


# **WELCOME**



## **San Mateo County Public Authority for In-Home Supportive Services**

### **Registry Orientation**

[smchealth.org/publicauthority](https://smchealth.org/publicauthority)



In addition to the mandatory video you watched, in this first section we will review with you other important information about being an IHSS provider in San Mateo County:

- San Mateo County Public Authority's Services
- Provider Wages and Benefits
- Taxes and Other State Programs
- Services covered by IHSS
- Electronic and Telephone Timesheets
- Payments and Direct Deposit

# IHSS Employer



- The IHSS client is the provider's employer.
- The State is responsible for:
  - ❖ Issuing provider paychecks
  - ❖ Providing unemployment insurance
  - ❖ Providing worker's compensation insurance

## **Public Authority (p.3-4)**

- ◉ Employer of record
- ◉ Manages provider enrollment, payroll and benefits
- ◉ Provides employment verification
- ◉ Maintains a Registry and a provider referral system
- ◉ Offers provider workshops

# Provider Wages in San Mateo County

- **Regular** pay rate: **\$15.25 per hour**  
(going up to \$16.70/hour in April 2021)
- Overtime = if you work more than **40** hours in a workweek
- **Overtime** pay rate: regular pay x 1.5 = **\$22.875 per hour**



Provider receives no pay for vacation, holiday or retirement.

# Benefits (p.5-6)

- 16 hours Paid Sick Leave per fiscal year (p.7-10)
- Medical Insurance (**provider only, no dependents**)
- Dental & Vision Insurance
- Public Transportation Reimbursement (p.11-12)
- Job Development Reimbursement (p.13-14)
- New Virtual IHSS Provider Caregiver Workshops via Zoom!

Visit [smchealth.org/providerbenefits](https://smchealth.org/providerbenefits) for more information

## Additional State Program Benefits:

- Workers' Compensation (covered only if injured while performing authorized IHSS tasks)
- Social Security
- State Disability
- State Unemployment Insurance

# Overview of In-Home Supportive Services (IHSS)

“The IHSS Program will help pay for services provided to you so that you can remain safely in your own home. To be eligible, you must be over 65 years of age, or disabled, or blind. Disabled children are also potentially eligible for IHSS. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities.”

– California Department of Social Services



# Authorized Services Categories (p.15-20)

## Daily

- Ambulation & transfers
- Personal care
- Toileting
- Meal preparation & clean-up
- Medication reminders



## Monthly

Domestic (housework)



## Other

- Paramedical
- Accompaniment to medical appointments

## Weekly

- Laundry
- Shopping/Errands
- Grocery shopping



# Timesheet Options



**Electronic  
Timesheet System  
(ETS)**



**Telephone  
Timesheet System  
(TTS)**



# Timesheets

- **2** pay periods per month:  
**1<sup>st</sup>-15<sup>th</sup> and 16<sup>th</sup> through last day of month**
- Timesheets are due at the end of every pay period **(15<sup>th</sup> and last day of the month)**
- One timesheet completed for each recipient you work for
- **Late** timesheets delay your paychecks **and/or** jeopardize your eligibility for medical, dental and vision benefits



## Online Electronic Timesheet Service (ETS) (p.24-28)

- Submit timesheets directly online
- Recipients can approve timesheets online or by telephone
- ETS checks your timesheet before it is submitted to help you avoid errors and potential violations
- Manage your sick leave

**AND**

**Even if** your Recipient is not enrolled in ETS yet, **YOU** can:

- Check timesheet and payment status through the ETS
- View timesheet history up to the last 3 months in the ETS
- Apply for **Direct Deposit** to get paid faster (p.29)  
(Once submitted, it takes up to 6 weeks until you will see your checks deposited directly.)





## HOW TO ENROLL

- Must have your **Provider ID # and email address**
- Go to [www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov) to register
- Contact the State's **Service Desk** toll free at **(866) 376-7066 (option 4)** Monday – Friday, 8 am – 5 pm (excluding major holidays) for additional assistance

# Electronic Services Portal (ESP)

## 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?](#)

**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](#)

**Language**

English (English) 

## 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

rurgn

### 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



Electronic Timesheets

Payments

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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



## IHSS ELECTRONIC SERVICES PORTAL

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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

