

Caring Matters



Special Edition
Fall 2013

Sacramento County IHSS Public Authority and IHSS Advisory Committee Newsletter

NEW TIMESHEETS ARE COMING SOON TO SACRAMENTO!

SAVE THIS SPECIAL EDITION NEWSLETTER!!!
This newsletter will assist you when the new timesheets arrive.

ON NOVEMBER 4, 2013, THE IHSS TIMESHEET FORMAT AND COMPLETION PROCESS WILL CHANGE!

WHAT DOES THIS MEAN FOR YOU?

For the most part, you won't know the difference. What you will see is a new timesheet and a new way to turn in your timesheet. We want this to be as easy a change for you as possible, so we're making some help available to you.

We're sure you will like the new timesheet once you've used it a few times. But, if you have problems, we'll be here to help you.

- ❖ The first thing available to you is this special edition of the Caring Matters newsletter dedicated to showing you how to fill out the new timesheet. In this newsletter are:
 - ✓ pictures of the new timesheet,
 - ✓ examples of how to fill out the timesheet correctly,
 - ✓ a list of things you must not do and things you must do for your timesheet to be accepted, and
 - ✓ practice timesheets to help you see if you understand how to fill out a timesheet.
- ❖ Sacramento County IHSS staff at Business Park Drive will have drop-in workshops, Monday - Friday, with staff available to help you fill out your timesheet if you need it.

**AN INSTRUCTIONAL TIMESHEET VIDEO IS
AVAILABLE IN SEVERAL LANGUAGES AT:**

<http://www.cdss.ca.gov/agedblinddisabled/PG3154.htm>



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TIMESHEET

SAMPLE OF NEW TIMESHEET

FRONT

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Please contact your local IHSS county office for PAYMENT questions.

Recipient	SMITH JOHN	Hours Submitted	H 063	M 00															
Provider	DOE JANE	Hours Not Paid	H 001	M 15															
Service Period:	12/16/2011 to 12/31/2011	Process Date:	01/06/2012	Hours Paid	H 061	M 45													
Record your daily hours and minutes like these samples		Pay Rate	\$ 8.00																
<table border="1"> <tr> <td>4 Hours 45 Minutes</td> <td>Hours</td> <td>Minutes</td> </tr> <tr> <td></td> <td>4</td> <td>45</td> </tr> <tr> <td>6 Hours 30 Minutes</td> <td>6</td> <td>30</td> </tr> <tr> <td>10 Hours</td> <td>10</td> <td></td> </tr> <tr> <td>Total Time</td> <td>21</td> <td>15</td> </tr> </table>		4 Hours 45 Minutes	Hours	Minutes		4	45	6 Hours 30 Minutes	6	30	10 Hours	10		Total Time	21	15	Timesheet #	123456789123	
4 Hours 45 Minutes	Hours	Minutes																	
	4	45																	
6 Hours 30 Minutes	6	30																	
10 Hours	10																		
Total Time	21	15																	
<p>How To Fill In Timesheet</p> <ol style="list-style-type: none"> Enter the hours and minutes worked in the boxes next to the date you worked. Do Not write in boxes marked with 00:00. Only use black ink and print clearly. Do Not write on timesheet except in hours, minutes, signature, and date boxes. The IHSS Program will Not pay over authorized hours. Payment will be based on daily hours. Do Not use white out on the timesheet. Be sure both Recipient and Provider have signed and dated on back of timesheet. Do Not fold, wrinkle, or staple the timesheet 		Current	YTD																
		Gross	.00	.00															
		Federal/EIC	.00	.00															
		Addt Federal	.00	.00															
		State	.00	.00															
		Addt State	.00	.00															
		FICA	.00	.00															
		Medicare	.00	.00															
		SD/DIEC	.00	.00															
		Share of Cost	.00	.00															
		Recovery	.00	.00															
		Lien	.00	.00															
		Health	.00	.00															
		Dues	.00	.00															
		Health Trust	.00	.00															
		COPE/PEOPLE	.00	.00															
		Initiation	.00	.00															
		Other Insurance	.00	.00															
		Net Pay	.00																

Detach timesheet before mailing (Save the top portion for your information)

Cómo llenar el reporte de horas trabajadas

- Anote las horas y minutos trabajados en las casillas al lado de la fecha en que trabajó.
- Solamente use una pluma con tinta azul o negra.
- Solamente escriba en las casillas para horas, minutos, firma y fecha del reporte de horas trabajadas.
- El Programa de Servicios de Apoyo en el Hogar (IHSS) no pagará más de las horas autorizadas.
- El pago estará basado en las horas diarias.
- No tache ni use corrector blanco en el reporte de horas trabajadas.
- Asegúrese que el beneficiario y el proveedor hayan firmado y puesto la fecha en el reverso del reporte de horas trabajadas.
- No doble el reporte de horas trabajadas.

