

**County of Orange Social Services Agency
Family Self-Sufficiency & Adult Services Division**

Program/Area: Adult Services/In-Home Supportive Services
Title: Advance Pay Policy
Number: 1029 **Status:** Revised
Effective Date: 12/1/2006 **Revision Date:** 4/2/2026
Approved: Signature on file

PURPOSE To provide In-Home Supportive Services (IHSS) staff information regarding Advance Pay regulations.

POLICY The Advance Pay option allows qualified recipients to receive an advance payment for their monthly authorized IHSS services to pay their enrolled provider(s) directly for completed IHSS services.

BOOKMARKS

- [Purpose](#)
- [Policy](#)
- [Definitions](#)
- [Eligibility](#)
- [Timesheets](#)
- [Reconciliation / Overpayment Recovery](#)
- [Discontinuance of Advance Pay](#)
- [References](#)

DEFINITIONS

Authorized Representative
An individual (18 years or older) designated by the applicant or recipient to accompany, assist, and represent them for specified purposes related to the IHSS program.

Community First Choice Option (CFCO)
Recipients who are eligible for Full-Scope Federal Financial Participation Medi-Cal and meet Nursing Facility Level of Care (NF LOC).

Provider
Any person (parent or non-parent) willing, able, and available to provide IHSS services and has been approved by Public Authority (PA) to be an IHSS provider.

IHSS Plus Option (IPO)
Individuals who are full scope Federally Funded Participation (FFP) Medi-Cal, and have their services provided by a spouse or parent or are receiving Restaurant Meal Allowance or Advance Pay.

IHSS Residual (IHSS-R)

Individuals who are not eligible for FFP Medi-Cal or have been denied Medi-Cal eligibility for a reason other than failure to comply with Medi-Cal requirements, or failure to complete the Medi-Cal eligibility process.

Overpayment

The amount paid by the Department or the State Department of Health Services to a provider or recipient, which is more than the amount of services authorized.

Severely Impaired

A recipient with a total assessed need for 20 hours or more per week of services in one or more of the following:

- Any Personal Care services listed in Manual of Policies and Procedure 30-757.14
- Meal Preparation
- Meal Cleanup when Meal Preparation and Feeding are required.
- Paramedical Services

ELIGIBILITY

Payments made to an IHSS provider for authorized IHSS services are typically paid in arrear after the date the service is provided. However, severely impaired recipients may elect to receive Advance Pay for their authorized IHSS services and then pay their provider(s) directly.

The Advance Pay option offers severely impaired recipients the flexibility to pay providers right away for the authorized services they perform when their regular provider(s) are unavailable.

Advance Pay is available to recipients who are:

- Severely impaired in the IHSS Residual (IHSS-R), IHSS Plus Option (IPO) or Community First Choice Option (CFCO) programs **and**
- Capable of handling their financial and legal affairs (or have a legal guardian, conservator, or Authorized Representative) **and**
- The advanced amount cannot exceed the amount needed to pay for authorized IHSS hours.

Eligible recipients receiving Advance Pay:

- May not use their payment for anything other than their authorized IHSS services **and**
- Must pay their enrolled providers timely **and**
- Must ensure their provider(s) submit reconciling timesheets within 45 days from the date each monthly IHSS advance payment is issued.

Severely impaired recipients are automatically notified, by a Notice of Action (NOA), of their right to hire and pay their own providers, and to receive the monthly provider's payment in advance.

TIMESHEETS

Timesheets are issued on a semi-monthly basis, on the first (1st) and the tenth (10th) of the month. The recipients are responsible for ensuring their provider(s) submit timesheets at the end of each pay period.

IHSS recipients enrolled in the Advance Pay option must ensure that reconciled timesheets are submitted within 45 days of the Advance Payment issuance date. The County researches and evaluates any unreconciled timesheets after the 45-day submission deadline and contacts the recipient. Failure to submit timesheets within 90 days of the Advance Payment issuance date may result in a recipient's payment method being changed from Advance Pay to payment in arrears.

Eligible overtime pay will only be paid after the timesheet for the prior pay period has been reconciled. Overtime hours worked and claimed on the Advance Pay timesheet will be paid directly to the provider as a supplemental paycheck.

Eligible travel claims are paid directly to the providers in arrears after timesheet reconciliation.

OVERPAYMENT RECOVERY

The County will initiate the overpayment recovery process when the recipient:

- Has used the Advance Payment for anything other than authorized IHSS hours
- Fails to submit timesheets within 45 days of the Advance Pay issuance date
- Fails to cooperate with the County in the Advance Pay reconciliation process

DISCONTINUANCE OF ADVANCE PAY

The County has the right to change the payment method from Advance Pay to arrears (i.e., issuing payment directly to the provider after the provider submits a timesheet) in the following situations:

- Using the Advance Payment for anything other than purchasing authorized IHSS service hours
- Failure to submit timesheets within 90 days from the date the Advance Pay was issued
- Recipient has not paid the provider(s) timely.

REFERENCES

All County Information Notice I-04-18 - IHSS Advance Pay Timesheet Reconciliation requirements and Informational Materials

All County Information Notice I-29-18 - IHSS Advance Pay Option Availability for Eligible Recipients

All County Letter (ACL) 12-36 - Program Policy For The Case Management Information And Payrolling System II (CMIPS II)

All County Letter (ACL) 14-60 - Implementation Of The Community First Choice Option (CFCO) Program

All County Letter (ACL) 16-89 - Modifications To The Case Management, Information And Payrolling System To Manage In-Home Supportive Services And Waiver Personal Care Services Overtime And Travel Time Violations And Forms, Forms For Blind And Visually Impaired Recipients, Advance Pay Reconciliation, And Authorized Hours Exceeded Letters

All County Letter (ACL) 24-38 - Monitoring Of In-Home Supportive Services Advance Pay Recipient Reconciliation of Timesheets When A Provider Is Deceased or Whereabouts Unknown and Determination Of Overpayments

Manual of Policies and Procedures:

- 30-757.14
- 30-767.133
- 30-768.2
- 30-769.73