In-Home Supportive Services (IHSS) Timesheet Processing Examples

California Department of Social Services
Adult Programs Division

Legislative Hearing
November 1, 2016

Timesheet Example – Submitted With No Errors

Cut along dotted line

4 42 1047 3200 1   16291 0722

Provider #		Provider Name			
Case #		Recipient Name			
Type	IHSS	Timesheet No			
Pay From	10/01/2016	Pay To	10/15/2016	Hours	113:50

Workweek #1
Claimed: 22:50

S	0	0	0	0
M	0	0	0	0
T	0	0	0	0
W	0	0	0	0
T	0	0	0	0
F	0	0	0	0
S 01		4	0	0

Total ___4:00___

Workweek #2
Claimed: 00:00

S 02		3	0	0
M 03		4	0	0
T 04		4	0	0
W 05		4	0	0
T 06		4	0	0
F 07		4	0	0
S 08		4	0	0

Total ___27:00___

Workweek #3
Claimed: 00:00

S 09		4	0	0
M 10		3	0	0
T 11		4	0	0
W 12		4	0	0
T 13		4	0	0
F 14		4	0	0
S 15		3	0	0

Total ___26:00___

Workweek #4
Claimed: 00:00

S	0	0	0	0
M	0	0	0	0
T	0	0	0	0
W	0	0	0	0
T	0	0	0	0
F	0	0	0	0
S	0	0	0	0

Total ___57:00___

Turn over and sign ➡

This timesheet information in CMIPS is illustrated on next slide.

Timesheet Example Submitted With No Errors - continued

Manage

📇 View Image   ☑ View Payment Details

Details

Provider Number:		Provider Name:	
Recipient Number:		Recipient Name:	
Type:	IHSS Arrears	Remaining Hrs (HH:MM):	113:50
Status:	Processed	Status Date:	10/18/2016
Print Method:	Print/Mail from a Centralized Print Center	Print Date:	10/4/2016
Service Period From:	10/1/2016	Service Period To:	10/15/2016
Timesheet Number:		Legacy Timesheet Number:	
Received Date:	10/17/2016	Mode of Entry:	TPF
Large Font Timesheet:	Yes	Late Submission Release Date:	

Time Entries [HH:MM]

	HH:MM		HH:MM		HH:MM		HH:MM
SUN :	00:00	SUN 2:	03:00	SUN 9:	04:00	SUN :	00:00
MON :	00:00	MON 3:	04:00	MON 10:	03:00	MON :	00:00
TUE :	00:00	TUE 4:	04:00	TUE 11:	04:00	TUE :	00:00
WED :	00:00	WED 5:	04:00	WED 12:	04:00	WED :	00:00
THU :	00:00	THU 6:	04:00	THU 13:	04:00	THU :	00:00
FRI :	00:00	FRI 7:	04:00	FRI 14:	04:00	FRI :	00:00
SAT 1:	04:00	SAT 8:	04:00	SAT 15:	03:00	SAT :	00:00

| Weekly Total: | 04 : 00 | Weekly Total: | 27 : 00 | Weekly Total: | 26 : 00 | Weekly Total: | 00 : 00 |

Hours Claimed (HH:MM): 57:00

Case Hours Paid (HH:MM):	57:00	Case Hours Not Paid (HH:MM):	00:00
Hours Paid at Overtime Rate (HH:MM):	00:00		

Close

Payment

Warrant Information

Warrant Number:		EFT:	Yes
Issue Date:	10/21/2016	Funding Source:	CFCO
Pay Status:	Cleared	Status Date:	10/21/2016

Pay Event

Pay Type:	IP Pay	Pay Period:	10/1/2016 - 10/15/2016
Case Hours Paid (HH:MM):	57:00	Case Hours Not Paid (HH:MM):	00:00
Travel Hours Paid (HH:MM):	00:00	Travel Hours Not Paid (HH:MM):	00:00
Total Hours Paid(HH:MM):	57:00	Hours Paid as Overtime (HH:MM):	00:00
Pay Rate:	10.00	Overtime Pay Rate:	0.000

- **100% of timesheets with no errors are processed timely.**

- **Hours entered on the timesheet are shown to be exact hours processed in CMIPS.**
- **Timesheet received on 10/17; processed and payment issued on 10/21.**

CDSS **Adult Programs Division**

Timesheet Example – Submitted "hard to read" Still Processed

This timesheet information in CMIPS is illustrated on next slide.

