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***Electronic Visit Verification***

***IHSS Electronic Services Portal (ESP)***

***Provider User Guide***

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## Purpose

This User Guide has been created to provide an overview and step by step instructions for In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) Providers to follow when using the Electronic Services Portal (ESP). The ESP is designed to be easy to use. The purpose of this User Guide is to help providers gain understanding of the tools available to them in the ESP and to learn how to easily use these tools, such submitting timesheets electronically, at their convenience.

## Electronic Services Portal

The Electronic Services Portal (ESP) is a self-service website that allows providers to submit timesheets electronically. In addition to submitting timesheets, providers are also able to:

- View timesheets and payments
- Submit sick leave claims
- Submit Career Pathways Training Time and Incentive claims
- Enroll, cancel, and change their direct deposit
- Request supplemental timesheets
- Check-in and check-out for each workday per recipient

## Overview: IHSS Electronic Services Portal User Guide

Throughout this User Guide, you will learn how to navigate the ESP and access each menu. The three main menus within the ESP for providers are:

- Timesheet Entry
- Financial
- Resources

The **Timesheet Entry** menu consists of three options: *Timesheets*, *Travel Claims*, *Sick Leave Claim*, and *Career Pathways*. Under the *Timesheets* option, you can enter time for your hours worked and/or request for a Supplemental Timesheet. Under the *Travel Claims* option, you can fill out a travel claim form to receive travel pay if you work for multiple recipients and is traveling between the recipients' homes. Under the *Sick Leave* option, you can fill out a request for sick leave form electronically, to receive paid sick leave. Under *Career Pathways*, you can fill out a training time and incentive claim form to be compensated for time spent attending and completing training courses for skill development. Upon completing one or more training pathways and providing specialized care to a recipient, providers may also qualify for incentive payments.

The **Financial** menu consists of three options: *Payments*, *Live-In Provider*, *Direct Deposit*, and *Taxes*. Under the *Payments* option, you can view your recent payments, perform a payment search, and view your sick leave claim history. Under the *Live-In Provider* option, you can self-certify as a live-in provider and/or cancel your live-in certification. Under the *Direct Deposit* option, you can enroll in direct deposit, change your bank account, cancel your direct deposit, and view your direct deposit requests. Under the *Taxes* option, you can view copies of your W-2 forms directly through IHSS ESP on the W-2 Forms screen. This does not change how you receive original W-2 forms. You would continue to be mailed paper copies of your W-2 form if you earned taxable income.

The **Resources** menu consists of the *What's New* and *Training* drop-down items. These two items are resource tools that can help you easily access useful information about the IHSS/WPCS Program and the ESP.

To learn more about these menus, please follow the step-by-step instructions below.

## IHSS Electronic Services Portal: Time Entry – Timesheets

The Time Entry menu in the ESP has a 'Timesheets' option that allows you to *Enter Time* or *Request for a Supplemental Timesheet* in the ESP. This section will show you how to:

- Access your timesheets
- Enter time on your timesheets
- Submit your timesheets for recipient review
- Request for a Supplement Timesheet

Before you begin, you must have the following information available:

- Your ESP Username
- Your ESP Password

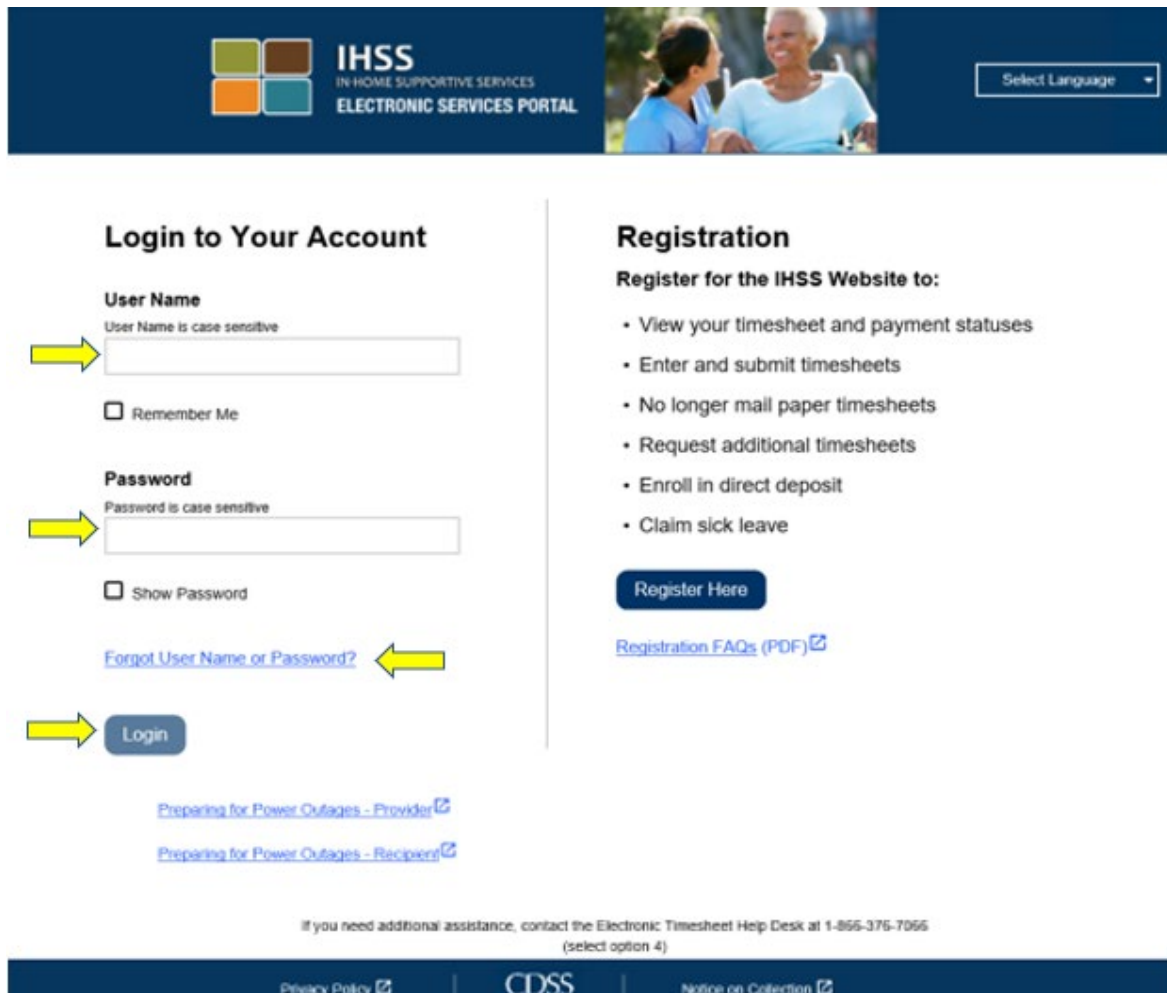
**Note:** For more information regarding ESP registration, please see: [Registration FAQs](#) on the ESP website.

### **Let's Get Started!**

## How to Access Your Timesheets in the ESP:

1. Access the IHSS ESP website at [www.etimesheets.ca.gov](http://www.etimesheets.ca.gov).
2. Enter your ESP Username, Password, and select 'Login.'

**Note:** If you forget your login information, you can reset your Username and Password by selecting the *Forgot Username or Password* link. You will receive an email link to reset your username or password. Follow the instructions in the email. See Figure 1.



**Login to Your Account**

**User Name**  
User Name is case sensitive

☐ Remember Me

**Password**  
Password is case sensitive

☐ Show Password

[Forgot User Name or Password?](#)

[Preparing for Power Outages - Provider](#)

[Preparing for Power Outages - Recipients](#)

If you need additional assistance, contact the Electronic Timesheet Help Desk at 1-866-375-7066 (select option 4)

[Privacy Policy](#) | **CDSS** | [Notice on Collection](#)

**Registration**

**Register for the IHSS Website to:**

- View your timesheet and payment statuses
- Enter and submit timesheets
- No longer mail paper timesheets
- Request additional timesheets
- Enroll in direct deposit
- Claim sick leave

[Registration FAQs \(PDF\)](#)

Figure 1 – Login Screen

- Once you log in to your ESP account, you will be on the Provider Home screen (Figure 2).

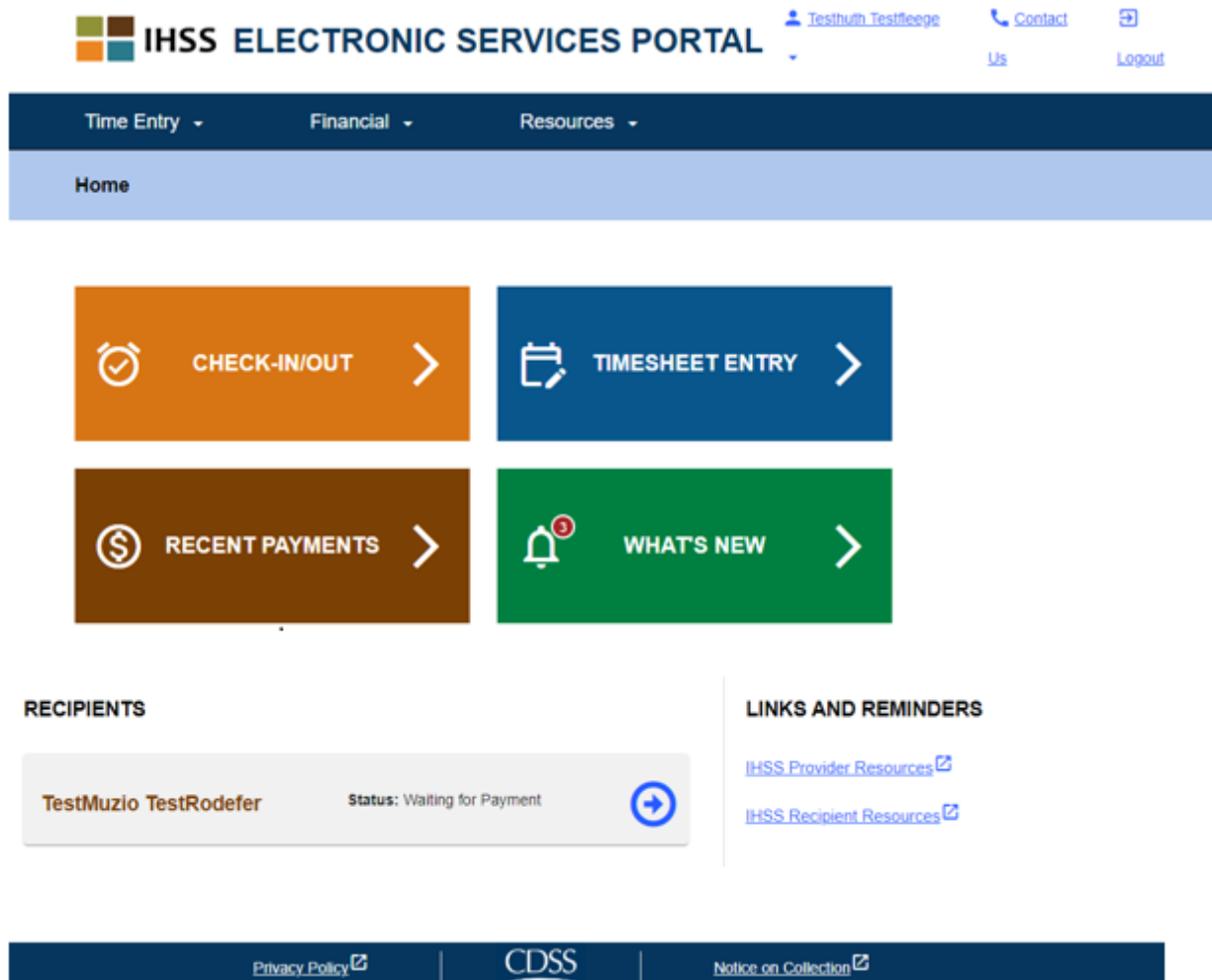


Figure 2 – Provider Home screen

There are three ways you can access your timesheets (Figure 3):

1. Select the Time Entry menu in the navigation bar, then in the drop-down list, select the Timesheets link and click on Enter Time, or
2. Click on the Timesheet Entry Link, or
3. Click on the blue arrow to the right of the recipient's name that you would like to enter your hours worked.



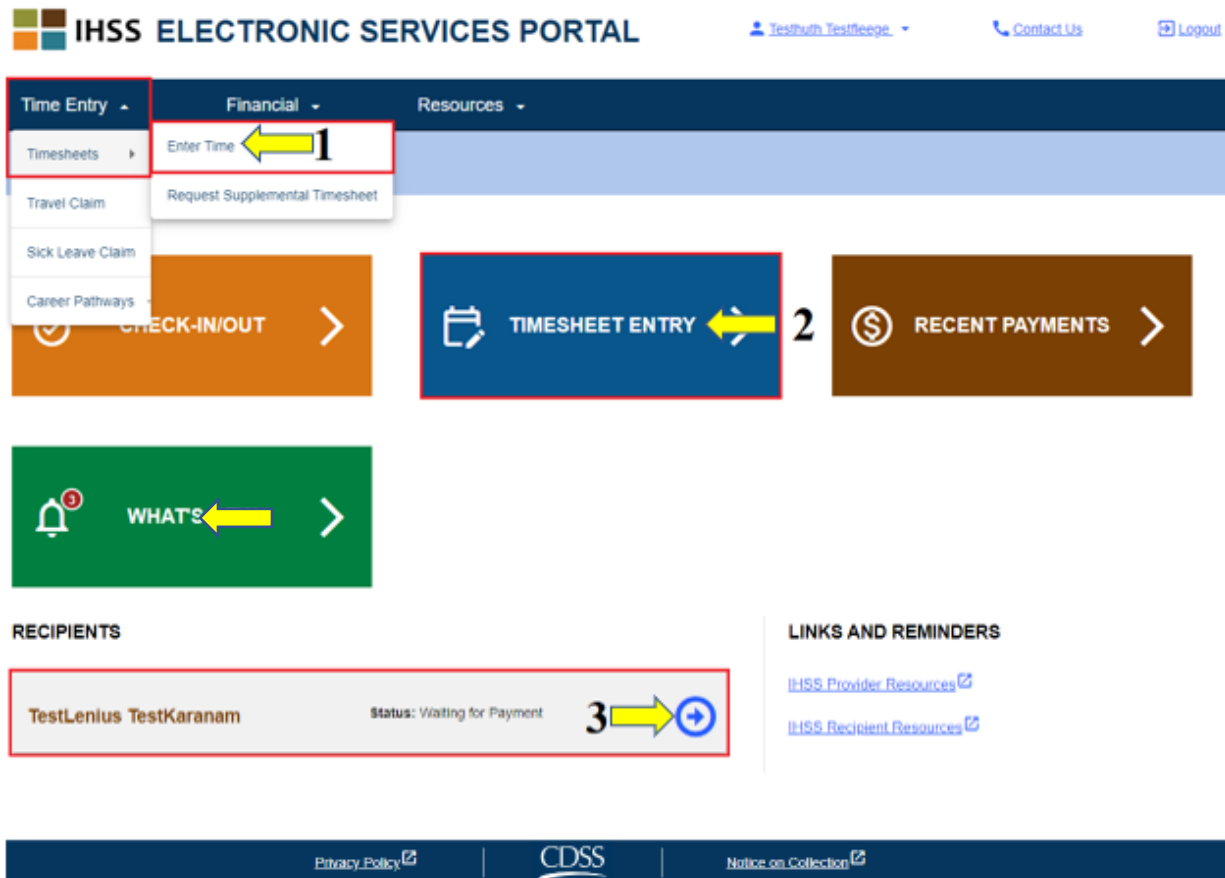


Figure 3 – Provider Home Screen – Accessing Timesheet options

**Note:** Selecting the Time Entry drop-down option (option 1) or Timesheet Entry (option 2) link will take you to Recipient Selection screen (figure 4) and you will be able to see all the recipients that you work for.

**Note:** If you select option 3, by clicking on the blue arrow to the right of the recipient's name, you will be taken directly to the Timesheet Entry screen (figure 6), where you can begin entering time for the selected recipient.

4. Once you are on the **Recipient Selection** screen you will see a list of all the recipients that you work for. In this example (figure 4), we have one recipient. On this screen, you can also see information on your Most Recent Payment. For example, the amount on your paycheck, the Status of your payment, and the Pay Period for which you received your payment.

To continue to access your timesheets for this recipient, click on the **blue** arrow on the right side. If you have multiple recipients, select the blue arrow next to the recipient for whom you want to enter your hours worked.

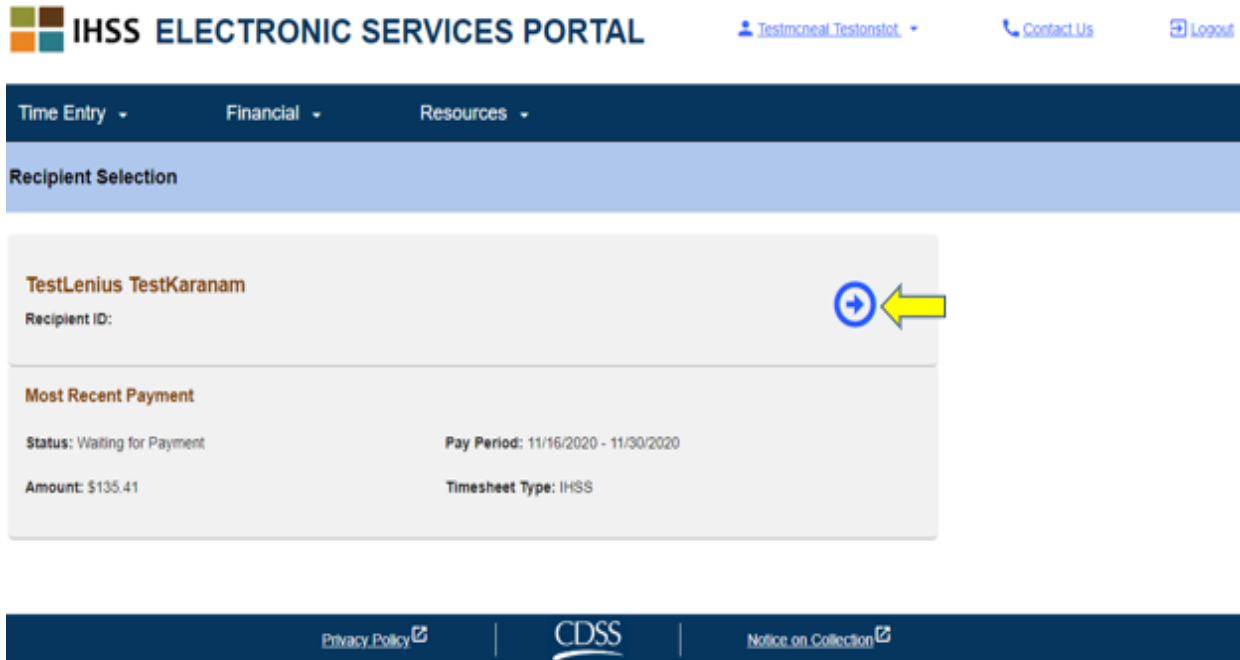


Figure 4 – Timesheet Entry: Recipient Selection screen

**Note:** If you have not submitted an IHSS and WPCS Program Live-In Self Certification Form for Federal and State Wage Exclusion ([SOC 2298](#)), you will be asked if you live with your recipient each time you access a timesheet for the first time for a particular pay period. The pop-up message will appear:

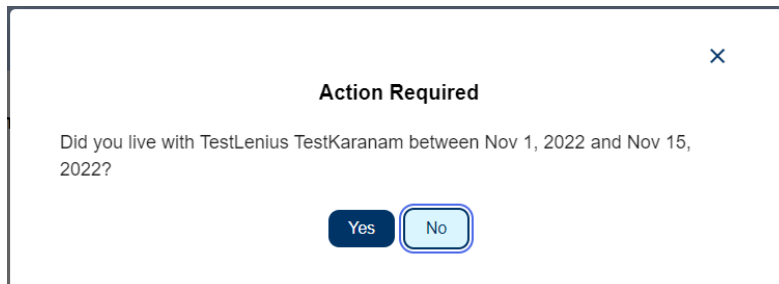


Figure 5 – Live-In Provider pop-up message

If you do reside with your recipient, select the “Yes” button and then you will be taken to the Timesheet Entry screen for the recipient.

For more information on Live-In Provider Self-Certification, please see the *IHSS Electronic Services Portal: Financial – Live-In Provider* section of this user guide.

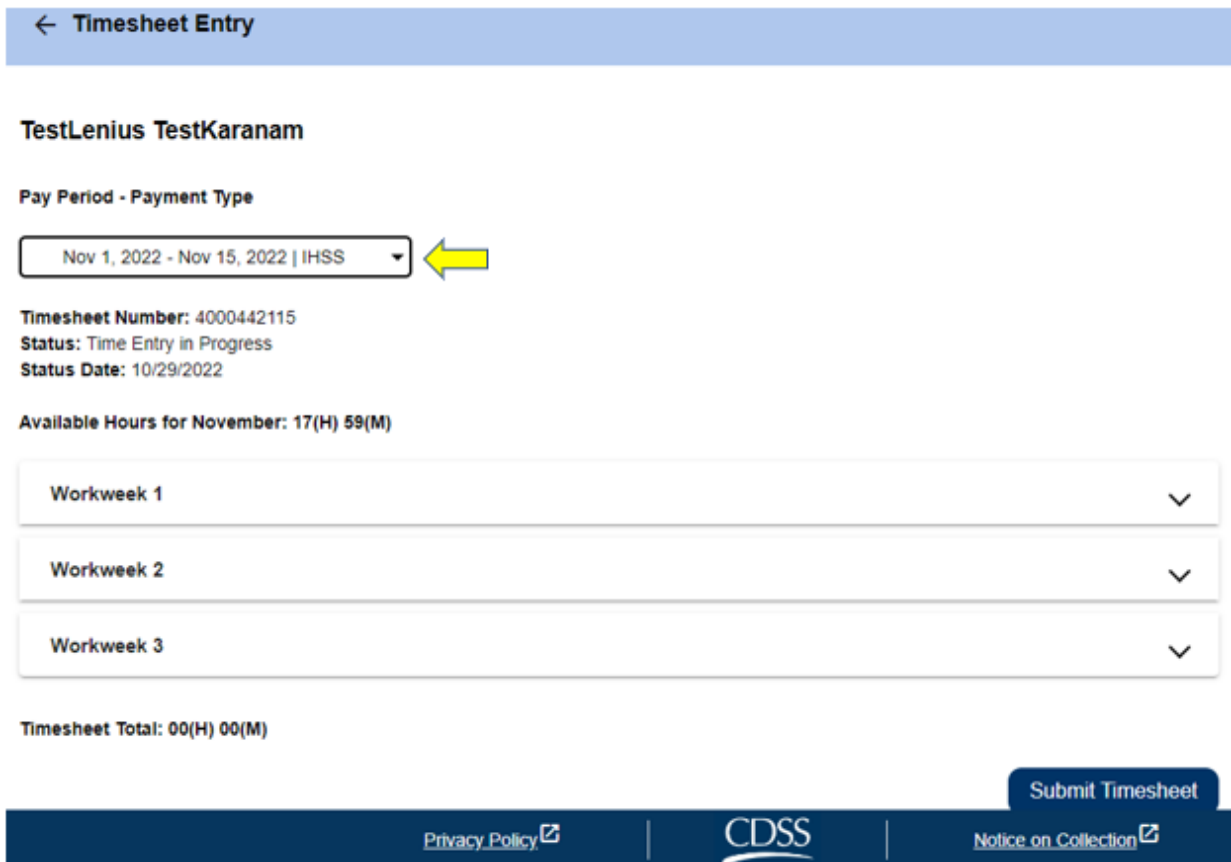
## How to Enter Time on Your Timesheets in ESP:

Before you begin, some things to remember:

- Non-Live-In Providers and Live-In Providers timesheets will appear slightly different.
- When a Non-Live-In Provider enter time, an EVV Timesheet will appear with the EVV mandated fields: Start Time, Start Location, End Time, and End Location.
- When a Live-In Provider enter time, a non EVV Timesheet will appear with only the hours worked.

### ***Let's Get Started!***

5. After using any of the previously demonstrated ways to access the timesheets, you will be taken to the 'Timesheet Entry' screen (figure 6) for the selected provider. On the left side of the screen, you will be able select a timesheet from the drop-down box.



← Timesheet Entry

**TestLenius TestKaranam**

Pay Period - Payment Type

Nov 1, 2022 - Nov 15, 2022 | IHSS

Timesheet Number: 4000442115  
Status: Time Entry in Progress  
Status Date: 10/29/2022

Available Hours for November: 17(H) 59(M)

Workweek 1

Workweek 2

Workweek 3

Timesheet Total: 00(H) 00(M)

Submit Timesheet

[Privacy Policy](#) | [CDSS](#) | [Notice on Collection](#)

*Figure 6 – Timesheet Entry screen*

- Please note: There may be multiple timesheets if you work for both WPCS and IHSS or if you have not submitted timesheets for prior pay periods. Select the timesheet for the pay period you wish to enter time.

- On this screen you will be able to see the Timesheet Number, the Status, as well as the Status Date. This screen also shows the available hours for the month.

Below the Available Hours, you can see the workweeks that are a part of this pay period, and just below the workweeks, is a Timesheet Total. There, you will see a total for all the time you have entered and saved for this pay period.

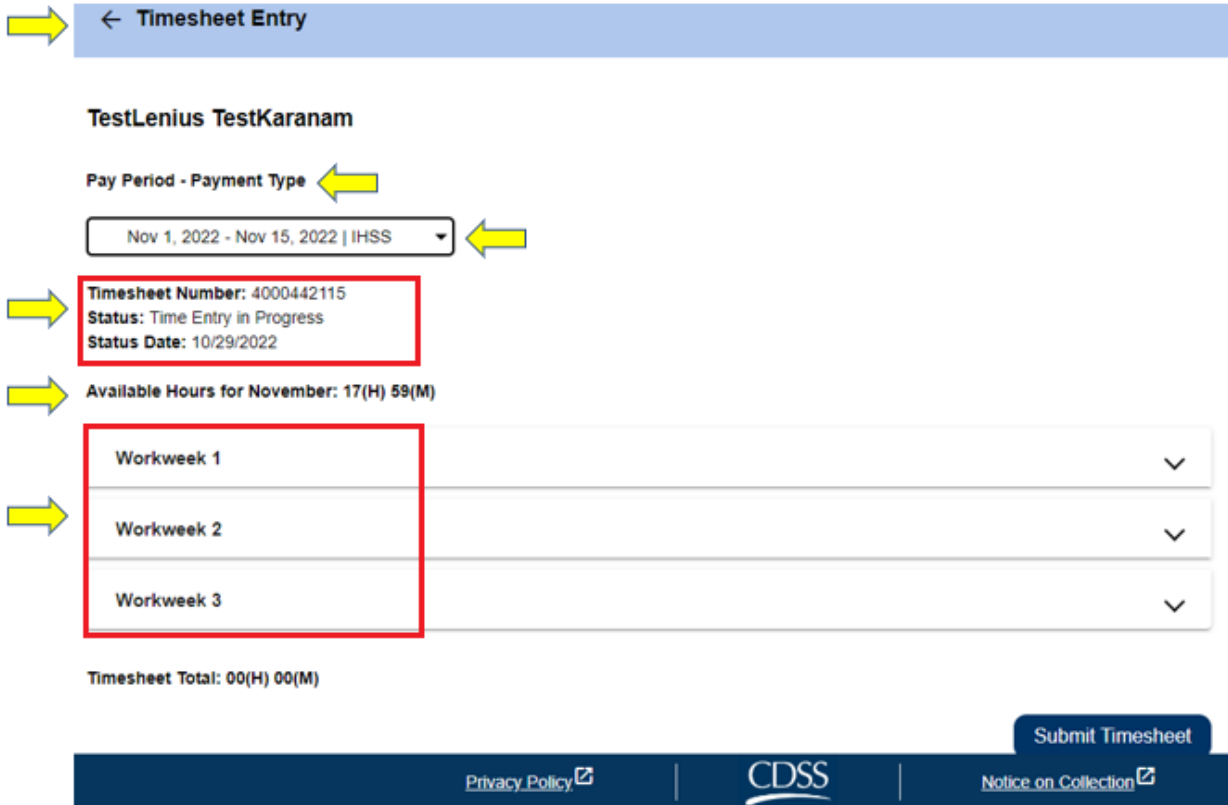


Figure 7 – Pay Period-Payment Type and Workweek

- Now, it is time to enter the hours worked for this recipient. To do this, select the drop-down arrow for the workweek you would like to enter hours for. This will expand the workweek in the Time Entry Screen.

← Timesheet Entry

TestLenius TestKaranam

Pay Period - Payment Type

Nov 1, 2022 - Nov 15, 2022 | IHSS

Timesheet Number: 4000442115  
Status: Time Entry in Progress  
Status Date: 10/29/2022

Available Hours for November: 17(H) 59(M)

Workweek 1

Workweek 2

Workweek 3

Timesheet Total: 00(H) 00(M)

Submit Timesheet

Privacy Policy

CDSS


Notice on Collection

Figure 8 – Timesheet Entry – Expanding Workweek 1

### Time Entry for Non-Live-In Provider Timesheets:

1. After expanding a workweek segment, it will display each day individually. You will complete the following information for each workday of the workweek: *Hours, Minutes, Start Time, Start Location, End Time, and End Location*. You can enter the Hours Worked daily or at the end of the pay period to enter all your time. See Figure 9.

