



**SAN MATEO
COUNTY HEALTH**
All together better.

Welcome

San Mateo County
Public Authority
In-Home Supportive Services

Provider Orientation

smchealth.org/publicauthority

**Welcome to San Mateo County's Public Authority for
In-Home Supportive Services or IHSS Program.
The following is a supplement to the mandatory video
you watched and provides important
additional information about:**

- San Mateo County Public Authority's Services
- Payroll, Wages and Direct Deposit
- Provider Benefits
- Taxes and other State Programs
- Live-In Self Certification Application
- Electronic Visit Verification & Electronic Timesheets



During this video please refer to the **Provider Orientation Packet** you received.

If you or someone helping you has a computer, laptop, tablet or smartphone, please bookmark our Public Authority Web Page

www.smchealth.org/publicauthority

Please refer to the "**Who To Call**" Directory or go to <https://www.smchealth.org/pod/contact-us> to reach our department and other important information

If you have enrollment questions, please call
1-844-228-9632

Public Authority

- Employer of Record
- Assigns you to a Payroll Specialist you can reach by phone or email
- Assists in resolving timesheet issues and managing benefits (if eligible)
- Provides employment verification
- Maintains a Registry (provider referral program for recipients looking to hire an IHSS provider)

Are you looking for additional work as an IHSS Provider?

<https://www.smchealth.org/contact/are-you-looking-work>

Provider Wages in San Mateo County

- \$14.25 per hour (effective 1/1/2020)
- Overtime = if you work more than 40 hours in a workweek
- Overtime pay rate: regular pay x 1.5 = \$21.38 per hour

Provider receives no pay for vacation, holiday or retirement.

PAYMENT & DIRECT DEPOSIT

- It takes approximately **10** business days to receive your paycheck once your timesheet is received at the Timesheet Processing Facility (TPF) in West Sacramento, CA.
- *SIGN UP FOR Direct Deposit RIGHT in your electronic timesheet account cuts payday in half!*
- You can also find the Direct Deposit Form on our webpage under “Frequently Used Forms” or call your payroll specialist.

Provider Service Desk at the State (866) 376-7066

- Electronic Timesheets (ETS) Help Desk for Technical Problems
- Basic Lien & Wage Garnishment Information

Taxes

- W-4 and DE-4 (Federal/State income tax withholding) form mailed to you by Payroll Specialist. You will need one filled out for each client you work for
- W-2 (summary of wages for the year) mailed to you by the State end of every January
- If you live with Recipient you have the option of filling out:

Live-In Self-Certification Form- SOC2298 (*this may affect your tax deductions, so check with a tax advisor before submitting*).

You can download Form-SOC2298 form from our Public Authority webpage under "Commonly Used Forms" or request from your payroll specialist. Please follow the instructions and return mail to the address on the form

Provider Benefits

(Please refer to your Provider Orientation Packet)

- 16 hours paid Sick Leave per Fiscal year (Form SOC 2302)
- Medical Insurance (Provider only, no dependents)
- Dental & Vision Insurance
- Public Transportation Reimbursement
- Job Development Reimbursement
- Essential Caregiving Skills & Specialty Caregiver Workshops
(our workshops are postponed at this time, we will notify providers when workshops start again)

Visit: smchealth.org/providerbenefits or refer to your "Who To Call" Directory for more information and/or applications for these programs

COVID-19 Emergency Sick Leave Benefits

- New Federal law, **Families First Coronavirus (COVID-19) Response Act, HR 6201**
- Allows full-time workers (40 hours or more per week) to get 80 hours of paid leave
- Part-time workers get the average number of hours worked in a 2-week pay period
- Provides paid COVID-19 related sick leave benefits between now and December 31, 2020
- You may only submit one claim
- You will be paid for your entire eligible sick leave benefit in one payment
- Provider MUST complete **FORM TEMP 3021** and return the form to San Mateo County Public Authority

If you are sick with, potentially sick with, or have been exposed to COVID-19, you should not be providing IHSS/WPCS services for any recipient as specified by the Department of Public Health.

