



# **In-Home Supportive Services (IHSS)**

## **In-Person Orientation Packet**

Congratulations! You are at the final step of your IHSS Provider Enrollment and will now be eligible to be linked to IHSS clients. Today's session will be approximately one hour long. The forms attached to this packet do not need to be completed, or turned in today and are intended for you to keep as information as a new provider. The information in this packet can also be found online at [RiversideIHSS.org](http://RiversideIHSS.org). If you have future IHSS related questions, call the IHSS HOME line at 1-888-960-4477.

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## **Copy of SOC 846 IHSS Program Provider Enrollment Agreement**

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**IN-HOME SUPPORTIVE SERVICES (IHSS)  
PROGRAM PROVIDER ENROLLMENT AGREEMENT****PROVIDER COPY**  
PROVIDER NUMBER

PROVIDER NAME (FIRST, MIDDLE, LAST)

**PROVIDER COPY**

1. I attended the required provider enrollment orientation for IHSS providers and I understand and agree to the following:
  - I was given information about being a provider in the IHSS program.
  - I was informed of my responsibilities as an IHSS provider.
  - I was informed of the consequences of committing fraud in the IHSS program.
  - I was given the Medi-Cal toll-free telephone fraud hotline number, 1-800-822-6222 and web site, <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx> for reporting suspected fraud or abuse in the IHSS program.
  
2. I understand the following requirements for timesheets:
  - The IHSS program can only pay me for the hours I worked providing authorized services for the recipient that I report on my timesheet.
  - By signing my timesheet I am saying that the information I reported on it is true and correct.
  - Whenever I submit a timesheet, whether on paper or electronically, it must be completed and submitted within two weeks after the end of each pay period. If the timesheet is properly completed and submitted on time, I will get paid within 10 days of the day it is received by the timesheet processing facility. If the timesheet is not submitted within two weeks after the end of the pay period, my pay will be delayed.
  - I cannot sign my timesheet for the recipient or approve my timesheet electronically (even if the recipient shares his/her Electronic Services Portal (ESP) username and password or Telephone Timesheet System (TTS) passcode with me) unless I am the recipient's legal representative (court-appointed guardian or conservator or parent of a minor recipient) and a completed IHSS Designation of Authorized Representative form (SOC 839), Part C has been submitted to the county.
  - I cannot sign another provider's timesheet for the recipient or approve another provider's timesheet electronically (even if the recipient shares his/her ESP username and password or TTS passcode with me) unless I am the recipient's legal representative (court-appointed guardian or conservator or parent of

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a minor recipient) OR I have been designated as the recipient's timesheet signatory through the submission of a completed SOC 839, Part C to the county.

- Approving a timesheet, either on paper or electronically, on behalf of the recipient when I am not authorized to do so as specified above may be considered fraud, which can result in criminal charges being brought against me. It is my personal responsibility to confirm that the SOC 839, Part C has been properly completed and submitted to the county prior to me signing or approving any timesheet on the recipient's behalf.
  - Providing false information on my timesheet is a crime and may result in a criminal prosecution.
  - If I am convicted of fraudulently reporting information on my timesheet, in addition to any program or criminal penalties, I may be required to pay back any overpayment I received and to pay civil penalties of at least \$500, and not more than \$1,000, for each act of fraud.
3. I understand that I am required to complete the Employment and Eligibility Verification form (Form I-9), which is kept on file by the recipient. That form states that I have the legal right to work in the United States.
4. I understand that I have the option to submit an Employee's Withholding Allowance Certification (Form W-4) to request federal income tax withholding and/or California Employee's Withholding Allowance Certification (Form DE 4) to request state income tax withholding from my wages. I understand that if I do not submit Form W-4 and/or DE 4, federal and state income taxes will not be withheld from my wages.
5. I understand that I will receive the IHSS Program Notification Of Recipient Authorized Hours and Services and Maximum Weekly Hours (SOC 2271), that names my recipient(s) and the services I am authorized to perform for each recipient to whom I provide services.
6. I received information regarding the maximum weekly hour and travel time requirements and understand the following:
- I will get paid overtime if I work more than 40 hours in a workweek. The workweek begins at 12:00 am (midnight) on Sunday and ends at 11:59 pm on the following Saturday.

**PROVIDER COPY**  
PROVIDER NUMBER

- If I work for only one recipient, I can only work up to my recipient's maximum weekly hours each workweek unless we adjust my hours to balance out any extra hours I worked during the workweek by working fewer hours in another week of the month to avoid exceeding my recipient's monthly authorized hours. If these additional hours would cause me to work more than 40 hours in the workweek or to receive more overtime hours in the month than I would in a normal month, the recipient must obtain approval from the county before I can work the additional hours.
- If I submit a timesheet which goes over the maximum weekly hours and causes me to claim more overtime than I normally would claim during a workweek without authorization from the county, I will get a violation.
- If I work for more than one recipient, the maximum number of hours I can work in a workweek for all of my recipients combined is 66 hours. If one of my recipients asks me to work additional hours that would cause me to work over my 66 maximum weekly hours, I must either decline or reduce the hours I work for another recipient so I don't work more than 66 hours in the workweek.
- If I work for more than one recipient on the same day, I can be paid for travel time for the time spent traveling directly from one location where I provide authorized services to a recipient to another location where I provide authorized services for a different recipient. This travel time will not be counted as part of my maximum weekly hours.
- The maximum amount of time I can claim for travel during a workweek is seven hours.
- If I submit a timesheet in which I claim more than seven hours travel time in a workweek, I will get a violation.
- If I claim more travel time hours on my timesheet than I stated on the IHSS Program Provider Workweek & Travel Time Agreement (SOC 2255), I may be asked by the county to provide documentation of this additional travel. If I cannot, the extra travel time claimed may be considered an overpayment and/or result in a fraud referral.
- For each violation I receive, there will be a consequence:

**PROVIDER COPY**  
PROVIDER NUMBER

First Violation	<ul style="list-style-type: none"> <li>• I will receive a written warning notification from the county with information on how to request a county review.</li> </ul>
Second Violation	<ul style="list-style-type: none"> <li>• I will get a notice of the second violation with information on how to request a county review. With the second violation notice, I will have the choice to review instructional materials about the workweek and travel time limits and sign and submit a certification notice to the county IHSS office. If I choose to complete this review and submit the notice, I will avoid getting a second violation. However, if I choose not to complete the review and submit the notice within 14 calendar days of the date of my notice, I <u>will</u> get a notice confirming my second violation.</li> </ul>
Third Violation	<ul style="list-style-type: none"> <li>• I will get a notice of the third violation with information on how to request a county review.</li> <li>• If my county review request is denied, I will get information on how to request a state administrative review of the violation.</li> <li>• I will be <u>suspended</u> as a provider with the IHSS program for <u>90 days</u>.</li> </ul>
Fourth Violation	<ul style="list-style-type: none"> <li>• I will get a notice of the fourth violation with information on how to request a county review.</li> <li>• If my county review request is denied, I will get information on how to request a state administrative review of the violation.</li> <li>• I will be determined <u>ineligible</u> as a provider with the IHSS program for <u>one year</u>.</li> </ul>

- If I am determined ineligible to work as an IHSS provider because I get a fourth violation, I can reapply to be an IHSS provider when the one year ineligibility ends. I will have to complete all of the provider enrollment requirements again, including the criminal background check, the provider orientation, and completing all required forms before I can be reinstated.

<b>PROVIDER COPY</b> PROVIDER NUMBER
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7. I understand that I will be eligible to earn and use paid sick leave once I have completed the eligibility requirements. My paid sick leave can be used for time off when I am sick or have a medical appointment or when a family member is sick or has a medical appointment.
8. I understand that, if my recipient has a Medi-Cal Share of Cost, he/she will be responsible for paying this amount to me directly as a part of my wages and it will not be included in my paycheck.
9. I understand that I am a “mandated reporter.” This means I am required by law to report any abuse or neglect that I observe while working. The abuse may be of:
  - an elder or dependent adult which must be reported to the County Adult Protective Services immediately or as soon as feasibly possible, as required under Welfare and Institutions Code 15630(b)(1), or
  - a child which must be reported to the County Child Protective Services within 36 hours of receiving the information, as required under Penal Code 11166(a).The abuse might be of the recipient I serve, someone else in the recipient’s home, or anyone else.
10. I understand that Government Code section 6253.2 requires that my name, address, home and cell telephone numbers, and personal email address be given to the local labor organization so they may contact me to invite me to join the union.
11. I understand that I will not be paid to perform authorized IHSS services when my recipient is away from his/her home (at an acute care hospital, skilled nursing facility, intermediate care facility, community care facility, or board and care facility). If I provide any assistance to my recipient at any of these facilities, it is outside of my work as an IHSS provider. If I claim IHSS hours on a timesheet for that time, it will be considered fraudulent.
12. I will cooperate with state or county staff to provide requested information related to the evaluation of a recipient’s IHSS case.