**Note:** Below is a sample of an EVV timesheet for Non-Live-In Providers.

Workweek 1
 




Sunday 30 Oct
 

Hours Worked: 00(H) 00(M)




Monday 31 Oct
 

Hours Worked: 00(H) 00(M)




Tuesday 1 Nov
 

Hours	Minutes	Start Time	Start Location	End Time	End Location	
<input type="text" value="02"/>	<input type="text" value="00"/>	<input type="text" value="10:40 AM"/> 	<input type="text" value="Home"/>	<input type="text" value="12:40 PM"/> 	<input type="text" value="Home"/>	




Wednesday 2 Nov
 

Hours	Minutes	Start Time	Start Location	End Time	End Location	
<input type="text" value="01"/>	<input type="text" value="00"/>	<input type="text" value="01:00 PM"/> 	<input type="text" value="Community"/>	<input type="text" value="02:00 PM"/> 	<input type="text" value="Community"/>	




Thursday 3 Nov
 

Hours	Minutes	Start Time	Start Location	End Time	End Location	
<input type="text" value="3"/>	<input type="text" value="00"/>	<input type="text" value="06:00 AM"/> 	<input type="text" value="Home"/>	<input type="text" value="09:00 AM"/> 	<input type="text" value="Community"/>	

Friday 4 Nov
 

Hours	Minutes	Start Time	Start Location	End Time	End Location	
<input type="text" value="01"/>	<input type="text" value="00"/>	<input type="text" value="04:00 PM"/> 	<input type="text" value="Community"/>	<input type="text" value="05:00 PM"/> 	<input type="text" value="Home"/>	

Saturday 5 Nov
 

Hours	Minutes	Start Time	Start Location	End Time	End Location	
<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="--:--"/> 	<input type="text" value=""/>	<input type="text" value="--:--"/> 	<input type="text" value=""/>	

Previously Claimed Hours: 00(H) 00(M)  
 Workweek Total: 00(H) 00(M)

Save


Workweek 2
 

Figure 9 – Non-Live-In Provider EVV Timesheet Entry

**Note:** **Hours Worked** is the hours and minutes that were worked that day.  
**Start Time** is the time you begin providing services on that day.  
**Start Location** is the location where the first service is provided on that day; (your check-in location).  
**End Time** is the time the last service is completed for that day.

**End Location** is the location the last service is completed for that day; (your check-out location).

The location options available are – **Home** or **Community**

- **Home** is where services were provided in the recipient's home.
- **Community** is where services were provided outside of the recipient's home.

When entering time for a specific day, all fields require an entry for that day. You will receive prompts informing you if you made an error while filling out your timesheet such as:

- Hours entry cannot be greater than 24
- Minutes entry cannot be greater than 59
- Hours worked cannot be greater than time at location.

2. After you have entered all hours worked for the workweek, click on the 'Save' button to save your time entry for that week (Workweek 1). Once you saved your timesheet entry, your *Workweek Total* will adjust to the total hours worked for that workweek. In the example below, a total of 7 hours worked were recorded for Workweek 1; Therefore, the *Workweek Total* will display 7 hours. See Figure 10.

Workweek 1

Sunday 30 Oct

Hours Worked: 00(H) 00(M)

Monday 31 Oct

Hours Worked: 00(H) 00(M)

Tuesday 1 Nov

Hours

Minutes

Start Time

Start Location

End Time

End Location

02

00

10:40 AM

Home

12:40 PM

Home

Wednesday 2 Nov

Hours

Minutes

Start Time

Start Location

End Time

End Location

01

00

01:00 PM

Community

02:00 PM

Community

Thursday 3 Nov

Hours

Minutes

Start Time

Start Location

End Time

End Location

3

00

06:00 AM

Home

09:00 AM

Community

Friday 4 Nov

Hours

Minutes

Start Time

Start Location

End Time

End Location

01

00

04:00 PM

Community

05:00 PM

Home

Saturday 5 Nov

Hours

Minutes

Start Time

Start Location

End Time

End Location

00

00

--:--

--:--

Previously Claimed Hours: 00(H) 00(M)

Workweek Total: 07(H) 00(M)

Save

Workweek 2

Figure 10 – Save button and Workweek Total

To enter time for the remaining workweeks for this timesheet, select the drop-down arrow to expand workweek and follow the same steps above. Once you have entered all your hours worked for the timesheet, you are ready to submit your timesheet for approval. Proceed to *How to Submit Provider Timesheets for Approval* section for more information.

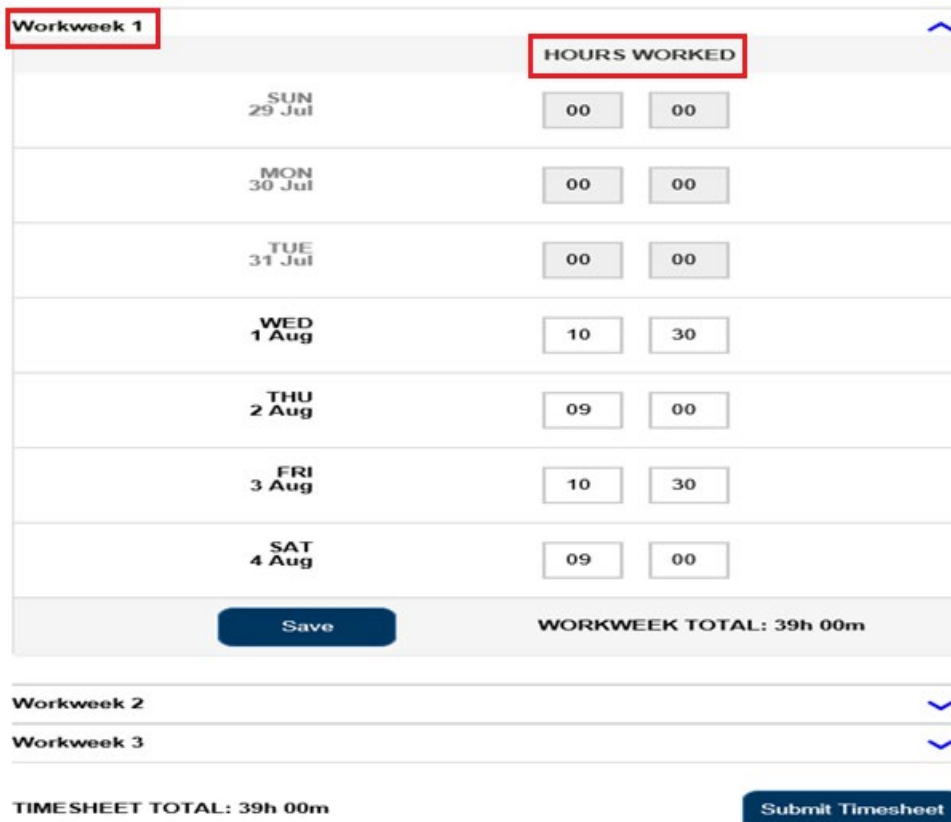


## Time Entry for Live-In Provider Timesheets:

Beginning January 01, 2021, IHSS/WPCS Providers who reside in the same household as the recipient(s) they serve, will not be required to complete the EVV mandated fields (*Start Time*, *End Time*, and *Location*). Live-in providers will only need to complete the *Hours Worked* fields.

When a Live-In Provider enter time on their timesheet, a non EVV Timesheet will appear with only the hours worked. You will only be required to enter the *Hours Worked* for each workday during the workweek. See Figure 11.

**Note:** Below is a sample of a non EVV timesheet for Live-In Providers



Workweek 1		HOURS WORKED	
SUN	29 Jul	00	00
MON	30 Jul	00	00
TUE	31 Jul	00	00
WED	1 Aug	10	30
THU	2 Aug	09	00
FRI	3 Aug	10	30
SAT	4 Aug	09	00
Save		WORKWEEK TOTAL: 39h 00m	

Workweek 2

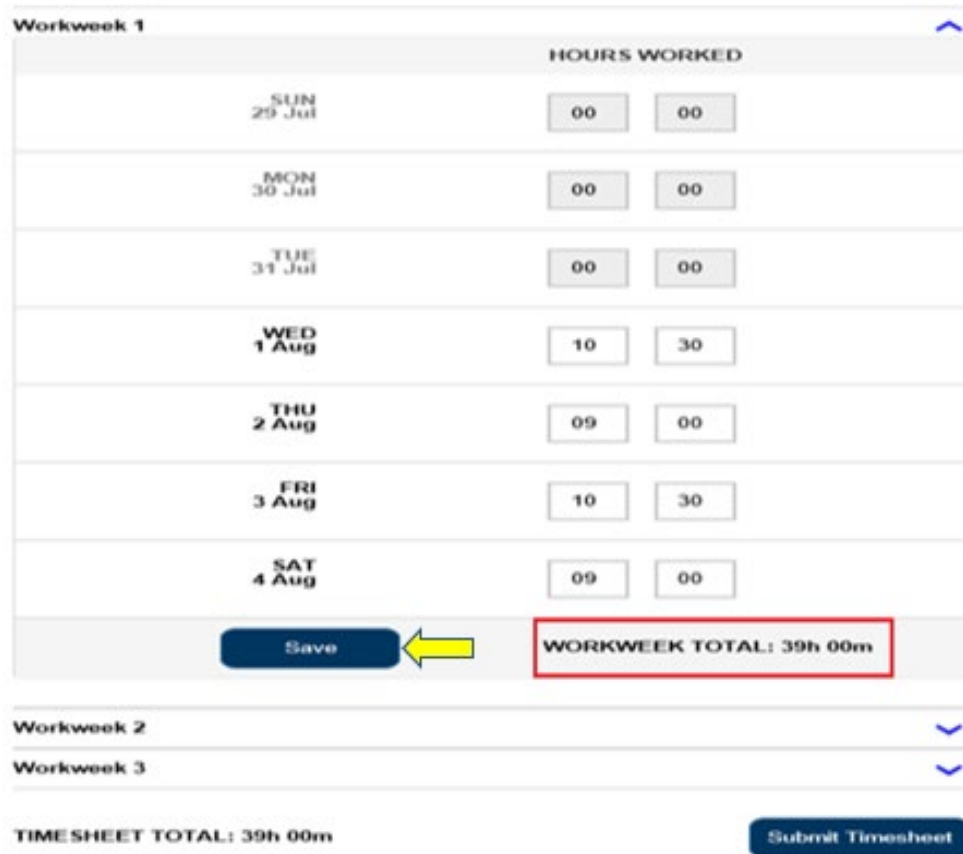
Workweek 3

TIMESHEET TOTAL: 39h 00m

Submit Timesheet

Figure 11 – Live-In Provider Non EVV Timesheet sample

1. After you have entered all hours worked for the workweek, click on the 'Save' button to save your time entry for that week. Once you saved your timesheet entry, your *Workweek Total* will be updated with the total hours entered for that workweek. In the example below, a total of 39 hours worked were recorded for Workweek 1; Therefore, the *Workweek Total* will display 39 hours. See Figure 12.



Workweek 1		HOURS WORKED	
SUN	29 Jul	00	00
MON	30 Jul	00	00
TUE	31 Jul	00	00
WED	1 Aug	10	30
THU	2 Aug	09	00
FRI	3 Aug	10	30
SAT	4 Aug	09	00
Save		WORKWEEK TOTAL: 39h 00m	

Workweek 2

Workweek 3

TIMESHEET TOTAL: 39h 00m

Submit Timesheet

Figure 12 – Live-In Provider Non EVV Timesheet sample – Save button

**Note:** Providers can self-certify as a live-in provider on the ESP, or by completing form SOC 2298: IHSS Program and WPCS Program Live-In Self-Certification Form for Federal and State Tax Wage Exclusion. Once certified, the EVV fields will no longer appear on timesheets for recipients with whom the provider resides. For more information on Live-In Provider Self-Certification, please see the IHSS Electronic Services Portal: Financial – Live-In Provider section of this user guide.

- To enter time for the remaining workweeks for this timesheet, select the drop-down arrow to each workweek and follow the same steps above. Once you have entered all your hours worked for the timesheet, you are ready to submit your timesheet for approval. Proceed to *How to Submit Your Timesheets for Recipient's Review* for more information.

## How to Submit Your Timesheets for Recipient's Review:

- If you've verified the time entered is correct and you are ready to submit your time, then click on the Submit Timesheet button. See Figure 13 & 14.

**Note:** If you submit a timesheet before the end of a pay period, a pop-up message will display:

*This timesheet is being submitted before the end of a pay period. This timesheet will be processed on the first business day of the upcoming pay period.*

**Note:** You will submit your timesheets for recipient's review the same way for Non-Live-In and Live-In Providers.

Workweek 1

Sunday 30 Oct

Hours Worked: 00(H) 00(M)

Monday 31 Oct

Hours Worked: 00(H) 00(M)

Tuesday 1 Nov

Hours

02

Minutes

00

Start Time

10:40 AM

Start Location

Home

End Time

12:40 PM

End Location

Home

Wednesday 2 Nov

Hours

01

Minutes

00

Start Time

01:00 PM

Start Location

Community

End Time

02:00 PM

End Location

Community

Thursday 3 Nov

Hours

3

Minutes

00

Start Time

06:00 AM

Start Location

Home

End Time

09:00 AM

End Location

Community

Friday 4 Nov

Hours

01

Minutes

00

Start Time

04:00 PM

Start Location

Community

End Time

05:00 PM

End Location

Home

Saturday 5 Nov

Hours

00

Minutes

00

Start Time

00:00 AM

Start Location

End Time

00:00 AM

End Location

Previously Claimed Hours: 00(H) 00(M)

Workweek Total: 07(H) 00(M)

Save

Workweek 2

Workweek 3

Timesheet Total: 07(H) 00(M)

Submit Timesheet

Figure 13 – Submit Timesheet button for EVV timesheet

Workweek 1		HOURS WORKED	
SUN 29 Jul	00	00	
MON 30 Jul	00	00	
TUE 31 Jul	00	00	
WED 1 Aug	10	30	
THU 2 Aug	09	00	
FRI 3 Aug	10	30	
SAT 4 Aug	09	00	
<a href="#">Save</a>		<b>WORKWEEK TOTAL: 39h 00m</b>	

Workweek 2 [▼](#)

Workweek 3 [▼](#)

**TIMESHEET TOTAL: 39h 00m** [Submit Timesheet](#)

Figure 14 – Submit Timesheet button for Non EVV Timesheet

- Once you select the 'Submit Timesheet' button on the 'Timesheet Entry' screen, you will be taken to the 'Electronic Signature' screen where you can electronically sign the timesheet. See Figure 15.

[Skip To Content](#)

[Time Entry](#) ▼

[Financial](#) ▼

[Resources](#) ▼

[Electronic Signature](#)

Please electronically sign your timesheet for 06/16/2021 - 06/30/2021 IHSS

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.

☐ I, HOLLY BANYANTREEZ, agree to the terms above

[Electronically Sign Timesheet & Submit for Recipient Review](#)

[Cancel Submit](#)

Figure 15 – Electronic Signature screen

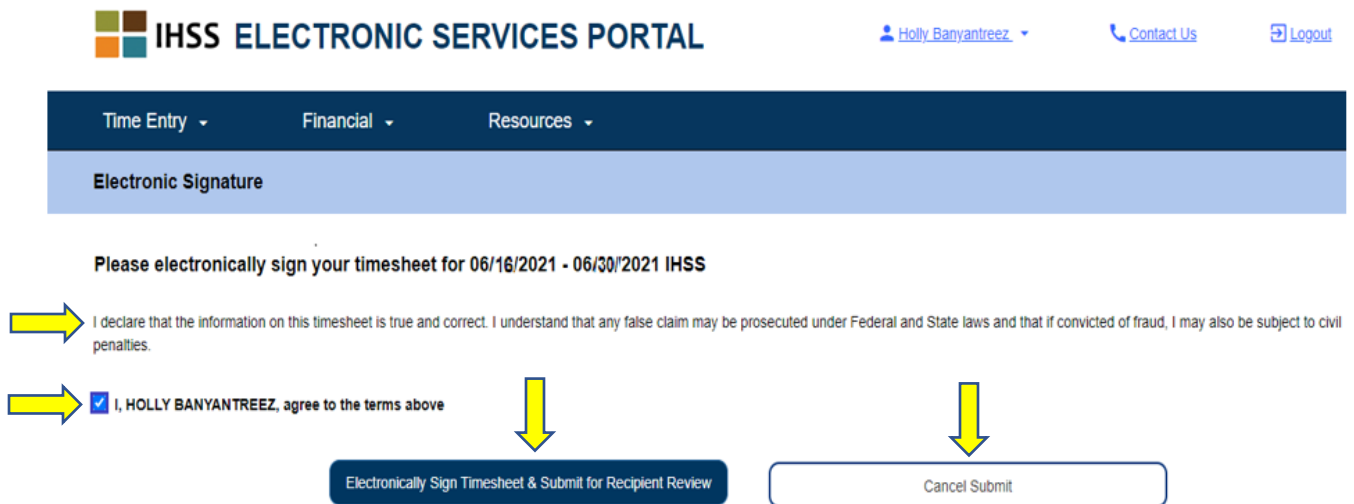
- After successfully submitting your timesheet, you will be taken to the Electronic Signature screen. On this screen you will read the declaration paragraph and then check the Agree to Terms box that you agree to the terms. See figure 16.

Please note that you will not be able to submit your timesheet for recipient review without checking the Agree to Terms box.

If you changed your mind or made a mistake, there is still time to fix it. You can select the Cancel Submit button and make your changes.

However, if everything is true and correct, you may select the Electronically Sign Timesheet & Submit for Recipient Review button.

[Skip To Content](#)



**IHSS ELECTRONIC SERVICES PORTAL**

Holly Banyantreez | Contact Us | Logout

Time Entry | Financial | Resources

**Electronic Signature**

Please electronically sign your timesheet for 06/16/2021 - 06/30/2021 IHSS

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.

☒ I, HOLLY BANYANTREEZ, agree to the terms above

Electronically Sign Timesheet & Submit for Recipient Review | Cancel Submit

Figure 16 – Electronic Signature screen

- After you have submitted your timesheet for recipient review, you will see a pop-up message letting you know that:

*“The timesheet information has been submitted. An email has been sent to the Recipient requesting electronic review of this timesheet.”* See Figure 17.

Select the ‘OK’ button. You’ve successfully submitted your timesheet for recipient’s review, and you will be taken to the Provider Home screen.

Reminder emails will be sent periodically to your recipient to remind them they have a timesheet to approve.

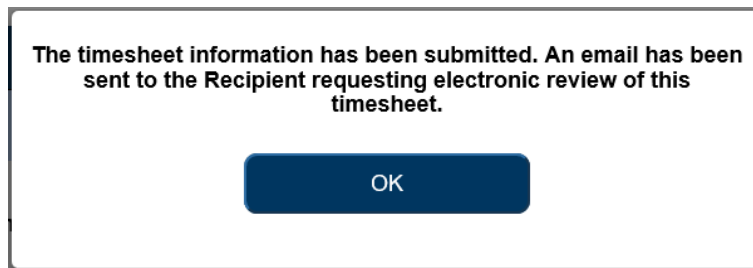


Figure 17 – Timesheet submission pop-up button

**Note:** If you realize that you made a mistake **after** submitting your timesheet for recipient review, you may still be able to fix it if your recipient has not yet approved the timesheet. You can contact your recipient and have them reject your timesheet(s) for the pay period(s) that you need to update. Once your recipient rejects your timesheet(s), you will receive an email informing you that you may update and resubmit your timesheet(s) online.

5. Once you're back on the 'Provider Home' screen (Figure 18), you can enter time for any additional timesheets. If there are no additional timesheets, you can log off the ESP.

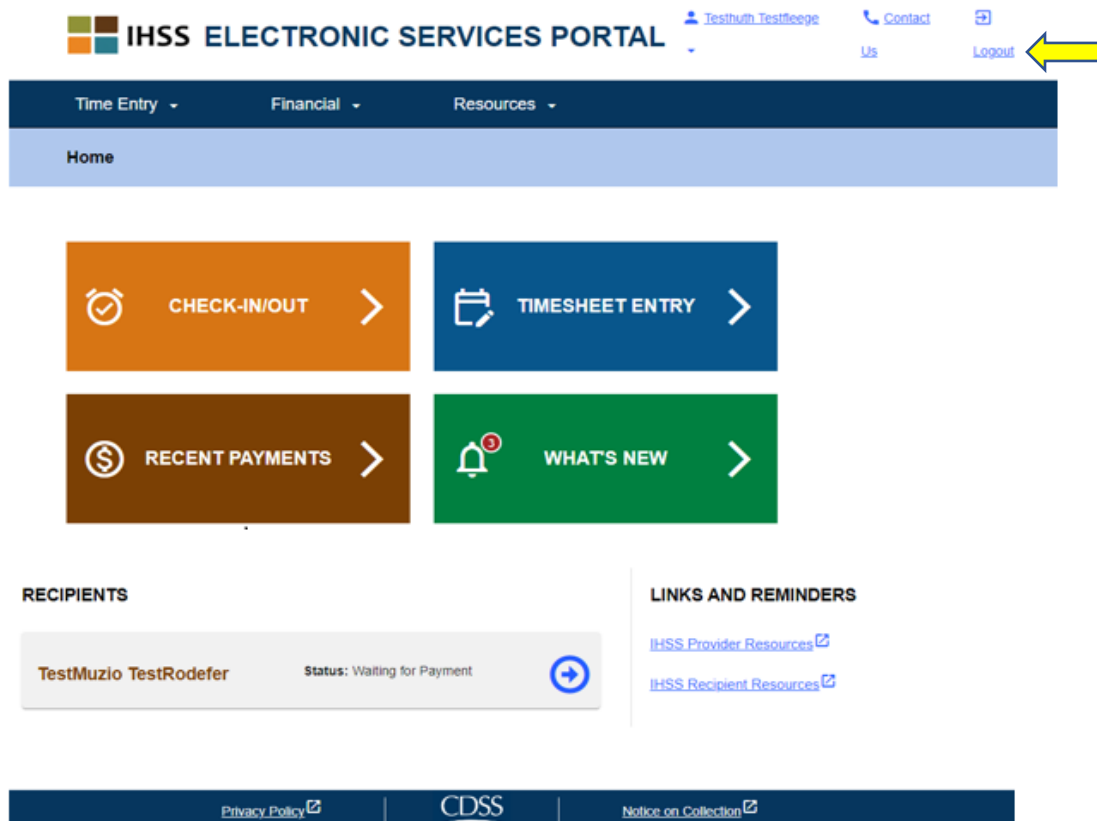


Figure 18 – Provider Home screen

## How to Request the Supplemental Timesheet:

Another tool that is available for you under the 'Time Entry – Timesheets' menu is the option to request the Supplemental Timesheet within the ESP. The Supplemental Timesheet is necessary under the following conditions:

- It allows you to claim additional hours when a previous timesheet for a pay period has already been processed.
- Is necessary when you've completed your original bi-weekly timesheet and finds more hours are owed from what was submitted.

To begin the *Request Supplemental Timesheet* process:

1. Select the 'Time Entry' menu in the navigation bar, then select the 'Timesheets' drop-down option and click on 'Request Supplemental Timesheet.' See Figure 19.

[Skip To Content](#)

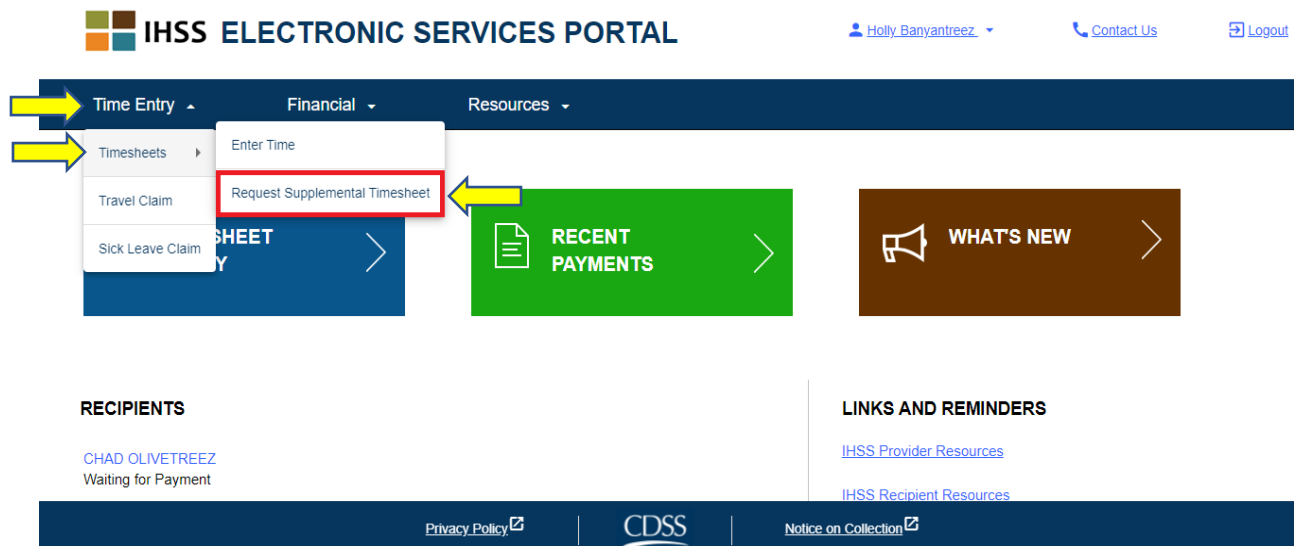


Figure 19 – Provider Home screen – Request Supplemental Timesheet option

2. You will be taken to the 'Request Supplemental Timesheet' screen where you will choose the recipient you are requesting supplemental timesheet for, select the timesheet type, either IHSS or WPCS, select the service period, and then click on 'Request Supplemental Timesheet' button to continue. See Figure 20.

**Note:** If you do not want to move forward with the request, click on the 'Cancel Request' button.

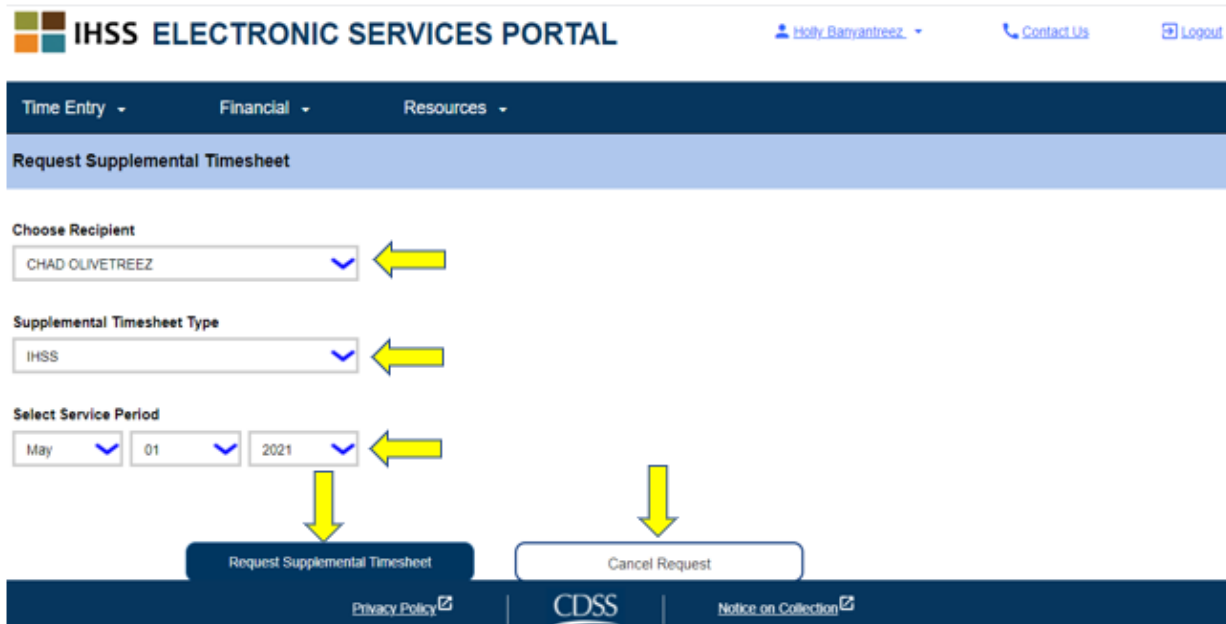
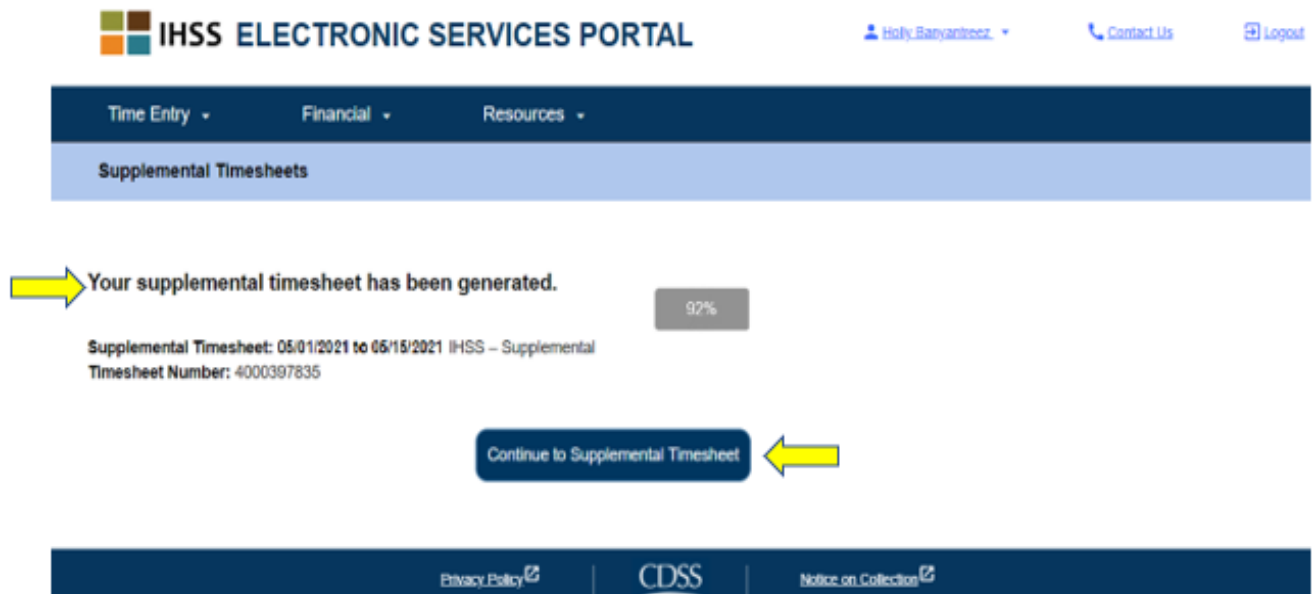


Figure 20 – Request Supplemental Timesheet screen

- After selecting the 'Request Supplemental Timesheet' button on the 'Request Supplemental Timesheet' screen, your Supplemental Timesheet will be generated, and you will be taken to the 'Supplemental Timesheet Generated' screen. You've successfully generated a Supplemental Timesheet. Click on the "Continue to Supplemental Timesheet" button to continue. See Figure 21.

**Note:** If the information you entered is incorrect, you will get a message that your Supplemental Timesheet could not be generated and will display the reason. You can call your local IHSS office for assistance.

