

September XX, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. XX-XX

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



KIM JOHNSON
DIRECTOR

GAVIN NEWSOM
GOVERNOR

August XX, 2019

ALL COUNTY LETTER NO. XX-XX

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

SUBJECT: IHSS TIMESHEET SIGNATURE AUTHORIZATION REQUIREMENT

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

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

BACKGROUND

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

TIMESHEET SIGNATORY AUTHORIZATION REQUIREMENT

In order to sign provider timesheets on behalf of an IHSS recipient, an individual must complete the SOC 839 form Part C. This requirement also applies to an Authorized Representative or a legal representative of the IHSS applicant or recipient. As referenced in ACL 18-59, a legal representative is a court appointed-guardian or

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

Upon receipt of a completed SOC 839 form, county IHSS program staff are required to enter the Timesheet Signatory information including name and phone number in the Case Management, Information and Payrolling System (CMIPS) as this information is essential for the purpose of the Telephone Timesheet System (TTS) calling the correct contact for provider timesheet review and approval.

COUNTY RESPONSIBILITIES

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

CASE MANAGEMENT

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

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

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

Sincerely,

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Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

c: CWDA

DRAFT