



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

June 12, 2012

ALL-COUNTY INFORMATION NOTICE NO.: I-34-12

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

REASON FOR THIS TRANSMITTAL

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

SUBJECT: PUBLIC OUTREACH NOTICES TO RECIPIENTS AND PROVIDERS OF  
IN-HOME SUPPORTIVE SERVICES REGARDING THE TRANSITION  
FROM LEGACY CMIPS TIMESHEETS TO CMIPS II TIMESHEETS

The purpose of this notice is to provide counties with information regarding the Public Outreach Materials that will be mailed to IHSS recipients and their provider in conjunction with the implementation of CMIPS II. These notices are intended primarily to advise recipients and providers of the impending change to the new system and assist them with the transition from Legacy CMIPS timesheets to CMIPS II timesheets. The notices explain the new process for submitting timesheets to the Timesheet Processing Facility (TPF) in Chico, California and reiterate the program rules related to timesheet submission.

Attached to this letter are samples of the Public Outreach Notices that will be sent to recipients and providers, a sample timesheet and a Notice of Language Services (GEN 1365) form during appropriate implementation dates. These notices were previously shared with stakeholders for comment. CDSS is sending these Public Outreach materials in addition to any outreach being conducted by each county.

The CMIPS II vendor will print and mail the Public Outreach Notices to the recipients and providers in each county 30 days in advance of that county's go-live date. Any undeliverable notices will be returned by the post office to the county IHSS office of record for the recipient or provider.

Recipients

Notices will be sent to recipients in Eligible (E), Interim (I), or Leave (L) status in Legacy CMIPS. The notices sent to recipients will include a sample of the new CMIPS II timesheet (front and back). Recipient notices will have been translated into Chinese,

Armenian, and Spanish. Recipients with Legacy CMIPS language codes indicating a preference for Chinese, Armenian or Spanish will receive a notice in that language. All others will receive an English language notice. A Notice of Language Services (GEN 1365) will be included in the mailing regardless of a recipient's indicated language to ensure recipients are aware of the interpretative services available to them if they are unable to read and comprehend the notice in the language printed on the notice they receive. Assistance reading this notice is also available to blind and visually impaired recipients from local county IHSS offices.

### Providers

Notices will be sent to providers in Eligible (E) or Leave (L) status in Legacy. The notice sent to providers will include a sample of the new CMIPS II timesheet (front and back). Although the notices have been translated into Chinese, Armenian, and Spanish, Legacy CMIPS does not contain significant information on providers' language preferences to allow the confident mailing of language-specific notices to providers. Therefore, all providers will receive an English language notice, together with a Notice of Language Services (GEN 1365) advising them of the interpretive services available to them if they are unable to read or comprehend the English notice they have received. Counties can access the Chinese, Armenian, and Spanish versions on the CDSS website to supply to providers if needed. Assistance reading this notice is also available to blind and visually impaired providers from local county IHSS offices.

Camera-ready copies of English, Spanish, Armenian, and Chinese translations of the recipient and provider versions of the notice will be posted on the CDSS Translated Forms and Publications web page at:

<http://www.cdss.ca.gov/agedblinddisabled/PG1810.htm>.

If you have any questions or concerns, please contact Debie Scherer at (916) 651-2862 or email at [Deborah.Scherer@dss.ca.gov](mailto:Deborah.Scherer@dss.ca.gov).

Sincerely,

### ***Original Document Signed By:***

EILEEN CARROLL  
Deputy Director  
Adult Programs Division

Attachments

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## IHSS RECIPIENTS NOTICE OF NEW TIMESHEETS PLEASE KEEP FOR FUTURE USE

As of \_\_\_\_\_ the IHSS program in your county will be getting a new payroll system that will use a New IHSS Timesheet. Your provider will be receiving the New IHSS Timesheet with their paycheck (a sample of the New Timesheet is enclosed). This notice gives you information about the New Timesheet. It is important that the timesheet be completed correctly so that your provider is paid correctly and on time. Please read and follow the instructions in this notice.

**Where New Timesheets are Processed for Payment:** New Timesheets will be processed at a Timesheet Processing Facility (TPF) in Chico, California. **They will NOT be processed at the county IHSS office. Your provider MUST mail all New Timesheets to the Chico facility.**

The envelope your provider receives with the New Timesheet will have the TPF address printed on it. The TPF address is also on the back of the New Timesheet if the envelope is lost. Your provider **MUST NOT** mail or drop the New Timesheet at any county IHSS office. This will cause a **DELAY** in receiving their paycheck. Old-style timesheets should still be sent to the county IHSS payroll office.