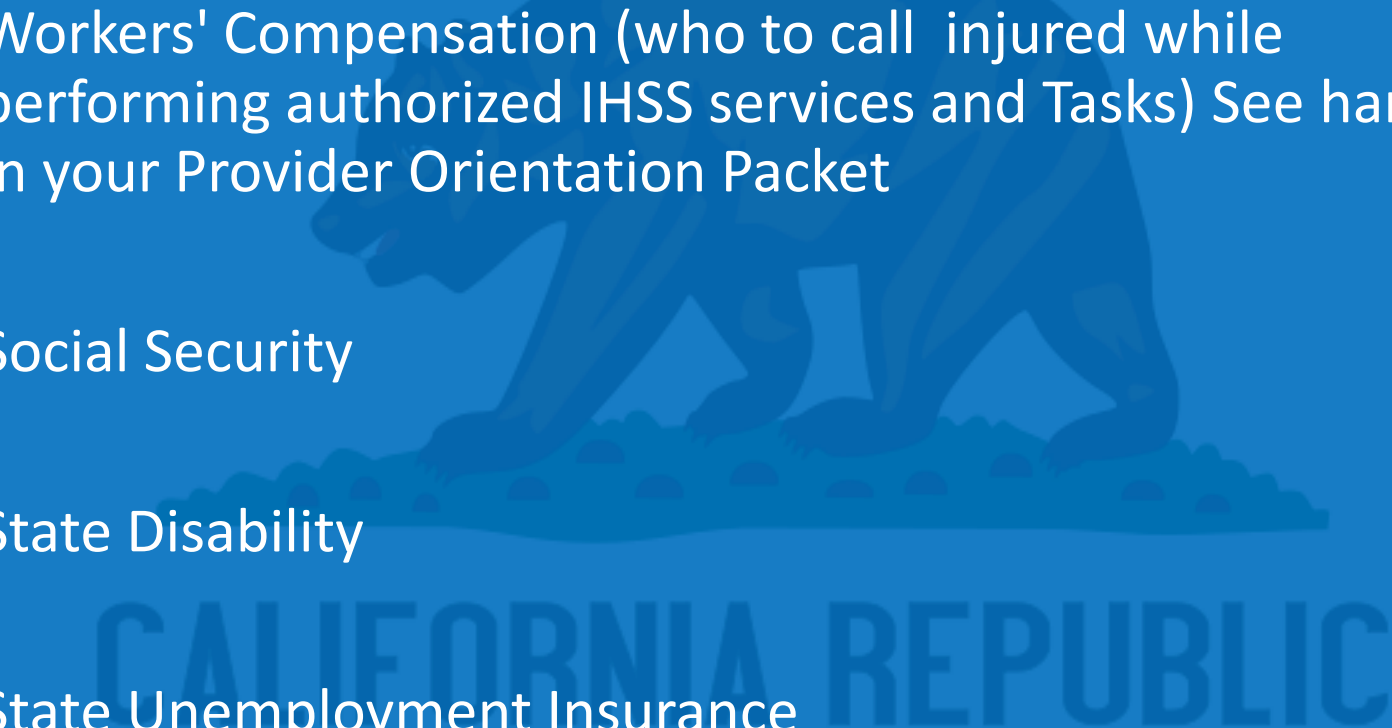
COVID-19 Emergency Sick Leave Benefits - Continued

You **MUST** meet one of the following requirements:

- You are subject to a quarantine or isolation order;
- You have been advised by a health care provider to self-quarantine;
- You are having symptoms of COVID–19 and are seeking a medical diagnosis;
- You are caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine by a health care provider;
- You are caring for your child who's school or childcare facilities has been closed due to COVID-19 precautions and there is no one else available to care for your child;
- You are experiencing any other substantially similar concerns.

