

CMIPS II and You:

New Timesheets

&

Payroll Processing for IHSS Providers



What does CMIPS II mean to IHSS Providers?

- The Case Management Information and Payrolling System II (CMIPS II) is the new computer system used by In-Home Supportive Services (IHSS) and the Public Authority (PA).
- New IHSS timesheet with new rules to complete.
- New timesheet processing system.

New IHSS Timesheet – Front

Recipient Name John Smith		Provider Name Jane Doe		Hours Submitted H 83 M 00	
Service Period: 12/18/2008 to 12/31/2008		Payment Date: 01/08/2009		Hours Not Paid H 1 M 15	
				Hours Paid H 81 M 45	
				Pay Rate \$ 15.00 Hourly	
				Timesheet # 123456789123	

Record your daily hours and minutes like these samples

4 Hours 45 Minutes

	4	:	4	5
--	---	---	---	---

6 Hours 30 Minutes

	6	:	3	0
--	---	---	---	---

10 Hours

1	0	:		
---	---	---	--	--

Total Time

2	1	:	1	5
---	---	---	---	---

↓

How To Fill In Timesheet

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

	Current	YTD
Gross	10,000.00	10,000.00
Pmt Adjustment	10,000.00	10,000.00
Federal/EIC	10,000.00	10,000.00
Addt Federal	10,000.00	10,000.00
State	10,000.00	10,000.00
Addt State	10,000.00	10,000.00
FICA	10,000.00	10,000.00
Medicare	10,000.00	10,000.00
SDI/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
Net Pay	100,000.00	100,000.00

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

Provider #	123456789
Provider Name	Jane Doe
Recipient #	05 - 1234567
Recipient Name	John Smith

Timesheet # 123456789

Pay Period - 01/01/09 to 01/15/09

Type

IHSS Amount

Remaining Hrs

125.45

Fill in time for each day worked

Ante el tiempo para cada día que en haya trabajado.

Lpungpup unteb opulm w2huanub chunleppu

填寫每日工作的時數

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

Provider # 123456789

Provider Name Jane Doe

Recipient # 05 - 1234567

Recipient Name John Smith

Timesheet # 123456789

Pay Period - 01/01/09 to 01/15/09

Type

IHSS Amount

Remaining Hrs

125.45

Fill in time for each day worked

Ante el tiempo para cada día que en haya trabajado.