**What to Send to the Timesheet Processing Facility (TPF):** Send **ONLY** the timesheet to the TPF. **Do not send any other documents to the TPF.** The TPF will **NOT** process any other information. If you or your provider sends other information it will **DELAY** your county receiving this information. If you have other information to report to the IHSS program, send it to your county IHSS office – **Do not mail it to the TPF.**

**When to Send Timesheets:** Timesheets should be sent to the TPF promptly at the end of each pay period. There are two pay periods each month.

- The first pay period ends on the 15th of the month and the second pay period ends on the last day of the month. If your provider sends their timesheet in early it will either be rejected for payment or held until the end of the pay period.
- If time is claimed after the date the timesheet is received, it will be rejected for payment. For example, if the timesheet is received at the TPF on the 10th of the month and hours are entered on the timesheet for the 14th of the month, it will be rejected for payment. Your provider will have to get another timesheet from the county IHSS payroll office, fill it out and have it signed and then send it to the TPF.
- If time is not claimed after the date the timesheet is received it will be held until the end of the pay period to be processed. For example, if the timesheet is received at the TPF on the 10th of the month but no hours are entered on the timesheet after the 10th of the month, the timesheet will be held until the end of the pay period to be processed.
- If your provider stops working for you, the county IHSS office **MUST immediately** be notified of the provider's work end date. Their timesheet may then be submitted on the last day they work and it will be processed as soon as it is received.

**How Your Provider(s) Claims Time Worked:** On the New Timesheet, your provider writes the time they worked in **hours and minutes** each day. Your provider no longer needs to change minutes to decimals. For example, if they work 4 hours and 45 minutes they would enter 4 in the “Hours” boxes and 45 in the “Minutes” boxes (see example on enclosed sample Pay Stub).

**What Time Your Provider(s) can Claim:** You are authorized hours for specific domestic and related and personal care services. The IHSS program only pays for authorized hours and services. Your provider(s) can only be paid for time spent performing authorized services. You or your representative is responsible for scheduling these services to ensure your needs are met throughout the month. The total hours claimed each month for all your providers cannot be more than your total monthly authorized hours. If you have multiple providers you will have to set a schedule for each so that the total of all their hours does not exceed your monthly authorized hours.

**If too many of your authorized hours are used during the first pay period, your needs may not be met during the rest of the month.** Provider timesheets claiming too many of your hours in the first pay period will be reviewed and you or your provider may be contacted to discuss the hours being claimed. This may **DELAY** your provider’s paycheck.

**Completing the New Timesheet:** Your provider **MUST** use blue or black ink to complete the timesheet; **MUST NOT** use pencil; **MUST NOT** fold the timesheet; and **MUST NOT** write anything on the timesheet except time worked (hours and minutes), signature and date.

**Signing and Dating New Timesheet:** You or your representative are responsible for reviewing your provider’s timesheet before you sign it to ensure it is claiming the correct hours. **DO NOT** sign an incorrect or blank timesheet. The new timesheets must be signed and dated on the back side by both you and your provider. Timesheets submitted without both signatures will be rejected for payment. Another timesheet will have to be completed. This will create a **DELAY** for your provider receiving their paycheck.

**How to Report a Provider’s Change of Address:** If your provider moves, they **MUST immediately** complete a change of address form that they can get from and return to the county IHSS payroll office. IHSS paychecks will **not** be forwarded by the post office. If the payroll system does not have the provider’s correct address, their paycheck will be returned to the State Controller’s Office as undeliverable.

**KEEP THIS NOTICE FOR USE IN COMPLETING THE NEW TIMESHEET.**

**CONTACT THE COUNTY IHSS PAYROLL OFFICE IF YOU HAVE QUESTIONS OR NEED ASSISTANCE COMPLETING THE NEW TIMESHEET.**

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## IHSS PROVIDERS NOTICE OF NEW TIMESHEETS PLEASE KEEP FOR FUTURE USE

As of \_\_\_\_\_ the IHSS program in your county will be getting a new payroll system that  
MM/YY  
will use a New IHSS Timesheet. You will be receiving the New IHSS Timesheet with your paycheck (a sample of the New Timesheet is enclosed). This notice gives you information about the New Timesheet. It is important that you read and follow the instructions provided in this notice in order to be paid correctly and on time for the hours of IHSS service you provide.

**Where Timesheets are Processed for Payment:** New Timesheets will be processed at a Timesheet Processing Facility (TPF) in Chico, California. **They will NOT be processed at the county IHSS office. You need to mail all New Timesheets to the Chico facility.**

The envelope you receive with the New Timesheet will have the TPF address printed on it. The TPF address is also on the back of the New Timesheet if the envelope is lost. **DO NOT** mail or drop off the New Timesheet to any county IHSS office; this will cause a **DELAY** in receiving your paycheck. Old-style timesheets should still be sent to the county IHSS payroll office.

**When to Send Timesheets:** Send timesheets promptly at the end of each pay period. There are two pay periods each month.