Questions? Please contact your payroll specialist for more information

Additional State Program Benefits

- 
- Workers' Compensation (who to call injured while performing authorized IHSS services and Tasks) See handout in your Provider Orientation Packet
 - Social Security
 - State Disability
 - State Unemployment Insurance

See IHSS Individual Provider Benefits & Services Information in your Packet

When will you be activated to start submitting timesheets?

- All Provider Enrollment Requirements Completed
- Recipient's Care Plan (Notice of Action) Completed and you receive the Provider Notification in the mail
- Payroll Specialist mails you first provider timesheet packet including your payroll specialist's business card, W-4 and DE-4 to complete for your Federal and State tax withholdings

Contact your Payroll Specialist

- YOU are on vacation or other leave (e.g. medical) and when you return
- RECIPIENT is hospitalized or transferred to another care facility and/or when they return home
- RECIPIENT plans to travel
- REPORT your change of address and/or telephone number in writing within **10** days.

SEIU 2015

The Union for IHSS Providers is SEIU 2015

A representative from SEIU 2015 will contact you after your enrollment is completed.

The Union's contact information can be found in your IHSS Provider Orientation Packet , "Who To Call" phone directory.

Reminder

- Instructions on how to watch the mandatory Orientation Video at our Public Authority Webpage www.smchealth.org/publicauthority
- This video shows how to fill out timesheets electronically
- You will receive directions how to enroll in the electronic timesheet system or portal later in this video

TIMESHEETS

- 2 pay periods per month:
1st-15th & 16th through last day of month
- Timesheets are due at the end of every pay period
(15th and last day of the month)
- Submit 1 timesheet for each recipient
- Late timesheets delay your paycheck and /or jeopardize eligibility for provider medical, dental and vision benefits

Electronic Timesheet System



- Please refer to the Electronic Timesheet Portal or System Registration Instructions in your Provider Packet
- Starting **July 1, 2020** State will no longer process paper timesheets.
- If your recipient cannot use computer or prefers not to use a computer, your recipient will need to call their payroll specialist to sign up for Telephone Timesheet System or TTS.
- Recipients can either answer the call from State or call back at **833-342-5388** during business hours to approve timesheets

Go to and bookmark www.etimesheets.ihss.ca.gov

Providers Will need:


- Your IHSS Provider Identification Number (you will receive by mail in the starter packet from your payroll specialist).
- Access to Internet
- Computer, laptop, tablet or Smart phone
- Valid Email Address

Recipients will need:


- Recipient Case # (found on their Notice of Action document from their IHSS Social Worker)
- Access to Internet
- Computer, laptop, tablet or Smart phone
- Valid Email Address

Electronic Visit Verification or EVV

Time Entry: Logging In



IHSS
IN-HOME SUPPORTIVE SERVICES
ELECTRONIC SERVICES PORTAL



Login to Your Account


User Name
User Name is case sensitive

☐ Remember me

Password
Password is case sensitive

[Forgot User Name or Password?](#)

Language


English (English) 


First Time User?

Register for the IHSS Website to:

- View your timesheet and payment statuses
- Enter and submit timesheets
- No longer mail paper timesheets
- Request additional timesheets
- Enroll in direct deposit
- Claim sick leave

[Registration FAQs](#)

 **CDSS** Adult Programs Division

 **CDSS**

Welcome

To register with this website you must be a provider of In-Home Supportive Services for the In-Home Supportive Services (IHSS) and/or the Waiver Personal Care Services (WPCS) program or be a recipient of either program. Information viewed on this website is only related to IHSS and/or WPCS cases.

Information collected by this website will be used for managing IHSS and WPCS program processes. Your email address will be collected during the registration process and will be used to send you reminders and notices.

To get started, tell us if you are a recipient or a provider?

☐ **I am a Recipient**

☒ **I am a Provider**

[Begin Registration Process](#)

[Cancel Registration](#)

Register

1

User Information

Enter your name, provider number, date of birth and SSN number

Enter your first name, last name and provider number as shown on your IHSS/WPCS timesheet

First Name

rurn

Last Name

wbjj

Date of Birth (MM/DD/YYYY)

03/13/1956

Provider Number

You must enter all 9 digits of your Provider Number including the leading zeros.