հոյակա լրացնել ժամանակացույցը

- Ներածույնը աշխատած ժամերն ու րոպեները ձեր աշխատած օրվա ամսաթվի կողքը բառակրում մեջ:
- Օգտագործեք միայն կապույտ կամ սև գրիչ:
- Մի գրեք ժամացույցի վրա, բացի ժամերից, րոպեներից, ստորագրությունից և ամսաթվից:
- IHSS ծրագիրը լրացրած աշխատատեղից դուրս չի վճարի:
- Վարակալմունքը կրկին բաց օրվան աշխատանքի:
- Մի ցնեք կամ սպիտակաթուղի ժամացույցի վրա:
- Համոզված եղեք որ եւ ստացողը և ստացողը և ամսաթիվը եղան ժամացույցի ետևում:
- Մի ծռել ժամացույցը:

如何填寫時間表

- 在你工作日期旁的方格填寫工作的時數和分鐘。
- 只能使用藍色或黑色鋼筆。
- 除了時數、分鐘、簽名、和日期的方格外,不要在時間表其它地方書寫。
- IHSS計劃不會支付多過特許的時數。
- 款項將會依據每日的時數。
- 不要在時間表上劃動或使用修正液。
- 確定簽名者和服務費供人在時間表背面簽名和填上日期。
- 請勿摺疊時間表。

Detach Timesheet before mailing (Save the Top portion for your information)

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Declaro que la información en este reporte de horas trabajadas es verdadera y correcta. Entiendo que cualquier declaración falsa puede ser enjuiciada bajo las leyes federales y estatales y que si me condenan de fraude, es posible que también esté sujeto a sanciones civiles.

Ես հայտարարում եմ, որ այս հաշվեցուցակում ներկայացված տեղեկությունը ճշմարիտ և ճշրիտ է: Ես հասկանում եմ, որ յուրաքանչյուր կեղծ հայտարարություն կարող է հետապնդվել դատական կարգով՝ Ղաշխային և Նահանգային օրենքների համաձայն, և, եթե ես դատապարտվեմ խարդախության համար, ապա ես կարող եմ նաև ենթարկվել քաղաքացիաիրավական պատժամիջոցների:

我聲明在這時間表的資料是真實和正確的。我明白任何偽造的申請會被聯邦和州法律所檢控,而且如果詐騙罪名成立,我也可能也將受到民事處罰。

Mail Detached Timesheet To: IHSS Timesheet Processing Facility, PO BOX 2380 Chico, CA 95927-2380

John Smith	1/16/12	Jane Doe	1/16/12
Recipient Signature	Date	Provider Signature	Date

-Do Not Fold Timesheet-

CUT HERE

Timesheet # 123456789 Pay Period - 01/01/2012 to 01/15/2012

Provider #	123456789	Type	IHSS
Provider Name	JANE DOE	Hours	123:45
Recipient Check#	1234567	Fill in time for each day worked	
Recipient Name	JOHN SMITH	Անձի օրվա աշխատած ժամերը և րոպեները	

Days of the Month

1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th
0	8	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total

Pay based on daily hours
Pago basado en las horas diarias
Հստակաճան՝ մաս օրվան աշխատած ժամերը

款項將會依據每日的時數

WHERE DO I MAIL THE NEW TIMESHEET?

IHSS Timesheet Processing Facility
PO Box 2380
Chico, CA 95927-2380

- MAIL new timesheets to the IHSS Timesheet Processing Facility in the ENVELOPE Provided!
- The local IHSS office will NOT process NEW timesheets. If you send your NEW timesheet to the local IHSS office, your payment will be DELAYED!
- MAIL OLD timesheets to the local IHSS office to Sacramento County DHHS PO Box 269131, Sacramento, CA 95826-9131 AS SOON AS POSSIBLE!