- The first pay period ends on the 15th of the month and the second pay period ends on the last day of the month. If you send your timesheet in early, it will either be rejected for payment or held until the end of the pay period.
- If time is claimed after the date the timesheet is received, it will be rejected for payment. For example, if the timesheet is received at the TPF on the 10th of the month and hours are entered on the timesheet for the 14th of the month, it will be rejected for payment. You will have to get another timesheet from the county IHSS payroll office, fill it out and have it signed and then send it to the TPF.
- If time is not claimed after the date the timesheet is received it will be held until the end of the pay period to be processed. For example, if the timesheet is received at the TPF on the 10th of the month but no hours are entered on the timesheet after the 10th of the month, the timesheet will be held until the end of the pay period to be processed.
- If you stop working for a recipient, you **MUST immediately** notify the county IHSS office of your work end date. You may then submit your timesheet at the end of your last work day and it will be processed upon receipt.

**What to Send to the Timesheet Processing Facility (TPF):** Send only your timesheet to the Timesheet Processing Facility. Do not send any other documents to the TPF. The TPF will **NOT** process any other information. If you or your recipient sends other information it will **DELAY** the county receiving this information. If you have other information to report to the IHSS program, send it to the county IHSS office – **Do not mail it to the TPF.**

**How to Claim Your Worked Time:** On the new timesheet, you will write the time you worked in **hours and minutes** each day. You no longer need to change minutes to decimals. For example, if you work 4 hours and 45 minutes, you would enter 4 in the “Hours” boxes and 45 in the “Minutes” boxes (see example on enclosed sample Pay Stub).

**What Time to Claim:** The IHSS recipient you work for is authorized time to receive specific domestic and related and personal care services. The IHSS program only pays for authorized hours and services. The time you work performing authorized services is the only time for which you can be paid by the IHSS program. The recipient or their representative is responsible for scheduling these services to ensure the recipient’s needs are met throughout the month.

**If too many of the recipient’s authorized hours are used during the first pay period, their needs may not get met during the rest of the month.** Timesheets claiming too many hours in the first pay period will be reviewed and you or the recipient you work for may be contacted to discuss the hours being claimed. This may **DELAY** your paycheck.

**Completing the New Timesheet:** You **MUST** use blue or black ink to complete the timesheet. You **MUST NOT** use pencil; **MUST NOT** fold the timesheet; and **MUST NOT** write anything on the timesheet except time worked (hours and minutes), signature and date.

**Signing and Dating New Timesheet:** New timesheets must be signed and dated on the back side by both you and your recipient. Timesheets submitted without both signatures will be rejected for payment. You and your recipient will have to complete another timesheet. This will create a **DELAY** in receiving your paycheck.

**How to Report a Change of Address:** If you move, you **MUST immediately** complete a change of address form that you get from and return to the county IHSS payroll office. **DO NOT** report your new address on the new timesheet. IHSS paychecks **will not** be forwarded by the post office. If the payroll system does not have your correct address, your paycheck will be returned to the State Controller’s Office as undeliverable.

**KEEP THIS NOTICE FOR USE IN COMPLETING THE NEW TIMESHEET.**

**CONTACT THE COUNTY IHSS PAYROLL OFFICE IF YOU HAVE QUESTIONS OR NEED ASSISTANCE COMPLETING THE NEW TIMESHEET.**

# New Timesheet – Front

## This is a sample – DO NOT USE

Recipient Name	John Smith	Provider Name	Jane Doe
Service Period: 12/16/2008 to 12/31/2008	Payment Date: 01/05/2009		
Record your daily hours and minutes like these samples			
	Hours	Minutes	
4 Hours 45 Minutes	4	45	
6 Hours 30 Minutes	6	30	
10 Hours	10		
<b>Total Time</b>	<b>21</b>	<b>:15</b>	

  

### How To Fill in Timesheet

1. Enter the hours and minutes worked in the boxes next to the date you worked.
2. Only use blue or black pen.
3. Do not write on timesheet except in hours, minutes, signature, and date boxes.
4. The IHSS Program will not pay over authorized hours.
5. Payment will be based on daily hours.
6. Do **Not** cross out or write out on the timesheet.
7. Be sure both Recipient and Provider have signed and dated on back of time sheet.
8. Do **Not** fold the Timesheet

Hours Submitted	H	63	M	00
Hours Not Paid	H	1	M	15
Hours Paid	H	61	M	45
Pay Rate	\$	** **	Hourly	
Timesheet #	123456789123			

  