818354757

SSN (Last 4 Digits)

We ask for the last 4 digits of your Social Security Number so that we can verify who you are.

9419

2

Account Information

Create your user name, password and enter your email address

3

Security Questions

Select your security questions and enter your answers

4

Email Verification

Check your email and select the link to complete registration Step 4

5

Confirm Registration

Enter your user name, password and one of the security questions you selected in Step 3

Next

Back

Getting To Time Entry



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Timesheet Entry

Request Supplemental Timesheet



**TIMESHEET
ENTRY**



**RECENT
PAYMENTS**



WHAT'S NEW



RECIPIENTS

PAUL PINETREE

LINKS AND REMINDERS

[IHSS Provider Resources](#)

[IHSS Recipient Resources](#)

Timesheet Entry: Recipient Selection



IHSS ELECTRONIC SERVICES PORTAL

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Timesheet Entry: Recipient Selection

PAUL PINETREE

Recipient ID:

Most Recent Payment

Amount

Status

Pay Period



Time Entry: Timesheet



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← **Timesheet Entry: PAUL PINETREE**

Pay Period - Payment Type

04/01/2019 - 04/15/2019 IHSS



Timesheet Number: 4000210009

Status: Time Entry in Progress

Status Date: 03/31/2019

Available Hours (April): 283h 00m

Workweek 1



Workweek 2



Workweek 3



TIMESHEET TOTAL: 00h 00m

Submit Timesheet

Time Entry: Daily Time Entry

Workweek 1



	HOURS WORKED	START TIME	END TIME	LOCATION
SUNDAY 31 Mar	<input type="text" value="10"/> <input type="text" value="00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
MONDAY 1 Apr	<input type="text" value="00"/> <input type="text" value="00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value="Select"/>
TUESDAY 2 Apr	<input type="text" value="00"/> <input type="text" value="00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value="Select"/>
WEDNESDAY 3 Apr	<input type="text" value="00"/> <input type="text" value="00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value="Select"/>
THURSDAY 4 Apr	<input type="text" value="00"/> <input type="text" value="00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value="Select"/>
FRIDAY 5 Apr	<input type="text" value="00"/> <input type="text" value="00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value="Select"/>
SATURDAY 6 Apr	<input type="text" value="00"/> <input type="text" value="00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value="Select"/>

Save

PREVIOUSLY CLAIMED HOURS: 10h 00m
WORKWEEK TOTAL: 10h 00m

Workweek 2



Workweek 3



TIMESHEET TOTAL: 00h 00m

Submit Timesheet

Time Entry: Daily Time Entry

Hours Worked: The hours worked that day.

Minutes Worked: The minutes worked that day.

Start Time: The time the first service begins on a day.

End Time: The time the last service is completed for that day.

Location: GPS is not tracking location. The options available to select are: **Home, Community, or Both.**

Time Entry: Daily Time Entry

The time between Start Time and End Time may not match the Hours Worked for a day.

<u>Start Time</u>	<u>End Time</u>	=	4 Hours	<u>Hours Worked</u>
8:00 am	12:00 pm			3

You will be paid based on your total hours worked, not the time between your start time and end time.

Time Entry: Daily Time Entry

Workweek 1

	HOURS WORKED	START TIME	END TIME	LOCATION
SUNDAY 31 Mar	<input type="text" value="10"/> <input type="text" value="00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
MONDAY 1 Apr	<input type="text" value="10"/> <input type="text" value="30"/>	<input type="text" value="08"/> <input type="text" value="00"/> <input type="text" value="a.m."/>	<input type="text" value="07"/> <input type="text" value="00"/> <input type="text" value="p.m."/>	<input type="text" value="Home"/>
TUESDAY 2 Apr	<input type="text" value="07"/> <input type="text" value="45"/>	<input type="text" value="09"/> <input type="text" value="30"/> <input type="text" value="a.m."/>	<input type="text" value="06"/> <input type="text" value="45"/> <input type="text" value="p.m."/>	<input type="text" value="Community"/>
WEDNESDAY 3 Apr	<input type="text" value="08"/> <input type="text" value="30"/>	<input type="text" value="09"/> <input type="text" value="15"/> <input type="text" value="a.m."/>	<input type="text" value="06"/> <input type="text" value="30"/> <input type="text" value="p.m."/>	<input type="text" value="Both"/>
THURSDAY 4 Apr	<input type="text" value="00"/> <input type="text" value="00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value="Select"/>
FRIDAY 5 Apr	<input type="text" value="00"/> <input type="text" value="00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value="Select"/>
SATURDAY 6 Apr	<input type="text" value="00"/> <input type="text" value="00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select"/>	<input type="text" value="Select"/>