Lpungpup unteb opulm w2huanub chunleppu

填寫每日工作的時數

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

New IHSS Timesheet – Back

<p>Instrucciones Importantes</p> <ol style="list-style-type: none"> 1. A la persona para quien usted trabaja se le conoce como "beneficiario" del Programa de Servicios de Apoyo en el Hogar (IHSS) y es su empleador. 2. A usted se le conoce como el "proveedor" y es el empleado del beneficiario. 3. Este reporte de horas trabajadas es solamente para un periodo de pago e incluye aquellos días en que usted puede haber trabajado pero un beneficiario de IHSS. 4. Es posible que su empleador tenga a otros proveedores que estén trabajando para él o ella. 5. Es la responsabilidad de su empleador decirle cuántas horas usted puede trabajar durante un periodo de pago y qué días debe trabajar. 6. Asegúrese de que los dos, usted y su empleador, hayan firmado y puesto la fecha en el reporte de horas trabajadas. 7. Al final de cada periodo, rápidamente separe el reporte de horas trabajadas del resto de esta hoja y envíelo a Central Timesheet Processing Facility (el establecimiento central donde procesan los reportes de horas trabajadas). No presente su reporte de horas trabajadas hasta el final del periodo, a menos que su empleo haya terminado antes. 8. Envíe por correo el reporte de horas trabajadas en el sobre incluido con el reporte de horas trabajadas. 	<p>Cómo llenar el reporte de horas trabajadas</p> <ol style="list-style-type: none"> 1. Anote las horas y minutos trabajados en las casillas al lado de la fecha en que trabajó. 2. Solamente use una pluma con tinta azul o negra. 3. Solamente 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.
<p>Կարևոր ցուցումներ</p> <ol style="list-style-type: none"> 1. Այն անձը որի համար Ղուգ աշխատում եք IHSS-ի նպատակն է և Ձեր գործատին: 2. Ղուգ ոչ ում եք ոչպես մատակարար և նախադրյալի աշխատող եք: 3. Այս ժամանակացույցը մի ճնշման չլրացն համար է և չլրացնում է այն օրերը, երբ Ղուգ աշխատել եք IHSS-ի նպատակների համար: 4. Ձեր գործատին կարող է ունենալ այլ մատակարարներ, ովքեր աշխատում են Ձեր համար: 5. Ձեր գործատին կատարմանառնություն է Ձեր աշխ. քն ջանք՝ որ եք աշխատելու վճարման շրջանում և որ օրերին եք աշխատել: 6. Այսուհետ, ու և Ղուգ և Ձեր գործատին առարարել ու բնագրել եք ժամանակացույցը: 7. Յուրաքանչյուր շաբաթի ավարտին, անմիջապես կտրեք ու վրադարձրեք Շեղի ժամանակացույցը Ղուգվործատի հետևում: Մի համեք Ձեր ժամանակացույցը մեկնա շրջանի ավարտը, բացի եթե Ձեր գործ շրջանը ավարտվել է ժամանակացույց փոխով ուղարկեք նրան կող ծառայում: 8. Ժամանակացույց փոխով ուղարկեք նրան կող ծառայում: 	<p>Ինչպես լրացնել ժամանակացույցը</p> <ol style="list-style-type: none"> 1. Ներմուծեք աշխատած ժամերն ու րոպեները ձեր աշխատած օրվա ամսաթվի կողքը. բառակապու մեջ: 2. Օգտագործեք միայն կապույտ ևս սև գրիչ: 3. Մի գրեք ժամացուցակի վրա. բացի ժամերից, րոպեներից, ստորագրությունից և ամսաթվից: 4. IHSS ծրագիրը լիազորված աշխատատեղից դուրս չի վճարի: 5. Վարձավճարը կլինի ըստ օրական աշխատատեղի: 6. Մի գծեք կամ աղիտակցեք ժամացուցակի վրա: 7. Համոզված եղեք որ ևս ստատրկորդ, ևս ստացույց ստորագրել և ամսաթիվն նշել ժամացուցակի ետևում: 8. Մի ծալեք ժամացուցակը:
<p>如何填寫時間表</p> <ol style="list-style-type: none"> 1. 聘用你工作的人是IHSS計劃的接受者,並且是你的僱主。 2. 你並非為服務提供者並且是接受者的僱員。 3. 這時間表只顯示一個服務期,包括你可能替其他IHSS計劃的接受者工作的日子。 4. 你的僱主可能有其他的服務提供者替他工作。 5. 你的僱主有責任去通知你服務期間的工作時數,和什麼時間工作。 6. 確定你和你的僱主在時間表簽名和填上日期。 7. 發薪期滿時來時,盡快剪下和寄回下面的時間表到中央處理所,除非你的工作被終止,請勿在發薪期結束前將時間表寄回。 8. 連同時間表,寄回信上的回郵信封。 	<p>如何填寫時間表</p> <ol style="list-style-type: none"> 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寫字。 4. IHSS計劃不會支付多過特許的時數。 5. 放項將會依據每日的時數。 6. 不要在時間表上刪劃或塗改使用塗改液。 7. 確定接受者和服務提供人在時間表背面簽名和填上日期。 8. 請勿帶走時間表。

Cut along dotted line ✂

Cut along dotted line ✂

Ես հայտարարում եմ որ այս հաշվեցուցակում ներկայացված տեղեկությունը ճշմարիտ և ճշգրիտ է: Ես հասկանում եմ որ խախտելու դեպքում կարող եմ հետագայում դատական կարգով Պաշտպան և Նախնային և Նախնային օրենքների համապետ և եթե ես դատապարտվեմ խաղաղություն համար ապա ես կարող եմ նաև ենթարկվել քաղաքացիականական պատժամիջոցների:

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, P.O. BOX 2380, Chico, CA 95927-2380

SOC 843 (11/09)

The correct way to fill out the new timesheet

- Detach paystub from timesheet before putting in envelope
- Computer will not process timesheet with attached paystub

[illegible]

Timesheet Do's

When completing your timesheet remember to:

- Use BLACK ink only.
- Record the actual hours and minutes worked daily.
- The Provider and Recipient must SIGN and DATE the timesheet.
- The Recipient will sign and date the timesheet after the Provider has worked the assigned hours.

