language	1 – Spanish
2 – Hispanic	01 – Spanish	2 – Cantonese
3 – Black	2 – Cantonese	3 – Japanese
4 – Asian or Pacific Islander	3 – Japanese	4 – Korean
5 – Alaskan Native or American Indian	4 – Korean	5 – Tagalog
07 – Filipino	5 – Tagalog	6 – Other Non-English
8 – No Valid Data Reported	6 – Other Non-English	07 – English
9 – No Response, Client Declined to State	7 – English	08 – No Valid Response Reported
A – Amerasian	08 – No Valid Response Reported	09 – No Response, Client Declined to State
C – Chinese	– No Response, Client Declined to State	B – Mandarin
H – Cambodian	A – Other Sign Language	C – Other Chinese Languages
J – Japanese	B – Mandarin	D – Cambodian
K – Korean	C – Other Chinese Languages	E – Armenian
M – Samoan	D – Cambodian	F – Ilocano G
N – Asian Indian	E – Armenian	– Mien
P – Hawaiian R	F – Ilocano G	H – Hmong
– Guamanian T	– Mien	I – Lao
– Laotian	H – Hmong	J – Turkish
V – Vietnamese	I – Lao	K – Hebrew
Z – Other	J – Turkish	L – French
	K – Hebrew	M – Polish
	L – French	N – Russian
	M – Polish	P – Portuguese
	N – Russian	Q – Italian
	P – Portuguese	R – Arabic
	Q – Italian	S – Samoan
	R – Arabic	T – Thai
	S – Samoan	U – Farsi
	T – Thai	V – Vietnamese
	U – Farsi	
	V – Vietnamese	

Is the Recipient Blind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Alternative Format Preference:

For Notices of Action (NOAs):	<input type="checkbox"/> No accommodation is needed		
<input type="checkbox"/> Braille	<input type="checkbox"/> Audio CD	<input type="checkbox"/> Data CD	<input type="checkbox"/> County Support
If County Support, describe requested support:			
For IHSS Required Forms:	<input type="checkbox"/> No accommodation is needed		
<input type="checkbox"/> Braille	<input type="checkbox"/> Audio CD	<input type="checkbox"/> Data CD	<input type="checkbox"/> County Support
If County Support, describe requested support:			
For Timesheets:	<input type="checkbox"/> No accommodation is needed		
<input type="checkbox"/> Telephonic System (4-digit RAN:)	<input type="checkbox"/> County Support		
If County Support, describe requested support:			

Is the Recipient Visually Impaired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Alternative Format Preference:

For Notices of Action (NOAs):	<input type="checkbox"/> No accommodation is needed		
<input type="checkbox"/> 18 Point Font	<input type="checkbox"/> Audio CD	<input type="checkbox"/> Data CD	<input type="checkbox"/> County Support
If County Support, describe requested support:			
For IHSS Required Forms:	<input type="checkbox"/> No accommodation is needed		
<input type="checkbox"/> 18 Point Font	<input type="checkbox"/> Audio CD	<input type="checkbox"/> Data CD	<input type="checkbox"/> County Support
If County Support, describe requested support:			
For Timesheets:	<input type="checkbox"/> No accommodation is needed		
<input type="checkbox"/> 18 Point Font	<input type="checkbox"/> County Support		
If County Support, describe requested support, including blind-only services:			

HOUSEHOLD MEMBERS

Recipient Number

Last Name	First Name	Relationship to Recipient (Parent, Spouse, Child, Other)	Birth Date	Age	Companion Case Number	Social Worker Number	Social Worker Phone Number	Status – Protective Supervision Yes/No

CONTACT LIST

Type	Name	Address	Primary Phone	Message Phone	Language
Message					
Emergency					
Conservator					
Guardian					
Past Guardian					
Timesheet Signatory					
Authorized Representative					
Power of Attorney					

Recipient Number

RESIDENCE INFORMATION			LIVING ARRANGEMENT	
Stove	Yes	No	Living Alone Living	
Refrigerator	Yes	No	With Spouse	
Washer	Yes	No	Shared	
Dryer	Yes	No	Live-In Provider	
Yard	Yes	No	Tenant	
			Landlord	
			Board and Room	
RESIDENCE TYPE				
House			Number of Recipient Only Rooms _	
Apartment			Number of Shared Rooms _	
Mobile Home			Number of Rooms	
Hotel			Not In Use By Recipient _	
Other_				

DISASTER PREPAREDNESS	
<p><u>Degree of Contact</u></p> <p>Critical</p> <p>Urgent</p> <p>Moderate</p> <p>Critical but Consumer Declines</p> <p>Urgent but Consumer Declines</p> <p>Moderate but Consumer Declines</p> <p>Not Needed</p>	<p><u>Extreme Weather</u></p> <p>Extreme Heat Extreme</p> <p>Cold Extreme Heat and</p> <p>Cold No Contact</p> <p>Required</p>
<p><u>Life Support</u></p> <p>Respirator</p> <p>Oxygen</p> <p>Insulin</p> <p>Life Support Medications</p> <p>Dialysis</p> <p>Paramedical Services</p> <p>None Listed</p>	<p><u>Special Impairment</u></p> <p>Severely Disabled or Bedfast</p> <p>Relies on IHSS for Needs</p> <p>Functional Rank 4</p> <p>Functional Rank 5</p> <p>Heavy Medication</p> <p>Blind</p> <p>Deaf</p> <p>Lacks Transportation</p> <p>Lives in Isolated Area</p> <p>Receives Protective Supervision</p> <p>Independent Low Hours</p> <p>No Mental Functional Ranks of 5</p> <p>Functional Index Below 2.75</p> <p>Functional Index Over 2.75 with Assistance Available</p> <p>Home Accessible by Emergency Services</p> <p>No Special Impairments</p>