	Current	YTD
Gross	10,000.00	10,000.00
Print Adjustment	10,000.00	10,000.00
Federal/EIC	10,000.00	10,000.00
Add Federal	10,000.00	10,000.00
State	10,000.00	10,000.00
Add State	10,000.00	10,000.00
FICA	10,000.00	10,000.00
Medicare	10,000.00	10,000.00
SD/DIEC	10,000.00	10,000.00
Share of Cost	10,000.00	10,000.00
Recovery	10,000.00	10,000.00
Lien	10,000.00	10,000.00
Health	10,000.00	10,000.00
Dues	10,000.00	10,000.00
Health Trust	10,000.00	10,000.00
COPE/PEOPLE	10,000.00	10,000.00
Initiation	10,000.00	10,000.00
Other Insurance	10,000.00	10,000.00
<b>Net Pay</b>	<b>100,000.00</b>	<b>100,000.00</b>

Detach Timesheet before mailing (Give the Top portion for your information)

Provider #	123456789	Type	RES/Attendant
Provider Name	Jane Doe	Recipient #	123456789
Recipient #	05-1234567	Recipient Name	John Smith
Recipient Name	John Smith		123-45

  

Fill in time for each day worked

Ande el tiempo para cada día que en haya trabajado.

Lpungnlp wufu opqur wryhuanuub churuppp

填寫每日工作的時數

Timesheet # 123456789      Pay Period - 01/01/09 to 01/15/09

Days of the Month	Hours		Minutes	
	H	M	H	M
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				
11th				
12th				
13th				
14th				
15th				
<b>Total</b>				

  

\*Pay based on daily hours\*

\*Pago basado en las horas diarias\*

\*Lpungnlp wufu opqur wryhuanuub churuppp\*

\*此項將會依據每日的時數\*

# New Timesheet – Back

## This is a sample – DO NOT USE

### Cómo llenar el reporte de horas trabajadas

1. Anote las **horas y minutos** trabajados en las casillas al lado de la fecha en que trabajó.
2. **Siempre** use una pluma con tinta azul o negra.
3. **Siempre** escriba en las casillas para horas, minutos, firma y fecha del reporte de horas trabajadas.
4. El Programa de Servicios de Apoyo en el Hogar (IHSS) **no** pagará más de las horas autorizadas.
5. El pago estará basado en las horas diarias.
6. **No** tache ni use corrector blanco en el reporte de horas trabajadas.
7. Asegúrese que el beneficiario y el proveedor hayan firmado y puesto la fecha en el reverso del reporte de horas trabajadas.
8. **No doble el reporte de horas trabajadas.**

### Ինչպես լրացնել ժամանակացույցը

1. Նշանակեք աշխատած ժամերն ու րոպեները ձեր աշխատանք օրվա ամսաթվի կողքը՝ քստակառու մեջ:
2. Օգտագործեք միայն կապույտ կամ սև գրիչ:
3. Մի գրեք ժամադրության վրա բացի ժամերից, րոպեներից, ստորագրությունից և ամսաթվից:
4. IHSS կրթափոք վարչության աշխատանքային օրերի վերաբերյալ:
5. Վարձավճարը կհիշ ըստ օրական աշխատանքի:
6. Մի գրեք կամ ստորագրեք ժամացույցի վրա:
7. Համոզվե՛ք կոչ որ եւ ստորագրեք, եւ ստացուող ստորագրեն եւ ամսաթիվը կհիշ ժամացույցի ետևում:
8. Մի հարկեք ժամացույցը:

### 如何填寫時間表

1. 在你工作日期旁的方格填寫工作的時數和分鐘。
2. 只能使用藍色或黑色鋼筆。
3. 除了在時數、分鐘、簽名、和日期的方格外，不要在時間表其它地方書寫。
4. IHSS計劃不會支付多過時許的時數。
5. 款項將會依據每日的時數。
6. 不要在時間表上劃劃或塗改。
7. 請寫明受者和服務提供人在時間表背面簽名和填上日期。
8. 請勿摺疊時間表。

Detach Timesheet before mailing (Save the Top portion for your information)

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.

Declaro que la información en este reporte de horas trabajadas es verdadera y correcta. Entiendo que cualquier declaración falsa puede ser enjuiciada bajo las leyes federales y estatales y que si me condenan de fraude, es posible que también esté sujeto a sanciones civiles.

Ես հայտարարում եմ, որ այս հաշվեցուցակում ներկայացված տեղեկությունը ճշմարիտ և ճշգրիտ է եւ հասկանում եմ, որ խաբարակյութ կեղծ հայտարարության կարող է հետապնդվել դատական կարգով՝ Դաշնային և Նահանգային օրենքների համաձայն, և, կրե եւ դատաւարանիմ խարդախության հանցար, ապա եւ կարող եմ ես և ներթուրվել քաղաքացիականական պատժամիջոցները:

我聲明在這時間表的資料是真實和正確的。我明白任何偽造的申請會被聯邦和州法律所檢控,而且如果詐騙罪名成立,我可能也將受到民事處罰。

Mail Detached Timesheet To: IHSS Timesheet Processing Facility (Address to be provided)

Beneficiary Signature	Date	Provider Signature	Date
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