**PROVIDER COPY**  
PROVIDER NUMBER

**I UNDERSTAND THE IHSS PROGRAM RULES EXPLAINED AT THE PROVIDER ORIENTATION (WHICH INCLUDES THE INFORMATION PROVIDED IN THIS FORM) AND INFORMATION GIVEN TO ME BY THE COUNTY IHSS OFFICE. I ACCEPT THE RESPONSIBILITY TO FOLLOW THE INFORMATION PROVIDED BY THE COUNTY. I UNDERSTAND THAT MY FAILURE TO FOLLOW THE REQUIREMENTS PROVIDED TO ME MAY RESULT IN MY TERMINATION AS AN IHSS PROVIDER.**

IHSS PROVIDER'S SIGNATURE

DATE

**PROVIDER COPY**

PROVIDER NAME (FIRST, MIDDLE, LAST)

**PROVIDER COPY**

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## **IHSS Electronic Services Portal (ESP) Registration Frequently Asked Questions**

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## **Electronic Visit Verification Electronic Services Portal (ESP) Website Provider/Recipient Registration**

[Electronic Services Portal](#)



For additional assistance please contact the IHSS Service Desk at (866) 376-7066 Monday through Friday from 8am to 5pm and select the Electronic Services Portal option to speak with the ESP Service Desk agents.

## **REGISTRATION AS A FIRST TIME USER**

If you are using this website for the first time, you will need to register for an account.

**You will need the following information to register exactly as shown in your IHSS records:**

- Your name
- 9-digit provider number (**if you are a provider**), or 7-digit recipient number (**if you are a recipient**)
- Date of birth
- Last four digits of your social security number
- A valid e-mail address

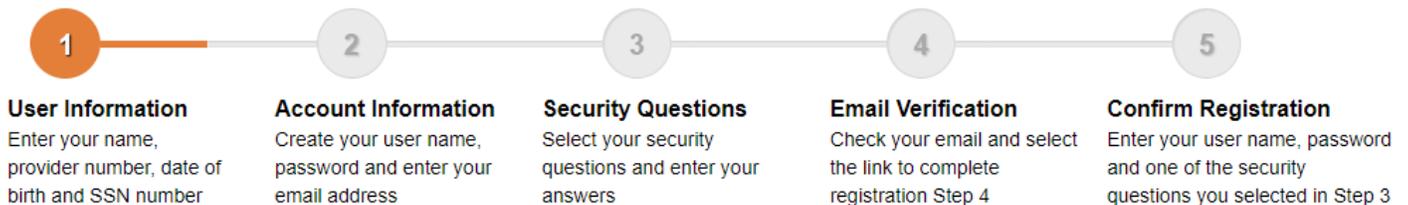
**Note:** Although it is not recommended, you may use the same email address to register as a provider and as a recipient.

To register please visit the [Electronic Services Portal](#) website.

### **There are 5 steps to the Registration process:**

**These steps are only required to be completed once, after that, all you need to do is login**

#### **Register**



**Note:** Each step will be marked with orange to indicate the step you are on, and it will change to green to indicate a completed step.

At the bottom of your screen, you will see a drop-down list for language options. You may select your desired language by clicking the drop-down menu. The Electronic Services Portal is available in English, Spanish, Chinese and Armenian.

https://www.etimesheets.ihss.ca.gov/login



### Login to Your Account

**User Name**  
User Name is case sensitive

Remember me

**Password**  
Password is case sensitive

[Forgot User Name or Password?](#)

Login

**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

Register Here

[Registration FAQs](#)

 The IHSS Electronic Services Portal is now available in **Español, 中文 and Հայերեն** for both Providers and Recipients.

**Language**

- English (English) ✓
- English (English)
- Spanish (Español)
- Armenian (Հայերեն)
- Chinese (中文)

For assistance, contact the Electronic Timesheet Help Desk at 1-866-376-7066 (select option 4)



If you have questions before you get started, there is a link under the Register Here link for “Registration Frequently Asked Questions”. This will open a document which provides information for you, such as what information you will need to be able to complete your registration.

Click the **Register Here** link to start your registration process.

**REGISTRATION AS A FIRST TIME USER**

**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

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After selecting the **Register Here** link, you will be taken to the **Welcome** screen.

**IHSS Electronic Services Portal Registration**

**IHSS** ELECTRONIC SERVICES PORTAL

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**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

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At the top of the screen, you will see a notice which provides information on who can participate on this website.

- To get started, you will select if you are a “Recipient”, or if you are a “Provider”. After making your selection, click on **Begin Registration Process**.

You will then be taken to the ‘Register’ Screen. You will see at the top of your screen your registration progress bar.

This will show you where you are at in completing the 5 easy steps to register for your account. You will know which step you are currently working on because it will be highlighted orange in your progress bar.

**IHSS ELECTRONIC SERVICES PORTAL**

### Register

**1** **2** **3** **4** **5**

**User Information**  
Enter your name, provider number, date of birth and SSN number

**Account Information**  
Create your user name, password and enter your email address

**Security Questions**  
Select your security questions and enter your answers

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

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

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

**First Name**

**Last Name**

**Date of Birth (MM/DD/YYYY)**

**Case Number**  
You must enter all 7 digits of your Case Number including the leading zeros.

**SSN (Last 4 Digits)**  
We ask for the last 4 digits of your Social Security Number so that we can verify who you are.

**Next** **Back**

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Your first step, **Step 1** will be to enter your User Information.

This tells us about you and lets the system check for your information in the IHSS or WPCS Services program.

You will need to enter the following information, your:

- First Name
- Last Name

- Date of Birth
- If you are a provider, you will need to enter your provider number. It should be 9-digits and can be located on any provider paperwork you have received, such as, a previous paystub.

**Or**, if you are a recipient, you will need to enter your recipient number. It should be 7-digits and can be located on any recipient paperwork you have received, such as, a notice of action.

- The Last Four Digits of your Social Security Number

If you have entered your information and receive a message informing you that the information is not a match to our records, please contact your local county IHSS or IHO office.

**Note:** Your personal information is not stored in this website, it is only used for the initial verification against what is stored in the IHSS or WPCS system.

Once you have completed Step 1, please select the **Next** button.

**IHSS ELECTRONIC SERVICES PORTAL**

**Register**

1 **User Information**  
Enter your name, provider number, date of birth and SSN number

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

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

**First Name**

**Last Name**

**Date of Birth (MM/DD/YYYY)**

**Case Number**  
You must enter all 7 digits of your Case Number including the leading zeros.

**SSN (Last 4 Digits)**  
We ask for the last 4 digits of your Social Security Number so that we can verify who you are.

**Next** **Back**

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You will know you have completed a step because that step will change to a green color in your progress bar.

For **Step 2**, you will enter the following Information for your new account:

- Create your User Name:
  - Your user name is case sensitive and can be anything you want it to be, it must be at least 6 characters, these can be numbers, letters or symbols.
  - Make sure your username it is something you will remember, you will need it to complete your registration and access your account.
- Then, Create your Password:
  - Your password is case sensitive and must be at least 8 characters in length, and must include a combination of letters, at least two numbers and no special characters.
  - Again, it should be something you can remember, as you will need it to complete your registration and access your account.
- Confirm your Password
  - Enter the same password again
- Then enter your email address.
  - Enter a valid email address, as this will be used for notifications on your account

It is recommended that a provider only use the same email address to register for the recipient if they are the authorized Timesheet Signatory or they have Legal Authority such as being the parent of a minor recipient.

- Confirm your Email
  - Enter the same email again

The screenshot displays the 'Register' page of the IHSS Electronic Services Portal. A progress bar at the top indicates five steps: 1. User Information, 2. Account Information, 3. Security Questions, 4. Email Verification, and 5. Confirm Registration. Step 2 is currently active. The form includes sections for 'Create User Name', 'Create Password', 'Confirm Password', 'Email', and 'Confirm Email', each with a text input field. A yellow arrow points to the 'Next' button, which is highlighted in orange. A 'Back' button is also visible. The CDSS Adult Programs Division logo is in the bottom left corner.

After completing Step 2, select the **Next** button.

For **Step 3**, you will need to answer some **Security Questions**.

You will choose three different security questions from the drop-down list. Click the arrow on the right-hand side of the box to see the questions you can choose from.

- Make sure your answers to your chosen security questions are hard for others to guess but easy for you to remember. You will use these questions to complete your registration as well as resetting your password, if necessary.
- Once you have selected and answered your three security questions, select the **Next** button to complete Step 3.