Save

PREVIOUSLY CLAIMED HOURS: 10h 00m
WORKWEEK TOTAL: 10h 00m

Workweek 2

Workweek 3

TIMESHEET TOTAL: 00h 00m

Submit Timesheet

Time Entry Prompts

When entering time for a day, all fields require an entry for that day.

You will receive prompts informing you if you made an error while filling out your timesheets.

- Hours entry cannot be greater than 24
- Minutes entry cannot be greater than 59
- Hours Worked cannot be greater than time at location

$$\begin{array}{ccccc} \text{Start Time} & \text{End Time} & & & \text{Hours Worked} \\ 8:00 \text{ am} & 12:00 \text{ pm} & = & 4 \text{ Hours} & 6 \end{array}$$

Time Entry Notification

You will also receive a helpful message, warning you if your time entered may cause a timesheet violation.

Please Note:

- The hours claimed for Workweek 3 exceeds the amount of overtime allowed for this case. This can cause a violation.

Continue Submitting Timesheet

Cancel

Timesheet: Provider Electronic Signature



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Electronic Signature

Please electronically sign your timesheet for 04/01/2019 - 04/11/2019

I declare that the information on this timesheet is true and correct. I understand that a

☒ I, PEGGY PINETREE, agree to the terms above

The timesheet information has been submitted. An email has been sent to the Recipient requesting electronic review of this timesheet.

I may also be subject to civil penalties.

OK

Electronically Sign Timesheet & Submit for Recipient Review

Cancel Submit

ELECTRONIC VISIT VERIFICATION ELECTRONIC SERVICES PORTAL WEBSITE

Time Entry For Providers

<http://www.cdss.ca.gov/inforesources/ESPhelp>

Telephone Timesheet System

Time Entry for Providers

(833) DIAL-EVV or (833) 342-5388

Thank you for calling the IHSS Telephone Timesheet System. Please select your preferred language from the following options, you may make your selection at any time.

For English, press '1'
For Spanish, press '2'
For Armenian, press '3'
For Chinese, press '4'

Provider Log In

As a provider, on your telephone keypad, press '2'.

Press '1' on your telephone keypad to Log in.

You will need your 9-digit provider number. Enter your 9-digit provider number followed by the pound key.

You will need your 4-digit passcode. Enter your 4-digit passcode followed by the pound key.

TTS Activity Menu

After you have successfully logged in to your account, you will be taken to the Activity Menu. Press '1' to enter time for today, or press '2' to enter time for a previous day.



Recipient Selection

If you have multiple recipients, the TTS will continue to list your recipients until you make a selection.

If you have timesheets for IHSS and WPCS, you will need to select the program type.

Recipient Selection

Would you like to enter time worked today for John Oaktree? Press '1' for Yes, or press '2' for No.



Time Entry: Daily Time Entry

For March 15, 2019, no time has been entered. To enter time for this date press '1'. If you do not want to enter time for this date press '2'.



Time Entry: Required Information

Hours Worked: The hours worked that day.

Minutes Worked: The minutes worked that day.

Start Time: The time the first service begins on that day.

End Time: The time the last service is completed for that day.