Timesheet Don'ts

- Do not write in the boxes that have been grayed out on the timesheet.
- Do not write an “X” in the boxes that are blank.
 - Leave boxes blank for days you did not work.
- Do not write “H” in the boxes for days the recipient is in the hospital.
- Do not write notes or comments on your timesheet.
- Do not write notes to the Social Worker on your timesheet...*remember* timesheets will be sent the State Timesheet Processing Facility in Chico, CA.
- Address changes will no longer be reported on the timesheet.

Mailing Timesheets

When mailing timesheets, remember that:

- Only one timesheet per envelope will be accepted.
- Exact postage and return address are required on each timesheet envelope.
 - Timesheets without exact postage will be returned to sender.
 - Timesheets without exact postage and no return address will be sent to “dead mail” by the State Timesheet Processing Facility in Chico, CA, and considered lost timesheets.
- Timesheets must be completed and mailed timely, as they expire.
 - Checks also expire, and must be cashed or deposited timely.




Timesheet Lost? Damaged?

Need a Replacement?

- Request a replacement timesheet by submitting the Replacement Timesheet Request form (IHSS TSR 8 E/S).
 - The Replacement Timesheet Request form can be:
 - Picked up in your local DAAS office,
 - Mailed to you at your request, or
 - Printed from the DAAS or PA website.
- The replacement timesheet will be mailed to you.

IHSS Replacement Timesheet Request Form (IHSS TSR 8 E/S)

DEPARTMENT OF AGING & ADULT SERVICES <i>The Designated Area Agency on Aging</i>		COUNTY OF SAN BERNARDINO HUMAN SERVICES
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[_____]
[_____]
[_____]

MAIL TO / ENVIAR A:

<input type="checkbox"/> 536 E. Virginia Way Barstow, CA 92311 <input type="checkbox"/> 9445 Fairway View Pl., #110 Rancho Cucamonga, CA 91730 <input type="checkbox"/> 1300 Bailey Avenue Needles, CA 92363	<input type="checkbox"/> 686 East Mill Street San Bernardino, CA 92415-0009 <input type="checkbox"/> 17270 Bear Valley Rd. Suite 108 Victorville, CA 92359 <input type="checkbox"/> 56357 Pima Trail Yucca Valley, CA 92284
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TDD – Telephone Services for the Hearing Impaired
TDD – Servicios Telefónicos para los que tienen dificultad de oír
(909) 252-4703 05/10

In-Home Supportive Services – Timesheet Replacement Request

Servicios de Casa y Cuidado Personal – Solicitud de Reemplazo del Reporte de Horas Trabajadas

To request a replacement timesheet, provide the following information and submit the completed form to the appropriate IHSS office. The request will be processed and a replacement timesheet will be mailed to the address indicated on this form.

Para solicitar un reemplazo del Reporte de Horas Trabajadas, proporcione la siguiente información y presente la forma completa al oficial apropiado de IHSS. La solicitud será procesada y un Reporte de Horas Trabajadas será enviada a la dirección indicada en este formulario.

Provider Name:
Nombre del Proveedor: _____

Provider Address:
Dirección del Proveedor: _____

Provider Phone Number:
Número de Teléfono del Proveedor: _____

Provider Number:
Número del Proveedor: _____

Client Name:
Nombre del Cliente: _____

Replacement Timesheet Pay Period:
Periodo de Pago del Reemplazo del Reporte de Horas Trabajadas: _____

Replacement Timesheet Request Reason:
La Razón por la cual está Solicitando un Reemplazo del Reporte de Horas Trabajadas:

☐ Lost / Lo Perdió

☐ Torn or Damaged / Esta Desgarrado o Dañado

☐ Not Received / No la Recibió

☐ Other (please explain): _____
Otra (por favor explique): _____

Comments / Comentarios: _____

Provider Signature: <i>Firma del Proveedor:</i> _____	Date Submitted: <i>Fecha Presentada:</i> _____
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County Use Only

DAAS Staff Name: _____	Date Processed: _____
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IHSS TSR 8 (E/S) (03/13)

Early Timesheets

Please do not mail timesheets before the end of the pay period.