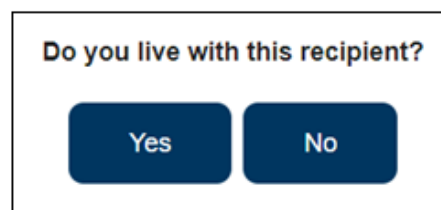




*Figure 21 – Supplemental Timesheets generated screen*

4. You will be taken back to the Time Entry – Timesheet screen for the supplemental timesheet that was generated.

**Note:** If you have not filed a Live-In Certification with a recipient and you are subject to EVV reporting, you will be prompted with the Live-In Pop-up message that states, “*Do you live with the recipient?*” when clicking on the “Continue to Supplemental Timesheet.” See figure 22.



*Figure 22 – Live-In Pop-up message*

Once the ‘Yes’ or ‘No’ button is selected, you will be taken to the Supplemental Timesheet on the Timesheet Entry screen for the recipient.

Congratulations! You are now able to successfully access your timesheet, enter time on your timesheet, submit your timesheet for recipient’s review, and request the Supplemental Timesheet using the ESP.

## IHSS Electronic Services Portal: Time Entry – Travel Claim

The Time Entry menu in the ESP has a 'Travel Claim' option that allows you to enter travel claim time and submit a Travel Claim form (SOC 2275) electronically for Travel Pay. You can receive travel pay if you work for multiple recipients and you travel from one recipient's home to another during the same day. This section of the guide will show you how to:

- Access the Travel Claim screen
- Enter travel claim time
- Submit travel claims for processing

Before you begin, you must have the following information available:

- Your ESP Username
- Your ESP Password

**Note:** For more information regarding ESP registration, please see: [Registration FAQs](#) on the ESP website.

### **Let's Get Started!**

## How to Access Travel Claim in the ESP:

1. Access the ESP website at: [Electronic Services Portal](#)
2. Log in to the ESP using your username, password, and select 'Login.'  
**Note:** If you forget your login information, you can reset your Username and Password by selecting the *Forgot Username or Password* link. You will receive an email link to reset your username or password. Follow the instructions in the email. See Figure 1.
3. Once you log in to your ESP account, you will be on the Provider Home screen. Click on the 'Time Entry' menu in the navigation bar, then select the 'Travel Claim' drop-down option. See Figure 23.



Figure 23 – Time Entry menu – Travel Claim drop-down option

**Note:** Selecting 'Travel Claim' from the drop-down option, will take you to the 'Travel Claim Recipient Selection' screen, where you will see a list of the recipients you work for that has an active workweek agreement with travel claims and the number of unsubmitted travel claims available for submission. See Figure 24.

**Note:** If there are no unsubmitted travel claims and there is not currently an active travel claim record with the recipient, then the recipient will not display.

4. To access your travel claim(s), select the blue arrow for a recipient with a travel claim available. To learn more about Travel Claims, click on the *Travel Claims FAQ PDF* link located on the right side of the screen. See Figure 24.

Completing this step will lead to *How to Enter Travel Claim Time in ESP*.

Figure 24 – Travel Claim Recipient Selection

## How to Enter Travel Claim Time in the ESP:

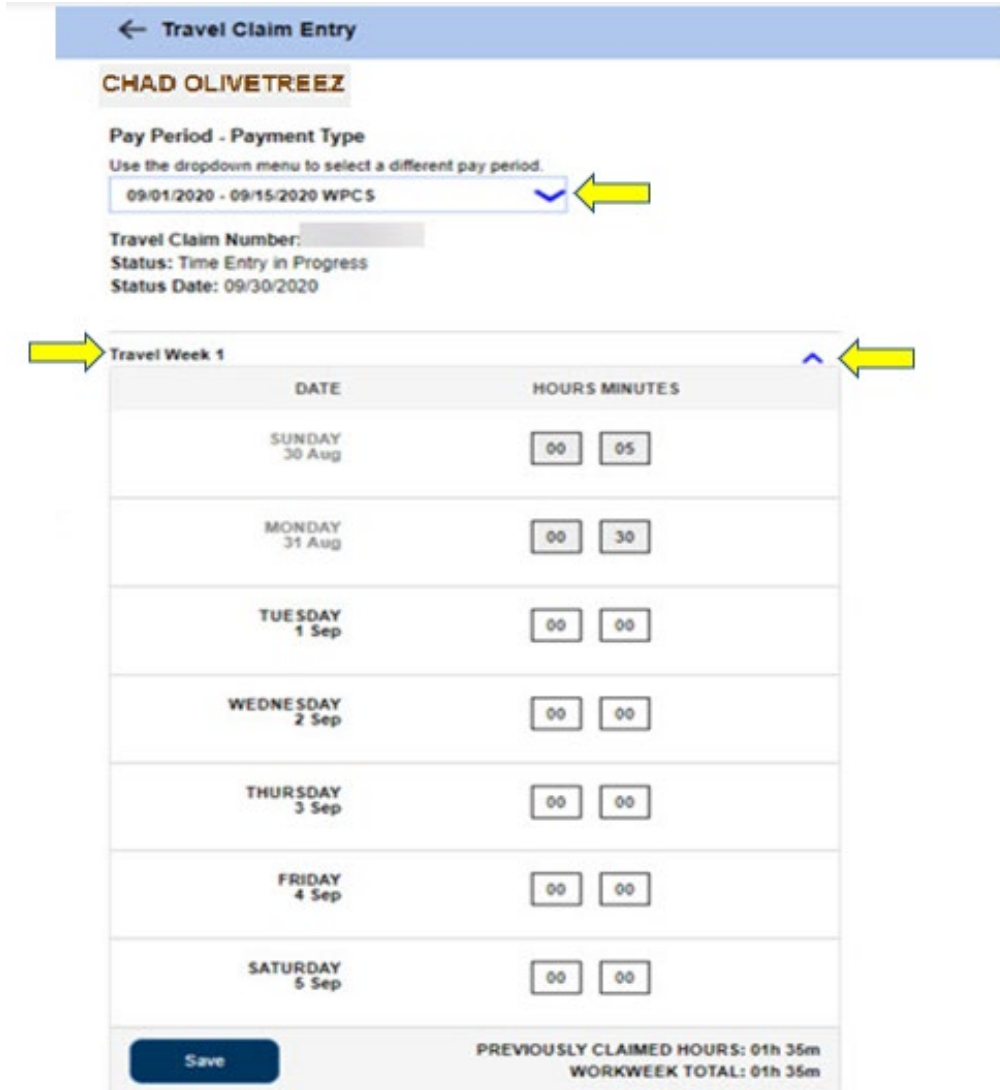
After selecting a recipient from the *Travel Claim – Recipient Selection* screen, you will be taken to the 'Travel Claim Entry' screen. On this screen, you will be able to see the *Pay Period – Payment Type*, *Travel Claim Number*, the *Status*, the *Status Date*, and the *Travel Weeks*. See Figure 25.

Figure 25 – Travel Claim Entry

To begin the time entry process for Travel Claims, you will need to:

1. Select the *Pay Period - Payment Type*, either IHSS or WPCS, by using the drop-down menu to select a different pay period, and then select the drop-down arrow to the corresponding Travel Week to expand the week. See Figure 26.

**Note:** The *Pay Period - Payment Type* drop-down displays and defaults to the unsubmitted travel claim for the current pay period.



← Travel Claim Entry

**CHAD OLIVETREEZ**

Pay Period - Payment Type  
 Use the dropdown menu to select a different pay period.  
 09/01/2020 - 09/15/2020 WPCS

Travel Claim Number:   
 Status: Time Entry in Progress  
 Status Date: 09/30/2020

Travel Week 1

DATE	HOURS	MINUTES
SUNDAY 30 Aug	00	05
MONDAY 31 Aug	00	30
TUESDAY 1 Sep	00	00
WEDNESDAY 2 Sep	00	00
THURSDAY 3 Sep	00	00
FRIDAY 4 Sep	00	00
SATURDAY 5 Sep	00	00

Save

PREVIOUSLY CLAIMED HOURS: 01h 35m  
 WORKWEEK TOTAL: 01h 35m

Figure 26 – Travel Claim Entry – Workweek Expanded

2. After expanding a travel week, it will display each day individually. You will enter Hours (HH) and Minutes (MM) traveled in the time entry boxes and then select the 'Save' button to save your time entry for that week. Once you saved your travel week entry for the selected week, your Workweek Total will adjust to the total hours of travel time entered for that workweek. See Figure 27.

← Travel Claim Entry

**CHAD OLIVETREEZ**

**Pay Period - Payment Type**  
 Use the dropdown menu to select a different pay period  
 09/01/2020 - 09/15/2020 WPC 5 ✓

Travel Claim Number:   
 Status: Time Entry in Progress  
 Status Date: 09/30/2020

**Travel Week 1**

DATE	HOURS	MINUTES
SUNDAY 30 Aug	<input type="text" value="00"/>	<input type="text" value="05"/>
MONDAY 31 Aug	<input type="text" value="00"/>	<input type="text" value="30"/>
TUESDAY 1 Sep	<input type="text" value="00"/>	<input type="text" value="00"/>
WEDNESDAY 2 Sep	<input type="text" value="00"/>	<input type="text" value="00"/>
THURSDAY 3 Sep	<input type="text" value="00"/>	<input type="text" value="00"/>
FRIDAY 4 Sep	<input type="text" value="00"/>	<input type="text" value="00"/>
SATURDAY 5 Sep	<input type="text" value="00"/>	<input type="text" value="00"/>

PREVIOUSLY CLAIMED HOURS: 01h 35m  
 WORKWEEK TOTAL: 01h 35m

Figure 27 – Travel Claim Entry – Time Entry Box

- To enter time for the remaining travel weeks for this travel claim, you will follow the same steps by selecting the drop-down arrow to the corresponding travel weeks. Once you have entered all your hours traveled for the travel claim, you are ready to submit your travel claim for processing. Proceed to *How to Submit Your Travel Claim in the ESP* for more information.

## How to Submit Your Travel Claim in the ESP:

- After entering all your traveled hours for your selected pay period and reviewing all the hours entered on the travel claim are correct, you will need to select the 'Submit' button. See Figure 28.



THURSDAY 18 Jun	<input type="text" value="00"/>	<input type="text" value="00"/>
FRIDAY 19 Jun	<input type="text" value="00"/>	<input type="text" value="00"/>
SATURDAY 20 Jun	<input type="text" value="00"/>	<input type="text" value="00"/>
<div>Save</div> <p>PREVIOUSLY CLAIMED HOURS: 00h 00m WORKWEEK TOTAL: 00h 00m</p>		
Travel Week 2 <span>▼</span>		
Travel Week 3 <span>▼</span>		
Travel Claim Total: 00h 00m		 <div>Submit</div>

Figure 28 – Travel Claim Entry screen – Submit button (mobile view)

- Once you select the 'Submit' button on the 'Travel Claim Entry' screen and *there is **NO** travel claim warnings*, you will be taken directly to the 'Travel Claim Electronic Signature' screen where you can electronically sign the timesheet. See Figure 29.

**Note:** If after selecting the 'Submit' button and there **ARE** travel claim warnings, you will be taken to the Travel Claim Validation Pop-up. See Figure 32 for details.



### Travel Claim Electronic Signature

By marking the checkbox and submitting, you are electronically signing the Travel Claim. By selecting the cancel button, you will be directed back to the Travel Claim Entry screen.

**Travel Claim for 09/01/2020 - 09/15/2020**  
**IHSS**

Please electronically sign your travel claim for  
[REDACTED]

☐ I, [REDACTED], understand and agree that any false claim relating to this travel claim form may be prosecuted under Federal and State laws and if convicted of fraud, I may also be subject to civil penalties. By signing as the provider, I declare that the travel time claimed on this travel claim form is true and correct.

**Sign and Submit**

**Cancel**

Figure 29 – Travel Claim Electronic signature screen (mobile view)

3. If you are sure the hours submitted are correct, you must complete the following steps on the 'Electronic Signature' screen (Figure 30):
  - Read the statement in which you indicate the travel claim form is true and correct.
  - Select the checkbox stating that you agree to the Declaration terms.
  - Select the 'Sign and Submit' button to capture that you've electronically sign the submitted travel claim.

**Note:** If you are not sure the hours submitted is true and correct, you may select the 'Cancel' button to double check the hours and you will be taken back to the Travel Claim Entry screen.



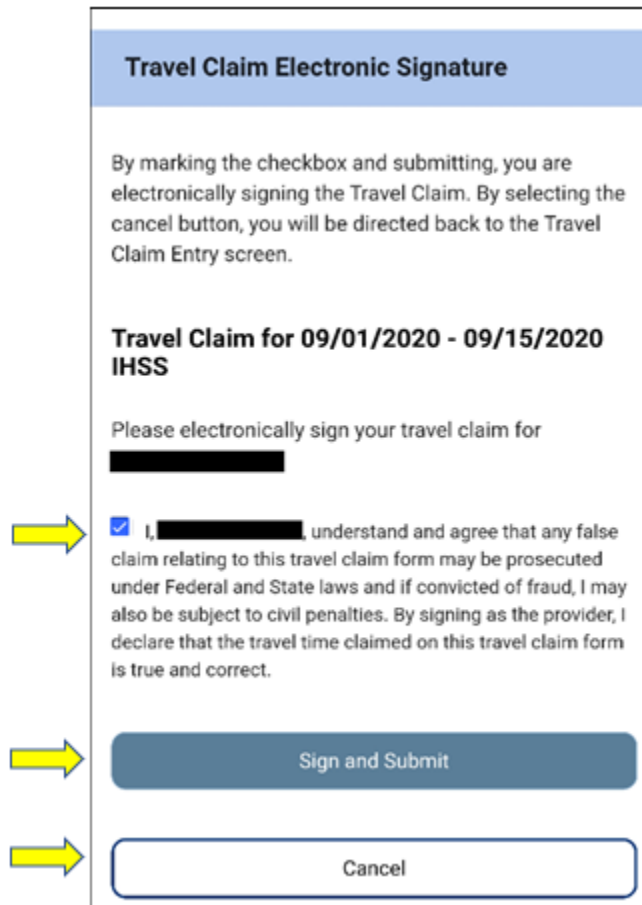


Figure 30 – Travel Claim Electronic Signature screen (mobile view)

4. Once your electronic signature has been captured, you will see a pop-up message that states, “Your travel claim information has been accepted.” See Figure 31. Select the ‘OK’ button. You’ve successfully submitted your travel claim for processing, and you will be taken to the Provider Home screen.

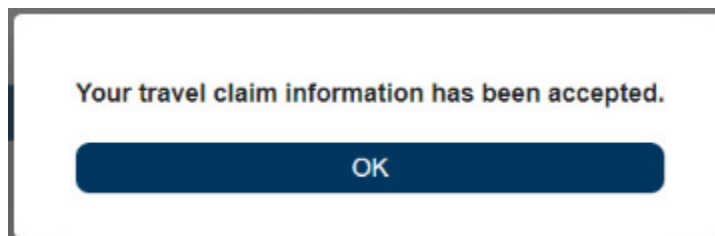


Figure 31 – Travel Claim Electronic Signature pop-up message

**Note:** If after selecting the ‘Submit’ button and there **ARE** travel claim warnings you will be taken to the Travel Claim Validation Pop-up. This warning message will prompt you to modify the travel claim if applicable. You can choose to continue submitting your travel claim or you can cancel submit to edit the travel claim (Figure 32).

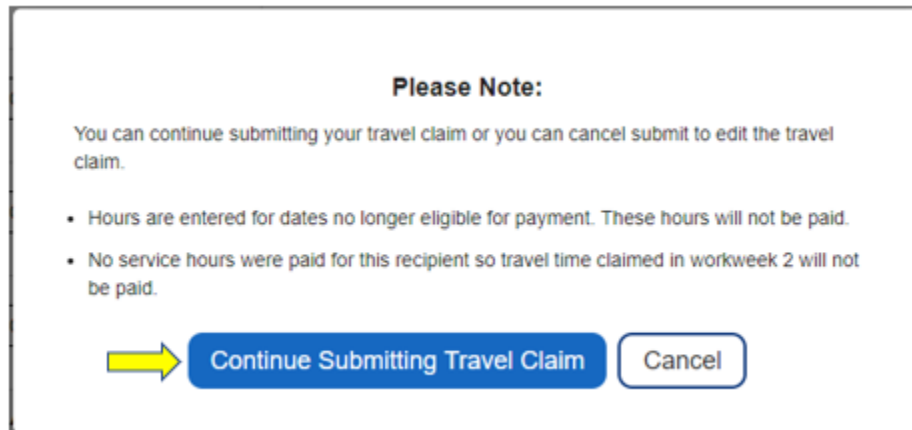


Figure 32 – Travel Claim Validation pop-up message

**Note:** If you choose to select the 'Continue Submitting Travel Claim' button, you will be taken to the Travel Claim Electronic Signature screen where you can complete the last few steps in successfully submitting your travel claim for processing. See Figure 30 for more information.

Congratulations! You are now able to successfully access your travel claim, enter time on your travel claim, and submit your travel claims for processing using the ESP.

## IHSS Electronic Services Portal: Time Entry – Sick Leave Claim

The Time Entry menu in the ESP has a 'Sick Leave Claim' option that allows you to view available sick leave hours and claimed sick leave hours for the current fiscal year. You can also submit a sick leave request electronically for paid sick leave. You can become eligible for paid sick leave after working 100 hours of providing authorized services for an IHSS recipient after their initial hire date. This section of the guide will show you how to:

- Access the Sick Leave Claim screen
- View available and claimed sick leave hours
- Submit a Sick Leave Claim request electronically

Before you begin, you must have the following information available:

- Your ESP Username
- Your ESP Password

**Note:** For more information regarding ESP registration, please see: [Registration FAQs](#) on the ESP website.

### **Let's Get Started!**

## How to Access/View Sick Leave Claim in the ESP:

1. Access the ESP website at: [Electronic Services Portal](#)
2. Log in to the ESP using your username, password, and select 'Login.'  
**Note:** If you forget your login information, you can reset your Username and Password by selecting the *Forgot Username or Password* link. You will receive an email link to reset your username or password. Follow the instructions in the email. See Figure 1.
3. Once you log in to your ESP account, you will be on the Provider Home screen. Click on the 'Time Entry' menu in the navigation bar, then select the 'Sick Leave Claim' drop-down option. See Figure 33.

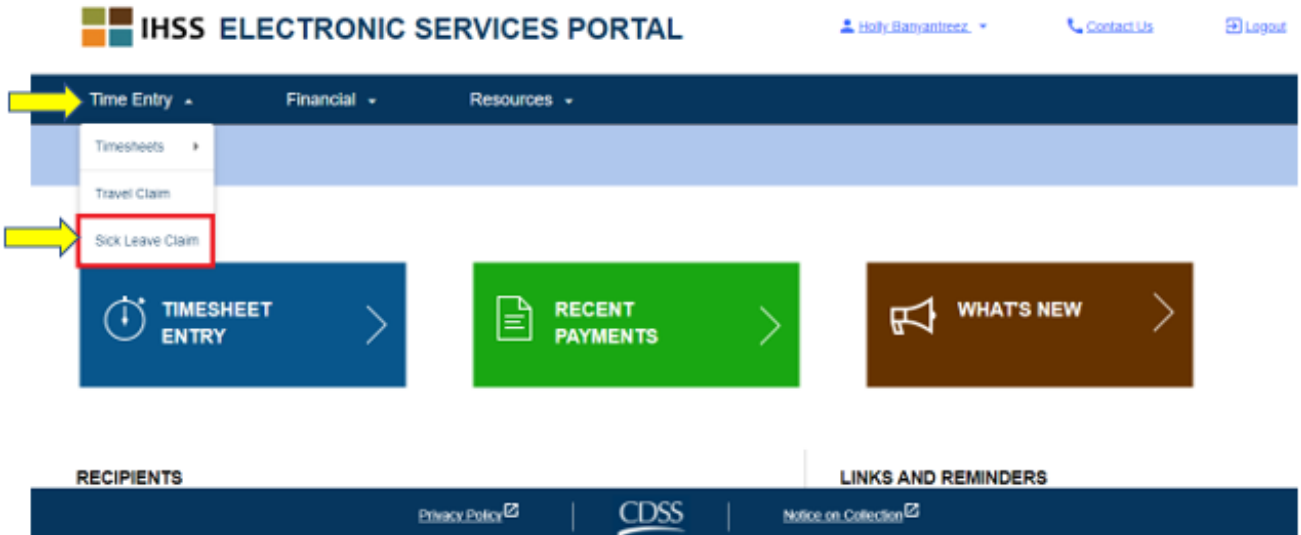
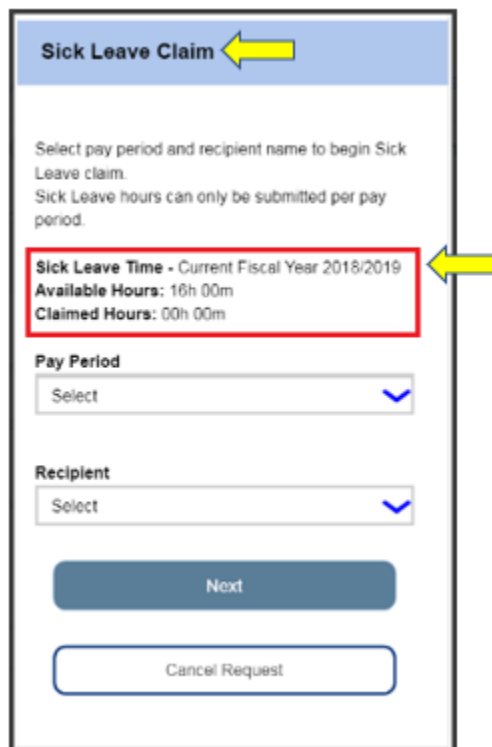


Figure 33 – Time Entry – Sick Leave Claim drop-down option

Selecting 'Sick Leave Claim' from the drop-down option, will take you to the 'Sick Leave Claim' screen, where you will be able to view the *Sick Leave Time*, *Available Hours*, and *Claimed Hours* for the current fiscal year. See Figure 34.



The screenshot shows the 'Sick Leave Claim' screen. At the top, there is a header with the text 'Sick Leave Claim' and a yellow arrow pointing to it. Below the header, there is a section with the text: 'Select pay period and recipient name to begin Sick Leave claim. Sick Leave hours can only be submitted per pay period.' Below this text, there is a box containing the following information: 'Sick Leave Time - Current Fiscal Year 2018/2019', 'Available Hours: 16h 00m', and 'Claimed Hours: 00h 00m'. A yellow arrow points to this box. Below the box, there are two dropdown menus: 'Pay Period' and 'Recipient', both with 'Select' as the current selection. At the bottom of the screen, there are two buttons: 'Next' and 'Cancel Request'.

Figure 34 – Sick Leave Claim screen – Current Fiscal Year

**Note:** If you accessed the ‘Sick Leave Claim’ screen during the calendar month of July and you have Available Sick Leave Hours for the prior fiscal year, the ‘Sick Leave Claim’ screen will also display the Available Hours for that fiscal year along with the Corresponding Claimed Hours. For example, if you were sick on 6/30/2018 and you have Available Sick Leave Hours, you can still claim sick leave for 06/30/2018 in the new fiscal year, July 2019. See Figure 35.

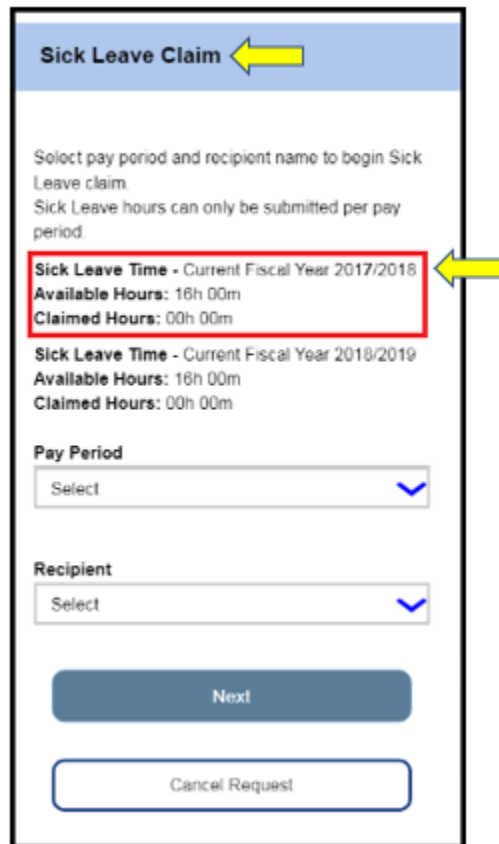
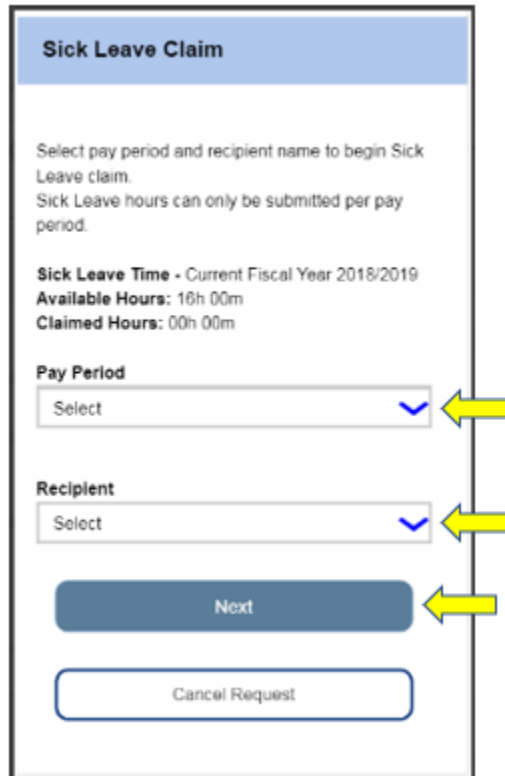


Figure 35 – Sick Leave Claim screen – Current and Prior Fiscal Year

## How to Submit a Sick Leave Claim in the ESP:

- After accessing the ‘Sick Leave Claim’ screen, to begin your Sick Leave Claim request, select the pay period and the recipient you were working for that pay period from the drop-down menu and then click on the “Next” button to navigate to the ‘Sick Leave Claim Time Entry’ screen. See Figure 36.



*Figure 36 – Sick Leave Claim screen – Pay Period and Recipient selection*

5. Once you click on the 'Next' button, you will be taken to the 'Sick Leave Claim Time Entry' screen where you will complete the following information (See Figure 37):
  - Enter your sick dates under 'Absence Date' text box,
  - Enter your hours and minutes for each day you were absent, but eligible to work for the selected Pay Period and selected Recipient.
  - Then click on the 'Add' button to save your hours/minutes claimed and entry date.

**Sick Leave Claim Time Entry: GSBA QDSWON**

Pay Period: 07/01/2018 - 07/15/2018

Available Hours: 03h 00m  
 Claimed Hours: 13h 00m

Status: New  
 Status Date: 07/24/2018

Enter the date and time of your absence. Click the Add button to add your absence. Click Submit Claim button to finalize all claims.

Absence Date

MM/DD/YYYY

Total Time Requested

Hours

00

Minutes

00

Add

**Claimed Absence**

To make changes to claimed hours below, click the blue Claimed hours link for the Absence Date you want to change, or delete by clicking the red X.

Absence Date	Absence Hours	Delete
<div style="text-align: center; margin-top: 10px;"> <div style="background-color: #0070c0; color: white; padding: 10px 20px; border: 1px solid #0070c0; display: inline-block; margin-right: 20px;">Submit Claim</div> <div style="border: 1px solid #0070c0; padding: 10px 20px; display: inline-block;">Cancel</div> </div>		

Figure 37 – Sick Leave Claim Time Entry screen (Prior to time entry)

**Note:** Each date entry that you create will display in the ‘Claimed Absence’ area of the screen and you will be able edit the hours/minutes claimed for that date or delete that entry all together. See Figure 38.

If you need to edit the claimed hours, click on the blue ‘Claimed hours’ link for the Absence Date you want to change, or delete by clicking the red X. See Figure 38.

If you want to cancel your entire entry, click on the ‘Cancel’ button and you will navigate back to the Sick Leave Claim screen. See Figure 38.

If you do not need to make any changes, proceed by clicking on the ‘Submit Claim’ button (Figure 38) and you will be taken to the ‘Sick Leave Claim Signature’ screen where you can electronically sign the timesheet. See Figure 39.

**Note:** You will not be able to submit a claim that exceeds the available hours.

**Sick Leave Claim Time Entry: GSBA QDSWON**

Pay Period: 07/01/2018 - 07/15/2018

Available Hours: 03h 00m  
Claimed Hours: 13h 00m

Status: New  
Status Date: 07/24/2018

Enter the date and time of your absence. Click the Add button to add your absence. Click Submit Claim button to finalize all claims.

Absence Date

Total Time Requested

Hours

Minutes

Add

**Claimed Absence**

To make changes to claimed hours below, click the blue Claimed hours link for the Absence Date you want to change, or delete by clicking the red X.

Absence Date	Absence Hours	Delete
07/04/2018	<a href="#" style="color: blue; text-decoration: none;">Claimed: 02h 00m</a> <span style="margin-left: 10px;">←</span> <span style="color: red; font-size: 24px; vertical-align: middle;">✕</span> <span style="margin-left: 10px;">←</span>	

→

Submit Claim

Cancel

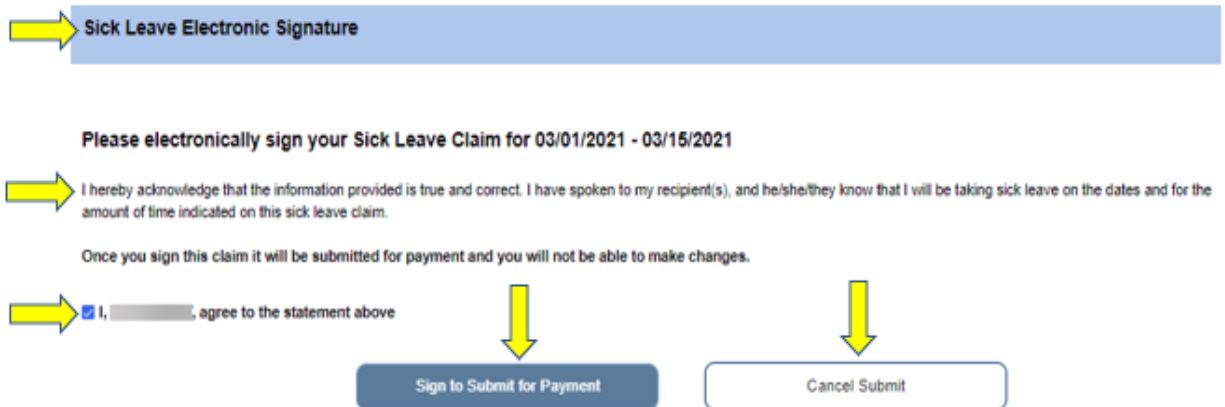
←

Figure 38 – Sick Leave Claim Time Entry screen (After time entry)

6. Once you are at the 'Sick Leave Electronic Signature' screen, you must complete the following steps (Figure 39):
  - Read the statement to acknowledge that the information provided is true and correct.
  - Select the checkbox stating that you agree to the statement.
  - Select the 'Sign to Submit for Payment' button to capture that you've electronically sign the submitted Sick Leave claim.