The screenshot shows the IHSS Electronic Services Portal registration process. At the top, it says "IHSS ELECTRONIC SERVICES PORTAL". Below that, the "Register" process is shown as a five-step progression bar. Step 1 is "User Information" (Enter your name, provider number, date of birth and SSN number). Step 2 is "Account Information" (Create your user name, password and enter your email address). Step 3 is "Security Questions" (Select your security questions and enter your answers). Step 4 is "Email Verification" (Check your email and select the link to complete registration Step 4). Step 5 is "Confirm Registration" (Enter your user name, password and one of the security questions you selected in Step 3). A note below the steps states: "It is important that the questions and answers that you choose are hard for others to guess, but easy for you to remember. Security questions and answers will be used to help you reset your Password." The form below shows three "Security Questions" and "Security Answers" fields. Each question field is a blue dropdown menu labeled "Please Select One", and each answer field is an orange text input labeled "Answer". A yellow arrow points down to a "Next" button, which is highlighted in orange. A "Back" button is also visible to the right. The CDSS Adult Programs Division logo is in the bottom left corner.

You will notice on your Progress Bar that you are on to **Step 4**

- An email will be sent to you at the valid email address you provided. You will need to verify your email address.
- Go to your incoming email and check for a message from the IHSS Website.

**Note:** If you don't see a message in your inbox, please check your spam folder for the email.

# Registration – Verify Email



## Register



Please check your email to verify your account in order to complete Step 4 of the registration process.

An email has been sent to your registration email address. Check your email and follow the steps in the email to verify your account. You have a limited amount of time to complete this final step.



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Here is a sample of what your email message will look like:

## Example Of Email



Thank you for registering with the IHSS Electronic Services Portal (ESP) with the user name testprovider01. To finish creating your account please click on the link below and log in to the application.

[Verify my email address and login.](#) This link will expire after **04/08/2019 13:42**. If the link has expired, you will need to complete the registration process again.

**Please do not reply to this email.** For questions about this email or the IHSS/WPCS E-Timesheet System, please contact the Electronic Timesheet Help Desk during business hours at 1-866-376-7066 (select option 4 for Electronic Timesheet assistance).

We respect your privacy. Please review our [Privacy Policy](#) here.

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When you receive the email, you will be asked to verify your email address. To do this, follow the steps in the email by clicking the **Verify my email address and login** link.

**Note:** It is important to verify your email address immediately because the email login link is only available for a limited time. If your email login link times out, you will need to begin the registration process again.

Congratulations! Now that you have completed all five steps for your registration, you are registered and have an account with the Electronic Services Portal Website.

Please remember to keep your username and password secure and do not share your username or password.

**IHSS ELECTRONIC SERVICES PORTAL**

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**Register**

1 **User Information**  
Enter your name, provider number, date of birth and SSN number

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

**User Name**  
User Name is case sensitive

**Password**  
Password is case sensitive

**What was the name of your first pet?**

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## Main Landing Page

Once you have completed the registration process, you will be taken to the Main Landing Page.

The screenshot shows the 'Main Landing Page' of the 'IHSS ELECTRONIC SERVICES PORTAL'. At the top, there is a navigation bar with links for 'Electronic Timesheets', 'Payments', 'Direct Deposit', 'Sick Leave Claim', 'Account', 'What's New', 'FAQs', 'Training', and 'Contact Us'. Below this, there are three large buttons: 'TIMESHEET ENTRY' (blue), 'RECENT PAYMENTS' (green), and 'WHAT'S NEW' (brown). Under the 'TIMESHEET ENTRY' button, there is a section for 'RECIPIENTS' showing a list of names with a note: 'TESTFIRSTNAME TESTLASTNAME' and 'Not Registered in ESP or TTS'. To the right, there is a section for 'LINKS AND REMINDERS' with links for 'IHSS Provider Resources' and 'IHSS Recipient Resources'. The footer of the page reads 'CDSS Adult Programs Division'.

For Providers, you now can do the following using your account:

- Submit your timesheets in the Electronic Timesheet System
- View Payment History
- Sign up for Direct Deposit online
- And submit a Sick Leave Claim online

**Note:** When you are on the Main Landing Page, you will see a list of all the recipients you provide services for. If your recipient has not yet registered for the ESP or the Telephone Timesheet System (TTS), you will see a note under that recipient's name informing you that your recipient needs to register.

For Recipients, you now can do the following using your account:

- Review your provider's timesheets electronically
- Approve or reject your provider's timesheets electronically
- View your provider's Timesheet History

## Electronic Services Portal Registration Frequently Asked Questions

**Q: I am a first-time user. How can I register for the IHSS Website?**

**A:** Go to the IHSS Electronic Services Portal homepage at [www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov) and select the “Register Here” link. On the Welcome page choose “I am a Recipient” if you are a recipient or choose “I am a Provider” if you are a provider, then select the “Begin Registration Process” link and follow the 5 easy steps to complete your registration process.

**Q: What information should be provided for registration?**

**A:** The following personal information is needed for registration:

- ✓ First Name
- ✓ Last Name
- ✓ Date of Birth
- ✓ 9-digit Provider Number (if you are a provider) or
- ✓ 7-digit Case Number (if you are a recipient)
- ✓ Active Email Address
- ✓ Last four digits of your Social Security number (SSN) or your individual Taxpayer ID Number (ITIN)

**Q: I don't have a Social Security Number. I have an Individual Taxpayer ID Number. Can that ITIN be used in the registration process?**

**A:** Yes, recipients with an Individual Taxpayer ID number (ITIN) may enter the last 4 digits of the ITIN in the field that asks for the SSN.

**\*Please note that your personal information is not stored in this website, it is just used for the initial verification against what is stored in the payrolling system.**

**Q: Who can assist me with the registration process?**

**A:** If you need help, please call the IHSS Service Desk at (866) 376-7066. Agents are available at the help desk Monday- Friday from 8am to 5pm The step by step registration process webcast videos are available at <http://www.cdss.ca.gov/inforesources/IHSS-Providers/Resources/Electronic-Services>.

**Q: Who needs to register first, provider or recipient?**

**A:** The order doesn't matter; however, both of you need to be registered to be able to use the ESP.

**Q: Now that my county has rolled out the Electronic Visit Verification Process (EVV), I (provider) want to submit my timesheets online; however, my recipient doesn't have any electronic devices (smartphone, computer, tablet or laptop) to review or approve the timesheets. What options are available to me?**

**A:** You can submit your timesheets online using ESP and your recipient can review and approve your timesheets through the Telephone Timesheet System (TTS)-if your recipient doesn't have an electronic device. The recipient must enroll in TTS first before they can approve an electronic timesheet. To sign-up in TTS, your recipient should refer to the letter that was mailed to them prior to the start of your county's EVV roll-out date. The letter contains your recipient's unique Registration Code, in order for them to set-up their four-digit passcode and begin using the TTS. If your recipient has misplaced their letter containing their Registration Code they can contact their local county IHSS office and request assistance with - setting up their four-digit passcode.

**Q: If my recipient is not signed up to use the Electronic Services Portal after the start of the Electronic Visit Verification Process, can I (provider) still sign up and use the online system?**

**A:** Yes, you can enroll in the Electronic Services Portal. As a provider, you will be able to enroll in the electronic timesheet option, submit timesheets online, check timesheet status/history, submit a sick leave request form and check payment status. Once your county implements EVV, your recipient will be able to review and approve your electronic timesheets by either using the Electronic Services Portal or the Telephone Timesheet System.

**Q: If my provider is not signed up to use the Electronic Services Portal (ESP), once my county rolls out the Electronic Visit Verification Process can I (recipient) still sign up and use the online system?**

**A:** Yes, as a recipient, you can register to use the Electronic Services Portal. However, you cannot approve timesheets in the Electronic Services Portal until your provider registers to start submitting an electronic timesheet via the ESP or the TTS.

**Q: Do I (recipient) need to register for the Electronic Services Portal to be able to use the Telephone Timesheet System (TTS) after my county rolls out the Electronic Visit Verification process?**

**A:** No, you do not need to register for ESP if you choose to use the TTS. In order to use the TTS, as a recipient, you must sign-up to use the TTS before you can review and approve an electronic timesheet. To sign-up to use the TTS, you should refer to the letter that was mailed to you prior to the start of your county's EVV roll-out date. The letter contains your unique 6-digit Registration Code, in order to set-up your four-digit passcode to begin using the TTS. If you have misplaced your letter containing your Registration Code, you can contact your local county IHSS office and request assistance with - setting up your four-digit passcode.

**Q: Once the Electronic Visit Verification Process has been rolled out for my county as a provider or recipient, can I use both paper timesheets and electronic timesheets at the same time?**

**A:** No, you will be required to submit or approve timesheets electronically either by using the Electronic Services Portal or by using the Telephone Timesheet System. Providers and recipients can use either electronic option to submit and approve timesheets and are not required to use the same option.

**Q: What's the password criteria for the Electronic Services Portal?**

**A:** The password is case sensitive and must be at least 8 characters (max character length is 32) in length and contain a combination of letters and at least 2 numbers.