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Functional Ranks			
Housework		Bowel, Bladder & Menstrual	
Laundry		Transfer	
Shopping and Errands		Feeding	
Meal Prep & Clean-up		Respiration	
Ambulation		Memory	
Bathing & Grooming		Orientation	
Dressing		Judgment	

SERVICE EVIDENCE							Recipient Number	
Rank	Activities of Daily Living	Frequency (Daily, Weekly, Monthly)	Quantity	Duration	Proration	Alternative Resources	Comments	Total Assessed Need
	Domestic Lives Alone Wheelchair Maintenance A&A Spouse Roommate Relative Home Landlord/Tenant Minor Children Live-In Provider							
	Meal Preparation Separate From Household Home Delivered Meals/Dining Site Special Diet (describe) Paramedical on File Reheat							
	Meal Cleanup Separate From Household							
	Laundry 1.0 hr/wk-With Facilities 1.5 hr/wk-W/o Facilities Separate From Household Incontinence/ Extra Soiled Laundry							

Service Evidence

Recipient Number

Rank	Activities of Daily Living	Frequency (Daily, Weekly, Monthly)	Quantity	Duration	Proration	Alternative Resources	Comments	Total Assessed Need
	Shopping for Food Separate From Household Remote Location							
	Other Shopping & Errands Separate From Household Remote Location							
	Respiration Oxygen Nebulizer							
	Bowel & Bladder Care Assistance on/off Toilet Pads/Diapers Empty Bed Pan/Urine bag Bedside Commode							
	Feeding Needs Full/Partial Assistance							
	Bed Baths							
	Dressing Zipper, Buttons, Shoes, etc. Full Human Assistance							

Rank	Activities of Daily Living	Frequency (Daily, Weekly, Monthly)	Quantity	Duration	Proration	Alternative Resources	Comments	Total Assessed Need
	Menstrual Care							
	Ambulation Some Human Assistance Total Human Assistance Walker/Cane Wheelchair Needs Some Help w/ Stairs							
	Transfers Some Human Assistance Total Human Assistance Assistance Getting on/off Seats and Wheelchairs							
	Bathing, Grooming, Oral Hygiene Bathing Hair Care/Shampoo Foot/Hand/Nail Care Shaving Oral Hygiene							
	Rubbing Skin, Repositioning Rubbing of Skin Repositioning Range of Motion Apply Lotion							

Service Evidence

Recipient Number

Rank	Activities of Daily Living	Frequency (Daily, Weekly, Monthly)	Quantity	Duration	Proration	Alternative Resources	Comments	Total Assessed Need
	Heavy Cleaning IHSS not Provided in Last 12 Months							
	Yard Hazard Abatement							
	Remove Ice, Snow Teaching and Demonstration							

Light Grey – Will Be Populated by System

Dark Grey – Not Applicable

Recipient Number

Authorization Begin Date	Authorization End Date	Reassessment Due Date
Total Auth to Purchase	Presumptive Eligibility Yes No	
Mode of Service Individual Provider County Contractor Homemaker	Does the Recipient Need Assistance Finding a Provider? Yes No	
Advance Pay Yes No	Restaurant Meals Allowance Yes No	

Social Worker Name	Social Worker Number	Social Worker Phone Number
County	District Office	

Notes

IN-HOME SUPPORTIVE SERVICES(IHSS)

INDIVIDUAL PROVIDER

Yolo County DSS
500 Jefferson BLVD, STE A-100
W Sacramento, CA 95605

Record your daily hours and minutes like these samples

BOOMAHAR, AARON
Roseville, CA 95747
8000 Foothills BLVD

Did not work	H	H	M	M
6 hours 30 minutes	H	6	3	0
4 hours 45 minutes	H	4	4	5
10 hours	1	0	M	M

Please detach the top portion prior to mailing timesheet

Provider #	000005002	Provider Name	BOOMAHAR, AARON	
Case #	57 01 0001002	Recipient Name	DOE, JOHN	
Type	IHSS	Timesheet No	4000000512	
Pay From	05/16/2015	Pay To	05/31/2015	Hours 18:11



S	0	0	0	0	S 17	0	0	0	0	S 24	H	H	M	M	S 31	H	H	M	M
M	0	0	0	0	M 18	H	H	M	M	M 25	H	H	M	M	M	0	0	0	0
T	0	0	0	0	T 19	H	H	M	M	T 26	H	H	M	M	T	0	0	0	0
W	0	0	0	0	W 20	H	H	M	M	W 27	H	H	M	M	W	0	0	0	0
T	0	0	0	0	T 21	H	H	M	M	T 28	H	H	M	M	T	0	0	0	0
F	0	0	0	0	F 22	H	H	M	M	F 29	H	H	M	M	F	0	0	0	0
S 16	0	0	0	0	S 23	H	H	M	M	S 30	H	H	M	M	S	0	0	0	0

Total _____ Total _____ Total _____ Total _____

Turn over and sign →

Intentionally Left Blank

Please detach the top portion prior to mailing timesheet

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Recipient's Signature	Date
-----------------------	------

Provider's Signature	Date
----------------------	------

**Mail Detached Timesheet To: IHSS Timesheet Processing Facility,
P.O. BOX 2380, Chico, CA 95927-2380**

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Do not send any other documents with the timesheet.
3. Only write in the hours, minutes, signature, and date boxes.
Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
4. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours.
5. You must enter hours for each day worked (Total line is optional).
6. You and your Recipient must sign and date the back of your timesheet.
7. Do not use white out or correction tape on timesheet.