**Note:** If you are not sure the hours submitted is true and correct, you may select the 'Cancel' button to double check the hours/dates and you will be taken back to the 'Sick Leave Claim Time Entry' screen.





**Sick Leave Electronic Signature**

Please electronically sign your Sick Leave Claim for 03/01/2021 - 03/15/2021

I hereby acknowledge that the information provided is true and correct. I have spoken to my recipient(s), and he/she/they know that I will be taking sick leave on the dates and for the amount of time indicated on this sick leave claim.

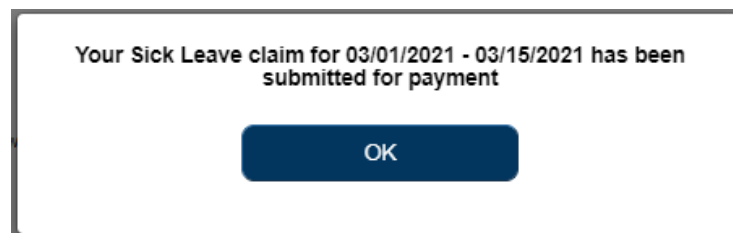
Once you sign this claim it will be submitted for payment and you will not be able to make changes.

☒ I, \_\_\_\_\_, agree to the statement above

**Sign to Submit for Payment** **Cancel Submit**

Figure 39 – Sick Leave Claim Electronic Signature

- Once your electronic signature has been captured, you will see a pop-up message that states, “*Your Sick Leave claim for MM/DD/YYYY-MM/DD/YYYY has been submitted for payment.*” See Figure 40. Select the ‘OK’ button. You’ve successfully submitted your Sick Leave claim for processing, and you will be taken to the Provider Home screen.



Your Sick Leave claim for 03/01/2021 - 03/15/2021 has been submitted for payment

**OK**

Figure 40 – Sick Leave Claim Electronic Signature Confirmation pop-up

## IHSS Electronic Services Portal: Time Entry – Career Pathways

IHSS and WPCS Providers who have completed provider enrollment are eligible to register for the IHSS Career Pathways Program and can be compensated for time spent attending and completing training courses for skill development.

Upon completing one or more training pathways and providing specialized care to a recipient, providers may also qualify for incentive payments.

In order to submit a claim to receive payment for attending courses, IHSS/WPCS Providers must:

- Register and complete a class in one of the five IHSS Career Pathways Training Programs:
  - General Health/Safety
  - Adult Education

- c. Cognitive Impairments Behavioral Health
  - d. Complex Physical Care Needs
  - e. Transition to Home/Community Living
2. Have access to the [IHSS ESP website](#)
  3. Be registered with the ESP and login with your current IHSS account

Before you begin, you must have the following information available:

- Your ESP Username
- Your ESP Password

**Note:** For more information regarding ESP registration, please see: [Registration FAQs](#) on the ESP website. For information regarding Career Pathways registration, please visit the [IHSS Career Pathways Program](#) page and select the [Registration Guide](#) link.

### Let's Get Started!

### How to Access/View Career Pathways in the ESP:

1. Access the ESP website at: [Electronic Services Portal](#)
  2. Log in to the ESP using your username, password, and select 'Login.'
- Note:** If you forget your login information, you can reset your Username and Password by selecting the Forgot Username or Password link. You will receive an email link to reset your username or password. Follow the instructions in the email. See Figure 1.
3. Once you log in to your ESP account, you will be on the Provider Home screen. Click on the 'Time Entry' menu in the navigation bar, then select the 'Career Pathways' drop-down option. See Figure 41.

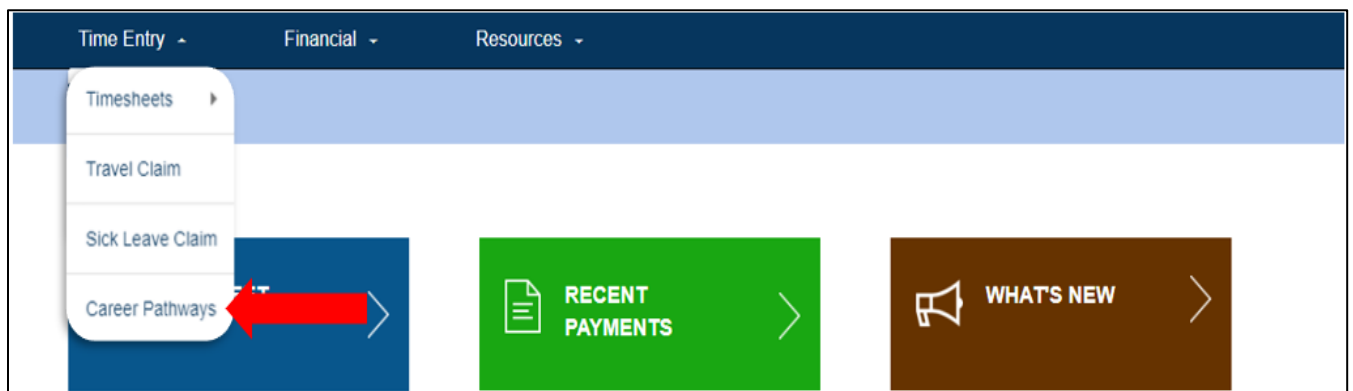
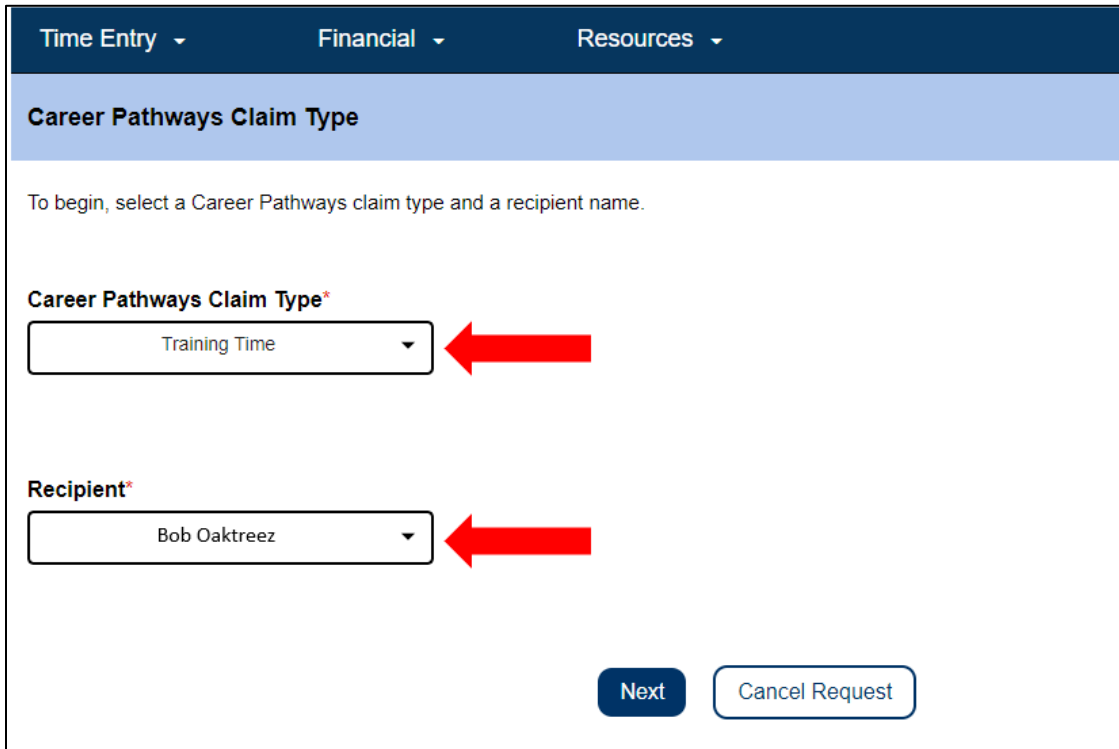


Figure 41 – Time Entry – Career Pathways drop-down option

## How to submit a Career Pathways Training Time Claim:

1. Select “Training Time” in the Career Pathways Claim Type drop-down menu and the recipient you wish to submit the claim for. If you work for multiple recipients, you may choose which recipient you wish to associate with the Career Pathways training course. Select “Next” to proceed. See Figure 42.



Time Entry ▾ Financial ▾ Resources ▾

**Career Pathways Claim Type**

To begin, select a Career Pathways claim type and a recipient name.

**Career Pathways Claim Type\***

Training Time ▾

**Recipient\***

Bob Oaktreez ▾

Next Cancel Request

Figure 42 – Career Pathways Claim Type screen

2. Follow the on-screen instructions to select the pay period when the training occurred and enter the training time claim information, which can be found on the certificate or proof of completion and/or class registration confirmation. To complete this screen, select the Career Pathway from the drop-down menu (e.g., General Health/Safety, Adult Education, Cognitive Impairments Behavioral Health, Complex Physical Care Needs, Transition to Home/Community Living), and enter the Class Number, Class Name, Training Date, and the Hours and Minutes spent in training. If more than one training class was completed in the pay period, select the “Add New” button to add additional training time rows. Once all required information has been entered, select “Submit Claim” to continue. See Figure 43.

← Add Training Time Claim

Bob Oaktreez

To enter your training time, please select a pay period. The training date(s) entered must be within the pay period selected.

**Pay Period**

Feb 1, 2022 - Feb 15, 2022

Enter the Career Pathway, Class Number, Class Name, Training Date and Time that corresponds to the classes you would like to submit on this claim. To enter more than one training date, click the Add New link. Complete each row prior to adding a new one. Use the Delete link to remove a row from the claim. Click the Submit Claim button when you are ready to finalize the claim.

Training Time Claim

Training Time 1

Career Pathway*	Class Number*	Class Name*	Training Date*	Hours	Minutes
Adult Education	12345	Adult Education	2/1/2022	1	00

[Add New](#)

Submit Claim
 Cancel

Figure 43 – Training Time Claim Information screen

- The final step is the Electronic Signature. If the information you are submitting is correct, select the “Agree to” statement box and then select the “Sign and Submit” button. If an error was made or you need to enter additional information, select the “Cancel” button.

Time Entry
 Financial
 Resources

Electronic Signature

Please electronically sign your Training Time Claim

I understand and agree that any false claim relating to this Training Time Claim may be prosecuted under Federal and State laws and if convicted of fraud, I may also be subject to civil penalties. By signing as the provider, I declare that the training time claimed on this Training Time Claim is true and correct.

Once you sign this claim it will be submitted for review and you will not be able to make changes.

☒ I, Jim Oaktreez, agree to the statement above.

Sign and Submit
 Cancel

Figure 44 – Electronic Signature screen

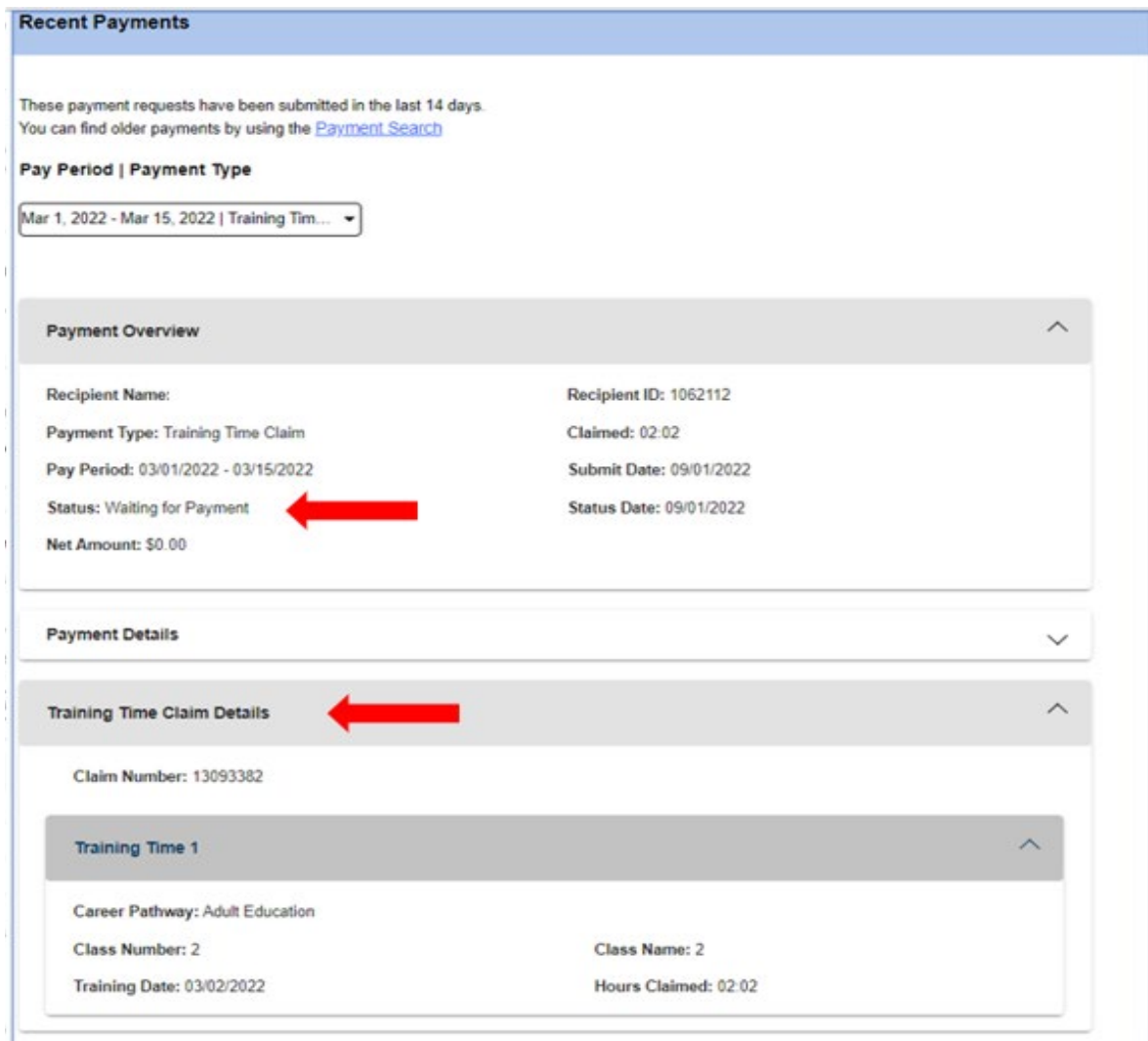
Selecting the “Sign and Submit” button submits your training time claim for review. Your attendance of training will be verified. CDSS staff will review all Career Pathways claims as they are submitted. Once reviewed and approved, your training time claim

will be sent for payroll processing. You will receive an informational e-mail notification stating that your training time claim(s) have either been approved for payment or rejected.

Congratulations, you have completed the training time claim entry using the ESP.

## Training Time Claim Payment Details

Providers can view the status of their Training Time Claim on the ESP through the Recent Payments and Payment Search screens once it has been submitted. They can also view details of each class they submitted a claim for in the Training Time Claim Details section.



**Recent Payments**

These payment requests have been submitted in the last 14 days.  
 You can find older payments by using the [Payment Search](#)

**Pay Period | Payment Type**

Mar 1, 2022 - Mar 15, 2022 | Training Tim...

**Payment Overview**

Recipient Name:	Recipient ID: 1062112
Payment Type: Training Time Claim	Claimed: 02:02
Pay Period: 03/01/2022 - 03/15/2022	Submit Date: 09/01/2022
Status: Waiting for Payment	Status Date: 09/01/2022
Net Amount: \$0.00	

**Payment Details**

**Training Time Claim Details**

Claim Number: 13093382

**Training Time 1**

Career Pathway: Adult Education	
Class Number: 2	Class Name: 2
Training Date: 03/02/2022	Hours Claimed: 02:02

Figure 45 – Training Time Claim Details

## How to Submit a Career Pathways Incentive Claim:

Providers may also qualify for incentive payments upon completing one or more training pathways and providing specialized care needs to a recipient. Specialized care needs may include, but not limited to assistance with transfers, ambulation, paramedical, and protective supervision related to mental impairment.

1. Access the [IHSS ESP website](#) and log in using your ESP username and password. See Figure 1.
2. Select the “Career Pathways” option in the Time Entry menu. See Figure 41.
3. Select the incentive type from the Career Pathways Claim Type drop-down menu and the recipient you wish to submit the claim for. The following incentives will appear under the Career Pathways Claim Type drop down menu:
  - Training Incentive (Type 1)
  - One-Month Assignment Incentive (Type 2)
  - Six-Month Assignment Incentive (Type 3)

The incentive payment types descriptions are as follows:

- Type 1 – provider can be paid for:
  - Completing 15 hours of training in the General pathways, or
  - Completing 15 hours of training in the Specialized Skills pathways.
- Type 2 - provider can be paid for:
  - After completing 15 hours of training in a Specialized Skills pathway, and,
  - Working for an existing or new recipient who needs that Specialized Skills care, and,
  - Providing care for 40 authorized hours in the first month of services.
- Type 3 - providers can be paid for:
  - After completing Incentive Payment “Type 2”, and,
  - Providing care for 40 authorized hours per month for at least 6 months for that same recipient.

In this example, the Training Incentive type was selected. Select Next to proceed. See Figure 46.

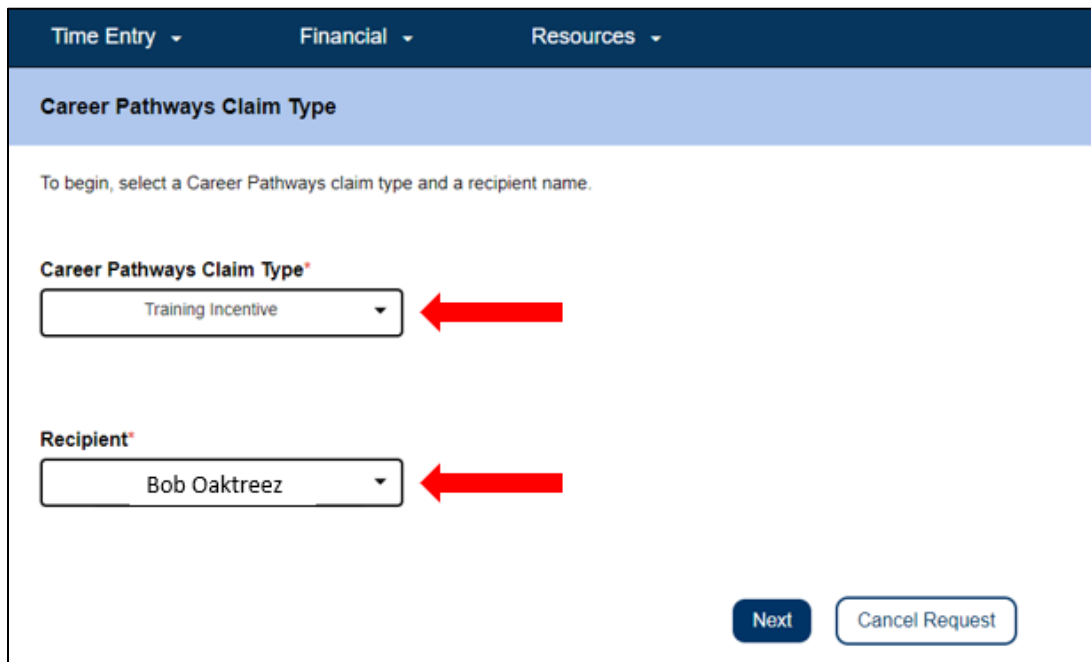


Figure 46 – Career Pathways Claim Type

4. Select the Career Pathway where you meet the requirements to submit your Incentive Claim. Once a selection is made, the Electronic Signature section will display. If the information you are submitting is correct, select the “Agree to” statement box and then select the “Sign and Submit” button. See Figure 47.

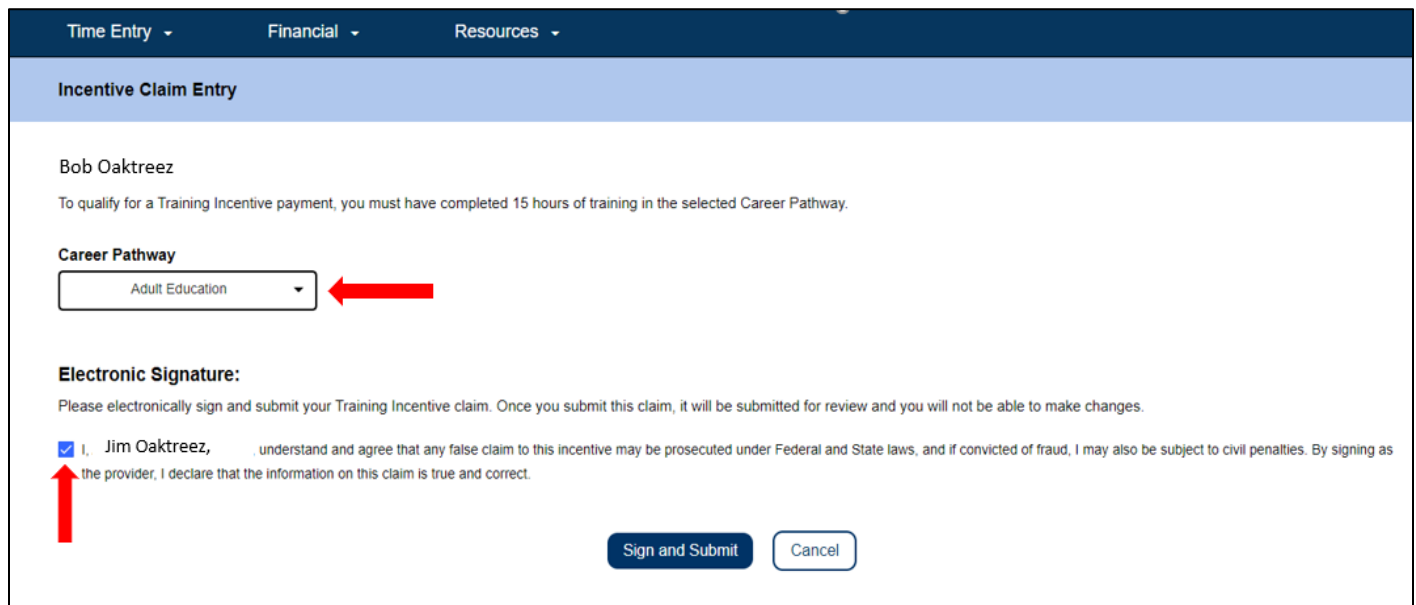


Figure 47 – Incentive Claim Entry screen

Selecting the “Sign and Submit” button submits your incentive claim for review. Your attendance of training will be verified. CDSS staff will review all Career Pathways claims as they are submitted. Once reviewed and approved, your incentive claim will be sent for payroll processing. You will receive an informational e-mail notification that your incentive claim(s) have either been approved for payment or rejected.

Congratulations, you have completed the incentive claim entry using the ESP.

## Incentive Claim Payment Details

Providers can view the status of their Incentive Claim on the ESP through the Recent Payments and Payment Search screens once it has been submitted. They can also view details of each class they submitted a claim for in the Training Time Claim Details section.

### Recent Payments

These payment requests have been submitted in the last 14 days.  
 You can find older payments by using the [Payment Search](#)

#### Pay Period | Payment Type

Sep 1, 2022 - Sep 15, 2022 | Training Ince... ▼

**Payment Overview**
^

Recipient Name: I	Recipient ID:
Pay Period: 09/01/2022 - 09/15/2022	Submit Date: 09/07/2022
Status: Submitted	Status Date: 09/08/2022
Payment Type: Training Incentive Claim	
Net Amount: \$0.00	

**Payment Details**
▼

**Incentive Claim Details**
^

Claim Number: 13094668	Career Pathway: Adult Education
------------------------	---------------------------------

Figure 48 – Incentive Claim Payment Detail screen



For assistance with the ESP and entering Career Pathways training and incentive claims, please contact the IHSS Service Desk at 1-866-376-7066. To learn more about the Career Pathways Program and to view and register for classes please visit the CDSS Career Pathways website at <https://www.cdss.ca.gov/inforesources/cdss-programs/ihss/ihss-career-pathways-program>. Questions regarding the Career Pathways courses should be directed to the training providers.

Congratulations! You are now able to successfully access the Sick Leave Claim screen, view Available and Claimed Sick Leave hours, submit a Sick Leave Claim request, and submit a Training Time and Incentive Claim using the ESP.

## IHSS Electronic Services Portal: Financial – Payments

The Financial menu in the ESP has a 'Payments' option that allows you to view the payment status and payment information for timesheets. This section will show you how to:

- View recent payments
- Search for a payment
- Request a copy of processed timesheets via email
- View Sick Leave Claim History

Before you begin, you must have the following information available:

- Your ESP Username
- Your ESP Password
- The provider's 9-Digit Provider Number (If you do not have the Provider Number, you will need to reach out to your provider for the information or contact your local county office.)

**Note:** For more information regarding ESP registration, please see: [Registration FAQs](#) on the ESP website.

### **Let's Get Started!**

## How to View Recent Payments in the ESP:

1. Access the ESP website at: [Electronic Services Portal](#)
2. Log in to the ESP using your username, password, and select 'Login.'  
**Note:** If you forget your login information, you can reset your Username and Password by selecting the *Forgot Username or Password* link. You will receive an email link to reset your username or password. Follow the instructions in the email. See Figure 1.
3. Once you log in to your ESP account, you will be on the Provider Home screen (Figure 41). There are two ways you can access your recent payments to review:
  - Select the 'Financial' menu in the navigation bar, then select the 'Payments' drop-down option, then 'Recent Payments,' or
  - Click on the green 'Recent Payments' link.

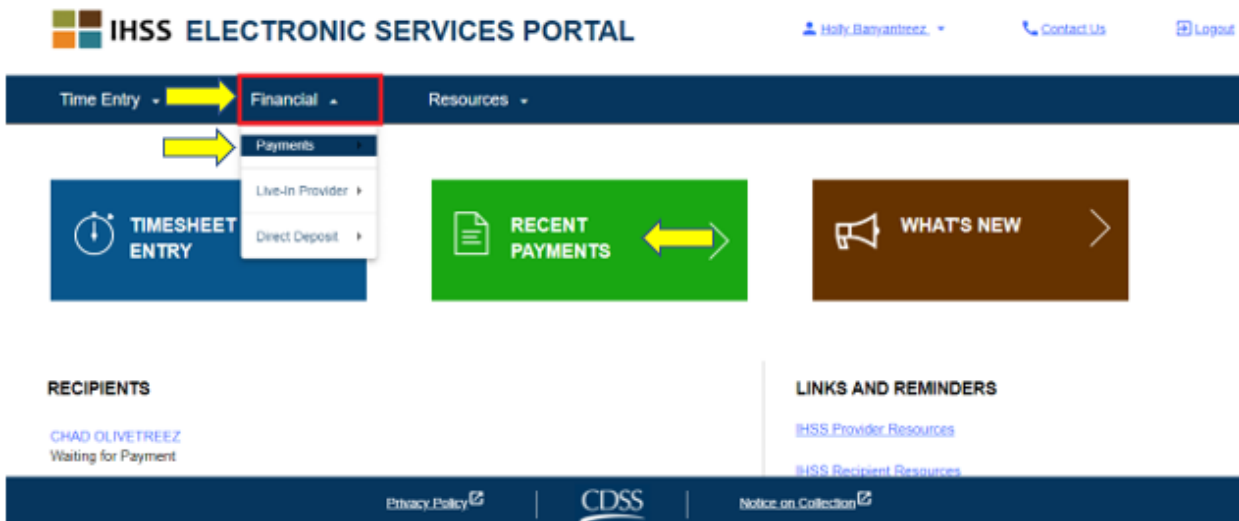


Figure 49 – Provider Home screen – Payments drop-down option

**Note:** Selecting the 'Payments – Recent Payments' drop-down option and 'Recent Payments' link will take you to the 'Recent Payments' screen. The 'Recent Payments' screen will display the Payment Overview, Payment Details, and Timesheet Details submitted in the last 14 calendar days. See Figure 50.

To view details of your recent payments, you will need to:

4. Select the pay period and the timesheet type, either IHSS or WPCS, by using the drop-down box and then select the drop-down arrow located on the right side of the screen to expand the view for the *Payment Overview*, *Payment Details*, and *Timesheet Details* (Figure 50).

