

December 17, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 19-115**

The purpose of this All County Letter (ACL) is to provide counties with information and instructions for entering the information from the In-Home Supportive Services (IHSS) *Designation of Authorized Representative Form (SOC 839) Part C, Timesheet and/or Other Provider-Related Documents Signatory* into the Case Management, Information and Payrolling System (CMIPS)



KIM JOHNSON  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

December 17, 2019

ALL COUNTY LETTER (ACL) NO. 19-115

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

SUBJECT: IHSS TIMESHEET SIGNATURE AUTHORIZATION REQUIREMENT

REFERENCE: [ASSEMBLY BILL \(AB\) 1436 \(Chapter 707, Statutes of 2015\)](#)  
[ALL-COUNTY LETTER \(ACL\) 18-59 \(July 6, 2018\)](#)

This ACL provides counties with timesheet signature authorization requirement information and instructions for entering a Timesheet Signatory in the Case Management, Information and Payrolling System (CMIPS) when counties receive an In-Home Supportive Services (IHSS) *Designation of Authorized Representative Form* (SOC 839) or county IHSS program staff becomes aware of any changes regarding the Timesheet Signatory.

## **BACKGROUND**

On July 6, 2018, the California Department of Social Services (CDSS) issued ACL 18-59 which provided counties with information and instructions for implementing provisions of AB 1436, (Chapter 707, Statutes of 2015), regarding authorized representatives within the IHSS program. The ACL 18-59 included the *IHSS Designation of Authorized Representative Form* (SOC 839) which is used by an IHSS applicant or recipient to designate an authorized representative for purposes of the IHSS program.

## **TIMESHEET SIGNATORY AUTHORIZATION REQUIREMENT**

When a recipient or their legal representative decides to designate an individual to sign a provider's timesheet on their behalf, the recipient or their legal representative individual must complete the SOC 839 Form Part C. As referenced in ACL 18-59, a

legal representative is a court appointed-guardian or conservator, or for an applicant or recipient who is a minor, a parent or other individual determined by the county to be the legally authorized decision maker for the applicant or recipient.

Upon receipt of a completed SOC 839 Form, county IHSS program staff are required to enter the Timesheet Signatory information including name and phone number in the CMIPS. This information is essential to ensure the Telephone Timesheet System (TTS) is calling the correct contact for provider timesheet review and approval. The TTS will only contact the Timesheet Signatory that is entered in CMIPS.

### **COUNTY RESPONSIBILITIES**

Upon release of this ACL, counties are required to ensure the completion of SOC 839 Form Part C for applicant(s) or recipient(s) who wish to have a designated timesheet signatory. Counties shall ensure timesheet signatory information is entered in CMIPS in a timely manner upon initial completion of the form as well as when changes are reported. For those recipients who have completed and filed the IHSS Time Sheet Signature Authorization Form prior to the release of ACL 18-59, counties shall request the recipients to complete and submit an updated SOC 839 at the next reassessment; and ensure correct information is entered in CMIPS.

### **ENTERING A TIMESHEET SIGNATORY INTO CMIPS**

A *timesheet signatory* is entered on the CMIPS Contacts screen. The Contacts screen is accessed by clicking on the Contacts link in the left page navigation from the Case Home screen. The county user can enter the *timesheet signatory* by clicking the “Add a New Contact” link, entering the name, phone number, and selecting “Timesheet Signatory” in the Type drop-down menu screen.

*If a timesheet signatory must be deleted from CMIPS*, this is done by clicking on the “Contacts” link in the left page navigation from the Case Home screen. Select “View” on the *:Timesheet Signatory* contact to access the record, then click on the “Inactivate” link, and click “yes” to confirm.

Please refer to the CMIPS User Manual, Chapter 3 Recipient Management if you have additional questions about how to add a Contact in CMIPS. The CMIPS User Manual is located online at: [https://cmipsii.ca.gov/CMIPSInfo/html/training\\_userManual.jsp](https://cmipsii.ca.gov/CMIPSInfo/html/training_userManual.jsp)

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If you have any questions about this ACL, please contact the Systems Operations and Data Analysis Bureau within the CMIPS and Systems Enhancements Branch at the following email address: [CMIPSII-Requests@dss.ca.gov](mailto:CMIPSII-Requests@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

DEBBI THOMSON  
Deputy Director  
Adult Programs Division

c: CWDA