Early timesheets will be:

- Returned by the Timesheet Processing Facility and a new timesheet will have to be completed.
- This will cause a delay in your payment.

What to Do If You Move

Complete and submit an IHSS Change of Address form (SOC 840).

- The IHSS Change of Address form (SOC 840) can be:
 - Picked up in your local DAAS office,
 - Mailed to you at your request, or
 - Printed from the DAAS or PA website.
- The IHSS Change of Address form (SOC 840) can be submitted to your local DAAS office by:
 - Dropping it off in person, or
 - Mailing it.
- Checks will not be forwarded.

IHSS Change of Address Form (SOC 840)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER OR RECIPIENT
CHANGE OF ADDRESS AND/OR TELEPHONE**

1. CHECK ONE BOX ONLY:

☐ PROVIDER ☐ RECIPIENT

2. PROVIDER NUMBER OR RECIPIENT CASE NUMBER

3. NAME FIRST MIDDLE LAST COUNTY NAME

4. HOME ADDRESS STREET CITY STATE ZIP CODE

5. MAILING ADDRESS STREET CITY STATE ZIP CODE

6. NEW HOME ADDRESS STREET CITY STATE ZIP CODE

7. NEW MAILING ADDRESS STREET CITY STATE ZIP CODE

8. TELEPHONE NUMBER

☐ HOME ☐ WORK ☐ CELL

9. NEW TELEPHONE NUMBER

☐ HOME ☐ WORK ☐ CELL

SIGNATURE

DATE

What Is New About the Timesheet Process?

- Computers cannot read timesheets like people can read them.
- Computers will reject timesheets it cannot read.
- IHSS providers must fill out new timesheets VERY CAREFULLY to avoid payment delays.

How Long Will It Take to Be Paid?

- Paychecks will still be issued within 10 working days.
 - The 10 days begins the day the timesheet is received by the Timesheet Processing Facility in Chico.
 - IHSS Timesheet Processing Facility
PO Box 2380
Chico, CA 95927-2380
- Paychecks will continue to be mailed from Sacramento (allow at least 2 – 3 days after the day the paycheck is issued).

Paycheck Status

Worried that your timesheet may not have been received?

- Please wait **10 business days** after mailing the timesheet before contacting the Paycheck Customer Service Hotline at 1-800-722-4595.
- Please do not call the IHSS Social Worker to request a timesheet or paycheck status.

Timesheet Entry Practice #1

SOC 843 (11/09)

Provider #	██████████	Type
Provider Name	██████████████████	IHSS
Recipient Case #	██████████	Remaining Hrs
Recipient Name	██████████████████	22:36

Fill in time for each day worked
 Anote el tiempo para cada día en que haya trabajado.
 Լրացրեք ամեն օրվա աշխատած ժամերը
 填寫每日工作的時數

Days of the Month

	Hours	Minutes
16th		
17th		
18th		
19th		
20th		
21st		
22nd		
23rd		
24th		
25th		
26th		
27th		
28th		
29th		
30th		
31st		
Total	□ □ □	: □ □

Timesheet # 1000049186

Pay Period - 08/16/2012 to 08/31/2012

DO NOT FOLD TIMESHEET

Cut along dotted line ✂

"Pay based on daily hours"
"Pago basado en las horas diarias"
"Հարձակճարը ըստ օրական աշխատածամի"
"款項將會依據每日的時數"

Cut along dotted line ✂

Cut and Remove Before Mailing

August 2012							My Calendar
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
29	30	31	1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31	1	

Handwritten entries in the calendar:

- Friday, 24th: 3 hr
- Monday, 20th: 3 hr
- Wednesday, 22nd: 3 hr
- Friday, 24th: 3 hr
- Monday, 27th: 3 hr
- Wednesday, 29th: 3 hr
- Friday, 31st: 4 hr 36mins