NEW TIMESHEET TRAINING OPTIONS

TIMESHEET RESOURCES

To learn more about how to fill out the new IHSS timesheets, locate available resources, learn about additional timesheet workshops, and be linked to an on-line IHSS timesheet video in multiple languages, you may:

- Visit the IHSS Public Authority website at: www.pubauth.saccounty.net
- Attend Drop-in IHSS Timesheet Workshops at: **9750 Business Park Drive**
- Call IHSS Payroll if you do not have access to a computer at: **(916) 874-9805**

TIMESHEET WORKSHOPS

IN-HOME SUPPORTIVE SERVICES

9750 Business Park Drive, Sacramento, CA 95827

DROP-IN WORKSHOPS AVAILABLE

NOVEMBER 12, 2013 THRU DECEMBER 13, 2013

MONDAY - FRIDAY

Session 1 - 9:30 a.m.

Session 2 - 2:30 p.m.

ON-LINE TIMESHEET VIDEOS AVAILABLE IN THE FOLLOWING LANGUAGES:

• Armenian • Chinese • English • Spanish

www.pubauth.saccounty.net

SOME FORMS ARE AVAILABLE IN THE FOLLOWING LANGUAGES:

• Armenian • Chinese • Hmong • Russian • Spanish • Tagalog • Vietnamese

NOTE: Workshops are only conducted in English.
Please bring a translator with you if needed!



TIMESHEET

OLD AND NEW TIMESHEET COMPARISON

OLD WAY

- Address changed directly on your timesheet
- Timesheet processed by Sacramento County IHSS Payroll Department
- Time recorded on timesheets in decimals (e.g., 5.5 hours)
- Days marked on timesheets horizontally (This means side to side)
- Signature of caregiver and consumer on front of timesheet

NEW WAY

- Address changed by completing a Change of Address/Phone form (SOC 840)
- Timesheets processed by Centralized Timesheet Facility in Chico, CA
- Time recorded on timesheets in hours and minutes (e.g., 5:30)
- Days marked on timesheets vertically (This means up and down)
- Signature of caregiver and consumer on back of timesheet

OLD WAY TO MAKE A TIMESHEET CORRECTION

Day of Month	1	2	3
Hours Worked	4.3	3.1	5.5 3.5

Fill in hours for each day worked and place total here... 10.9 hrs

Crossed out and initialed

NEW WAY TO MAKE A TIMESHEET CORRECTION

Days of the Month			
1 st		4	1 8
2 nd		3	0 6
3 rd		5 3	3 0
Total	1	0	5 4

Cross out!
Do NOT initial!

TIMESHEET WAS HORIZONTAL

Day of Month	1	2	3
Hours Worked	4.3	3.1	5.5

Fill in hours for each day worked and place total here... 10.9 hrs

TIMESHEET IS NOW VERTICAL

Days of the Month			
1 st		4	1 8
2 nd		3	0 6
3 rd		5 3	3 0
Total	1	0	5 4

MATTERS



STEPS TO TAKE TO GET PAID ON TIME!

As of November 4, 2013, there will be a new timesheet process. The way timesheets look and the way time is entered on the timesheet will be different than before. Filling out your timesheet incorrectly will result in your timesheet being returned or payment being delayed. Follow these simple “DOs” and “DON’Ts” to help fill out your timesheets:

DOs.....

- Do test your pen before you begin to complete your timesheet
- Do use black ink (only)
- Do record your work hours in hours & minutes
- Do include provider and recipient signatures & date on the back of the timesheet
- Do make a copy of the sample timesheet and use it as a practice sheet
- Do mail timesheet to the processing facility in Chico, CA printed on the envelope
- Do use white with green striped pre-addressed return envelope provided
- Do use proper postage and write a return address on envelope
- Do call IHSS Payroll Department if you need a replacement timesheet at: (916) 874-9805

DON'Ts.....

- Don't use decimals or fractions
- Don't include, attach or staple notes, messages, or forms to your timesheet
- Don't use pencil, red or blue ink, whiteout, and markers on your time sheet
- Don't write outside of the box
- Don't erase or rewrite hours on the timesheet
- Don't write your address change on your timesheet (fill out a SOC 840)
- Don't fold the timesheet
- Don't send your timesheet in early or payment will be delayed until pay period ends
- Don't add any additional writing to the pre-addressed envelope



TIMESHEET

TEST YOUR SKILLS! TIMESHHEET PRACTICE #1

SAMPLE TIMESHHEET ONLY!

Provider #	123456789	Type
Provider Name	Jane Doe	IHSS
Recipient Case #	34-1234567	Remaining Hrs
Recipient Name	John Smith	29:45

Fill in time for each day
 Anote el tiempo para cada día en que haya trabajado
 Days of the month

	Hours	Minutes
16th		
17th		
18th		
19th		
20th		
21st		
22nd		
23rd		
24th		
25th		
26th		
27th		
28th		
29th		
30th		
	0 0	0 0

Total

Pay based on daily hours
 Pago basado en las horas diarias

SAMPLE-DO NOT RETURN

Timesheet #

SAMPLE ONLY!