**Q: How often do the passwords expire?**

**A:** Passwords are required to be reset every 180 days. You will see the countdown that begins 14 days prior to the expiration of the password on the Login screen.

**Q: How can I report e-mail/address changes?**

**A:** You must contact your local county IHSS office to update or change your email address or mailing address.

**Q: Are the security questions case sensitive?**

**A:** No, they are not.

**Q: The system is not recognizing my username and password; I cannot finish the registration process.**

**A:** Try the registration process again as the link can be timed out and please remember to write down your username and password and keep in the safe place.

**Q: I am getting the following messages: Matching IHSS consumer not found. User is not eligible to register with the IHSS website at this time. What do I need to do in that case?**

**A:** Please make sure that your first and last names are not misspelled, if you have two last names enter the full name, don't forget to include the hyphen between the last names if there is any. All your personal information needs to match with the information you provided to your county worker. You can verify the information you entered with your IHSS paystubs and if you find out that something is incorrect, you must contact your county to ensure that the information is updated in your county records.

**Q: I didn't receive an email to complete the registration process. What should I do in that case?**

**A:** To complete registration step 4 you need to receive an email, select the link and complete registration step 4. Check your inbox, junk and spam folders for the IHSS email.

**Q: I've entered the wrong email address for the registration. How can I change my email?**

**A:** You can call IHSS Service Desk at **(866) 376-7066** and they can cancel your pending registration, so you can re-register.

**Q: Are there any other languages to assist other than those 3 languages (Spanish, Chinese, Armenian)?**

**A:** No.

**Q: Can I (provider/recipient) talk with IHSS Service Desk with the help of my translator?**

**A:** Yes, you can.

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## Direct Deposit (SOC 829)

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## **IHSS/WPCS Providers: Direct Deposit is Available for You**

### **What is Direct Deposit?**

Direct Deposit is an optional way to receive your IHSS/WPCS paycheck.

- ✓ With Direct Deposit, your IHSS paycheck is deposited directly into your checking or savings account, instead of being mailed to you through the U.S. Post Office.

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### **What are some advantages of using Direct Deposit?**

- ✓ You can receive your paycheck faster
- ✓ You no longer need to worry about your paper paycheck being lost or stolen
- ✓ You no longer need to wait for a paper paycheck to be mailed to you, your IHSS/WPCS paycheck will be deposited directly into your bank account

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### **There are two ways to enroll for Direct Deposit:**

#### **1. Fill Out and Mail the SOC 829 Form**

##### **To Get the SOC 829 Form**

Download at [www.cdss.ca.gov](http://www.cdss.ca.gov), or

Call (866) 376-7066 to request the SOC 829 Form be mailed to you

##### **Fill out the form and send it to:**

PROVIDER FORMS PROCESSING CENTER

P.O. BOX 1697

WEST SACRAMENTO, CA 95691-6697

#### **2. Online Enrollment**

[www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov)

You must be registered on the IHSS Website

Log into your account on the IHSS Website,  
select the Direct Deposit option in the Menu on  
the top of the screen and follow the easy steps

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### **For more information on Direct Deposit:**

- ✓ Access our website at <http://www.cdss.ca.gov> to download the SOC 831 Form, or
- ✓ Contact the Provider IHSS Service Desk at (866) 376-7066.

# IN-HOME SUPPORTIVE SERVICES (IHSS) / WAIVER PERSONAL CARE SERVICES (WPCS) PROVIDER DIRECT DEPOSIT ENROLLMENT/ CHANGE/CANCELLATION FORM

PROVIDER NAME (FIRST, MIDDLE, LAST)

STREET

CITY

STATE

ZIP CODE

Check Appropriate Box:

- NEW** By checking this box, I hereby authorize the State controller’s Office to directly deposit my pay warrants to my personal bank account.
- CHANGE** By checking this box, I hereby authorize the State controller’s Office to change my Direct Deposit to my new personal bank account.
- CANCEL** By checking this box, I hereby cancel my Direct Deposit authorization.

CASE NUMBER:

PROVIDER NUMBER:

TYPE OF ACCOUNT:  CHECKING  SAVINGS (*CHECK ONLY ONE TYPE*)

ROUTING NUMBER: (*MUST BE 9 NUMBERS*)

ACCOUNT #:

BANK NAME:

By signing you acknowledge that you will not send 100% of funds deposited to your bank to another bank outside the US.

SIGNATURE OF PAYEE (*PROVIDER*)

DATE

**Please send your COMPLETED Enrollment/Change/Cancellation Form to:**

**PROVIDER FORMS PROCESSING CENTER  
P.O. BOX 1697  
West Sacramento, CA 95691-6697**

It takes 30 days for you to start receiving Direct Deposit after you submit your request. Your request for Direct Deposit does not change the way you submit your timesheets, so make sure you continue to submit your timesheets as you wait for your Direct Deposit to begin.

## IN-HOME SUPPORTIVE SERVICES PROVIDER DIRECT DEPOSIT ENROLLMENT INSTRUCTIONS

You are not eligible for Direct Deposit if you are planning to send 100% of funds deposited to your bank to another bank outside the US.

You will need the following information to complete the Direct Deposit Enrollment Form:

1. The name of your Bank.
2. The Bank Routing Number
3. Your Checking or Savings Account Number. **If you need help identifying this information please ask your Bank for assistance.**

### CHECK APPROPRIATE BOX

Please check the box to tell us what you want to do. Check the Box: NEW to enroll in direct deposit; CHANGE to change your bank account; and CANCEL to cancel direct deposit.

Check the box to tell us whether you want your paycheck deposited in your checking or savings account.

### IDENTIFICATION INFORMATION

Provide your Case and Provider number. You will find the case and provider numbers on your IHSS statement of earnings (pay stub).

### BANKING INFORMATION

Provide the information requested on the form. You may find the bank information you will need to complete the enrollment form on your personal checks or your bank may assist you. Below is an example of a check and where to find the necessary information.

Check Example:

Your Name	Check NO. 4444	
Pay to the Order of _____		
1121456781:	5765432109812      4444	
┌──────────┐	┌──────────┐      ┌──────────┐	
Routing No.	Your Acct. No.	Ck. No.

If you prefer to have your money deposited into your savings account, please contact your bank for assistance.

### PROVIDE ALL REQUESTED INFORMATION

All information requested on the form must be provided. Incomplete forms will be returned. To enroll in Direct Deposit you must complete all fields on an Enrollment/change/Cancellation form. Your signature authorizing direct deposit must be an ORIGINAL SIGNATURE, photocopies will not be accepted.

### IF YOU WORK FOR MULTIPLE RECIPIENTS

You must complete a separate Provider Enrollment/Change/Cancellation form for EACH Recipient with whom you are employed. When you begin work for a new recipient you will need to complete a new form.

### CHANGING OR CANCELING YOUR DIRECT DEPOSIT

Your Direct Deposit will continue to be deposited into the bank account you have chosen until you request a change. If you wish to change or cancel your Direct Deposit authorization for any recipient for whom you work, you must submit an Enrollment/Change/Cancellation form with a check next to the box for Change or Cancel. You may access our website at [www.cdss.ca.gov/inforesources/Forms-Brochures](http://www.cdss.ca.gov/inforesources/Forms-Brochures) to download additional forms or contact the Direct Deposit Help desk toll free at (866) 376-7066.

**Please send your COMPLETED Enrollment/Change/Cancellation Form to:**

**PROVIDER FORMS PROCESSING CENTER**

**P.O. BOX 1697**

**West Sacramento, CA 95691-6697**

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## **IHSS Electronic Visit Verification (EVV) Location Services Frequently Asked Questions**

## **In-Home Supportive Services (IHSS) Electronic Visit Verification (EVV) Location Services**

### **Frequently Asked Questions**

#### **Changes to the Electronic Visit Verification (EVV) System**

The California Department of Social Services (CDSS) received guidance from the federal government advising CDSS that effective July 1, 2023, all non-live-in IHSS/WPCS providers will be required to check-in and check-out at the start and the end of each workday and identify if services are starting or ending in the home or the community.

#### **What This Means**

In order to be compliant with federal law and avoid federal penalties, effective July 1, 2023, the EVV systems have been updated to capture the location of IHSS/WPCS non-live-in providers when they check-in and check-out on each day they work when selecting “home”.

#### **Key Points to Remember**

- Beginning July 1, 2023, IHSS/WPCS providers who do not live with their recipient, referred to as Non-Live-In Providers, will be required to check-in and out at the beginning and end of each workday.
- There are NO changes for recipients. Recipients will still review and approve or reject their provider’s electronic timesheets using the Electronic Services Portal (ESP) or Telephone Timesheet System (TTS), just like they do today. There are no impacts to how recipients services are authorized or how they receive these services.
- There are NO changes for providers who live with their recipient. Live-In Providers are not required to check-in and check-out and will continue to complete and submit their IHSS electronic timesheets online through the ESP or the TTS.
- Non-Live-In Providers’ location or movements are not tracked throughout the day. The provider’s location will only be captured when checking-in or out and the provider selects “Home” to confirm the recipient is receiving IHSS authorized services in their own home.
- If a non-live-in provider works for multiple recipients, they must check-in and out for each recipient. It is okay for check-in and out times to overlap when providing services for multiple recipients.