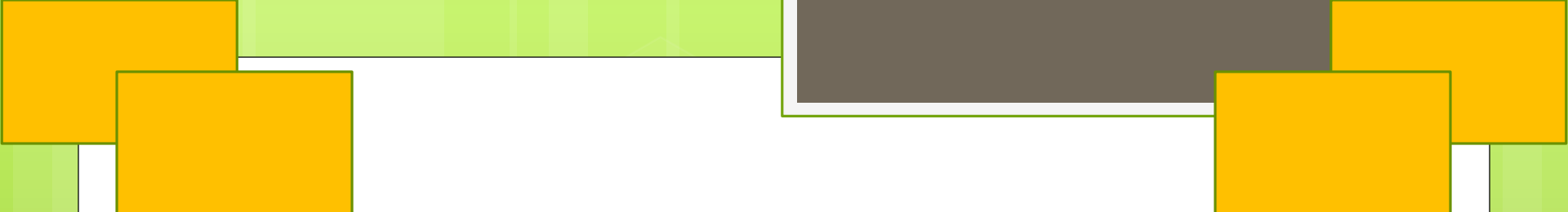
The timesheet information has been submitted. An email has been sent to the Recipient requesting electronic review of this timesheet.

I may also be subject to civil penalties.

OK

Electronically Sign Timesheet & Submit for Recipient Review

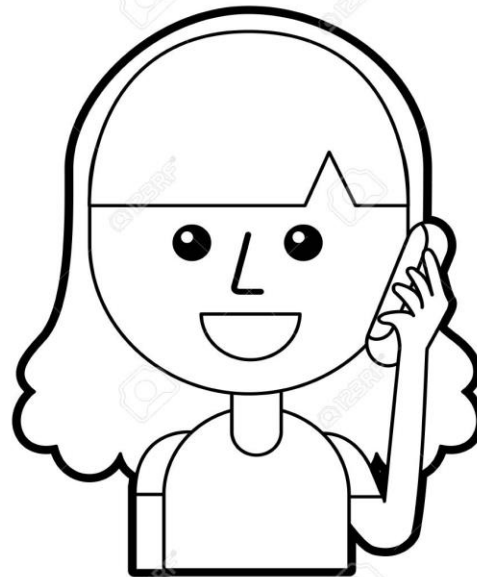
Cancel Submit



**Access online videos and live webinars offered  
by the State to learn how to use the  
Electronic Services Portal (ESP):**

**<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.



# 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.

# Companion Case Timesheets

- A Companion Case is **two or more IHSS Recipients** who live in the **same home**, regardless of their relationship.
- Providers who work with Companion Cases need to be mindful of the total hours entered on the timesheets.
- Claiming time incorrectly can result in overtime violations and overpayment investigations.



## Example of Correct Time Submission for a Companion Case

- **Example:** Recipient A and Recipient B live in the same home. Provider works for both Recipients. Both Recipients are authorized 3 hours of IHSS services daily (6 hours in total).
- Provider arrives at the home at 9am and leaves at 1pm.
- **Response:** Even though both cases are authorized a total of 6 hours of services, the Provider did not work 6 hours. The correct time entry for this day would be a total of 4 hours between the two Recipients (**For example** – claiming 2 hours for Recipient A and 2 hours for Recipient B).
- **Over claiming hours can result in an overpayment, an overtime violation, and/or a fraud investigation.**

# Payment

- Your next timesheet is immediately available upon successful submission and approval of your current timesheet on the Electronic Services Portal (ESP).
- You can get paid in as fast as 3 working days after your electronic timesheet is approved.
- Sign up for Direct Deposit on the ESP or you can find the Direct Deposit Form on our webpage under “Frequently Used Forms”.
- **IHSS Service Desk at the State: (866) 376-7066**
  - ❑ Technical problems with ESP
  - ❑ Basic lien & wage garnishment Information

# Taxes

- **W-4 and DE 4 (Federal and State income tax withholding) form will be mailed to you by Registry staff. You will need one of each filled out for each client you work for.**
- **Social Security and State Disability Insurance taxes will be deducted if eligible.**
- **W-2 (summary of wages for the year) will be mailed to you by the State end of every January.**

**\* See IHSS Individual Provider Benefits & Services Information brochure in your packet (p.33-34)**

# **SEIU 2015**

The Union for IHSS providers is SEIU 2015. A representative from SEIU 2015 will contact you after your enrollment is completed.


**SEIU Member Action Center (MAC)**

**(855) 810-2015**

**<https://seiu2015.org/r5>**

**Or**

**<https://seiu2015.org/cope-r5>**



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

[www.smchealth.org/publicauthority](http://www.smchealth.org/publicauthority)

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



**Public Authority**  
For In-Home Supportive  
Services

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 the San Mateo County Health website at  
<https://www.smchealth.org/coronavirus>

**Aging and Adult Services Hotline**  
**1-800-675-8437**