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Timesheet Example – Submitted "hard to read" Still Processed

Manage	
🔗 View Image	✅ View Payment Details

Details

Provider Number:		Provider Name:	
Recipient Number:		Recipient Name:	
Type:	IHSS Arrears	Remaining Hrs (HH:MM):	31:42
Status:	Processed	Status Date:	10/21/2016
Print Method:	Print/Mail from a Centralized Print Center	Print Date:	9/27/2016
Service Period From:	9/16/2016	Service Period To:	9/30/2016
Timesheet Number:		Legacy Timesheet Number:	
Received Date:	10/21/2016	Mode of Entry:	TPF
Large Font Timesheet:	No	Late Submission Release Date:	

Time Entries [HH:MM]

	HH:MM		HH:MM		HH:MM		HH:MM
SUN :	00:00	SUN 18:	03:00	SUN 25:	00:00	SUN :	00:00
MON :	00:00	MON 19:	03:00	MON 26:	00:00	MON :	00:00
TUE :	00:00	TUE 20:	03:00	TUE 27:	00:00	TUE :	00:00
WED :	00:00	WED 21:	03:00	WED 28:	00:00	WED :	00:00
THU :	00:00	THU 22:	03:00	THU 29:	00:00	THU :	00:00
FRI 16:	05:00	FRI 23:	03:00	FRI 30:	00:00	FRI :	00:00
SAT 17:	05:42	SAT 24:	03:00	SAT :	00:00	SAT :	00:00
Weekly Total:	10 : 42	**Weekly Total:**	21 : 00	**Weekly Total:**	00 : 00	**Weekly Total:**	00 : 00

Hours Claimed (HH:MM):	31:42

Case Hours Paid (HH:MM):	31:42	Case Hours Not Paid (HH:MM):	00:00
Hours Paid at Overtime Rate (HH:MM):	00:00		

- **Hours entered on the timesheet are shown to be exact hours processed in CMIPS even though they were extremely hard to read.**

Payment

Warrant Information

Warrant Number:		EFT:	No
Issue Date:	10/25/2016	Funding Source:	PCSP
Pay Status:	Paid	Status Date:	10/21/2016

Pay Event

Pay Type:	IP Pay	Pay Period:	9/16/2016 - 9/30/2016
Case Hours Paid (HH:MM):	31:42	Case Hours Not Paid (HH:MM):	00:00
Travel Hours Paid (HH:MM):	00:00	Travel Hours Not Paid (HH:MM):	00:00
Total Hours Paid(HH:MM):	31:42	Hours Paid as Overtime (HH:MM):	00:00
Pay Rate:	12.50	Overtime Pay Rate:	0.000

Timesheet Examples

> ## Provider Enrollment - Timesheet Issuance Timeline

- Two recipients began the application process on 04/19/16. They were authorized on 06/17/16.
- The provider begins the enrollment process and was determined to be eligible on 07/19/16 which is the first day the provider was eligible to be paid.
- Provider was assigned to the cases on 7/27/2016 at which time the system issued the timesheets back to 04/19/16 .
- However, the Provider called the county on 09/02/16 and asked the county to reissue April part B replacement timesheet. County reissued on 09/02/2016. It is unknown why the provider did not submit the timesheets that were issued in July.
- Provider called the county on 09/14/16 and requested replacement timesheets from May - September. County reissued replacement timesheets on 09/14/2016.
- TPF received the first timesheet on 09/15/2016 and payment was issued on 09/19/2016.

Timesheet Examples

> **Advance Pay Timesheet – Human Element/Key Data Entry**

- On the timesheet image, the provider crossed out a 1 and entered a 0 on the 6th day, correctly.
- When the timesheet was processed there was a data entry error and it was entered as a 10 instead of 9.
- Because of this error, an Exceeds Authorization letter was generated for this timesheet and sent to the provider.
- The provider was paid appropriately.
- No violation occurred.

Provider #:		Provider Name:	\		
Case #:	_	Recipient Name:			
Type:	IHSS	Timesheet No:			
Pay From:	06/01/2016	Pay To:	06/15/2016	Hours:	169:46

Workweek #1	Workweek #2	Workweek #3	Workweek #4
Claimed : 00:00	Claimed : 00:00	Claimed : 00:00	Claimed : 00:00

S	0	0	0	0	S 05	8		S 12	8			S	0	0	0	0		
M	0	0	0	0	M 06	8		M 13	7 2 7			M	0	0	0	0		
T	0	0	0	0	T 07	8		T 14				T	0	0	0	0		
W 01	8				W 08	8		W 15				W	0	0	0	0		
T 02	8				T 09	8		T	0	0	0 0	T	0	0	0	0		
F 03	8				F 10	2 2 7		F	0	0	0 0	F	0	0	0	0		
S 04	8				S 11			S	0	0	0 0	S	0	0	0	0		

Total	32	Total	42 27	Total	10 27	Total	

Turn over and sign. →

Detach Instructions Before Mailing.

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.

Mail Detached Timesheet To:
IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862

4 22 1439 2600 1 16172 1047

Timesheet Example – Hard Exception (unreadable)

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