Location: GPS is not tracking location. The options available to select are: **Home, Community, or Both.**

Time Entry: Daily Time Entry

The time between Start Time and End Time does not have to match the Hours Worked for a day.

$$\begin{array}{ccc} \text{Start Time} & \text{End Time} & \text{Hours Worked} \\ 8:00 \text{ am} & 12:00 \text{ pm} & 3 \end{array} = 4 \text{ Hours}$$

You will be paid based on your total hours worked, not the time between your Start Time and End Time.

Time Entry In TTS For Providers

Hours Worked Entry

Please enter your hours worked as a two-digit number. For example, if you worked four hours you would enter 0 4. Enter your hours worked followed by the pound key.

	HOURS WORKED	START TIME	END TIME	LOCATION
FRIDAY 15 Mar	<input type="text" value="00"/> <input type="text" value="00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select ▼"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="Select ▼"/>	<input type="text" value="Select ▼"/>

Time Entry In TTS For Providers

Hours Worked Entry

You have entered nine hours. If this is correct press '1' or press '2' to edit this entry.

	HOURS WORKED	START TIME	END TIME	LOCATION
FRIDAY 15 Mar	<input type="text" value="09"/> <input type="text" value="00"/>	<input type="text"/> <input type="text"/> <input type="button" value="Select"/>	<input type="text"/> <input type="text"/> <input type="button" value="Select"/>	<input type="button" value="Select"/>

Time Entry In TTS For Providers

Minutes Worked Entry

Please enter your minutes worked as a two-digit number. For example, if you worked thirty minutes you would enter 3 0. Enter your minutes worked followed by the pound key.

	HOURS WORKED	START TIME	END TIME	LOCATION
FRIDAY 15 Mar	<input type="text" value="09"/> <input type="text" value="00"/>	<input type="text"/> <input type="text"/> <input type="button" value="Select ▼"/>	<input type="text"/> <input type="text"/> <input type="button" value="Select ▼"/>	<input type="button" value="Select ▼"/>

Time Entry In TTS For Providers

Start Time Entry

Please enter the time you started services on March 15, 2019 as a four-digit number. The entry should be in a twelve-hour time format. For example, if you started performing services at 9:15, you should enter 0 9 1 5. Please enter your start time followed by the pound key.

	HOURS WORKED	START TIME	END TIME	LOCATION
FRIDAY 15 Mar	<input type="text" value="09"/> <input type="text" value="30"/>	<input type="text" value=""/> <input type="text" value=""/> Select ▼	<input type="text" value=""/> <input type="text" value=""/> Select ▼	Select ▼

Time Entry In TTS For Providers

Start Time Entry

For the start time press '1' if the service was started in the AM, press '2' if the service was started in the PM.

	HOURS WORKED	START TIME	END TIME	LOCATION
FRIDAY 15 Mar	<input type="text" value="09"/> <input type="text" value="30"/>	<input type="text" value="08"/> <input type="text" value="15"/> <input type="button" value="Select ▼"/>	<input type="text"/> <input type="text"/> <input type="button" value="Select ▼"/>	<input type="button" value="Select ▼"/>

Time Entry In TTS For Providers

Start Time Entry

You started performing services at 8:15 AM. If this is correct press '1', if this is not correct press '2'.

	HOURS WORKED	START TIME	END TIME	LOCATION
FRIDAY 15 Mar	<input type="text" value="09"/> <input type="text" value="30"/>	<input type="text" value="08"/> <input type="text" value="15"/> a.m. ▼	<input type="text"/> <input type="text"/> Select ▼	Select ▼

Time Entry In TTS For Providers

Location Entry

Please choose the location where services were performed on March 15, 2019. Press '1' for "Home", press '2' for "Community", press '3' for "Both".