- Non-live-In providers can easily enter their hours and minutes worked each day when they check-out, or on their IHSS electronic timesheet before they submit it to their recipient for approval as they do today.
- The EVV system will allow a provider to fix any errors to check-in and out information before they submit their timesheet for approval.
- Providers are still paid based on the number of hours and minutes worked, not the time between check-in and out.

## Frequently Asked Questions

### **Q: Why do you have to change the EVV system?**

**A:** Federal law requires EVV systems electronically capture the location of IHSS / Waiver Personal Care Services (WPCS) providers at the start and end of each workday to ensure the recipients are receiving services in their home. California must update the current EVV system to comply or financial penalties will continue to be assessed to the state by the federal government.

### **Q: How do I do this on a paper timesheet?**

**A:** Since December 31, 2020, the use of electronic timesheets has been a condition of employment for IHSS providers.

### **Q: Is the government tracking us?**

**A:** No, you will not be tracked. Geo-location will not be collected throughout the day or when a provider identifies as being in the “community.” Geo-location will only be electronically confirmed when you check-in at the start of each workday and check-out at the end of each workday when selecting “home”.

### **Q: Why are you doing this after we were told we would have no Global Positioning System (GPS) tracking?**

**A:** Based on our IHSS stakeholder feedback not to utilize GPS, the California Department of Social Services (CDSS) submitted a plan to the federal Centers on Medicare/Medicaid Services (CMS) organization that required providers to enter their location into an electronic system rather than utilizing GPS. However, CMS has now determined that process does not meet the federal requirement that the provider’s location must be electronically captured at the beginning and end of services being provided for each workday. California was required to pay financial penalties beginning January 1, 2021, until the EVV system is compliant with federal law.

## Check-in and Check-out

### **Q: Does this mean that providers must check-in and check-out throughout the day for every service they provide for the recipient?**

**A:** No, providers will only have to check-in and check-out once per day for each recipient they work for. If a provider works for a recipient who receives both IHSS and WPCS, the provider must check-in and check-out each program separately.

**Q: What if I make an error?**

**A:** The system will allow you to fix any errors. Providers will still be able to review and update their timesheet before they submit their timesheet to their recipient for approval, just like you can do today.

**Q: What happens if I forget to check-in and check-out?**

**A:** You can check-in and check-out as soon as you can. You will be able to update the information when you fill out your timesheet entry at the Electronic Services Portal (ESP).

**Q: Do I have to go back to the location if I forget to check-in and check-out?**

**A:** No, you can update the check-in and check-out information in the ESP at the timesheet entry screen in the “start” and “end” time field.

**Q: If I already checked out for the day, but must go back to the recipient’s home to provide additional services, do I just recheck-in and recheck-out?**

**A:** Yes. The system will populate on your timesheet the very first time you checked in and the very last time you checked out for the night. The hours you input as hours worked are what you’re getting paid for, just like today.

**Q: What if I work for multiple recipients?**

**A:** Each day you will be required to check-in and check-out for each recipient you work for. The start times and end times can overlap. You will still need to make sure you capture the number of hours you work each day for each recipient just like you do today. You will still need to submit a timesheet for each recipient you work for. You will continue to be paid for the hours and minutes worked, not the time between check-in and check-out.

**Q: What if I work in the home and the community in the same day? How would I check in and out?**

**A:** You will check-in at the beginning of the first service you provided for the day, and you will check-out at the end of the last service you provided for the day. You will choose your location of either “home” or “community” depending on where you are at during the start time and end time of your workday. You do not need to check-in for each service, just once at the start, and, once at the end of the workday for each recipient.

**Q: What if I need help?**

**A:** CDSS will ensure that you have the training resources you need to make this change. We will make sure there are lots of training materials available online and will be scheduling online training classes, just like we did for the EVV implementation. Additionally, you will be able to contact the IHSS Service Desk for assistance at (866) 376-7066, Monday through Friday, 8:00 am to 5:00 pm, excluding holidays.

## **EVV Mobile App**

**Q: Is the EVV Mobile App required?**

**A:** Providers are not required to use the mobile app, it is optional. The EVV Mobile App is an additional tool that is available for providers to use to conveniently check-in/check-out.

**Q: Can I submit my timesheets using the EVV Mobile App?**

**A:** No. Providers will electronically submit their timesheets the same way they do today, through the Electronic Services Portal (ESP) and/or the Telephone Timesheet System (TTS).

**Q: Can I check-in with the EVV Mobile App and check-out with ESP or TTS?**

**A:** Yes.

**Q: What is the advantage of the EVV Mobile App?**

**A:** The app is easily accessible, and it can conveniently check-in/check-out and auto-populate your hours to your electronic timesheet, and you can choose the location (either home or community).

**Q: Does the data have to be “on” to use the mobile app? In other words, do you need internet access?**

**A:** To download the EVV Mobile App onto your mobile device, you will need internet access. After downloading the app, you *do not need* internet connection to use the app. The check-in/check-out information will be stored and updated once you have internet connection.

**Q: Will the EVV Mobile App be available in other languages? What languages are available?**

**A:** The EVV Mobile App will be available in the four threshold languages: English, Armenian, Spanish, and Chinese. The EVV Mobile App is free.

**Q: Is it a requirement to enter my hours worked on the EVV Mobile App? Do I now have to enter it every day?**

**A:** No. Entering your hours daily is not a requirement during check-in/check-out. This option is made available for providers who prefer to fill in their hours at that moment instead of waiting to the end of the workweek. You will have time to enter your check-in/check-out entries later when you fill out your timesheet if you choose.

**Q: When will the EVV Mobile App be available to be downloaded?**

**A:** The new, free EVV Mobil App can be downloaded on July 1, 2023.

**Q: Can I download the EVV Mobile Application early?**

**A:** No. The EVV Mobile App will be available in the app stores on July 1, 2023. The app stores will not allow the EVV Mobile App to be downloaded before it goes-live on July 1, 2023.

**Q: Are we going to have to keep changing our password like the current system makes us do?**

**A:** Since you are using the same ESP username and password to log into the EVV Mobile App, updating your password will remain as done today. When you update your ESP password, it will also update on the EVV Mobile App.

**Q: Will the EVV Mobile App make you login each time when you check-in and check-out?**

**A:** Depending on your device’s data/memory storage, you may need to login each time to check-in and to check-out.

**Q: How long does it take for EVV Mobile App entries to update on your ESP timesheet?**

**A:** It usually just takes a few minutes to update information from the EVV Mobile App onto your timesheet.

## Home or Community

**Q: Do I check-in/out from the “home” or “community” when I start or end IHSS services for the recipient at my (provider’s) home?**

**A:** Regulations require that the IHSS is completed in the *recipient’s own home*. Services that may occur in the “community” include grocery shopping, errands, picking up medications, laundry, or medical accompaniment---all other IHSS **must** be conducted in the recipient’s own home, or you live in the same home. Your IHSS workday starts at the time you begin the first service and does not include commute time.

**Q: What if I start each day in the community?**

**A:** Regulations require that IHSS be completed in the recipient’s own home, or you live in the same home, so the majority of IHSS Services would take place in the recipient’s own home. The only IHSS services that may be considered “community” are shopping, errands, medical accompaniment, and in some cases, laundry may be permitted.

IHSS non-live-in providers should not check-in before they arrive at the recipient’s home unless completing certain IHSS services and are not paid for their commute time. Continually checking-in/out from the “community” may flag the case for additional follow-up.

**Q: What if I take care of the recipient at my home during the day and take them home at night?**

**A:** IHSS regulations require that services must be performed in the recipient’s own home. The only services that can be provided in the “community” are grocery shopping, errands, picking up medications, laundry, or medical accompaniment all other IHSS **must** be conducted in the recipient’s own home. If there are circumstances where personal care services are being provided somewhere other than the recipient’s home, providers should reach out to their social worker at the county IHSS office.

## Travel

**Q: What happens if I travel out of country with my recipient...How will I check-in/out?**

**A:** Just like today, recipients must be current residents living in the State of California to receive IHSS. Recipients are required to contact their social worker at the county IHSS office as soon as they are planning a trip out of the United States. When outside of the United States, IHSS can only be provided with county approval under the regulations regarding out of country travel outlined in Manual of Policy and Procedures (MPP) 30-770.46-.46(b).