Time Entry ▾
Financial ▾
Resources ▾

Recent Payments

These payment requests have been submitted in the last 14 days.  
 You can find older payments by using the [Payment Search](#)

Pay Period | Payment Type

Jul 1, 2021 - Jul 15, 2021 | IHSS

Payment Overview
Payment Details
Timesheet Details

[Privacy Policy](#)
CDSS
[Notice on Collection](#)

Figure 50 – Recent Payments screen

When you expand the view for the *Payment Overview*, *Payment Details*, and *Timesheet Details*, you will be able to see detailed information for each item as shown below (Figure 51, Figure 52, & Figure 53):

Recent Payments

These payment requests have been submitted in the last 14 days.  
 You can find older payments by using the [Payment Search](#)

Pay Period | Payment Type




Jul 1, 2021 - Jul 15, 2021 | IHSS

Payment Overview

Recipient Name: CHAD OLIVETREEZ
Recipient ID: 1316901
Payment Type: IHSS
Claimed: 00:00
Pay Period: 07/01/2021 - 07/15/2021
Submit Date: 07/16/2021
Status:
Status Date: 07/16/2021
Net Amount: \$0.00

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[Notice on Collection](#)

Figure 51 – Payment Overview expanded view

Payment Details




Warrant Number:
Hours Submitted: 00:00
Overtime Hours: 00:00
Earnings Statement

Issue Date:
Total Hours Paid: 00:00
Hours Not Paid: 00:00

Earnings	Current	Year-to-Date
Regular	\$0.00	\$0.00
Overtime	\$0.00	\$0.00
Total Gross	\$0.00	\$0.00
Net Pay	\$0.00	\$0.00

Deductions	Current	Year-to-Date
Federal	\$0.00	\$0.00
State	\$0.00	\$0.00
FICA	\$0.00	\$0.00
Medicare	\$0.00	\$0.00
SDI/DIEC	\$0.00	\$0.00
Total Deductions	\$0.00	\$0.00

Figure 52 – Payment Details expanded view

**Timesheet Details**

Timesheet Number: 4000366870  
 Signature Method: Online  
 Provider Signed: 07/16/2021  
 Recipient Signed:

**Workweek 1**

Date	Hours Worked	Start Time	End Time	Location
Sunday 27 Jun	00:00	N/A	N/A	N/A
Monday 28 Jun	00:00	N/A	N/A	N/A
Tuesday 29 Jun	00:00	N/A	N/A	N/A
Wednesday 30 Jun	00:00	N/A	N/A	N/A
Thursday 1 Jul	00:00	09:00 AM	10:00 AM	Home
Friday 2 Jul	00:00	N/A	N/A	N/A
Saturday 3 Jul	00:00	N/A	N/A	N/A
Workweek Total: 00:00				

**Workweek 2**

**Workweek 3**

Figure 53 – Timesheet Details expanded view

## How to Search for Payments Older than 14 Days:

If you would like to search for older payments that have been submitted over 14 days, there are two ways:

- Navigate to the Recent Payments screen and click on the 'Payment Search' link located at the top of the screen (Figure 54) or,
- Navigate to the Provider Home screen, select the 'Financial' menu in the navigation bar, then select the 'Payments' drop-down option, and then 'Payment Search' (See Figure 55).

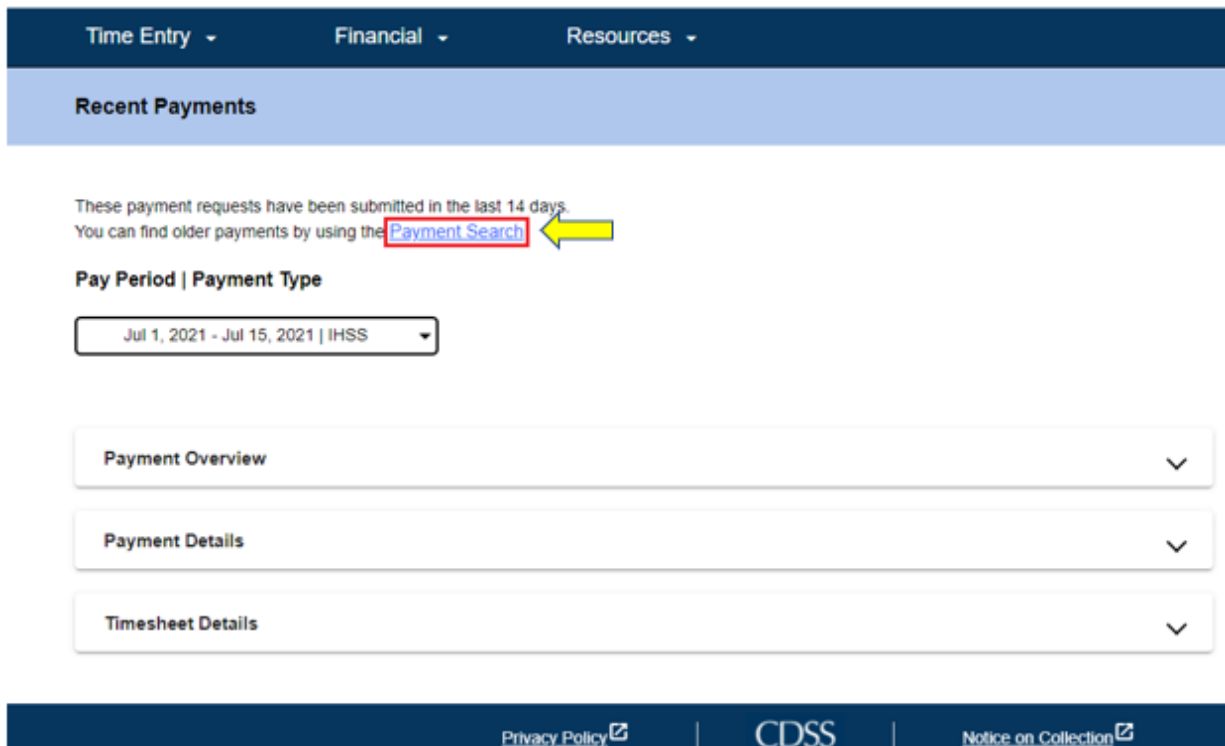


Figure 54 – Recent Payments screen – Payment Search link

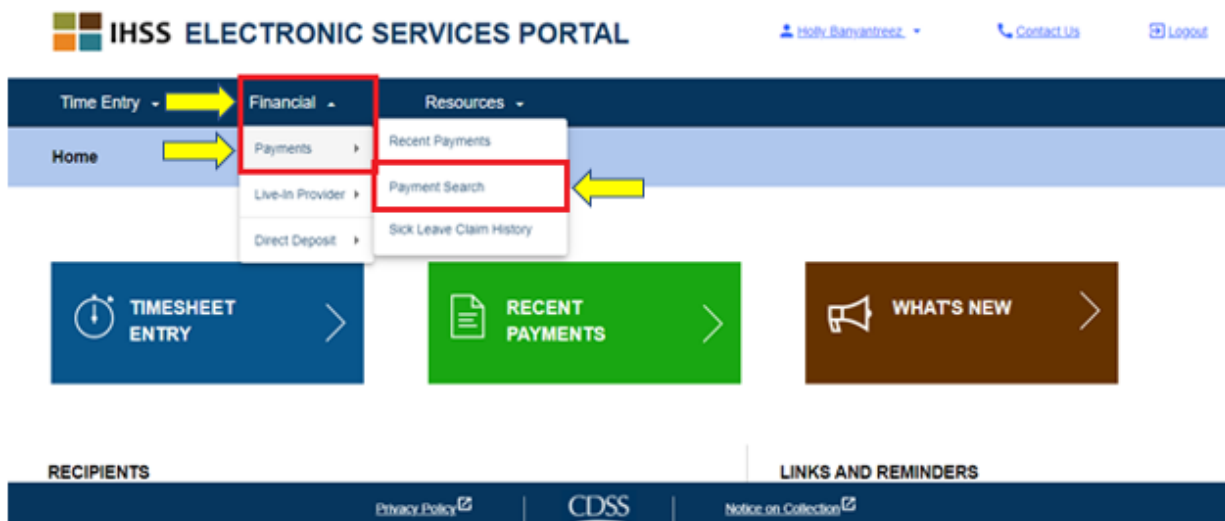


Figure 55 – Provider Home screen – Payment Search drop-down option

After using any of the previously demonstrated ways to access the Payment Search screen, begin your payment search by:

1. Enter the first day of the pay period date by: MM/DD/YYYY and click on the 'Search' button. See Figure 56.



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Time Entry Financial Resources

**Payment Search**

Enter the first day of a pay period:

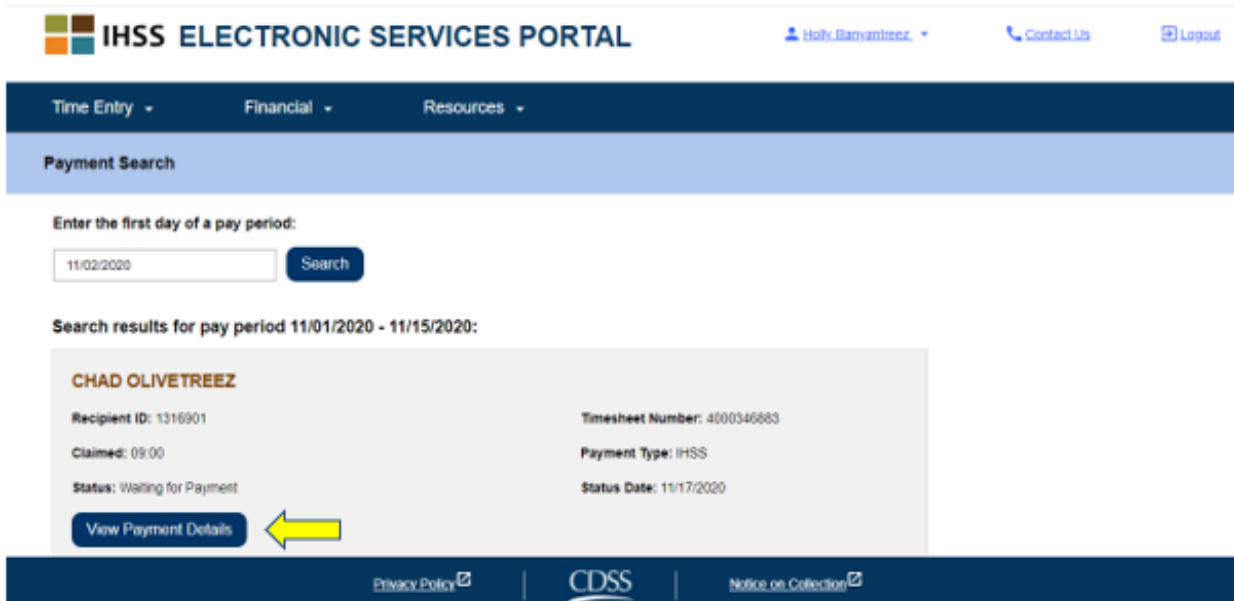
11/02/2020 Search

Privacy Policy CDSS Notice on Collection

Figure 56 – Payment Search – Pay Period Entry

Once you click on the search button, the search results will appear for your selected pay-period, and you will see a list of all the recipients you work for during that pay period if you work for multiple recipients.

- To view the payment details, click on the 'View Payment Details' button (Figure 57) and then select the drop-down arrow located on the right side of the screen to expand the view for the *Payment Overview*, *Payment Details*, and *Timesheet Details*. See Figure 58.



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Time Entry Financial Resources

**Payment Search**

Enter the first day of a pay period:

11/02/2020 Search

Search results for pay period 11/01/2020 - 11/15/2020:

**CHAD OLIVETREEZ**

Recipient ID: 1316901 Timesheet Number: 4000346683

Claimed: 09:00 Payment Type: IHSS

Status: Waiting for Payment Status Date: 11/17/2020

View Payment Details

Privacy Policy CDSS Notice on Collection

Figure 57 – Payment Search screen – View Payment Details button





← Payment Details

Payment Overview

Recipient Name: CHAD OLIVETREEZ      Recipient ID: 1316901

Payment Type: IHSS      Claimed: 09:00

Pay Period: 11/01/2020 - 11/15/2020      Submit Date: 11/17/2020

Status: Waiting for Payment      Status Date: 11/17/2020

Net Amount: \$135.65

Email Copy

Payment Details

Timesheet Details

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Figure 58 – Payment Details screen – View Payment Details button

## How to Request an Email Copy of Timesheets in the ESP:

At the Payment Details screen (Figure 58), you have the option to request for an electronic copy of your timesheet via email.

1. To request an electronic copy of your timesheet via email, you must locate the 'Email Copy' button on the 'Payment Details' screen (after completing a payment search) and then click on the 'Email Copy' button. See Figure 58.

**Note:** Once you click on the 'Email Copy' button, you will see a pop-up message that states, "A copy of this timesheet will be sent to <provider's email>. If you need to change your email address, please contact your County IHSS Office or the IHSS Service Desk for providers and recipients at 1-866-376-7066." See Figure 59.

2. Click on 'Send' to send a copy of the timesheet to the indicated email address. Your request has been accepted, the pop-up message will disappear, and you will remain on the same screen.

**Note:** Click on 'Cancel' if you do not want to proceed with the request.

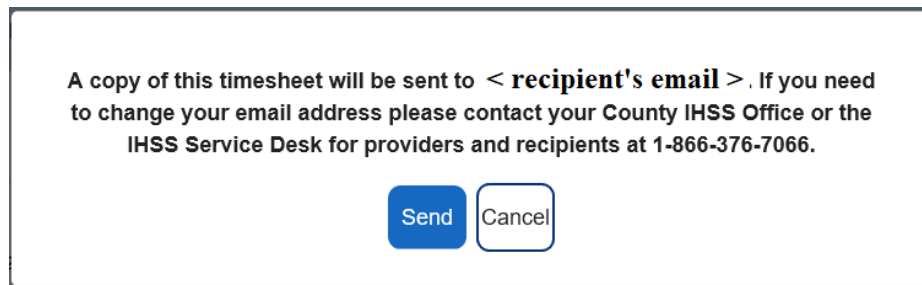


Figure 59 – Email Copy message pop-up screen

## How to View Sick Leave Claim History:

Another tool that is available for you under the 'Financial – Payments' menu is the *Sick Leave Claim History* option in the ESP. The *Sick Leave Claim History* option allows you to view all Sick Leave claims submitted in the current and prior fiscal years, along with detail payment information for each claim.

To view the *Sick Leave Claim History*:

1. Select the 'Financial' menu in the navigation bar, then select the 'Payments' drop-down option, and then click on 'Sick Leave Claim History.' See Figure 60.

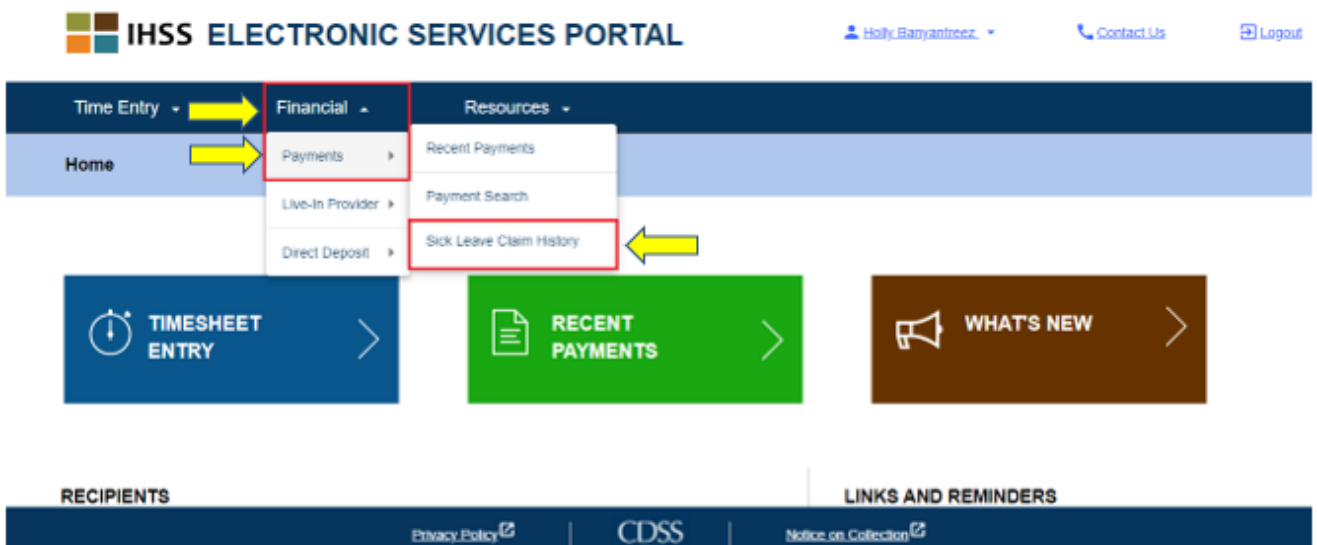


Figure 60 – Provider Home screen – Sick Leave Claim History drop-down option

After clicking on the 'Sick Leave Claim History' option, you will be taken to the 'Sick Leave Claim History' screen where you will see the name(s) of the recipient(s) that you submitted the Sick Leave claim(s) for. If you work for multiple recipients and submitted multiple Sick Leave Claims, you will see a list of recipients. The example below displays one recipient.

- Expand the recipient list to view the Pay Periods/Sick Leave claims for the selected recipient by clicking on the blue arrow on the right side of your screen. See Figure 61.



Figure 61 – Sick Leave Claim History screen

After expanding the recipient list, you will see the Pay Periods/Sick Leave link: MM/DD/YYYY-MM/DD/YYYY and claimed hours: HH: MM.

- Select the Pay Periods/Sick Leave claim link: MM/DD/YYYY-MM/DD/YYYY and you will be taken to the details of the sick leave claim and the associated payment for the selected recipient. See Figure 62 and Figure 63.

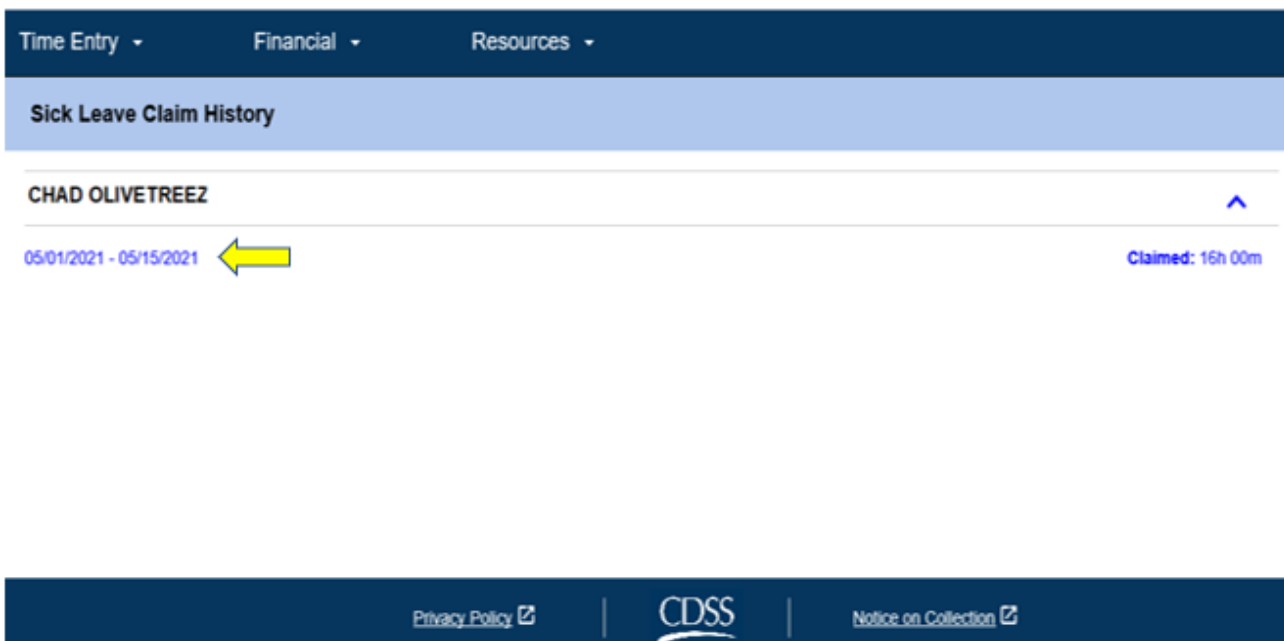


Figure 62 – Sick Leave Claim History – expanded recipient view

Time Entry ▾
 Financial ▾
 Resources ▾

← Sick Leave Claim History: CHAD OLIVETREEZ

Overview

Pay Period - Sick Leave: 05/01/2021 - 05/15/2021  
 Sick Leave Claim Number: 301904596  
 Hours Claimed: 16h 00m  
 Hours Paid: 16h 00m  
 Hours Not Paid: 00h 00m  
 Mode of Entry: Online  
 Claim Status: Processed  
 Status Date: 06/07/2021

Payment Details

Warrant Number: 99822208  
 Issue Date: 06/10/2021  
 Direct Deposit: Yes  
 Payment Status:

Earnings Statement

	Current
Sick Leave Pay	\$232.00
Total Gross	\$232.00
Total Deductions	\$20.52
Net Pay	\$211.48

Claim Details

Sick Dates	Hours Claimed
05/01/2021	16h 00m

Messages

Figure 63 – Overview Payment Details, Claim Details, and Messages expanded view

Congratulations! You are now able to successfully navigate and view the Recent Payments, Payment Search, and Sick Leave Claim History using the ESP.

## IHSS Electronic Services Portal: Financial – Live-In Provider

The Financial menu in the ESP has a 'Live-In Provider' option that allows IHSS/WPCS live-in providers a method to manage Live-In Provider certifications for Federal and State Income Tax Exclusion. Providers can electronically complete and submit both the *IHSS and WPCS Program Live-In Self-Certification Form for Federal and State Tax Wage Exclusion (SOC 2298)* and the *IHSS and WPCS Program Live-In Self-Certification Cancellation Form for Federal and State Tax Wage Exclusion (SOC2099)* by using the 'Live-In Provider' option in the ESP. The 'Live-In Provider' option consists of two items: Live-In Certification and Cancel Live-In Certification. This section will show you how to:

- Self-Certify as a Live-In Provider
- Cancel your Live-In Certification
- Access Timesheet for Live-In Certification

Before you begin, you must have the following information available:

- Your ESP Username
- Your ESP Password
- The provider's 9-Digit Provider Number (If you do not have the Provider Number, you will need to reach out to your provider for the information or contact your local county office.)

**Note:** For more information regarding ESP registration, please see: [Registration FAQs](#) on the ESP website.

### Let's Get Started!

## How to Self-Certify as a Live-In Provider in ESP:

1. Access the ESP website at: [Electronic Services Portal](#)
2. Log in to the ESP using your username, password, and select 'Login.'  
**Note:** If you forget your login information, you can reset your Username and Password by selecting the *Forgot Username or Password* link. You will receive an email link to reset your username or password. Follow the instructions in the email. See Figure 1.
3. Once you log in to your ESP account, you will be on the Provider Home screen. Click on the 'Financial' menu in the navigation bar, then select the 'Live-In Provider' drop-down option, and then click on 'Live-In Certification.' See Figure 64.

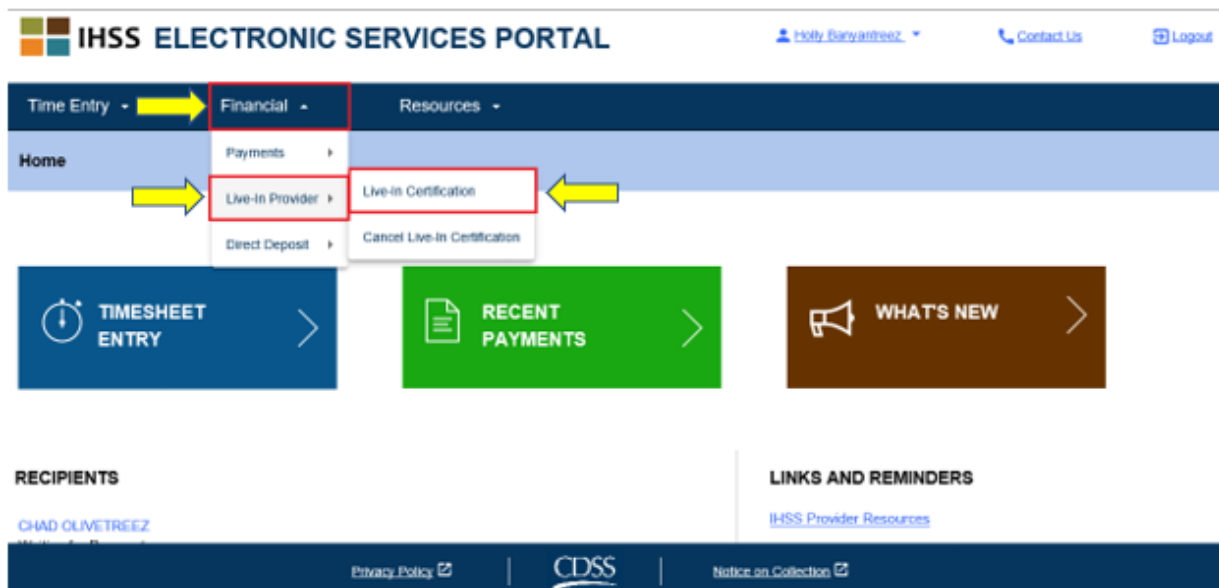


Figure 64 – Provider Home screen – Live-In Certification option

You will be taken to the Live-In Provider Self-Certification screen where you will see a 'select a recipient' drop-down menu of the list of active, eligible recipients.

4. Select the recipient from the drop-down list that you live with and wish to self-certify for. See Figure 65.


**Note:** The recipient drop-down list will not display the names of recipients for whom the provider already has a Live-In Provider Self-Certification. If there are no available recipients to choose from, the following message will display:  
 “There are no recipients available for you to certify with as a Live-In Provider. If you feel this is not correct, please contact your county.”


**Live-in Provider Self-Certification**

In completing this self-certification, a provider living with a recipient they provide services for will have their IHSS and/or WPCS wages excluded from personal income taxes. To get more information visit [CDSS Live-In Provider Self-Certification Information](#).

**\*Note:** If you have already certified as a live-in provider for a recipient, the recipient's name will not be listed below.

Recipient you live with:

Select a Recipient 






**Electronic Signature:**

Please electronically sign and submit your Live-In Provider Self-Certification.

By marking the checkbox and submitting, you are certifying that the wages you receive for providing IHSS and/or WPCS services to the recipient named above **will be** excluded from your federal and state personal income taxes.

☐ I, HOLLY BANYANTREEZ, under penalties of perjury, declare that I am a provider receiving payments under the IHSS and/or WPCS programs for care I provide to the recipient named above who lives with me in the same home.

Sign and Submit
Cancel

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*Figure 65 – Live-In Provider Self-Certification screen – Recipient drop-down menu*

5. Once you select a recipient from the drop-down list, you must complete the following steps (Figure 66):
  - Read the statement in which you indicate that the self-certification process is true and correct.
  - Select the checkbox stating that you agree to the Declaration terms.
  - Select the 'Sign and Submit' button to capture that you've electronically sign and submit your Live-In Provider Self-Certification.

**Note:** If you do not want to move forward with the Live-In Provider Self Certification process, you may select the 'Cancel' button and you will be taken back to the 'Provider Home' screen.

**Live-In Provider Self-Certification**

In completing this self-certification, a provider living with a recipient they provide services for will have their IHSS and/or WPCS wages excluded from personal income taxes. To get more information visit [CDSS Live-In Provider Self-Certification Information](#).

**\*Note:** If you have already certified as a live-in provider for a recipient, the recipient's name will not be listed below.

Recipient you live with:

CHAD OLIVETREEZ ✓

**Electronic Signature:**

Please electronically sign and submit your Live-In Provider Self-Certification.

By marking the checkbox and submitting, you are certifying that the wages you receive for providing IHSS and/or WPCS services to the recipient named above **will be** excluded from your federal and state personal income taxes.

☒ HOLLY BANYANTREEZ, under penalties of perjury, declare that I am a provider receiving payments under the IHSS and/or WPCS programs for care I provide to the recipient named above who lives with me in the same home.

Sign and Submit Cancel

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Figure 66 – Live-In Provider Self-Certification screen – Electronic Signature

Once your electronic signature has been captured, you will see a pop-up message that states, “*Your Live-In Provider Self-Certification has been submitted. A confirmation email will be sent once processing is complete.*” See Figure 67. Select the ‘OK’ button and you will be taken to the Provider Home screen.

Your Live-In Provider Self-Certification has been submitted. A confirmation email will be sent once processing is complete.

OK

Figure 67 – Live-In Provider Self-Certification Electronic Signature Confirmation pop-up

## How to Cancel Live-In Provider Certification in ESP:

Providers have the option to cancel their Live-In status with a specific recipient in the ESP under the Financial menu, Live-In Provider – Cancel Live-In Certification option. To begin the cancellation process:

1. Access the ESP website at: [Electronic Services Portal](#)
2. Log in to the ESP using your username, password, and select ‘Login.’



**Note:** If you forget your login information, you can reset your Username and Password by selecting the *Forgot Username or Password* link. You will receive an email link to reset your username or password. Follow the instructions in the email. See Figure 1.

- Once you log in to your ESP account, you will be on the Provider Home screen. Click on the 'Financial' menu in the navigation bar, then select the 'Live-In Provider' drop-down option, and then click on 'Cancel Live-In Certification.' See Figure 68.

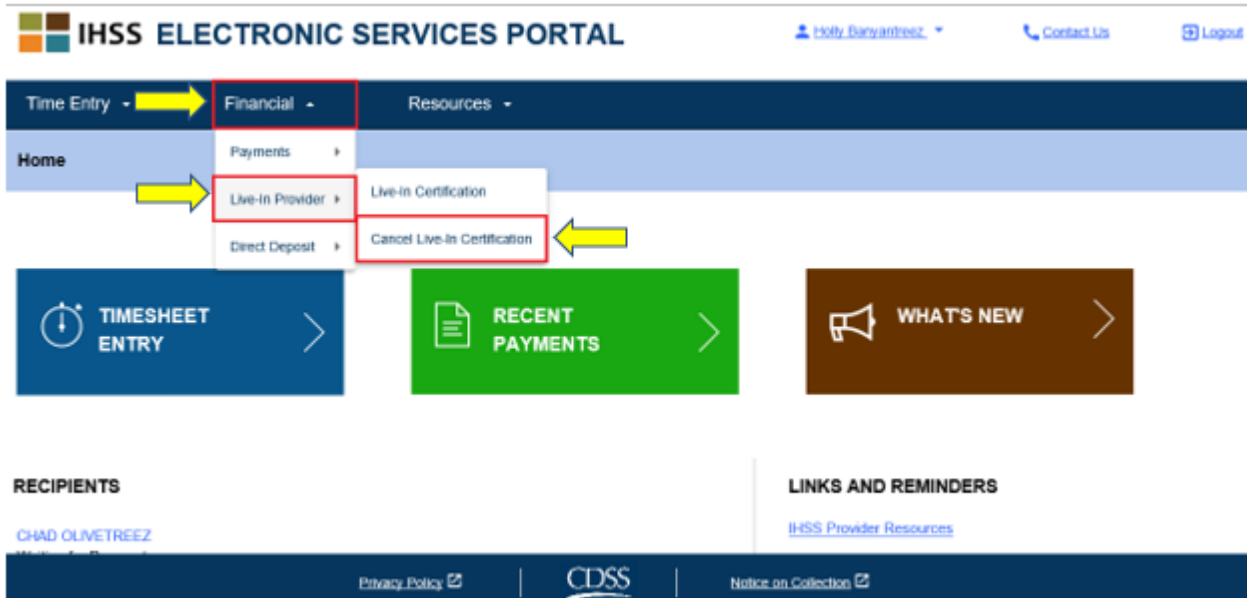


Figure 68 – Provider Home screen – Cancel Live-In Certification

You will be taken to the 'Cancel Live-In Provider Self-Certification' screen where you will see a 'select a recipient' drop-down menu of the list of active, eligible recipients.