	HOURS WORKED	START TIME	END TIME	LOCATION
FRIDAY 15 Mar	<input type="text" value="09"/> <input type="text" value="30"/>	<input type="text" value="08"/> <input type="text" value="15"/> a.m. <input type="button" value="v"/>	<input type="text" value="06"/> <input type="text" value="00"/> p.m. <input type="button" value="v"/>	<input type="button" value="Select"/> <input type="button" value="v"/>

Time Entry In TTS For Providers

Daily Entry Confirmation

For March 15, 2019 you have entered nine hours and thirty minutes for services provided to John Oaktree for the IHSS program. The start time for services was 8:15 AM, the end time of services was 6:00 PM and the location where the services were performed was selected as "Home". To save this entry press '1'. If you do not want to save this entry press '2'.

HOURS WORKED	START TIME	END TIME	LOCATION
FRIDAY 15 Mar	09 30	08 15 a.m. ▼	06 00 p.m. ▼ Home ▼

Time Entry In TTS For Providers

Submit To Recipient

Your entry has been saved. If this is your last entry for this timesheet, and you would like to submit this for recipient review press '1'.

	HOURS WORKED	START TIME	END TIME	LOCATION
FRIDAY 15 Mar	<input type="text" value="09"/> <input type="text" value="30"/>	<input type="text" value="08"/> <input type="text" value="15"/> a.m. <input type="button" value="v"/>	<input type="text" value="06"/> <input type="text" value="00"/> p.m. <input type="button" value="v"/>	Home <input type="button" value="v"/>


Time Entry In TTS For Providers

Submit To Recipient

To electronically sign and submit your Individual Provider, Initial timesheet for the IHSS program for your recipient, John Oaktree for the pay period beginning March 1, 2019 and ending March 15, 2019 for a total of 93 hours and 30 minutes claimed, please listen to the following message.

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.

Electronic Signature



Your 4-digit passcode will be used to confirm your electronic signature on this timesheet. Please enter your 4-digit passcode followed by the pound key.



Your timesheet has been successfully submitted for recipient review. Your recipient will be notified.

You will then be able to request a printed copy of the timesheet be mailed to you. Finally, you will be returned to the Activity Menu or you may hang up at any time.

Time Entry Notification

You will also receive a helpful message, warning you if your time entered may cause a timesheet violation.

For example:

- The hours claimed for Workweek 3 exceeds the amount of overtime for this case. This can cause a violation.
- The hours claimed for Workweek 2 exceeds the weekly maximum of 66. This can cause a violation.



Access on-line videos and Live Webinars offered by the State to learn how to use the Electronic Timesheet System by going to our Public Authority Web page

<https://www.smchealth.org/post/payroll-electronic-timesheet-enrollment>

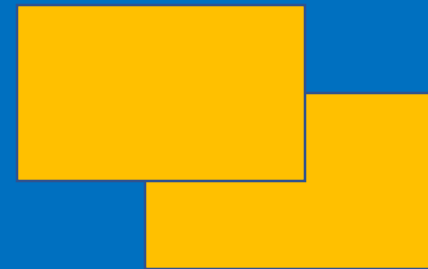
- 1) "How do I sign up for Electronic Timesheets"?
- 2) "Instructions how do I register for Electronic Timesheets for Provider/Recipients"

REMEMBER TO SUBMIT YOUR SIGNED Provider Enrollment Agreement Form-SOC-846

- By signing the SOC846, you, the provider, acknowledge you have watched State's mandatory 45 minute video and that you agree to follow the IHSS Program Rules and regulations included in the provider enrollment materials you have received
- Enter your 9-digit social security number in the top right-hand corner box that says "Provider number" Read, sign, date, and print legibly our signature below

You Can submit 3 ways:

1. US Mail to: **PO Box 5892, San Mateo, CA 94402**
2. Scan and email to **PAWorkshops@smcgov.org**
3. Fax to **(833) 285-1128**





San Mateo County
Public Authority
For In-Home Supportive Service

For non-emergency information about COVID-19 and/or assistance with emergency shelter, food assistance or other resources

 **Call or Text 211 (available 24 hours, 7 days a week)**

Or visit San Mateo County Health website

<https://www.smchealth.org/coronavirus>

Aging and Adult Services Hotline

1-800-675-8437

On behalf of the Public Authority for IHSS, thank you for your service and support to your clients and loved ones.

Thank You