**Q: What happens if I travel with my recipient outside of the State of California?**

**A:** Just like today, recipients must be current residents living in the State of California to receive IHSS. Recipients are required to contact their social worker at the county IHSS office as soon as they are planning a trip out of the state. If a provider is temporarily traveling with the recipient and plans to provide IHSS for the recipient during the trip, the recipient must contact their social worker at the county IHSS office and let them know of the travel plans. Regulations concerning IHSS while temporarily outside the State of California are outlined in Manual of Policy and Procedures (MPP) 30-770.4-.444.

**Q: What happens if I (provider or recipient) move temporarily/permanently move out of California?**

**A:** You will need to immediately notify your county IHSS office. IHSS cannot be provided outside of the State of California.

**Q: What happens if I travel out of the area with the recipient and cannot call the TTS from the recipient's landline phone to check-in/check-out?**

**A:** All out of area travel must be approved by your social worker at the county IHSS office. The EVV Mobile App and ESP can be used while traveling with the recipient for the purposes of providing IHSS only when your social worker at the county IHSS office has pre-approved the travel. If you are a TTS User and cannot use the recipient's landline, you can use the EVV Mobile app, ESP, or call into the TTS and select "community" for approved IHSS that are performed outside the recipient's home.

**Q: Can providers use the EVV Mobile App or ESP to check-in or check-out when out of the area?**

**A:** All out of area travel must be approved by the county IHSS office. The EVV Mobile App and ESP can only be used when traveling with the recipient for the purposes of providing IHSS and your social worker at the county IHSS office has pre-approved the travel. Providers should select "community" when checking in or out when providing IHSS outside of the recipient's home using the EVV Mobile app, ESP or TTS.

## **Location**

**Q: Can I start my day in the 'community' and check-out from 'home'?**

**A:** Yes

**Q: If I stop off at the grocery store on my way to the recipient, is that 'home' or 'community'?**

**A:** Community.

**Q: Why are there only the options of "home" or "community" and there is no longer the option of "both".**

**A:** Because check-in/out gathers your geo-location in real time. You can't be in the home and community at the same time.

**Q: Do I check-in from the "home" or "community" when I start services for the recipient at my home?**

**A:** Regulations require that the IHSS is completed in the recipient's own home. Services that may occur in the community include grocery shopping, errands, picking up medications, laundry, or medical accompaniment---all other IHSS **must** be conducted in the recipient's home. Please remember your IHSS workday starts at the time you begin the first service and does not include commute time.

## **Am I a Live-in Provider or a Non-Live-in Provider?**

**Q: I am a provider who lives in the same home as the recipient(s) I work for. Am I a live-in provider?**

**A:** The EVV changes effective July 1, 2023 do not impact IHSS/WPCS live-in providers. Providers are asked if they live with the recipient they work for at the start of each pay period and can make the appropriate selection, or providers who live in the same home as the

recipient(s) they work for can complete and submit a Live-in Provider Self-Certification form (SOC 2298) which can be found on the CDSS website at <https://www.cdss.ca.gov/inforesources/ihss/live-in-provider-self-certification>; or, log-in to your Electronic Services Portal ([ESP](#)) account and select Financial >>Live-in Provider>>Live-in Provider Certification

**Q: I completed a SOC 2298 form, but no longer live with the recipient I work for. What do I do?**

**A:** You can complete a Live-in Provider Self-Certification Cancellation form (SOC 2299). Find more information on the CDSS website at <https://www.cdss.ca.gov/inforesources/ihss/live-in-provider-self-certification>.

You can also cancel your live-in status from your Electronic Services Portal ([ESP](#)) account and select: Financial >>Live-in Provider>>Live-in Provider Certification *Cancellation*

**Q: Where can I find information about Live-In Provider Self-Certification?**

**A:** Live-in Provider information, including the Live-in Provider Self-Certification form (SOC 2298), is available at: <https://www.cdss.ca.gov/inforesources/ihss/live-in-provider-self-certification>

**Q: I am a recipient. The provider spends a couple nights at my house each week. Is this provider considered a live-in provider?**

**A:** No.

**Q: The recipient and I live together, but we keep getting notifications about the EVV change as if we don't live together.**

**A:** Unless there is a Live-in Provider Self-Certification form (SOC 2298) on file you will continue to receive these notifications. At the start of each pay period, you can self-certify that you live with the recipient and you will no longer receive the EVV changes for non-live-in providers. Find more information at: <https://www.cdss.ca.gov/inforesources/ihss/live-in-provider-self-certification>

## **Additional Resources**

1. A link to the 'EVV Location Services Provider Training' webinar schedule is posted at <https://www.cdss.ca.gov/inforesources/ihss/ihss-providers/resources/evv-training>. Training webinars will continue throughout the year and the schedule will be updated.
2. IHSS Timesheet Signature Authorization Requirement [ACL-19-115](#)
3. For general assistance with the EVV check-in and check-out, the Electronic Services Portal Website, or the IHSS Telephone Timesheet System, please contact the IHSS Service Desk at (866) 376-7066, Monday through Friday from 8:00 am to 5:00 pm, excluding holidays.
4. Electronic Services Portal Website [www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov)
5. Telephone Timesheet System (833) DIAL-EVV or (833) 342-5388
6. IHSS EVV Email Address: [EVV@DSS.ca.gov](mailto:EVV@DSS.ca.gov)

May 16, 2023

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## **IHSS Individual Provider Benefits and Services Information (PUB 104)**

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# WELCOME TO YOUR JOB AS AN IN-HOME SUPPORTIVE SERVICES (IHSS) INDIVIDUAL PROVIDER

This notice briefly describes benefits that may be available to you and your income tax responsibilities. Please read this pamphlet carefully. Also, remember that your employer is the IHSS recipient that hired you, not the State of California nor the County Welfare Department (CWD). The State of California issues this pamphlet and your paychecks on behalf of your employer and the CWD handles all the paper work.

Please contact the CWD whenever you have any questions about your paycheck or timesheet. Always sign and date your timesheet after the pay period ends (not before), also have your employer sign and date it, then mail your timesheet to the CWD address that appears in the lower right-hand corner of the timesheet to avoid any delay in receiving your paycheck. Remember: always keep the CWD notified of any change to your address and/or telephone number.

My County Service Worker is:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

County of: \_\_\_\_\_

# IN-HOME SUPPORTIVE SERVICES

## INDIVIDUAL PROVIDER BENEFITS AND SERVICES INFORMATION

For information about IHSS  
call the local  
county welfare department



STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF SOCIAL SERVICES



## **SOCIAL SECURITY**

Social Security benefits are available to individual providers who are 18 years old or older and not the parent of the employer/recipient. The benefits are available if you become totally disabled or retire and meet certain eligibility requirements. There is a deduction from your paycheck for Social Security (FICA). The benefits include monthly retirement or disability payments to you or your dependents. You should contact your local Social Security Administration Office for information and/or to apply for Social Security. The telephone number and address of this office are listed in the white pages of your telephone book under "United States Government, Social Security Administration."

## **MEDICARE TAX**

Medicare is the health and medical benefits received as part of the total Social Security benefits package. In the past, the Medicare tax deduction was a part of the Social Security (FICA) tax deduction. Federal law now requires that the tax and the amount deducted be reported separately. Questions regarding the Medicare tax should be directed to the Social Security Administration.

## **STATE DISABILITY INSURANCE (SDI)**

State Disability Insurance benefits are available to you if you become disabled and are prevented from doing your regular work and you meet certain eligibility requirements. There is a deduction from your paycheck for SDI. State Disability Insurance benefits are available for a maximum of 52 weeks. You should contact your local California Employment Development Department (EDD) office for information and/or to apply for State Disability Insurance. The telephone number and address of this office are listed in the white pages of your telephone book under "California State of, Employment Development Department."

If you are the parent, spouse or child of the person you are providing services to you may choose to participate in the SDI program by applying for Elective State Disability Insurance. The forms for Elective SDI coverage are available from the county social services worker. If you want this optional coverage, the cost will be deducted from your paycheck. All other Individual Providers are automatically covered for SDI if they have IHSS quarterly wages in excess of \$750.

## **UNEMPLOYMENT INSURANCE (UI)**

Unemployment Insurance (UI) benefits may be available to you if you are not the parent or spouse of your employer/recipient and become unemployed, able and available to work and you meet certain eligibility requirements. There is no deduction from your paycheck for UI. Unemployment Insurance benefits are available for a maximum of 26 weeks. You should contact your local California Employment Development Department office for information and/or to apply for Unemployment Insurance. The telephone number and address of this office are listed in the white pages of your telephone book under "California State of, Employment Development Department."

## **WORKERS' COMPENSATION**

Workers' Compensation benefits are available to you if you are injured on the job or become ill due to your job, and you meet certain eligibility requirements. There is no deduction from your paycheck for Workers' Compensation. If you are injured on the job, you should seek medical attention immediately and then notify your employer/recipient's county social services worker. Claim forms to apply for Workers' Compensation are available from the county social services worker and should be returned to the County Welfare Department when completed. For more information about Workers' Compensation, you may call an Information and Assistance Officer at 1-800-736-7401.