- Select the recipient from the drop-down list that you no longer live with and wish to cancel the self-certification for. See Figure 69.

**Note:** The recipient drop-down list will only display the names of recipients for whom the provider has a Live-In Provider Self-Certification. If there are no available recipients to choose from, the following message will display: "There are no recipients available for you to cancel certification with as a Live-In Provider. If you feel this is not correct, please contact your county."

### Cancel Live-In Provider Self-Certification

In completing this self-certification cancellation, a provider no longer living with a recipient they provide services for will have personal income taxes deducted from their IHSS and/or WPCS wages. To get more information visit [CDSS Live-In Provider Self-Certification Information](#).

**\*Note:** If you have not certified as a live-in provider for a recipient, the recipient's name will not be listed below.

Recipient you no longer live with:

Select a Recipient 



#### Electronic Signature:

Please electronically sign and submit your Live-In Provider Self-Certification cancellation.

By marking the checkbox and submitting, you are confirming that the wages you receive for providing IHSS and/or WPCS services to the recipient named above **will no longer be** excluded from your federal and state personal income taxes.

☐ I, HOLLY BANYANTREEZ, declare that I no longer live with the recipient named above and would like to remove the existing Self-Certification for the exclusion of my IHSS/WPCS wages from federal and state personal income taxes.

Sign and Submit

Cancel

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[Notice on Collection](#) 

Figure 69 – Cancel Live-In Provider Self-Certification screen – Recipient drop-down menu

5. Once you select a recipient from the drop-down list, you must complete the following steps (Figure 70):
  - Read the statement in which you indicate that the cancel self-certification process is true and correct.
  - Select the checkbox stating that you agree to the Declaration terms.
  - Select the 'Sign and Submit' button to capture that you've electronically sign and submit the cancellation of your existing Live-In Provider Self-Certification.

**Note:** If you do not want to move forward with cancelling your Live-In Provider Self Certification, you may select the 'Cancel' button and you will be taken back to the 'Provider Home' screen.

### Cancel Live-In Provider Self-Certification

In completing this self-certification cancellation, a provider no longer living with a recipient they provide services for will have personal income taxes deducted from their IHSS and/or WPCS wages. To get more information visit [CDSS Live-In Provider Self-Certification Information](#).

**\*Note:** If you have not certified as a live-in provider for a recipient, the recipient's name will not be listed below.

Recipient you no longer live with:

CHAD OLIVETREEZ



**Electronic Signature:**

Please electronically sign and submit your Live-In Provider Self-Certification cancellation.

By marking the checkbox and submitting, you are confirming that the wages you receive for providing IHSS and/or WPCS services to the recipient named above **will no longer be** excluded from your federal and state personal income taxes.

☒ HOLLY BANYANTREEZ, declare that I no longer live with the recipient named above and would like to remove the existing Self-Certification for the exclusion of my IHSS/WPCS wages from federal and state personal income taxes.



Sign and Submit

Cancel





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Figure 70 – Cancel Live-In Provider Self-Certification screen – Electronic Signature

Once your electronic signature has been captured, you will see a pop-up message that states, “*The cancellation of your Live-In Provider Self-Certification has been submitted. A confirmation email will be sent once processing is complete.*” See Figure 71. Select the ‘OK’ button and you will be taken to the Provider Home screen.

**The cancellation of your Live-In Provider Self-Certification has been submitted. A confirmation email will be sent once processing is complete.**

OK

Figure 71 – Cancel Live-In Provider Self-Certification Electronic Signature Confirmation pop-up

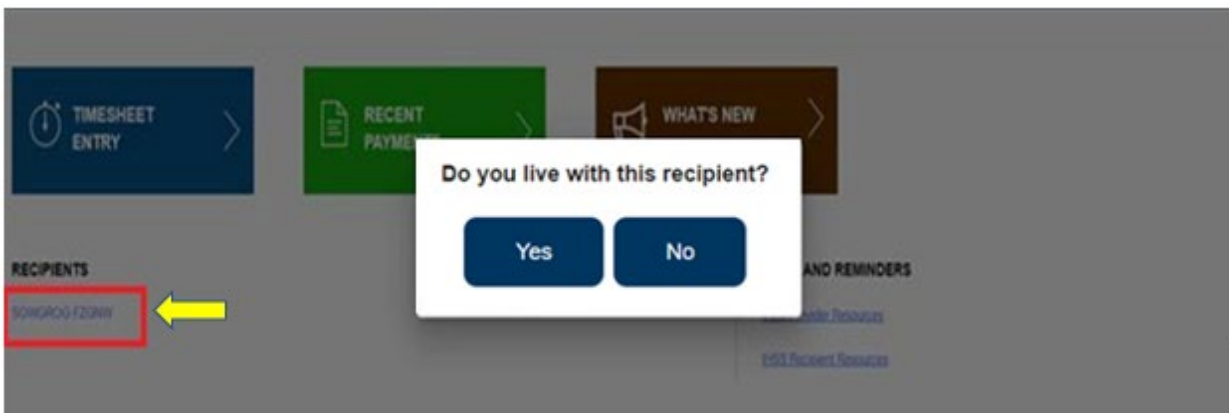
## Timesheet Access for Live-In Certification

When you access a timesheet for the first time for a pay period, the ESP will allow you to self-certify. If you have not submitted an *IHSS and WPCS Program Live-In Self-Certification Form for Federal and State Wage Exclusion* ([SOC 2298](#)), you will be asked if you live with your recipient each time you access a timesheet for the first time

for a particular pay period. The pop-up message will appear in different scenarios listed below:

1. When you access a timesheet for the first time by selecting the Recipient Name Link on the Home screen and an SOC 2298 is not on file, a pop-up message will appear (Figure 72) to allow you to self-certify that you live with your recipient. The following message will appear:

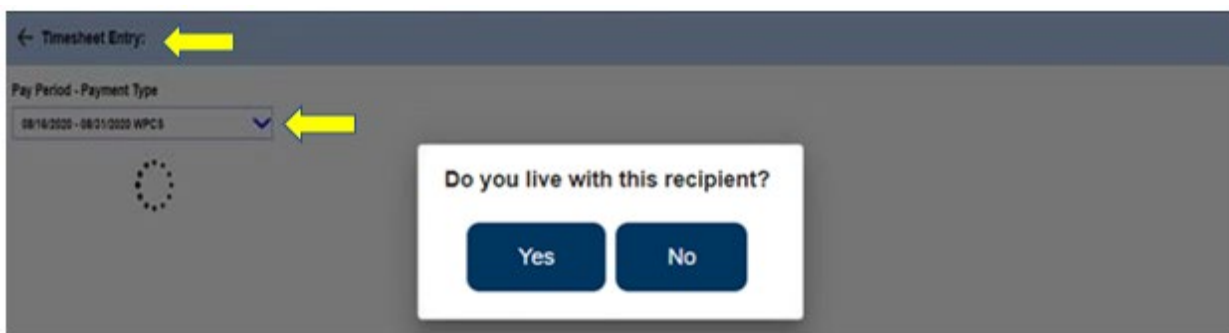
*Do you live with this recipient?*



*Figure 72 – Live-In Provider pop-up message – Recipient Name Link on the Home screen*

2. When you select another timesheet from the Time Entry drop-down menu and an SOC 2298 is not on file, a pop-up message will appear (Figure 73) to allow you to self-certify that you live with your recipient. The following message will appear:

*Do you live with this recipient?*



*Figure 73 – Live-In Provider pop-up message*

3. When you access a timesheet for the first time by selecting the blue arrow next to a recipient's name on the Recipient Selection screen (Figure 74) and an SOC 2298 is not on file, a pop-up message will appear to allow you to self-certify that you live with your recipient. The following message will appear:

*Do you live with this recipient?*



**Time Entry: Recipient Selection**

**RECIPIENT NAME**  
 Recipient ID: 00XXXXX  
 Most Recent Payment  
 Amount Advance Pay

**Do you live with this recipient?**  
 Yes No

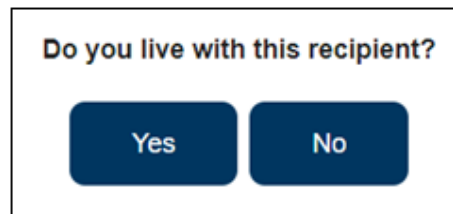
**RECIPIENT NAME**  
 Recipient ID: 00XXXXX  
 Most Recent Payment  
 Amount

**Period** 05/16/2018  
 2018 IHSS Advance Pay

**Status** **Pay Period**

*Figure 74 – Recipient Selection Screen and Live-In Provider pop-up message*

After using any of the previously demonstrated scenarios to access a timesheet, you will select 'Yes' or 'No' to the pop-up message, "Do you live with this recipient?" See Figure 75.



**Do you live with this recipient?**  
 Yes No

*Figure 75 – Live-In Provider pop-up message – Yes or No option*

If you select 'Yes' to the pop-up message, "Do you live with this recipient?", a non EVV timesheet will appear with only includes the *Hours Worked* will display (Figure 76). Once you made your selection, ESP will not ask this question again for the same pay period for this recipient.

**Note:** Below is a sample of a Live-In Provider non EVV timesheet.

Workweek 1		HOURS WORKED	
SUN 29 Jul	00	00	
MON 30 Jul	00	00	
TUE 31 Jul	00	00	
WED 1 Aug	10	30	
THU 2 Aug	09	00	
FRI 3 Aug	10	30	
SAT 4 Aug	09	00	
<input type="button" value="Save"/>		WORKWEEK TOTAL: 39h 00m	

Workweek 2	▼
Workweek 3	▼

TIMESHEET TOTAL: 39h 00m	<input type="button" value="Submit Timesheet"/>
--------------------------	---

Figure 76 – Live-In Provider Non EVV Timesheet sample

If you select 'No' to the pop-up message, "Do you live with this recipient?", an EVV timesheet which includes *Start Time*, *End Time*, and *Location* will display (Figure 77). Once you made your selection, ESP will not ask this question again for the same pay period for this recipient.

**Note:** Below is a sample of a Non-Live-In Provider EVV timesheet

Workweek 1
 ^

Sunday 30 Oct
 

Hours Worked: 00(H) 00(M)

Monday 31 Oct
 

Hours Worked: 00(H) 00(M)

Tuesday 1 Nov
 

Hours	Minutes	Start Time	Start Location	End Time	End Location	
<input type="text" value="02"/>	<input type="text" value="00"/>	<input type="text" value="10:40 AM"/>	<input type="text" value="Home"/>	<input type="text" value="12:40 PM"/>	<input type="text" value="Home"/>	

Wednesday 2 Nov
 

Hours	Minutes	Start Time	Start Location	End Time	End Location	
<input type="text" value="01"/>	<input type="text" value="00"/>	<input type="text" value="01:00 PM"/>	<input type="text" value="Community"/>	<input type="text" value="02:00 PM"/>	<input type="text" value="Community"/>	

Thursday 3 Nov
 

Hours	Minutes	Start Time	Start Location	End Time	End Location	
<input type="text" value="3"/>	<input type="text" value="00"/>	<input type="text" value="06:00 AM"/>	<input type="text" value="Home"/>	<input type="text" value="09:00 AM"/>	<input type="text" value="Community"/>	

Friday 4 Nov
 

Hours	Minutes	Start Time	Start Location	End Time	End Location	
<input type="text" value="01"/>	<input type="text" value="00"/>	<input type="text" value="04:00 PM"/>	<input type="text" value="Community"/>	<input type="text" value="05:00 PM"/>	<input type="text" value="Home"/>	

Saturday 5 Nov
 

Hours	Minutes	Start Time	Start Location	End Time	End Location	
<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="--:--"/>	<input type="text"/>	<input type="text" value="--:--"/>	<input type="text"/>	

Previously Claimed Hours: 00(H) 00(M)

Workweek Total: 00(H) 00(M)

Workweek 2
 ^

Figure 77 – Non-Live-In Provider EVV Timesheet sample

Congratulations! You are now able to successfully self-certify as a Live-In Provider, cancel your Live-In Certification and access your timesheet for Live-In Certification.

For additional information regarding Live-In Provider Self-Certification, visit [CDSS Live-In Provider Self-Certification Information](#).

## IHSS Electronic Services Portal: Financial – Direct Deposit

The Financial menu in the ESP has a ‘Direct Deposit’ option that allows you to enroll in direct deposit and update/view your direct deposit requests. The Direct Deposit option consists of two items: *Direct Deposit Entry* and *Direct Deposit Requests*. This section will show you how to:

- Enroll in Direct Deposit
- Change your bank account
- Cancel Direct Deposit
- View your Direct Deposit requests

Before you begin, you must have the following information available:

- Your ESP Username
- Your ESP Password
- The provider’s 9-Digit Provider Number (If you do not have the Provider Number, you will need to reach out to your provider for the information or contact your local county office.)

**Note:** For more information regarding ESP registration, please see: [Registration FAQs](#) on the ESP website.

### **Let’s Get Started!**

## How to Enroll in Direct Deposit in the ESP:

1. Access the ESP website at: [Electronic Services Portal](#)
2. Log in to the ESP using your username, password, and select ‘Login.’  
**Note:** If you forget your login information, you can reset your Username and Password by selecting the *Forgot Username or Password* link. You will receive an email link to reset your username or password. Follow the instructions in the email. See Figure 1.
3. Once you log in to your ESP account, you will be on the Provider Home screen (Figure 78). Select the ‘Financial’ menu in the navigation bar, then select the ‘Direct Deposit’ drop-down option, and then click on ‘Direct Deposit Entry.’



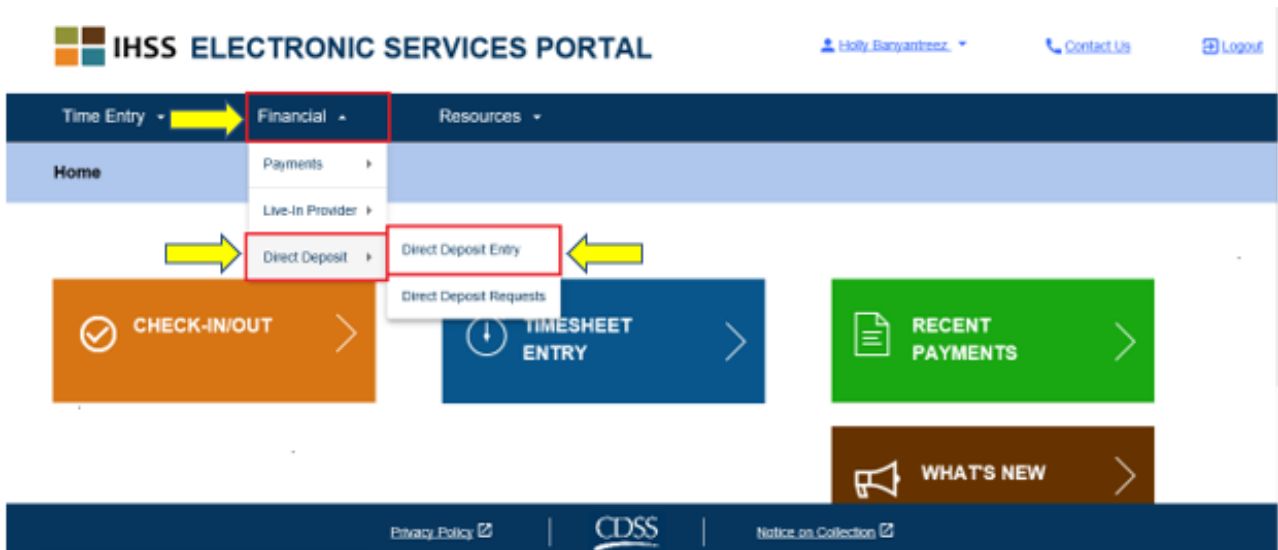


Figure 78 – Provider Home screen – Direct Deposit Entry drop-down option

- You will be taken to the 'Direct Deposit' screen where you will see three direct deposit options listed. To enroll in direct deposit, select the 'NEW' option, then click on the 'Next' button. See Figure 79.

**Note:** If you do not want to want to enroll in direct deposit, click on the 'Cancel' button and you will be taken to the Provider Home screen.

**Direct Deposit**

**Select Your Direct Deposit Option**

Please select an option below to tell us what you want to do. Select **NEW** to enroll in Direct Deposit, or **CHANGE** to change your bank account, or **CANCEL** to cancel Direct Deposit.

**Note:** You will need your banking information to request a new or change an existing Direct Deposit.

To prevent fraudulent transactions this system captures and tracks system information about the users who add or make changes to their Direct Deposit accounts. If you do not want your information to be recorded, please complete and mail the IHSS Provider Direct Deposit Enrollment/Change/Cancellation Form (SOC 829).

Select one option below to begin your Direct Deposit request.

☒ **NEW:** By selecting this option, I hereby authorize the State Controller's Office to directly deposit my pay warrants to my personal bank account.

☐ **CHANGE:** By selecting this option, I hereby authorize the State Controller's Office to change my Direct Deposit to my new personal bank account.

☐ **CANCEL:** By selecting this option, I hereby cancel my Direct Deposit authorization.

**Next** **Cancel**

Figure 79 – Direct Deposit screen – NEW option

After selecting 'NEW' and clicking on the 'Next' button, you will be taken to the 'Direct Deposit Recipient Selection' screen where you will see a list of the recipient(s) you work for. If you work for multiple recipients, you will see all their names listed. The example below lists one recipient.

5. Select the recipient that you would like to enroll in direct deposit for by checking on the box next to the recipient's name and then click on the 'Next' button. See Figure 80.

**Note:** If you do not want to want to enroll in direct deposit, click on the 'Back' button you will be taken to the Direct Deposit screen.



Figure 80 – Direct Deposit Recipient Selection screen

6. Next you will be taken to the 'Direct Deposit Bank Details' screen (Figure 81) where you will enter your bank information by completing the following fields and then select the 'Next' button to continue:
  - Select the type of account, either Checking or Savings
  - Enter your routing number in the text box
 

**Note:** The bank name will populate in the bank name text box after you enter the routing number.
  - Enter your account number in the text box
  - Confirm your account number by re-entering your account number in the text box

**Note:** If you do not want to move forward, you can select the 'Back' button and you will be taken to the Direct Deposit Recipient Selection screen.

**Direct Deposit Bank Details**

**Enter Your Bank Information**

Provide your routing number and account number found on your personal check. Below is an example of a check that shows where you can find this information. Do not use a deposit slip to provide this information because the numbers can be different than your account and cause your Direct Deposit request to be rejected. If you need help finding your routing number and account number, please contact your bank.

Check Example:

Your Name	Check NO. 4444	
Pay to the Order of _____		
1121444701	6789012345678	4444
Routing No.	Your Acct. No.	Ch. No.

Your routing number and account number may be different if you choose to use your savings account for Direct Deposit. Please contact your bank for help if you cannot find the correct number.

**Note:** Entering an incorrect routing number or account number will cause your Direct Deposit to be rejected.

**Type of Account:** ☐ Checking ☐ Savings

**Routing Number**  
 The routing number is 9 numbers long and starts with 0, 1, 2 or 3.

**Account Number**

**Confirm Account Number**

**Bank Name**

Next
Back


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Figure 81 – Direct Deposit Bank Details screen

After selecting 'Next' to continue, you will see a pop-up message that states, *“To prevent fraudulent transactions, this system captures and tracks system information about the users who add or make changes to their Direct Deposit accounts. If you do not want your information to be recorded, please complete and mail the IHSS Provider Direct Deposit Enrollment/Change/Cancellation Form ([SOC 829](#)).”* See Figure 82.

7. Select the 'OK' button if you would like to continue and you will be taken to the 'Direct Deposit Electronic Signature' screen where you can electronically sign the direct deposit request. See Figure 83.

**Note:** If you do not want to move forward, you can select the 'Back' button and you will be taken to the Direct Deposit Bank Details screen.

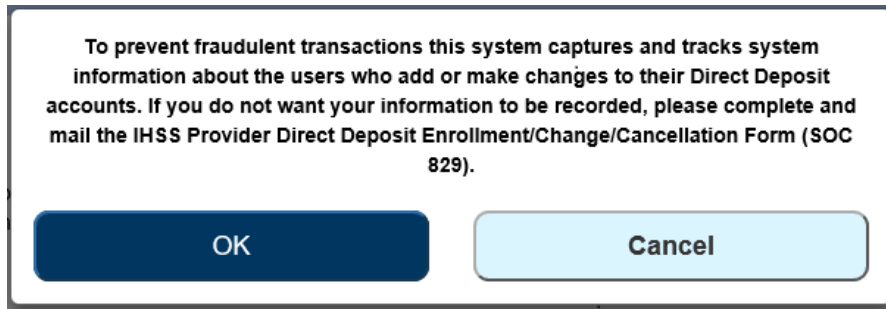


Figure 82 – IP Address capture warning with OK and Cancel pop-up

8. At the 'Direct Deposit Electronic Signature' screen (Figure 83), you must complete the following steps:
  - Read the terms of the Declaration statement which you indicate the statement is true and correct.
  - Select the checkbox stating that you agree to the terms.
  - Select the 'Electronically Sign Request & Submit for Processing' button to capture that you've electronically sign the request.

**Note:** If you do not want to move forward with the request, you may select the 'Cancel Submit' button.

**Direct Deposit Electronic Signature**

**Please electronically sign your request to start Direct Deposit for the below Recipient(s):**

CHAD OLIVETREEZ

**Bank Information You Entered**  
 Type of Account: Checking  
 Routing Number:  
 Account Number:  
 Bank Name: The Golden 1 Credit Union

You will continue to receive paper checks by mail until your Direct Deposit account has been established. Please note, it can take up to 30 calendar days after the date of your request to start Direct Deposit with your bank. You will receive an email with more information.

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

☒ HOLLY BANYANTREEZ, agree to the terms above.

Electronically Sign Request & Submit for Processing | Cancel Submit

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Figure 83 – Electronic Signature screen

Once your electronic signature has been captured, you will see a pop-up message that states, "Your Direct Deposit request has been submitted for further processing. No additional action is required by you." See Figure 84. Select the 'OK' button. You've successfully submitted your direct deposit request for processing, and you will be taken to the Provider Home screen.

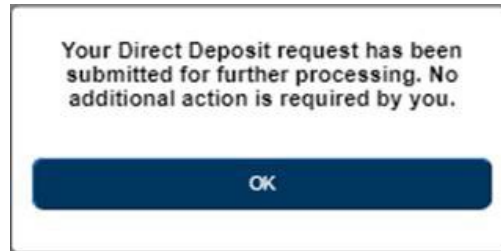


Figure 84 – Direct Deposit Confirmation screen

## How to Change Your Bank Account for Direct Deposit in the ESP:

Providers have the option to change their bank account for direct deposit in the ESP under the 'Direct Deposit Entry' item. To change your bank account for direct deposit:

1. You must be on the 'Direct Deposit' screen within the ESP. On this screen, you will see three direct deposit options listed. To change your bank account, select the 'CHANGE' option, then click on the 'Next' button. See Figure 85.

**Note:** If you do not want to make changes to your bank account, click on the 'Cancel' button and you will be taken to the Provider Home screen.

**Direct Deposit**

**Select Your Direct Deposit Option**

Please select an option below to tell us what you want to do. Select **NEW** to enroll in Direct Deposit, or **CHANGE** to change your bank account, or **CANCEL** to cancel Direct Deposit.

**Note:** You will need your banking information to request a new or change an existing Direct Deposit.

To prevent fraudulent transactions this system captures and tracks system information about the users who add or make changes to their Direct Deposit accounts. If you do not want your information to be recorded, please complete and mail the IHSS Provider Direct Deposit Enrollment/Change/Cancellation Form (SOC 829).

Select one option below to begin your Direct Deposit request.

☐ **NEW:** By selecting this option, I hereby authorize the State Controller's Office to directly deposit my pay warrants to my personal bank account.

☒ **CHANGE:** By selecting this option, I hereby authorize the State Controller's Office to change my Direct Deposit to my new personal bank account.

☐ **CANCEL:** By selecting this option, I hereby cancel my Direct Deposit authorization.

Next

Cancel

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Figure 85 – Direct Deposit screen – CHANGE option

After selecting 'CHANGE' and clicking on the 'Next' button, you will be taken to the 'Direct Deposit Recipient Selection' screen where you will see a list of the recipient(s)

you work for. If you work for multiple recipients, you will see all their names listed. The example below lists one recipient.

2. Select the recipient(s) that you would like to the changes to by checking on the box next to the recipient's name and then click on the 'Next' button. See Figure 86.

**Note:** If you do not want to want to enroll in direct deposit, click on the 'Back' button you will be taken to the Direct Deposit screen.



Figure 86 – Direct Deposit Recipient Selection screen

3. Next you will be taken to the 'Direct Deposit Bank Details' screen (Figure 87) where you will enter your bank information by completing the following fields and then select the 'Next' button to continue:
  - Select the type of account, either Checking or Savings
  - Enter your routing number in the text box
 

**Note:** The bank name will populate in the bank name text box after you enter the routing number.
  - Enter your account number in the text box
  - Confirm your account number by re-entering your account number in the text box

**Note:** If you do not want to move forward, you can select the 'Back' button and you will be taken to the Direct Deposit Recipient Selection screen.

**Direct Deposit Bank Details**

**Enter Your Bank Information**

Provide your routing number and account number found on your personal check. Below is an example of a check that shows where you can find this information. Do not use a deposit slip to provide this information because the numbers can be different than your account and cause your Direct Deposit request to be rejected. If you need help finding your routing number and account number, please contact your bank.

Check Example:

Your Name		Check NO. 4444
Pay to the Order of _____		
11101456789	6789012345678	4444
Routing No.	Your Acct. No.	Ch. No.

Your routing number and account number may be different if you choose to use your savings account for Direct Deposit. Please contact your bank for help if you cannot find the correct number.

**Note:** Entering an incorrect routing number or account number will cause your Direct Deposit to be rejected.

**Type of Account:** ☐ Checking ☐ Savings

**Routing Number**  
The routing number is 9 numbers long and starts with 0, 1, 2 or 3.

**Account Number**

**Confirm Account Number**

**Bank Name**

Next
Back


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Figure 87 – Direct Deposit Bank Details screen

After selecting 'Next' to continue, you will see a pop-up message that states, *"To prevent fraudulent transactions, this system captures and tracks system information about the users who add or make changes to their Direct Deposit accounts. If you do not want your information to be recorded, please complete and mail the IHSS Provider Direct Deposit Enrollment/Change/Cancellation Form ([SOC 829](#))."* See Figure 88.

4. Select the 'OK' button if you would like to continue and you will be taken to the 'Direct Deposit Electronic Signature' screen where you can electronically sign the direct deposit request. See Figure 89.

**Note:** If you do not want to move forward, you can select the 'Back' button and you will be taken to the Direct Deposit Bank Details screen.



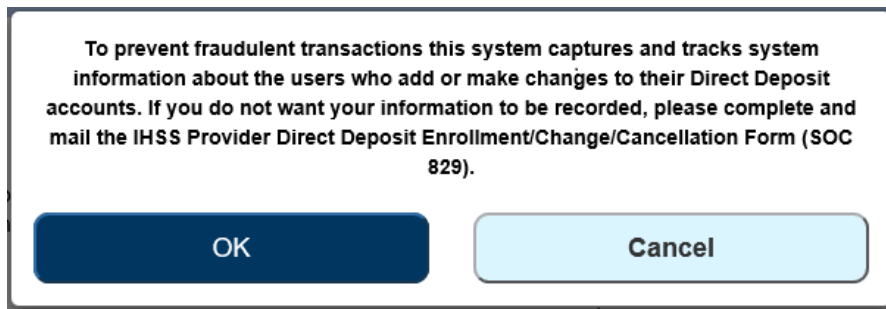


Figure 88 – IP Address capture warning with OK and Cancel pop-up

5. At the 'Direct Deposit Electronic Signature' screen (Figure 81), you must complete the following steps:
  - Read the terms of the Declaration statement in which you indicate the statement is true and correct.
  - Select the checkbox stating that you agree to the terms.
  - Select the 'Electronically Sign Request & Submit for Processing' button to capture that you've electronically sign the request.

**Note:** If you do not want to move forward with the request, you may select the 'Cancel Submit' button.

Direct Deposit Electronic Signature

**Please electronically sign your request to change Direct Deposit for the below Recipient(s):**


**CHAD OLIVETREEZ**

**Bank Information You Entered**  
 Type of Account: Checking  
 Routing Number: 321175261  
 Account Number: 123654  
 Bank Name: The Golden 1 Credit Union


Your current account will be canceled within 5 business days after the date of your request. It may take up to 30 calendar days after the date of your request to start Direct Deposit with your new account. You will receive paper checks by mail until your new Direct Deposit account has been established. You will receive an email with more information.

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

☒ HOLLY BANYANTREEZ, agree to the terms above.

Electronically Sign Request & Submit for Processing

Cancel Submit


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Figure 89 – Direct Deposit Electronic Signature screen

Once your electronic signature has been captured, you will see a pop-up message that states, "Your Direct Deposit request has been submitted for further processing. No additional action is required by you." See Figure 90. Select the 'OK' button. You've successfully submitted your direct deposit request for processing, and you will be taken to the Provider Home screen.



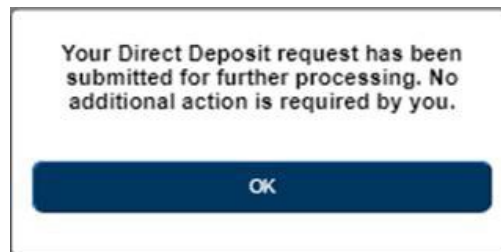


Figure 90 – Direct Deposit Confirmation screen

## How to Cancel Direct Deposit in the ESP:

Providers have the option to cancel their direct deposit in the ESP under the ‘Direct Deposit Entry’ item. To cancel your direct deposit:

1. You must be on the ‘Direct Deposit’ screen within the ESP. On this screen, you will see three direct deposit options listed. To cancel your direct deposit, select the ‘CANCEL’ option, then click on the ‘Next’ button. See Figure 91.