Timesheet Entry Should Look Like This:

SOC 843 (1/109)

Provider #		Type
Provider Name		IHSS
Recipient Case #		Remaining Hrs
Recipient Name		22:36

Fill in time for each day worked
 Anote el tiempo para cada día en que haya trabajado.
 Հրապրեք ամեն օրվա աշխատած ժամերը
 填寫每日工作的時數

Days of the Month

	Hours	Minutes
16th		
17th	3	
18th		
19th		
20th	3	
21st		
22nd	3	
23rd		
24th	3	
25th		
26th		
27th	3	
28th		
29th	3	
30th		
31st	4	36

Timesheet # 1000049186

Pay Period - 08/16/2012 to 08/31/2012

Total :

"Pay based on daily hours"
"Pago basado en las horas diarias"
"Հարձակվարը ըստ օրական աշխատածամի"
"款項將會依據每日的時數"

Cut along dotted line

Cut and Remove Before Mailing

August 2012							My Calendar
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
29	30	31	1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31	1	

Handwritten entries in the calendar:

- Monday 20: 3 hr
- Monday 27: 3 hr
- Wednesday 22: 3 hr
- Wednesday 29: 3 hr
- Friday 17: 3 hr
- Friday 24: 3 hr
- Saturday 4: 3 hr
- Saturday 11: 3 hr
- Saturday 18: 3 hr
- Saturday 25: 3 hr
- Saturday 2: 4 hr 36 mins

Timesheet Entry Practice #2

SOC 843 (1/09)

Provider #	██████████	Type	
Provider Name	██████████████████	IHSS	
Recipient Case #	██████████	Remaining Hrs	
Recipient Name	██████████████████	267:48	

Fill in time for each day worked
 Anote el tiempo para cada día en que haya trabajado.
 Լրացրեք ամեն օրվա աշխատած ժամերը
 填寫每日工作的時數

Days of the Month

	Hours	Minutes
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		
8th		
9th		
10th		
11th		
12th		
13th		
14th		
15th		
Total	<input type="text"/>	<input type="text"/>

Timesheet # 1000056334

Pay Period - 08/01/2012 to 08/15/2012

DO NOT FOLD TIMESHEET

Cut along dotted line

"Pay based on daily hours"
"Pago basado en las horas diarias"
"Հարձակվաբը՝ ըստ օրական աշխատածամր"
"款項將會依據每日的時數"

Cut along dotted line

Cut and Remove Before Mailing

August 2012							My Calendar
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
29	30	31	1	2	3	4	
			9 hr	9 hr	9 hr	9 hr	
5	6	7	8	9	10	11	
9 hr	9 hr	9 hr	9 hr	9 hr	9 hr	9 hr	
12	13	14	15	16	17	18	
9 hr	9 hr	9 hr	9 hr				
19	20	21	22	23	24	25	
26	27	28	29	30	31	1	

Timesheet Entry Should Look Like This:

SOC 843 (11/09)

Provider #	██████████	Type
Provider Name	██████████	IHSS
Recipient Case #	██████████	Remaining Hrs
Recipient Name	██████████	267:48

Fill in time for each day worked
 Anote el tiempo para cada día en que haya trabajado.
 Լրացրեք ամեն օրվա աշխատած ժամերը
 填寫每日工作的時數。

Days of the Month

	Hours	Minutes
1st	9	
2nd	9	
3rd	9	
4th	9	
5th	9	
6th	9	
7th	9	
8th	9	
9th	9	
10th	9	
11th	9	
12th	9	
13th	9	
14th	9	
15th	9	

DO NOT FOLD TIMESHEET

Timesheet # 1000056334

Pay Period - 08/01/2012 to 08/15/2012

Total :

"Pay based on daily hours"
"Pago basado en las horas diarias"
"Հարձակվածը՝ ըստ օրական աշխատածամի"
"款項將會依據每日的時數"

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12	13	14	15	16	17	18	
9 hr	9 hr	9 hr	9 hr				
19	20	21	22	23	24	25	
26	27	28	29	30	31	1	

A large, 3D red question mark character with a smiling face, waving its right hand. A speech bubble next to it says "Questions?".

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.