

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 <u>www.etimesheets.ihss.ca.gov</u> 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.





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



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

Create your user name, password and enter your email address

Select your security questions and enter your answers

the link to complete registration Step 4

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

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	
IHSS IN-HOME SUPPORTIVE SERVICES ELECTRONIC SERVICES PORTAL	
Login to Your Account User Name Iser Name is case sensitive Image: Imag	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
The IHSS Electronic Services Portal is now available in Español, 中文 and Rugtpttu for both Providers and Recipie Language English (English) English (English) Spanish (Español) Armenian (Rugtpttu) Chinese (中文)	ents. imesheet 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	S A FIRST TIME USER
IHSS IN-HOME SUPPORTIVE SERVICES ELECTRONIC SERVICES PORTAL	
Login to Your Account	First Time User? Register for the IHSS Website to:
User Name User Name is case sensitive	View your timesheet and payment statusesEnter and submit timesheets
Remember me	No longer mail paper timesheets
Password Password is case sensitive	Request additional timesheets Enroll in direct deposit
	Claim sick leave
Forgot User Name or Password?	Register Here
Login	Registration FAQs
Language	
English (English)	
CDSS Adult Programs Division	CDSS

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

IHSS Electronic Services Portal Registration
IHSS ELECTRONIC SERVICES PORTAL
Welcome
To register with this website you must be a provider of In-Home Supportive Services for the In-Home Supportive Services (IHSS) and/or the Waiver Personal Care Services (WPCS) program or be a recipient of either program. Information viewed on this website is only related to IHSS and/or WPCS cases. Information collected by this website will be used for managing IHSS and WPCS program processes. Your email address will be collected during the registration process and will be used to send you reminders and notices.
To get started, tell us if you are a recipient or a provider? I am a Recipient I am a Provider
Begin Registration Process Cancel Registration
CDSS Adult Programs Division

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.

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 na	me and provider number as show	n on your IHSS/WPCS timesheet		
First Name				
Last Name				
Last Name				
Last Name				
Date of Birth (MM/DD/	YYYY)			
Date of Birth (MM/DD/	YYYY)			
Case Number You must enter all 7 digits of leading zeros.	YYYY) your Case Number including the			
Case Number You must enter all 7 digits of leading zeros.	YYYY) your Case Number including the			

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.

1 User Information Enter your name, provider number, date of birth and SSN number emai	2 ount information te your user name, word and enter your 1 address	3 Security Questions Select your security questions and enter your	4 Email Verification Check your email and select	5 Confirm Registration
User Information Enter your name, provider number, date of birth and SSN number email	ount Information te your user name, word and enter your address	Security Questions Select your security questions and enter your	Email Verification	Confirm Registration
		answers	the link to complete registration Step 4	Enter your user name, password and one of the security questions you selected in Step 3
Enter your first name, last name and p	rovider number as show	n on your IHSS/WPCS timesheet		
First Name				
Last Name				
Date of Birth (MM/DD/YYYY)		1		
		l -		
Case Number You must enter all 7 digits of your Case leading zeros.	e Number including the			

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
 - o Enter the same email again

rtegietei				
		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
Create User Name				
User Name is case sensitive characters in length. It cannot cannot have the # or % or & c	and must be at least 6 t have blank spaces and or ' or " or > or ? characters.			
Create Password				
Password is case sensitive an characters in length and contr and at least 2 numbers.	nd must be at least 8 ain a combination of letters			
Confirm Password		_	_	
Email				
It is recommended that provid have their own separate emails for IHSS website emails. Use	ders and recipients each il account. Email will be used r Name retrieval and			
Password reset.				
Password reset.		7	7	

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.

Register				
1	2	3	4	5
SUser Information Enter your name, provider number, date of	Account Information Create your user name, password and enter your	Security Questions Select your security questions and enter your	Email Verification Check your email and select the link to complete	Confirm Registration Enter your user name, password and one of the security
birth and SSN number ti is important that the question Security questions and answer Please Select One	email address	answers se are hard for others to guess, I et your Password. Security Questions	registration Step 4	questions you selected in Step :
birth and SN number birth and SN number It is important that the questio Security questions and answe Please Select One Answer	email address	answers se are hard for others to guess, I et your Password. Security Questions Security Answers	registration Step 4	questions you selected in Step :
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birth and SSN number birth and SSN number It is important that the questio Security questions and answe Please Select One Answer Please Select One Answer	email address	answers se are hard for others to guess, I et your Password. Security Questions Security Answers	registration Step 4	questions you selected in Step :

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.



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



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.



Main Landing Page

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



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



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.

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

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 <u>www.cdss.ca.gov</u>, 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

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

For more information on Direct Deposit:

- ✓ Access our website at <u>http://www.cdss.ca.gov</u>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 Appro	priate Box:			
	By checking this box, I hereby auth warrants to my personal bank acco	norize the State controller's Off punt.	ice to directl	ly deposit my pay

CHANGE By checking this box, I hereby authorize the State controller's Office to change my Direct Deposit to my new personal bank account.

CASE NUMBER:

PROVIDER NUMBER:

|--|

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 NC). 4444
Pay to the Order	of		
I112145678 I:	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 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