**Note:** If you do not want to cancel your direct deposit, click on the ‘Cancel’ button and you will be taken to the Provider Home screen.

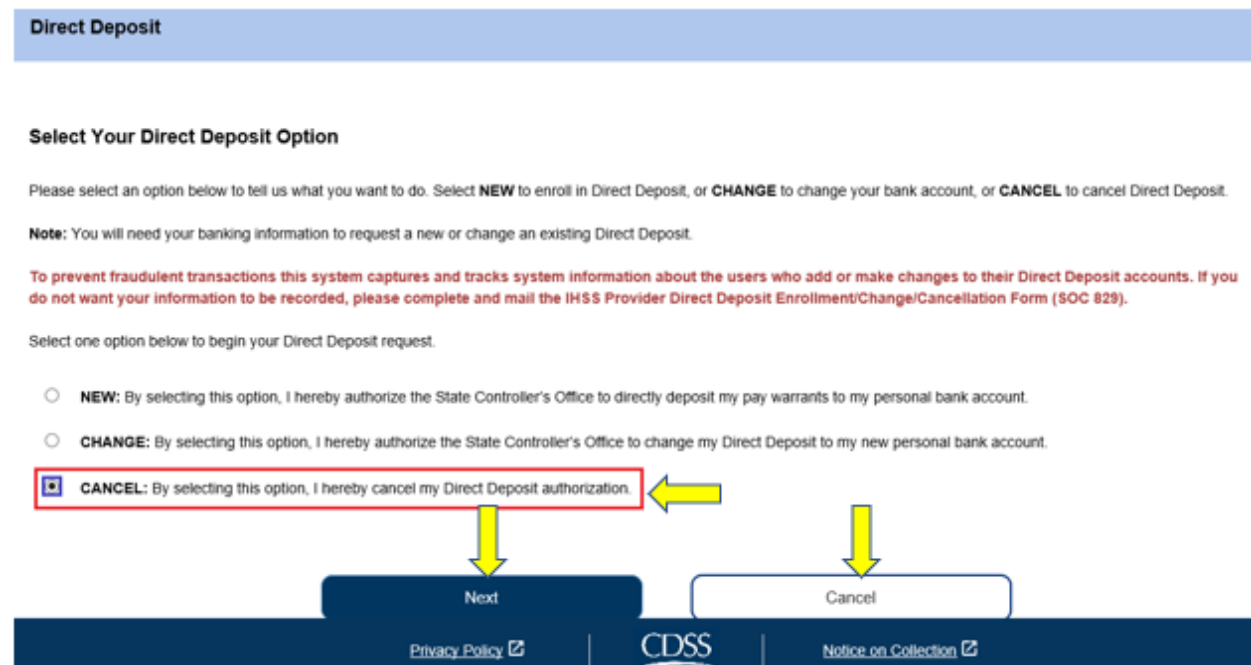


Figure 91 – Direct Deposit screen – CANCEL option

After selecting ‘CANCEL’ and clicking on the ‘Next’ button, you will be taken to the ‘Direct Deposit Recipient Selection’ screen where you will see a list of the recipient(s)

you work for. If you work for multiple recipients, you will see all their names listed. The example below lists one recipient.

2. Select the recipient(s) that you would like to cancel the direct deposit for by checking on the box next to the recipient's name and then click on the 'Next' button. See Figure 92.

**Note:** If you do not want to want to cancel the direct deposit, click on the 'Back' button you will be taken to the Direct Deposit screen.



Figure 92 – Direct Deposit Recipient Selection screen

After selecting 'Next' to continue, you will see a pop-up message that states, "To prevent fraudulent transactions, this system captures and tracks system information about the users who add or make changes to their Direct Deposit accounts. If you do not want your information to be recorded, please complete and mail the IHSS Provider Direct Deposit Enrollment/Change/Cancellation Form ([SOC 829](#)).” See Figure 93.

3. Select the 'OK' button if you would like to continue and you will be taken to the 'Direct Deposit Electronic Signature' screen where you can electronically sign the direct deposit request. See Figure 94.

**Note:** If you do not want to move forward, you can select the 'Back' button and you will be taken to the Direct Deposit Bank Details screen.

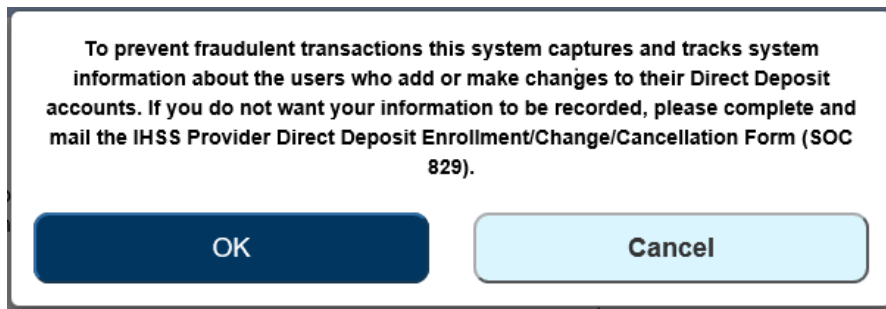


Figure 93 – IP Address capture warning with OK and Cancel pop-up

4. At the 'Direct Deposit Electronic Signature' screen (Figure 86), you must complete the following steps:
  - a. Read the terms of the Declaration statement in which you indicate the statement is true and correct.
  - b. Select the checkbox stating that you agree to the terms.
  - c. Select the 'Electronically Sign Request & Submit for Processing' button to capture that you've electronically sign the request.

**Note:** If you do not want to move forward with the request, you may select the 'Cancel Submit' button.

Direct Deposit Electronic Signature

**Please electronically sign your request to cancel Direct Deposit for the below Recipient(s):**


CHAD OLIVETREEZ

Your request will be processed within 5 business days after the date of your request. Once canceled you will begin to receive paper checks by mail for these recipients.


By signing you are confirming your desire to cancel Direct Deposit

☒

HOLLY BANYANTREEZ, agree to the terms above.



Electronically Sign Request & Submit for Processing



Cancel Submit

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Figure 94 – Direct Deposit Electronic Signature screen

Once your electronic signature has been captured, you will see a pop-up message that states, “Your Direct Deposit request has been submitted for further processing. No additional action is required by you.” See Figure 95. Select the ‘OK’ button. You’ve successfully submitted your direct deposit request for processing, and you will be taken to the Provider Home screen.

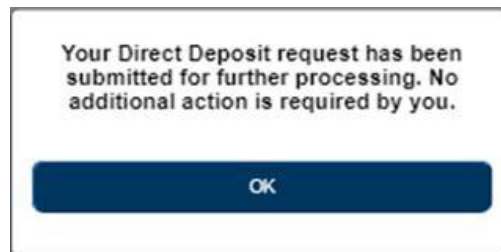


Figure 95 – Direct Deposit Confirmation screen

## How to Review Your Direct Deposit Request in the ESP:

1. Access the ESP website at: [Electronic Services Portal](#)
2. Log in to the ESP using your username, password, and select 'Login.'  
**Note:** If you forget your login information, you can reset your Username and Password by selecting the Forgot Username or Password link. You will receive an email link to reset your username or password. Follow the instructions in the email. See Figure 1.
3. Once you log in to your ESP account, you will be on the Provider Home screen. Select the 'Financial' menu in the navigation bar, then select the 'Direct Deposit' drop-down option, and then click on 'Direct Deposit Requests.' See Figure 96.

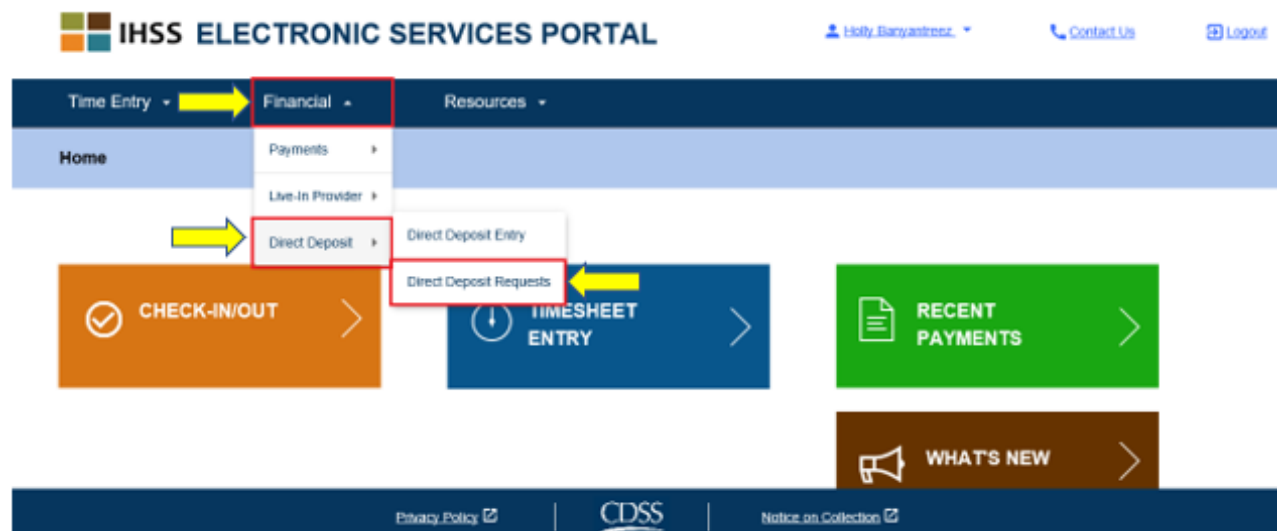


Figure 96 – Provider Home screen – Direct Deposit Requests drop-down option

You will be taken to the 'Direct Deposit Request' screen where you will see all Direct Deposit Requests that you've submitted, the name of the recipient(s), and the date of the request. Each request type (*NEW*, *CHANGE*, *CANCEL*) are grouped together displaying the most recent request first in the list. If no request is made, then the list will be empty.

- To expand the view of each request type, click on the blue arrow on the right side of your screen. See Figure 97.

**Note:** To return to the Provider Home screen, click on the ‘Cancel’ button.

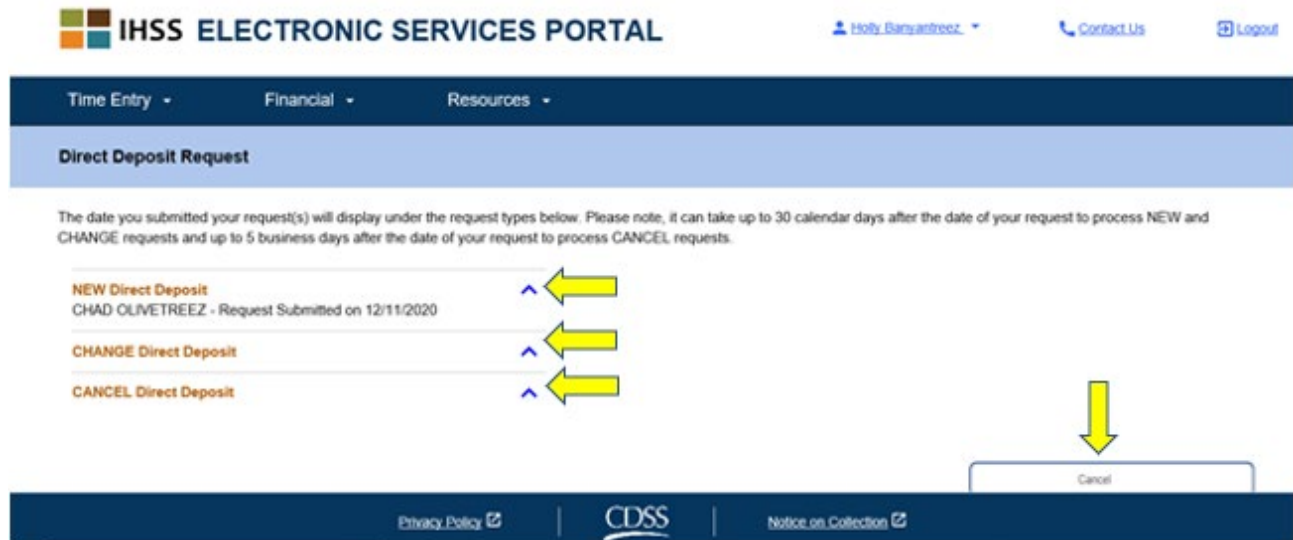


Figure 97 – Direct Deposit Request screen

Congratulations! You are now able to successfully enroll in direct deposit, change your bank account, cancel direct deposit, and view your direct deposit requests in the ESP.

## IHSS Electronic Services Portal: Financial – Taxes

You have the ability to view copies of your W-2 forms directly through IHSS ESP on the W-2 Forms screen. This does not change how you receive original W-2 forms. You will continue to be mailed paper copies of your W-2 form if you earned taxable income.

### How to View Your W-2 Forms in the ESP:

- Access the ESP website at: [Electronic Services Portal](#)
- Log in to the ESP using your username, password, and select ‘Login.’  
**Note:** If you forget your login information, you can reset your Username and Password by selecting the *Forgot Username or Password* link. You will receive an email link to reset your username or password. Follow the instructions in the email. See Figure 1.
- Once you log in to your ESP account, you will be on the Provider Home screen. Select the ‘Financial’ menu in the navigation bar, then select the ‘Taxes’ drop-down option, and then click on ‘W-2 Forms’ See Figure 98.

[Skip To Content](#)

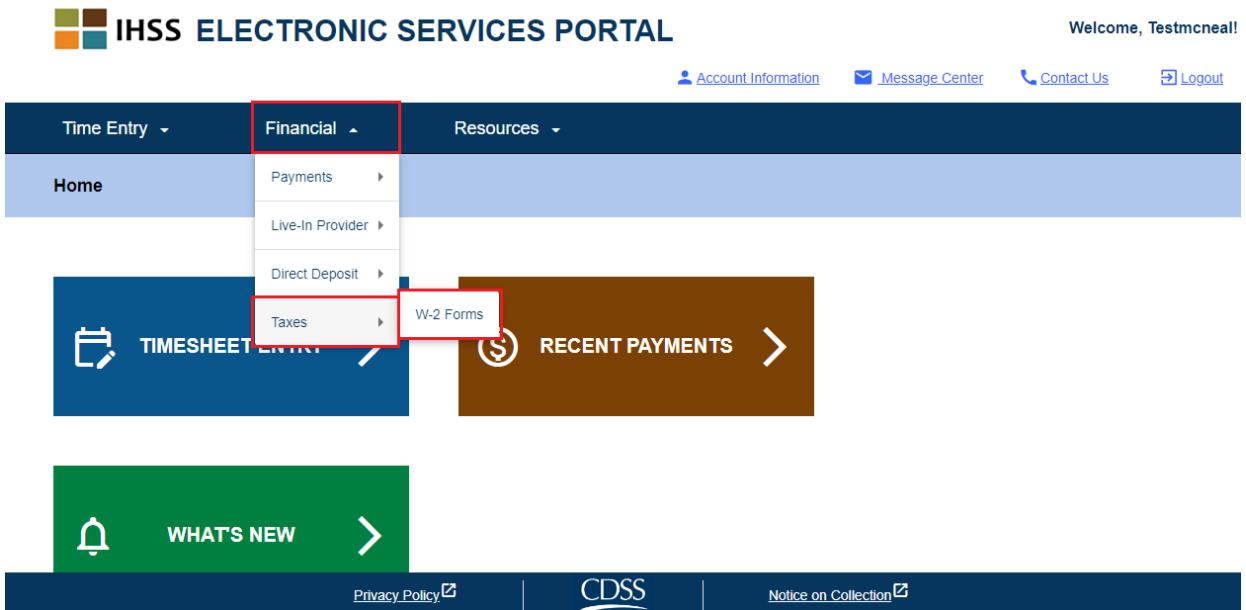


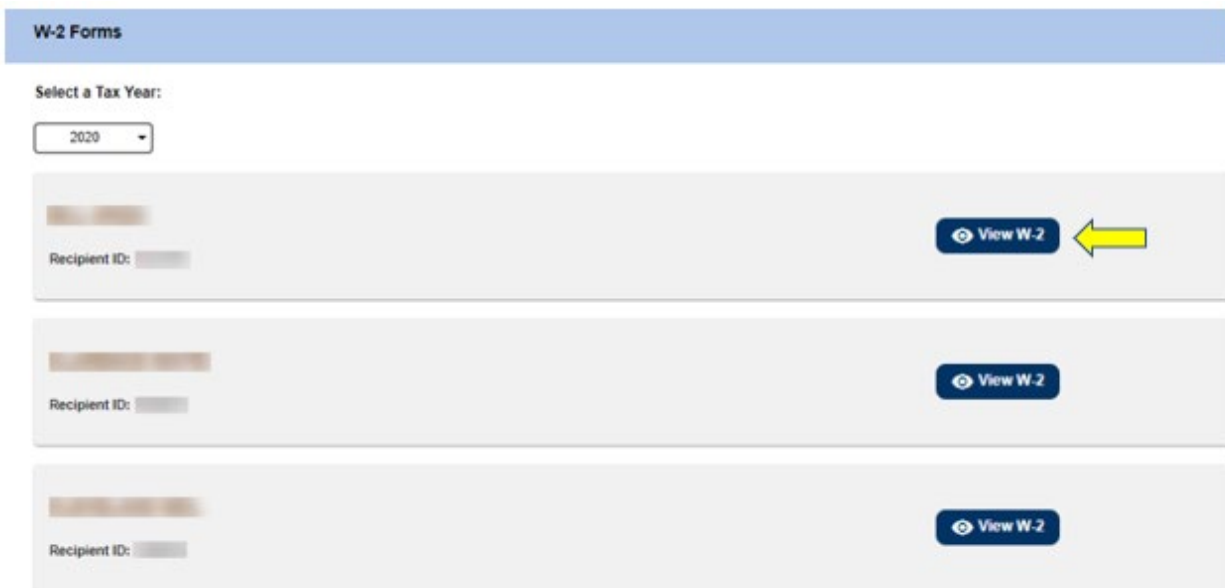
Figure 98: Provider Home screen – Taxes drop-down option

4. Select a Tax Year using the drop-down menu.



Figure 99: W-2 Forms screen – Tax Year drop-down menu

5. Click on the **View W-2** button to view the W-2 for that recipient.  
a. A pdf will open that you can view, save, or print.



**W-2 Forms**

Select a Tax Year:

2020

Recipient ID: [blurred]

[View W-2](#)

Recipient ID: [blurred]

[View W-2](#)

Recipient ID: [blurred]

[View W-2](#)

*Figure 100: W-2 button screen*

This concludes how to access and view your W-2 forms using the ESP.

## IHSS Electronic Services Portal: Resources

The Resources menu in the ESP provides guidance to ESP users regarding the latest news, regulations, and trainings related to the IHSS/WPCS Program and ESP updates. The Resources menu consists of two items:

- What's New
- Training

This section will show you how to navigate and access current news regarding the ESP and IHSS/WPCS Program, frequently asked questions, and training materials within the Resources menu.

Before you begin, you must have the following information available:

- Your ESP Username
- Your ESP Password

**Note:** For more information regarding ESP registration, please see: [Registration FAQs](#) on the ESP website.

### **Let's Get Started!**

## How to Access Resources in the ESP:

1. Access the ESP website at: [Electronic Services Portal](#)
2. Log in to the ESP using your username, password, and select 'Login.'  
**Note:** If you forget your login information, you can reset your Username and Password by selecting the *Forgot Username or Password* link. You will receive an email link to reset your username or password. Follow the instructions in the email. See Figure 1.
3. Once you log in to your ESP account, you will see the 'Resources' menu in the navigation bar. Click on the 'Resources' menu and the three drop-down items: *What's New* and *Training* will appear. See Figure 101.  
**Note:** There is also a 'What's New' link you can click on to access the 'What's New' information.



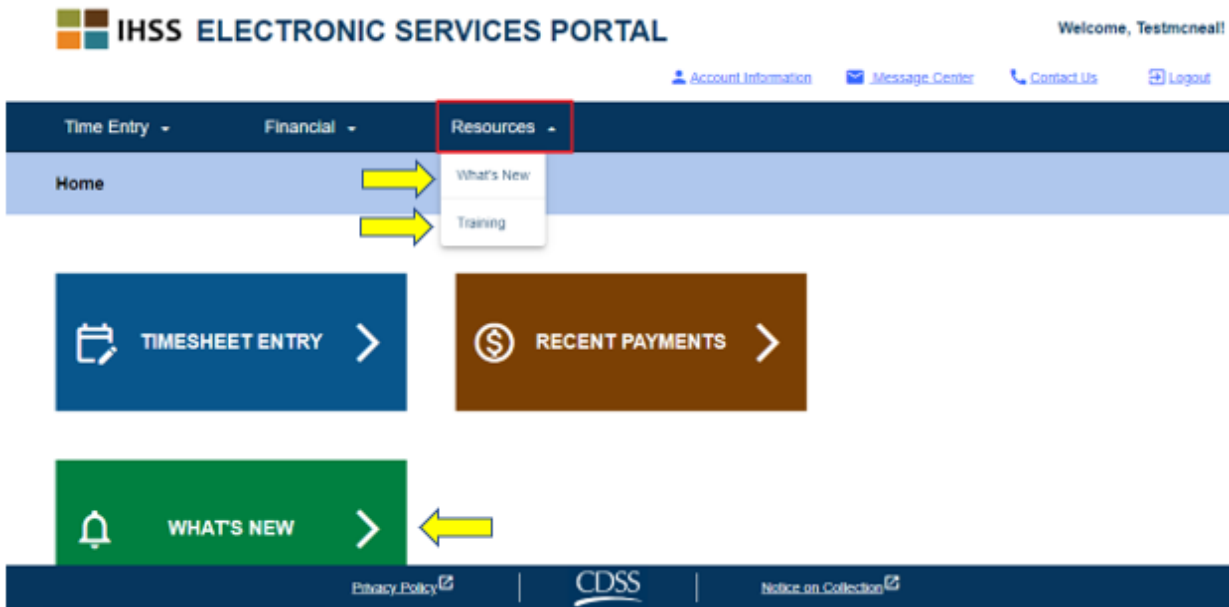


Figure 101 – Resources menu – Drop-down items

Selecting any of these items/link (*What's New*, *Training*, *What's New* link) will take you to the detail information screen for each item as shown below (Figure 102 & Figure 103):

[Skip To Content](#)

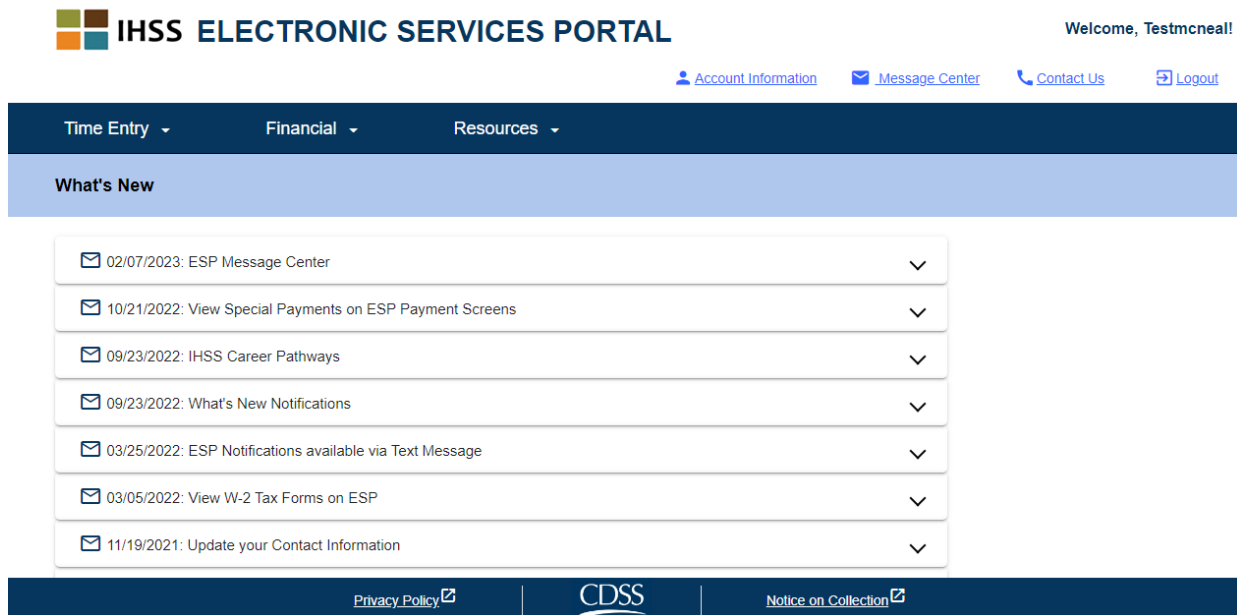


Figure 102 – What's New details screen

[Skip To Content](#)



## IHSS ELECTRONIC SERVICES PORTAL

Welcome, Testmcneal!

[Account Information](#)

[Message Center](#)

[Contact Us](#)

[Logout](#)

Time Entry ▾

Financial ▾

Resources ▾

### Training

The following links will direct you to lessons and informational handouts created for providers and recipients.

[IHSS Electronic Service Portal Help](#)

[IHSS Provider Resources: Online Direct Deposit](#)

[IHSS Provider Resources: Paid Sick Leave](#)

[How to Change Preferences and Preferred Language](#)

[How to Request Email Copies of Timesheets](#)

[How to Update Your Contact Information](#)

[How to View Your W-2 Form](#)

[How to Setup Text Notifications](#)

[Additional Information About Message Center](#)

[Privacy Policy](#)

CDSS

[Notice on Collection](#)

*Figure 103 – Training details screen*

Congratulations! You are now able to successfully navigate and access the Resources menu using the ESP.

## IHSS Electronic Services Portal: Check-In and Check-Out

The EVV System has been updated into the existing In-Home Supportive Services (IHSS) Electronic Services Portal (ESP) and Telephone Timesheet System (TTS) to electronically confirm geo-location when providers check-in and check-out of each workday. You can check-in and check-out of each workday using any of the following systems: *ESP, IHSS EVV Mobile App, TTS*.

This section describes how to check-in and out using the **ESP** for **Non-Live-In IHSS/WPCS Providers**.

### Things to know before you check-in and check-out:

- **At the start and end of each workday**, providers who **do not** reside in the same household as the recipient(s) they work for, or non-live-in providers, are required to check-in and check-out by entering the Location (*Home or Community*), and Program Type (*IHSS or WPCS – if applicable*).
- **Your location is not being tracked throughout the day**. Geo-location will only be electronically confirmed at the time a provider checks in and checks out when selecting 'home.'
- Non-Live-In IHSS/WPCS providers who provide IHSS and WPCS services to a recipient that is associated with both IHSS and WPCS programs, will be required to check-in & check-out for both programs separately.
- The check-in and check-out information entered on the ESP and the IHSS EVV Mobile App will auto-populate on your electronic timesheet.
- You can update and correct your electronic timesheet before submitting your timesheet for review under Timesheet Entry.
- **There are no penalties if an error is made during check-in and check-out.** Providers can fix entries all the way up to when they submit their timesheet to their recipient for approval.
- Providers will electronically submit their timesheets the same way they do today, through the ESP and/or the TTS.
- Providers are still paid for hours worked not time between check-in and check-out.
- **There are no impacts to recipients.** The check-in/check-out requirement does not change recipient's services or how you provide them.

### Let's Get Started!

## ESP Check-In/Check-Out Requirements

To check-in/check-out using the ESP, Non-Live-In IHSS/WPCS Providers must:

- Access the ESP website at: [www.etimesheets.ihss.ca.gov](http://www.etimesheets.ihss.ca.gov).

- Be registered with the ESP and login with your current IHSS Account.
- Utilized any internet enable devices such as a smartphone or tablet.

## How to Access the Check-in/Check-out function in the ESP:

1. Access the ESP website at: [Electronic Services Portal](#)
2. Log in to the ESP using your username, password, and select 'Login.'  
**Note:** If you forget your login information, you can reset your Username and Password by selecting the Forgot Username or Password link. You will receive an email link to reset your username or password. Follow the instructions in the email. See Figure 1.
3. Once you log in to your ESP account, you will be on the Provider Home screen. See Figure 104.

## How to Check-in in the ESP

4. On the Provider Home screen, you will select the **Check-In/Out link**. See Figure 104.

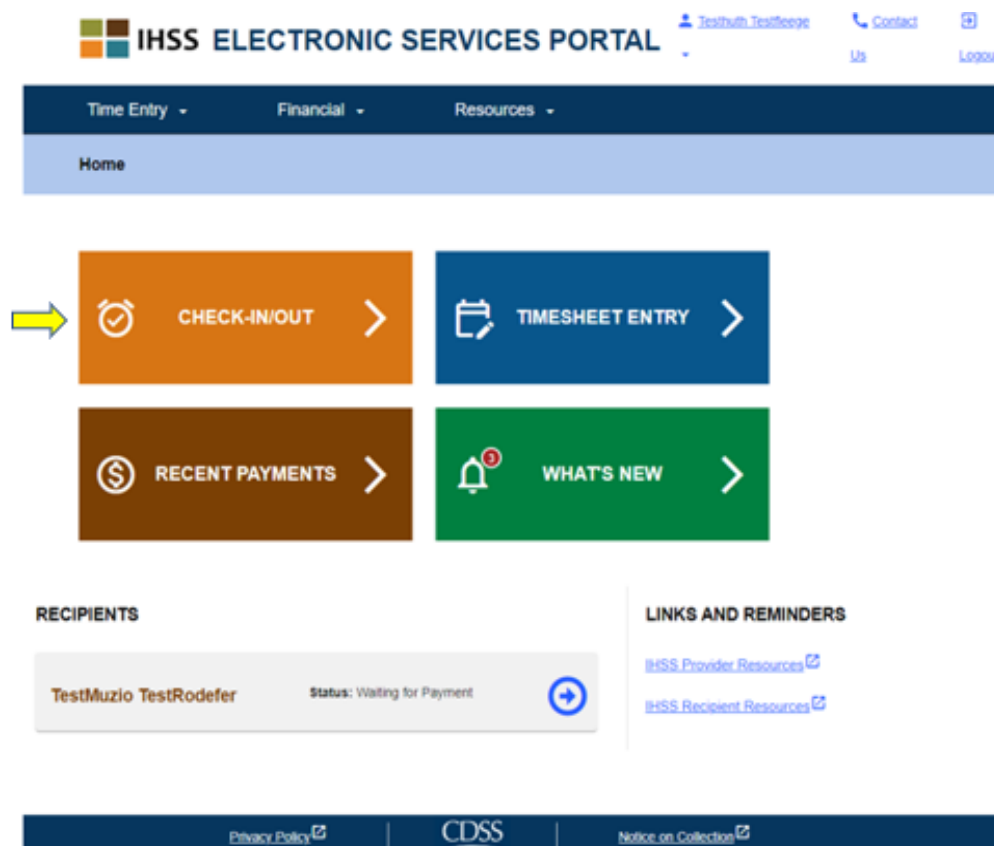


Figure 104 – Provider Home screen – Check-In/Out link

- You will be taken to the **Check-In/Out screen** and will be asked to select the action you want to take: Check-In or Check-Out. To check-in, click on the **Check-In link**. See figure 105.