Pay Period—11/16/13-11/30/13

Timesheet Practice

Complete the practice timesheet using the calendar below. Remember:

- Use **BLACK** ink only
- Enter only one digit per box
- Crossout number to make a correction- do not initial corrections
- Use hours and minutes - not decimals
- Write clearly – if computer can't read the numbers, payment will be delayed

NOVEMBER 2013						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16 3hrs 15mins
17	18	19 45 mins	20	21	22 7 hrs 30mins	23
24 8 hrs	25	26 8 hrs	27	28	29	30 3hrs 15mins

PAY PERIOD: 11/16/13-11/30/13

16th: 3 hrs 15 mins 24th: 8 hrs
 19th: 45 mins 26th: 8 hrs
 22nd: 7 hrs 30 mins 30th: 3 hrs 15 mins

HOW TO MAKE A TIMESHHEET CORRECTION

	4	1	8 0
	3	0	6
	7	3	0
Total	1 7	5	4

MATTERS



TEST YOUR SKILLS! TIMESHEET PRACTICE #2

SAMPLE TIMESHEET ONLY!

Provider #	123456789	Type
Provider Name	Jane Doe	IHSS
Recipient Case #	34-1234567	Remaining Hrs
Recipient Name	John Smith	57:10

Fill in time for each day
Anoto el tiempo para cada dia en que haya trabajado

Days of the month

	Hours		Minutes	
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				
11th				
12th				
13th				
14th				
15th				
	0	0	0	0

Total

Pay based on daily hours
Pago basado en las horas diarias

Timesheet Practice

Complete the practice timesheet using the calendar below. Remember:

- Use **BLACK** ink only
- Enter only one digit per box
- Crossout number to make a correction- do not initial corrections
- Use hours and minutes - not decimals
- Write clearly – if computer can't read the numbers, payment will be delayed

DECEMBER 2013						
S	M	T	W	TH	F	S
1	2 4hrs 25mins	3	4 3hrs 40mins	5	6	7 8 hrs
8	9	10 6 hrs	11	12 3hrs 15mins	13	14
15 3hrs 15mins	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

PAY PERIOD: 12/01/13-12/15/13

2nd: 4 hrs 25 mins 10th: 6 hrs
4th: 3 hrs 40 mins 12th: 3 hrs 15 mins
7th: 8 hrs 15th: 3 hrs 15 mins

HOW TO MAKE A TIMESHEET CORRECTION

	4	1	0
	6	3	0
	7	0	0
Total	1 7	4	0



Sacramento County
 IHSS Public Authority
 3700 Branch Center Road,
 Suite A
 Sacramento, CA 95827

PRESORTED
 STANDARD MAIL
 U. S. POSTAGE
PAID
 SACRAMENTO, CA
 PERMIT #24

DID YOU COMPLETE THE TIMESHEET PRACTICE CORRECTLY?

PRACTICE TIMESHEET #1

Provider #	123456789	Type
Provider Name	Jane Doe	IHSS
Recipient Case #	34-1234567	Remaining Hrs
Recipient Name	John Smith	33:45

Fill in time for each day
 Anote el tiempo para cada día en que haya trabajado
 Days of the month

	Hours	Minutes
16th	3	1 5
17th		
18th		4 5
19th		
20th		
21st		
22nd	7	3 0
23rd		
24th	8	0 0
25th		
26th	8	0 0
27th		
28th		
29th		
30th	3	1 5
Total	2 9	4 5

Pay based on daily hours
 Pago basado en las horas diarias

PRACTICE TIMESHEET #2

Provider #	123456789	Type
Provider Name	Jane Doe	IHSS
Recipient Case #	34-1234567	Remaining Hrs
Recipient Name	John Smith	57:10

Fill in time for each day
 Anote el tiempo para cada día en que haya trabajado
 Days of the month

	Hours	Minutes
1st		
2nd	4	2 5
3rd		
4th	3	4 0
5th		
6th		
7th	8	0 0
8th		
9th		
10th	6	0 0
11th		
12th	3	1 5
13th		
14th		
15th	3	1 5
Total	2 8	3 5

Pay based on daily hours
 Pago basado en las horas diarias

← ADDING TOTAL IS OPTIONAL →