## **INCOME TAX WITHHOLDING**

You may have state and federal income tax withheld from your paycheck if you apply and you meet certain eligibility requirements. Income tax withholding for individual providers is strictly voluntary. If you wish to have state and federal income tax withheld from your paycheck please complete the Income Tax Withholding Form (W-4) and mail it to your county welfare department. If you do not have state and/or federal income tax withheld from your paycheck, you are still required to file a tax return at the end of the year and possibly pay taxes on your earnings. You should contact your employer/recipient's county social service worker if you require additional W-4s, need to change your withholding, or need to determine the status of your withholding.

You should contact your local California Franchise Tax Board (FTB) office for information about state income tax withholding. The telephone number and address of this office are listed in the white pages of your telephone book under "California, State of, Franchise Tax Board." You should contact your local Internal Revenue Service (IRS) office for information about federal income tax withholding. The telephone number and address of this office are listed in the white pages of your telephone book under "United States Government, Internal Revenue Service."

## **EARNED INCOME CREDIT (EIC)**

You may be eligible for the Earned Income Credit (EIC). To find out about EIC and if you are eligible, carefully read the instructions for completing a form W-5 (Earned Income Credit Advance Payment Certificate). If you are eligible for EIC you can choose to get the credit in advance with your pay instead of waiting until you file your tax return. You should contact your local Internal Revenue Service office or your tax consultant for information about EIC.

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## W-4: Federal Income Tax Form

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### Steps 1-4:

Consult your tax professional for any questions on these steps.

### Step 5:

- **Sign on the employee's signature line. The form is not valid unless you sign it.**
- Employer's name and address: write the name and address of your IHSS client.
- First date of employment: write the date you started to work for your IHSS client.
- Employer identification: write the case number of your IHSS client.

Mail the completed W-4 Form in the envelope provided or to the following address (you may send both W-4 and DE 4 in the same envelope):

Adult Services Division  
County of Riverside-DPSS  
PO BOX 7300  
Moreno Valley, CA 92552-9901



## Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
 Give Form W-4 to your employer.  
 Your withholding is subject to review by the IRS.**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial _____	Last name _____	<b>(b) Social security number</b>  _____
	Address _____		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.  
 Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500.....\$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.) _____	<b>Date</b> _____	

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . 1 \$ \_\_\_\_\_
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c \$ \_\_\_\_\_
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3 \_\_\_\_\_
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: 

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse	}	. . . . .	2	\$ _____
	• \$21,900 if you're head of household				
	• \$14,600 if you're single or married filing separately				

 . . . . .
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . 5 \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

## DE 4 Form: State Income Tax Form

- Enter your personal information
- Use worksheets to complete questions 1-4
- **Sign on the employee's signature line. The form is not valid unless you sign it.**
- Employer's section: write the name and address of your IHSS client.
- California Employer Payroll Tax Account number: write the case number of your IHSS client.

Mail the completed W-4 Form in the envelope provided or to the following address (you may send both W-4 and DE 4 in the same envelope):

Adult Services Division  
County of Riverside-DPSS  
PO BOX 7300  
Moreno Valley, CA 92552-9901

For information regarding Live-In Self-Certification form for federal and state tax wage exclusion (SOC 2298) visit the this website or scan the QR code: <https://www.cdss.ca.gov/inforesources/ihss/live-in-provider-self-certification>





## Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

<b>Enter Personal Information</b>	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	Single or Married (with two or more incomes) Married (one income) Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
  - 1a. Number of Regular Withholding Allowances (**Worksheet A**)
  - 1b. Number of allowances from the Estimated Deductions (**Worksheet B**, if applicable.)
  - 1c. Total Number of Allowances you are claiming

2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)  
OR

**Exemption from Withholding**

3. I claim exemption from withholding for 2024, and I certify I meet both of the conditions for exemption. (Check box here)  
OR
4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Employer's Section:</b> Employer's Name and Address	California Employer Payroll Tax Account Number
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**Purpose:** The *Employee's Withholding Allowance Certificate* (DE 4) is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form DE 4 to determine the appropriate California PIT withholding.

If you do not provide your employer with a DE 4, the employer must use Single with Zero withholding allowance.

**Check Your Withholding:** After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**Exemption From Withholding:** If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal/state income tax last year, and
2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

**Member Service Civil Relief Act:** Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- (i) Your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) You are present in California solely to be with your spouse; and
- (iii) You maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The *California Employer's Guide (DE 44)* ([edd.ca.gov/pdf\\_pub\\_ctr/de44.pdf](http://edd.ca.gov/pdf_pub_ctr/de44.pdf)) provides the income tax withholding tables. This publication may be found by visiting Payroll Taxes - Forms and Publications ([edd.ca.gov/Payroll\\_Taxes/Forms\\_and\\_Publications.htm](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm)). To assist you in calculating your tax liability, please visit the Franchise Tax Board (FTB) ([ftb.ca.gov](http://ftb.ca.gov)).

**If you need information on your last *California Resident Income Tax Return (FTB Form 540)*, visit the FTB ([ftb.ca.gov](http://ftb.ca.gov)).**

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**Notification:** The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of Title 22, California Code of Regulations (CCR) ([govt.westlaw.com/calregs/Search/Index](http://govt.westlaw.com/calregs/Search/Index)), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

**Penalty:** You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the California Unemployment Insurance Code ([leginfo.ca.gov/faces/codes.xhtml](http://leginfo.ca.gov/faces/codes.xhtml)) and section 19176 of the Revenue and Taxation Code ([leginfo.ca.gov/faces/codes.xhtml](http://leginfo.ca.gov/faces/codes.xhtml)).

# Worksheets

## Instructions — 1 — Allowances\*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

**Two-Earners/Multiple Incomes:** When earnings are derived from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

**Married But Not Living With Your Spouse:** You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you **at any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

**Head of Household:** To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

### Worksheet A

### Regular Withholding Allowances

- |  |     |
|--|-----|
| (A) Allowance for yourself — enter 1   | (A) |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1             | (B) |
| (C) Allowance for blindness — yourself — enter 1   | (C) |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse                     | (E) |
| (F) Total — add lines (A) through (E) above and enter on line 1a of the DE 4                   | (F) |

## Instructions — 2 — (Optional) Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

### Worksheet B

### Estimated Deductions

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- |  |      |
|--|------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540   | 1.   |
| 2. Enter \$10,726 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,363 if single or married filing separately, dual income married, or married with multiple employers | – 2. |
| 3. Subtract line 2 from line 1, enter difference   | = 3. |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits)  | + 4. |
| 5. Add line 4 to line 3, enter sum   | = 5. |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)   | – 6. |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);<br>Subtract line 6 from line 5, enter difference  | = 7. |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number<br>enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise <b>stop here</b> .   | 8.   |
| 9. If line 6 is greater than line 5;<br>Enter amount from line 6 (nonwage income)  | 9.   |
| 10. Enter amount from line 5 (deductions)  | 10.  |
| 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C.  | 11.  |

\*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

1. Enter estimate of total wages for tax year 2024. 1.
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2.
3. Add line 1 and line 2. Enter sum. 3.
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4.
5. Enter adjustments to income (line 4 of Worksheet B). 5.
6. Add line 4 and line 5. Enter sum. 6.
7. Subtract line 6 from line 3. Enter difference. 7.
8. Figure your tax liability for the amount on line 7 by using the 2024 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$158.40). 9.
10. Subtract line 9 from line 8. Enter difference. 10.
11. Enter any tax credits. (See FTB Form 540). 11.
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12.
13. Calculate the tax withheld and estimated to be withheld during 2024. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2024. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2024. 13.
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14.
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15.