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Figure 105 – Check-In/Out screen

- The ESP requires your location services to be enabled in order to Check-In/Out. You will need to select “**Enable**” in order to continue. If you select “**Not Now**,” a warning message will display. See figure 106:

*This app requires the location services to be turned on in order to check in/out.  
Please enable the location services to proceed.*

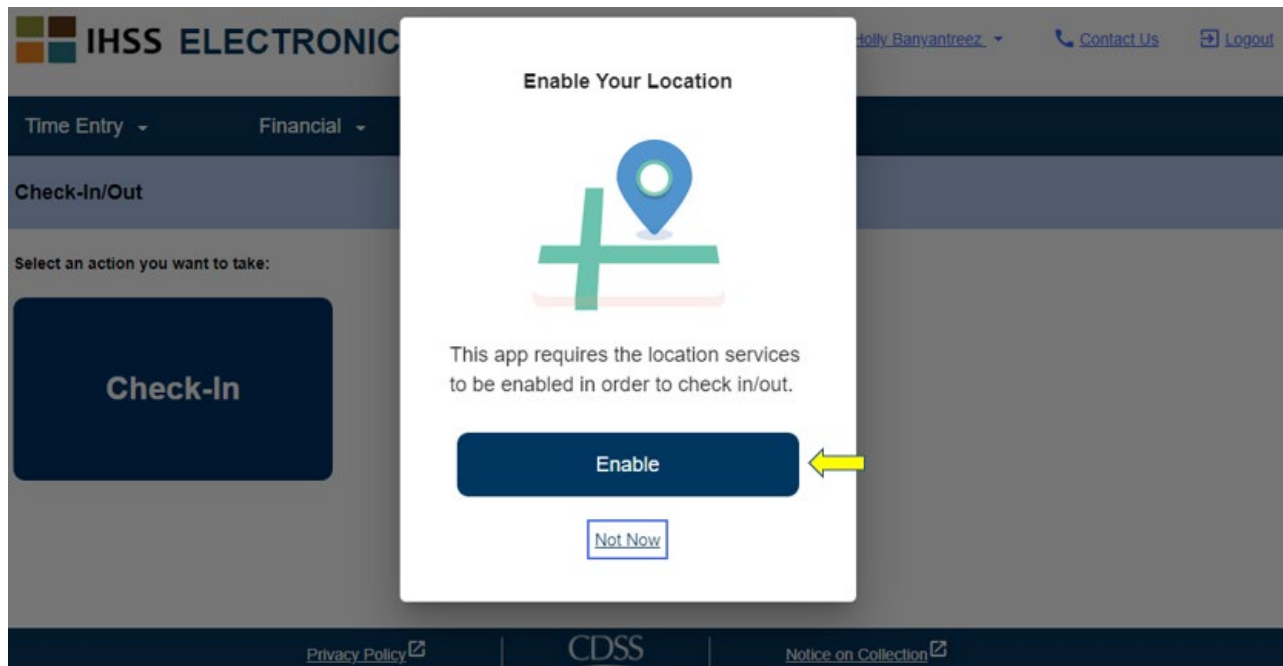


Figure 106 – Enable location pop-up message

7. After you select “Enable,” you will be asked to allow “ihss.ca.gov” to know your location. In order to continue, you must select “**Allow**.” If you select “**Block**,” you will not be able to proceed with the Check-In process. See figure 107.

**NOTE: Your location is not being tracked.** Geo-location is only confirmed at time of check in and out to verify that you are at the recipient’s home.

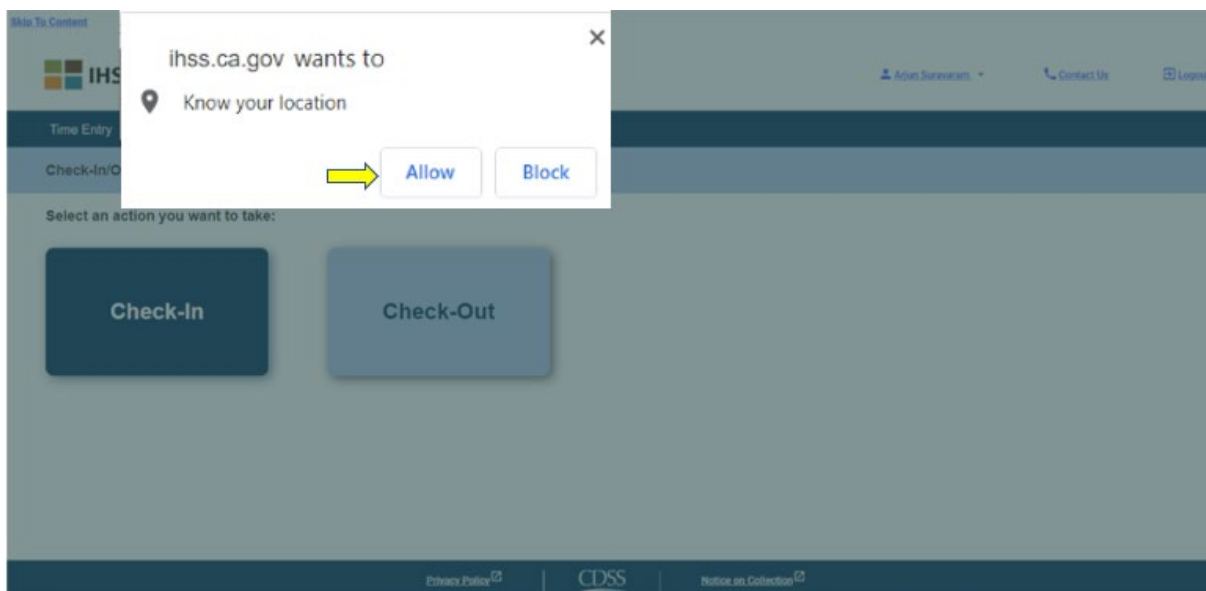


Figure 107 – Location pop-up message

8. On the **Check-In screen**, you will see the name(s) of the recipient(s) that you work for. You will need to **select the recipient** you want to check-in for, select the **Location: Home** or **Community**, select **Program Type: IHSS** or **WPCS** (\*if applicable), and then click on the **Check-In button**.

If a recipient is enrolled in one program (either IHSS or WPCS), the Program Type will not be displayed. In this example, the recipient is only enrolled in one program; therefore, the program type option is not displayed. See figure 108.

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Figure 108 – Check-in screen

\*If a recipient is enrolled in both IHSS and WPCS, the option to select a Program Type: IHSS or WPCS will display. You will need to select the **Program Type: IHSS or WPCS** in order to check-in. See figure 109.



Figure 109 – Check-in screen displaying Program Type

### ESP Check-In Fields:

The definitions for each field are as follow:

**Program Type:** Identifies what program you work for – **IHSS** or **WPCS**.

**Location:** The location of where the service begins for that workday.

The location options available are – **Home** or **Community**

- Home: Services were provided in the recipient's home
- Community: Services were provided outside of the recipient's home

9. Once you click on Check-In, a pop-up message will appear. See figure 110. Select **"YES"** to confirm that you want to check-in for the selected recipient.

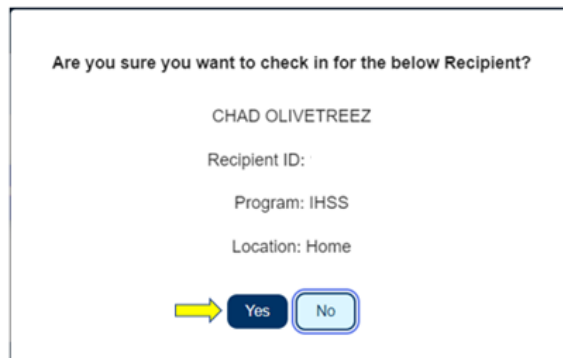


Figure 110 – Check-in confirmation pop-up message



The check-in process is complete, and you will be taken to the **Check-in Confirmation screen**.

On the **Check-in Confirmation screen**, you have the option to go back to the Main Landing page or check-in for another recipient. If you work for multiple recipients in the same household and/or different household, you will repeat the previous steps to check-in when you begin the first IHSS service of the day for the next recipient. See figure 111.

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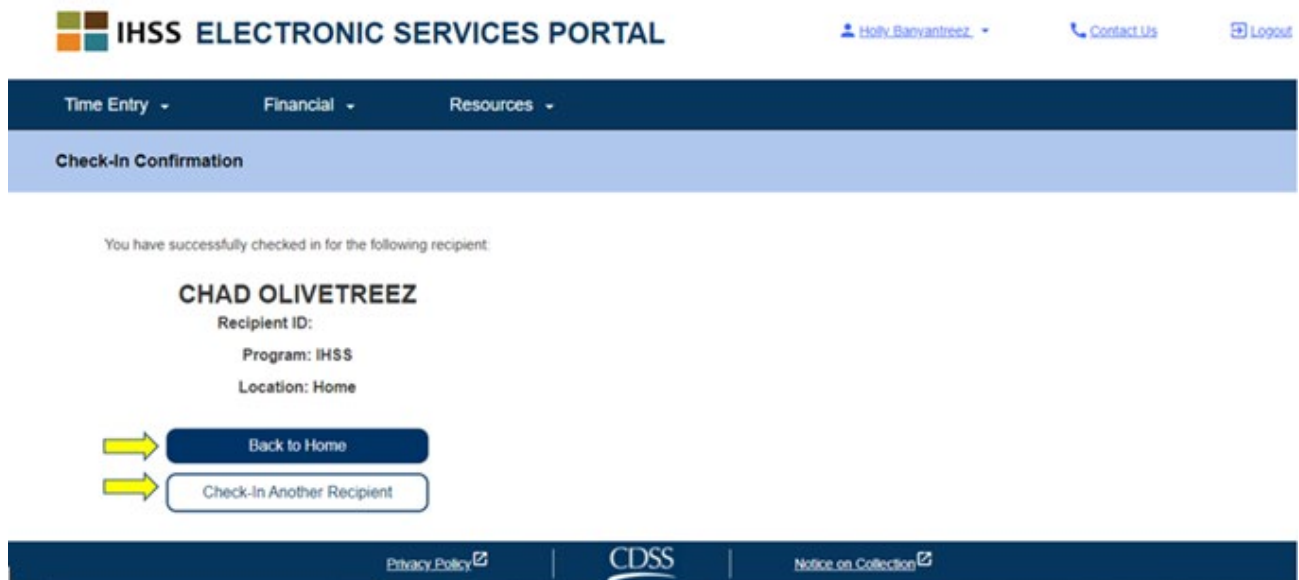


Figure 111 – Check-in confirmation screen

When you are ready to check-out for the end of your workday, you will begin the check-out process following the *Check-Out Using the ESP* steps below.

## How to Check-out in the ESP

1. To **check-out**, log in to your ESP account. Once you are logged in, you will be taken to the Provider Home screen. You will select the **Check-In/Out link**. See figure 112.

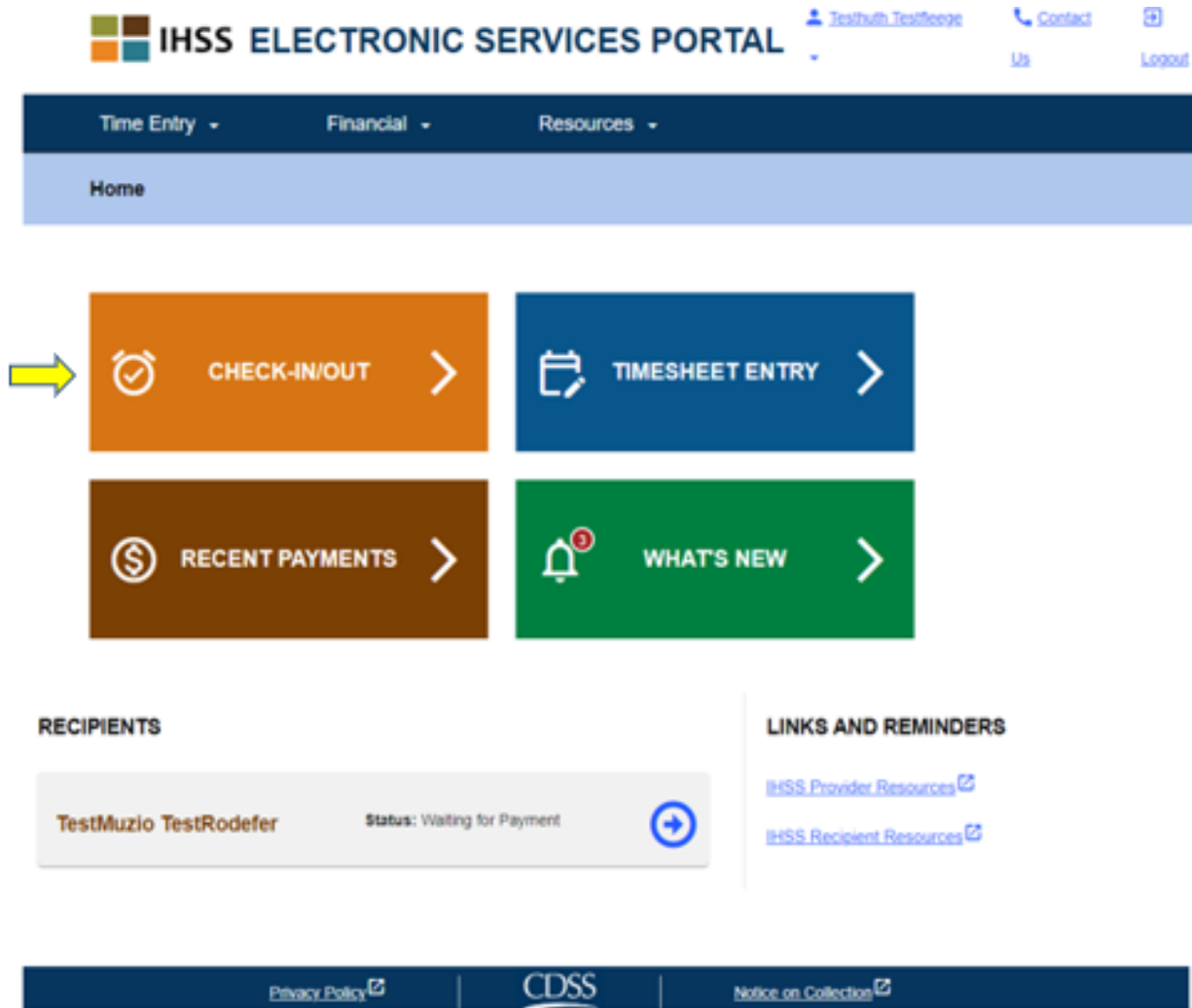


Figure 112 – Provider Home screen – Check-in/out link

2. You will be taken to the **Check-In/Out screen** and will be asked to select the action you want to take: Check-In or Check-Out. To check-out, click on the **Check-out link**. See figure 113.

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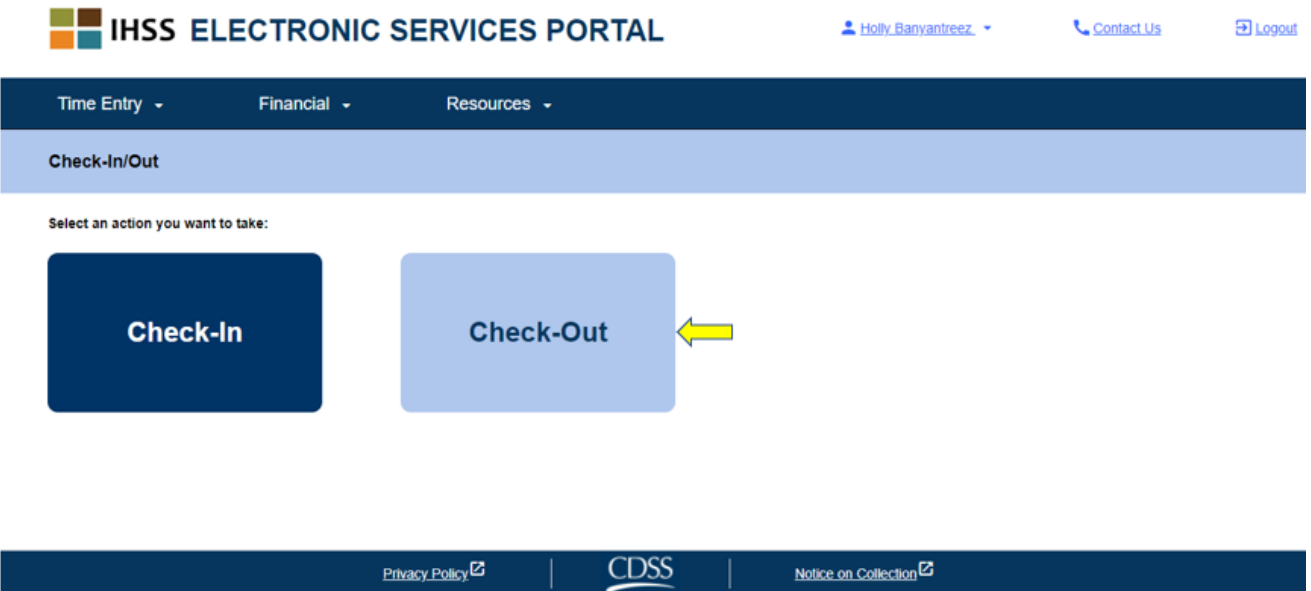


Figure 113 – Check-out screen

- On the **Check-out screen**, you will see the name(s) of the recipient(s) that you work for. You will need to **select the recipient** you want to check-out for, select the **Location: Home** or **Community**, **Input Hours Worked**, select **Program Type: IHSS** or **WPCS** (\*if applicable), and then click on the **Check-Out button**. See figure 114.

If a recipient is enrolled in one program (either IHSS or WPCS), the Program Type will not be displayed. In this example, the recipient is only enrolled in one program; therefore, the program type option is not displayed.



Figure 114: Check-out screen

\*If a recipient is enrolled in both IHSS and WPCS, the option to select a Program Type: IHSS or WPCS will display. See figure 115. You will need to select the **Program Type: IHSS or WPCS** in order to check-out.

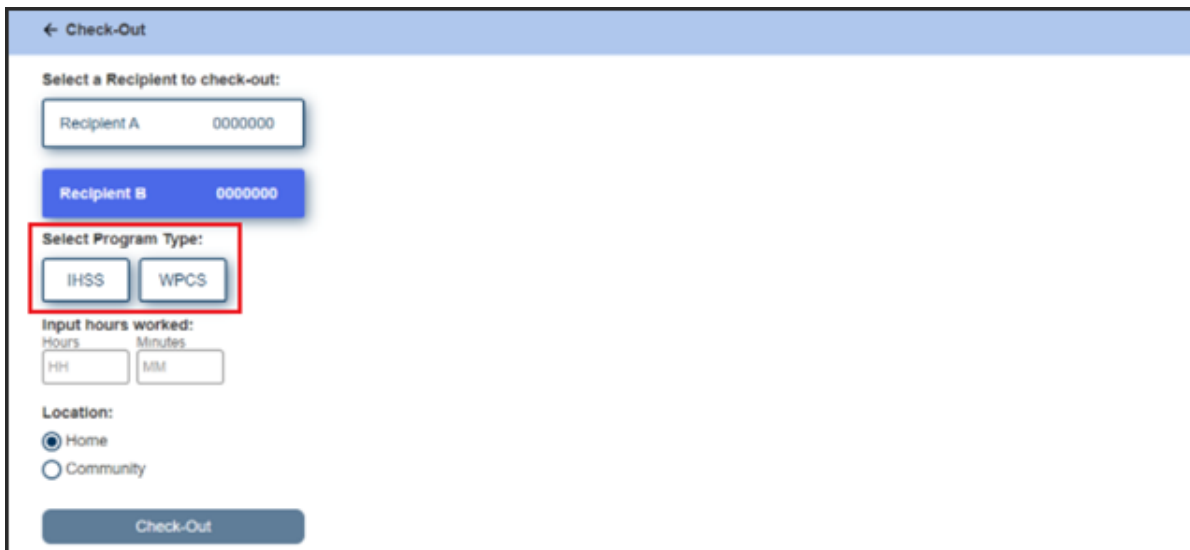


Figure 115: Check-out screen displaying Program Type

### ESP Check-Out Fields:

The definitions for each field are as follow:

**Program Type:** Identifies what program you work for – **IHSS** or **WPCS**.

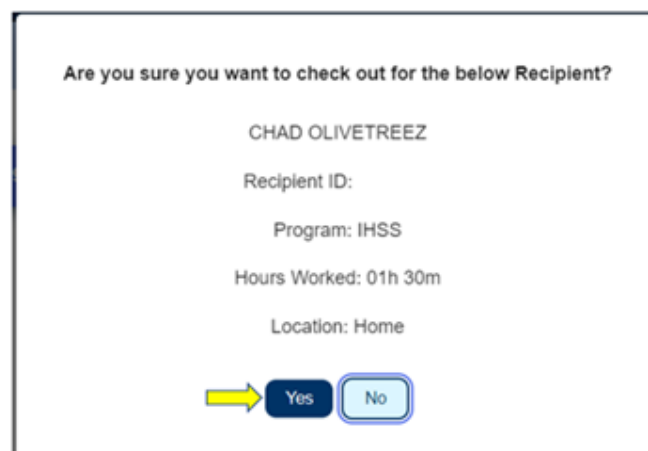
**Hours Worked:** The hours and minutes that were worked that day.

**Location:** The location of where the service begins and/or ends for that workday.

The location options available are – **Home** or **Community**

- Home: Services were provided in the recipient's home
  - Community: Services were provided outside of the recipient's home
4. After clicking on Check-out, a pop-up message will appear. See figure 116. Select “**YES**” to confirm that you want to check-in for the selected recipient.

For your convenience, the check-in and check-out time will auto-populate on your electronic timesheet.



*Figure 116: Check-out pop-up message*

The check-out process is complete, and you will be taken to the **Check-out Confirmation screen**.

On the **Check-out Confirmation screen**, you have the option to go back to the Main Landing page or check-out for another recipient. If you work for multiple recipients in the same household and/or different household, you will repeat the previous steps to check-out when you begin the last IHSS service of the day for the next recipient. See figure 117.

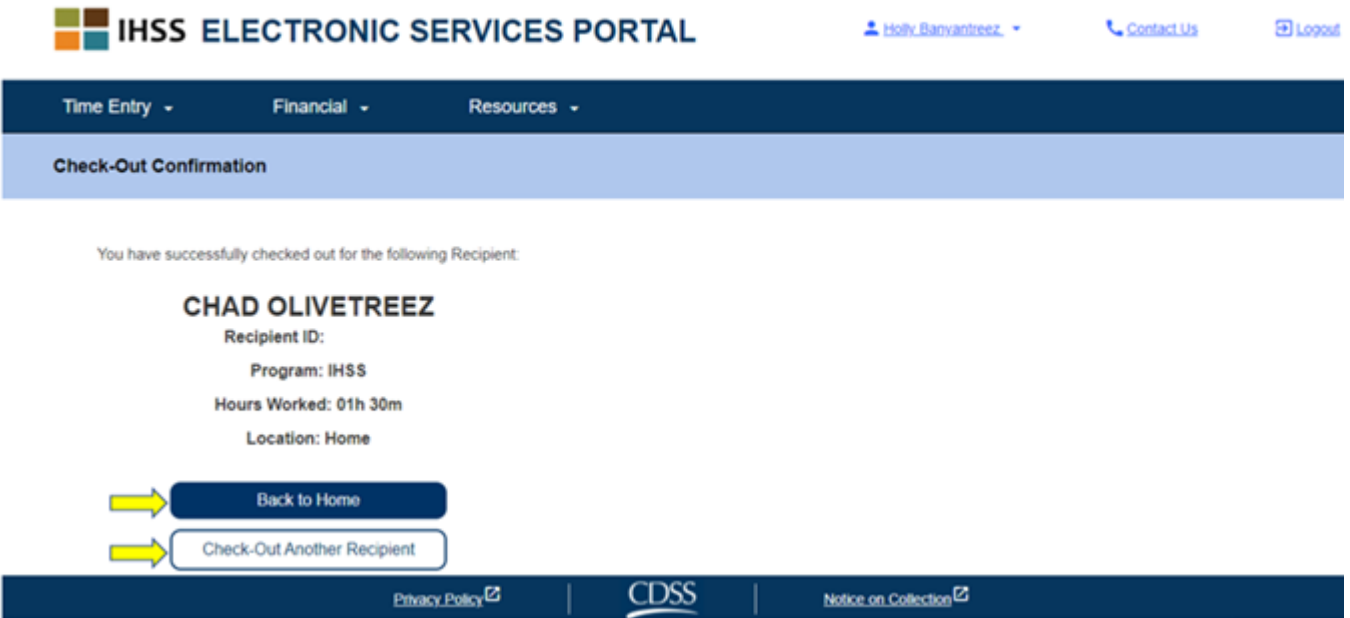
[Skip To Content](#)


Figure 117: Check-out confirmation screen

Congratulations, you have completed the Check-in and Check-out process for your selected recipient using the ESP.

## Timesheet Adjustments Questions

### What if I forget to check-in and/or check-out?

You can check-in as soon as you remember. If you forget to check-out the system will populate a 11:59 pm end time on your timesheet. You are able to adjust your start time and end time on your timesheet any time before submission.

### What if I checked-out and I go back to work?

You are able to check-in and check-out again. The system will capture the earliest check-in time and latest check-out time.

### What if I submitted my timesheet to my recipient and notice an error?

This is not any different than it is today. Your recipient is able to reject your timesheet for adjustments any time prior to approving it.

### Do I have to go back to the recipient's home if I forgot to check-out?

No, you can just check-out as soon as you remember or correct it before submitting your timesheet.

**There are no penalties for providers if you make a mistake during check-in and check-out. If a provider no longer work for a recipient and the recipient shows up as one of their active recipients, the provider should contact their Local County IHSS Office for further assistance.**

## HowESP Provider Time Entry to Adjust Check-in/Check-out Time in the ESP

To adjust or delete the check-in/check-out time, log in the ESP. On the main landing page, click on:

Time Entry → Timesheet Entry → Select Recipient → Select Pay Period → Select Workweek → Select Day. See figures 3, 4, 6, 7, & 8.

Once you select a day, you can make the necessary edits as follows:

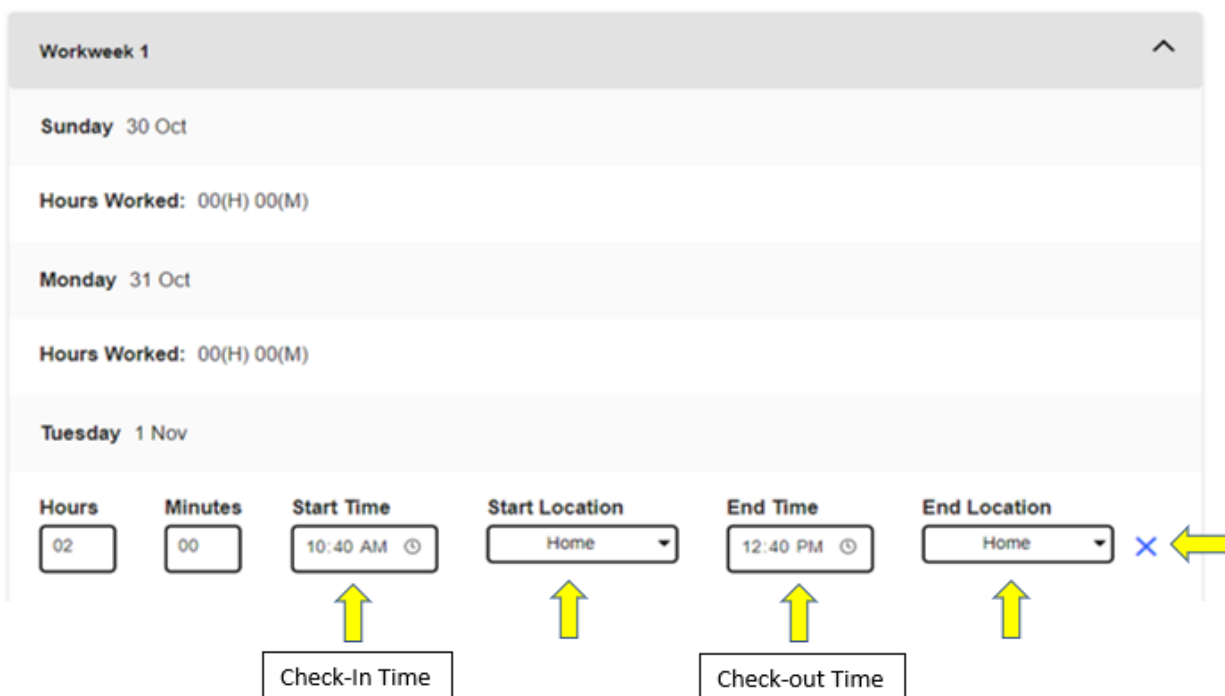
To edit the **check-in time**, click on the **start time field** to change the time.

To edit the **check-out time**, click on the **end time field** to change the time.

To edit the **check-in location**, click on the drop-down box under **start location**.

To edit the **check-out location**, click on the drop-down box under **end location**.

To **delete the check-in & check-out** entry entirely, click on the blue “X” on the right-hand side of the screen. This will clear out all fields, which will clear out the check-in/check-out time. See figure 118.



Workweek 1

Sunday 30 Oct

Hours Worked: 00(H) 00(M)

Monday 31 Oct

Hours Worked: 00(H) 00(M)

Tuesday 1 Nov

Hours: 02 Minutes: 00

Start Time: 10:40 AM

Start Location: Home

End Time: 12:40 PM

End Location: Home

Check-In Time

Check-out Time

*Figure 118: Timesheet adjustment entry fields for workday*

For additional assistance regarding the ESP, electronic timesheets, or EVV, 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.