**Note:** Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

*These Tables Are for Calculating Worksheet C and for 2024 Only*

**Single Persons, Dual Income Married or Married With Multiple Employers**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$10,412	1.100%	\$0	\$0.00
\$10,412	\$24,684	2.200%	\$10,412	\$114.53
\$24,684	\$38,959	4.400%	\$24,684	\$428.51
\$38,959	\$54,081	6.600%	\$38,959	\$1,056.61
\$54,081	\$68,350	8.800%	\$54,081	\$2,054.66
\$68,350	\$349,137	10.230%	\$68,350	\$3,310.33
\$349,137	\$418,961	11.330%	\$349,137	\$32,034.84
\$418,961	\$698,271	12.430%	\$418,961	\$39,945.90
\$698,271	\$1,000,000	13.530%	\$698,271	\$74,664.13
\$1,000,000	and over	14.630%	\$1,000,000	\$115,488.06

**Married Persons**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,824	1.100%	\$0	\$0.00
\$20,824	\$49,368	2.200%	\$20,824	\$229.06
\$49,368	\$77,918	4.400%	\$49,368	\$857.03
\$77,918	\$108,162	6.600%	\$77,918	\$2,113.23
\$108,162	\$136,700	8.800%	\$108,162	\$4,109.33
\$136,700	\$698,274	10.230%	\$136,700	\$6,620.67
\$698,274	\$837,922	11.330%	\$698,274	\$64,069.69
\$837,922	\$1,000,000	12.430%	\$837,922	\$79,891.81
\$1,000,000	\$1,396,542	13.530%	\$1,000,000	\$100,038.11
\$1,396,542	and over	14.630%	\$1,396,542	\$153,690.24

**Unmarried/Head of Household**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,839	1.100%	\$0	\$0.00
\$20,839	\$49,371	2.200%	\$20,839	\$229.23
\$49,371	\$63,644	4.400%	\$49,371	\$856.93
\$63,644	\$78,765	6.600%	\$63,644	\$1,484.94
\$78,765	\$93,037	8.800%	\$78,765	\$2,482.93
\$93,037	\$474,824	10.230%	\$93,037	\$3,738.87
\$474,824	\$569,790	11.330%	\$474,824	\$42,795.68
\$569,790	\$949,649	12.430%	\$569,790	\$53,555.33
\$949,649	\$1,000,000	13.530%	\$949,649	\$100,771.80
\$1,000,000	and over	14.630%	\$1,000,000	\$107,584.29

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit [FTB](https://ftb.ca.gov) (ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

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## Medi-Cal Share of Cost - Questions and Answers

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## What is a Share of Cost?

Share of Cost is a **monthly** amount that must be paid toward medical expenses **before** Medi-Cal will pay. A Share of Cost is similar to a private insurance plan's out-of-pocket deductible.

## How is my Share of Cost determined?

A Share of Cost is based on countable income minus allowable deductions. Countable incomes include: earnings from a job, Social Security, private retirements or pensions, child support, alimony, free housing, Unemployment Benefits, State Disability, Worker's Compensation, Veteran's Benefits, rental income, cash gifts, and/or interest income.

**Note:** CalFresh, CalWORKs, General Relief, and Cash Assistance Program for Immigrants (CAPI) benefits are not considered countable income.

## How can I reduce or remove my share of cost?

A Share of Cost can be reduced or removed by purchasing a monthly dental, vision, prescription, or medical insurance plan. You must provide proof to your Medi-Cal worker of the plan that was purchased, which must show effective date, type of policy, amount, and the person insured. Share or Cost can also be impacted if there is a change in income in the household. Any changes in income must be reported within 10 business days to your Medi-Cal worker. If you are a working disabled individual, please notify your Medi-Cal worker, and provide verification of earnings to determine eligibility for the 250% working disabled program. You may also be qualified for other work incentive programs that allow earned income to be counted differently.

## Examples of Paying a Monthly Share of Cost

**IF** you have a Share of Cost, it can be paid by:

- Swiping your Medi-Cal card when you:
  - purchase medical supplies,
  - have medical appointments or visits, or
  - purchase prescriptions.
- Paying your IHSS provider if a Share of Cost was deducted from his/her paycheck. You will receive an IHSS Recipient Spend Down letter from the county confirming the Share of Cost to be paid to your provider.
- Out-of-pocket personal care services that are not assessed or paid for by IHSS but which are medically necessary may be used to pay the Share of Cost. Out-of-pocket personal care services must be prescribed by a physician, nurse case manager, assessed as part of the IHSS Assessment of Need (but not provided under the IHSS program, sometimes assessed as unmet need). It can also be included in your plan of care as necessary to prevent you from being moved to a long-term care facility for essential treatment. An out-of-pocket service can be provided by:
  - an IHSS provider who is providing hours **beyond** the prescribed IHSS assessment, **or**
  - a family member.

## Additional Resource

You may call the Health Insurance Counseling and Advocacy Program (HICAP) at 909-256-8369 for assistance in determining dental and vision plans that are available in Riverside County. Please note that Riverside County does not endorse any specific health care plan or provider.

## What is the 250% Working Disabled Program (250% WDP)

The Working Disabled Program (250% WDP) allows certain working disabled individuals to become eligible for Medi-Cal by paying low monthly premiums based on net countable income, that is, income from employment. Clients who are disabled, who have a large share of cost, may want to consider working part-time in order to benefit from the low premiums.

The 250% WDP is an “opt-in” choice program where there is the option to a) have a share of cost and pay it when medical expenses occur, or b) pay a monthly premium. There is no minimum amount of earnings.

You are required to show proof of employment or self-employment, with a pay stub, written verification from an employer, or other credible evidence of self-employment. If you do not receive regular paystubs there are other options to verify income.

## How much are the monthly premiums for 250% WDP?

The monthly premiums are due by the 5<sup>th</sup> of the month. The monthly premiums are the following:

- \$20 - \$250 (Single Person)
- \$30 - \$375 (Couples)

## How do I pay the monthly 250% WDP premium?

Payments are not made to or handled by County Social Services staff. Payments can be mailed or submitted online to the state. Additional information on how to pay premiums can be located by visiting the California Department of Health Care Services website at:

[https://www.dhcs.ca.gov/services/Pages/TPLRD\\_WD\\_cont.aspx](https://www.dhcs.ca.gov/services/Pages/TPLRD_WD_cont.aspx)

## Who qualifies for the 250% WDP?

The 250% WDP is for individuals who are disabled and working.

- **Disabled**
  - Meets Social Security Administration definition of disability; often receiving Social Security Disability income.
- **Working**
  - Full-time, part-time, or self-employment.
  - There is no minimum amount of earnings (at least an hour a month with pay).

### An individual must also be:

- A California Resident
- Income Eligible
  - Countable earnings below 250% of the Federal Poverty Level.
- Property eligible
  - Regular Medi-Cal Property limits apply, however, all Internal Revenue Services approved retirement accounts are exempt.

## How do I sign-up for the 250% Working Disabled Program?

Program enrollment can be done at your local Medi-Cal office.

## Questions

If you have questions related to your Cost or Eligibility, please contact IHSS HOME at:

**(888) 960-4477**

Phones are answered Monday – Friday from 8:00 AM to 5:00 PM Pacific time, excluding county holidays

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## 57 Violations

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# TIPS TO AVOID TIMESHEET VIOLATIONS FOR IHSS CAREGIVERS



**A violation is the consequence of not following overtime and travel time limitations, and could cause you to be suspended from the program or terminated as an IHSS provider. It is important that you follow the overtime and travel time limitations to prevent getting a violation.**

## How to avoid a violation...

- Using a calendar can be helpful to plan your schedule and track your time.
- Do not work more than 40 hours in a workweek without your recipient getting approval from the county, when your recipient is authorized less than 40 hours in a workweek.
- Do not work more than your recipient's maximum weekly authorized hours; this can cause you to work more than the monthly authorized hours.
- Do not work more than 66 hours in a workweek when working for more than one recipient.
- Do not claim more than 7 hours of travel time in a workweek.
- Treat February like any other month and make sure you do not exceed your monthly hours.
- Report your time based on each week (Sun-Sat) and not based on your remaining hours. restantes.

**For more tips on violation prevention visit:**  
<https://bit.ly/ihssproviderresources>



## What happens if I receive a violation?

Consequences for each violation vary. See below to see what each violation means.

### 1<sup>st</sup> VIOLATION

For the first violation, you and each of your recipients will get a notice of the violation with information on how to request a county review.

### 2<sup>nd</sup> VIOLATION

If a second violation occurs, you will have an opportunity to complete a one-time training to avoid receiving a second violation. If you do not complete the training within 14-calendar days of the date of the notice, you will receive a second violation.

### 3<sup>rd</sup> VIOLATION

If a third violation occurs, you will be suspended as an IHSS provider for 90 days.

### 4<sup>th</sup> VIOLATION

If a fourth violation occurs, you will be ineligible to work as an IHSS provider for 365 days.

**To watch a video about violations visit:**  
<https://bit.ly/ihsseducationvideos>



## County Review Process

With every violation, you have 10-calendar days from the date of the violation notice to request a county review by submitting "Notice to Provider of Right to Dispute Violation for Exceeding Workweek and/or Travel Time Limits" (form SOC 2272) that will be included in your violation notice. The county will send you a notice stating whether the violation remains or if it will be removed.



If the county does not remove the third and fourth violation, you may request a review by CDSS within 10 business days of receiving the county notice. On the notice, you will receive information on how to request CDSS review.

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## **IHSS Public Authority Registry Information**

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# IHSS CAREGIVERS!

**Need more IHSS Clients?**

## **Join the IHSS Public Authority Registry**

IHSS caregivers are needed to provide assistance to elderly and disabled individuals who are approved for IHSS Services.

- ✓ Supplemental income
- ✓ Flexible work schedule
- ✓ Must pass a Drug & Alcohol screening

**APPLY NOW! CALL 1-888-960-4477**



Access your PEARS portal:

<https://riverside.boundsportal.net/Portal/ProviderLogin.aspx>