

INTRODUCTION TO CMIPS II

CMIPS II Tasks and Notifications

CMIPS II uses “Tasks” and “Notifications” to inform IHSS staff of changes that may affect IHSS eligibility or require a case action. These are automatically triggered when something specific happens. These tasks and notifications reside in the user’s “*CMIPS II In-Box*”. The “*CMIPS II In-Box*” is similar to a Microsoft Outlook In-Box.

Task	Notification
Actionable items (the system <i>requires</i> the user to take action)	Informational items (the system <i>does not require</i> the user to take action)

Task options include the following items:

View a task: Open the task and determine what the issue is.

View task history: Review tasks on a given case.

Assign a task: Assign a specific person to a task.

Add a comment to a task: Document action taken or related issues.

Close a task: When a task has been dealt with, it can be closed.

Reserve a task: This essentially means, “I’ll take this task and work it.” This action moves the task from a work queue to the user’s in-box.

Un-reserve a task: Opposite of reserving, this puts the task back in the work queue. This can only be used when a task has been taken from a work queue.

Forward a task to another user: For example, a provider-related task can be forwarded to a provider staff member.

Reallocate a task: Restarting a task to the beginning of its workflow process. For example, user “A” reserves a task from a work queue and then forwards that task to user “B”. If user “B” reallocates the task, it will be returned to the work queue.

Defer a task: This essentially puts a task on hold.

Restart a task that was deferred: Restarts a held task.

Search for a task: Search by task ID, participant, or case number to locate a specific task.

Work Queues

Work queues are shared task lists, which designate staff members’ access. IHSS staff members with access to a work queue are responsible for “working” tasks in a queue.

Work Queue	Description	Who Has Access
Timesheet Errors	Errors related to a timesheet	Public Authority-Will contact Social Worker if necessary
Timesheet Eligibility Errors	Errors related to problems with recipient and/or provider eligibility	Public Authority-Will contact Social Worker if necessary
Timesheets on Hold	Held for signature verification and/or timesheets flagged for review	Public Authority-Will contact Social Worker if necessary
Timesheets Over 70%	Held because over 70% of total hours are worked in the Part A period	Public Authority-Will contact Social Worker if necessary
Payroll Supervisor	Tasks not reserved within the deadline (generally 3 days) from the following Work Queues are escalated to this queue: Timesheet Errors, Timesheet Eligibility Errors and Payments Pending Approval.	Public Authority
Payments Pending Approval	Special transactions and payment corrections that need approval	Public Authority
QA	Paid Claims - Hospitalization	Review - Refer to Program Integrity Unit or PAFD
QA	Death matches – Provider or Recipient deceased	Review - Refer to Program Integrity Unit or PAFD
QA Supervisor	QA tasks not worked within the deadline	Follow-up with Supervisor
ICT Coordinator	Tasks related to incoming, cancelled, and completed ICTs	IHSS Administrative Secretary

Printing and CMIPS II

The table below presents information on the types of documents printed, the request type, and printer type. The process for “batch” printing and the mailing of a Notice of Action and/or an initial or replacement timesheet will remain essentially the same. IHSS Clerical staff will remain responsible for this process.

Document Type	CMIPS II Printer		Print to County Printer	Reprint to County Printer
	Batch	On Demand		
NOAs	Yes	No	No	Yes
Forms and Correspondence	Yes	Yes	Yes	Yes
Document Type	CMIPS II Printer		Print to County Printer	Reprint to County Printer
	Batch	On Demand		
Initial, Replacement and Supplemental Timesheets	Yes	Yes	No	No
Standard Reports from Business Objects	Not applicable	Only when scheduled	Yes	Not Applicable
Ad Hoc Reports from Query & Sampling Tool	Not applicable	No	Yes	Not Applicable

Forms

CMIPS II allows a user to generate forms and correspondence. Notices of Action (NOAs) are automatically generated when a case action is taken.

Reprinting Forms in another Language - (Addresses Workaround # 538)

CMIPS II forms may be reprinted; however, they can only be reprinted in the original language used. If a reprint in another language is required, retrieve the appropriate NOA template from the CDSS website as well as the NOA message (available on the CMIPS II NOA Threshold Languages NOA Messages spreadsheet) and attach it to the version generated from CMIPS II.

Pre-Populated Forms - (Addresses Workaround #526)

Many forms in CMIPS II are pre-populated. However, some fields will wrap text and others are incomplete. Review the pre-populated fields carefully and correct as required. The issue is evident when dealing with long names.

This applies to the following forms:

- SOC 295 – Application for Social Services
- SCIF e3067 – Employers First Report of Injury (IHSS)
- SOC 321 – Requisition for Order and Consent of Paramedical Services

Inactive or outdated Forms in CMIPS II - (Addresses Workarounds #630 and #631)

The following forms are not current versions and should not be used:

- SOC 332 – In-Home Supportive Services (IHSS) Recipient/Employer Responsibility Checklist
- SOC 426 – In-Home Supportive Services (IHSS) Program Provider Enrollment Form
- SOC 426A – In-Home Supportive Services (IHSS) Program Recipient Designation of Provider

- Provider Enrollment Packet
- [SOC 847 – Important Information for Providers about the In-Home Supportive Services \(IHSS\) Program](#)

Note: Do not use the above forms or form packets directly from CMIPS II until the current versions are in the system.

The above forms are available on the California Department of Social Services (CDSS) website at the following link:

<http://www.dss.cahwnet.gov/cdssweb/PG168.htm#soc>

Reports

CMIPS II reports are accessed by clicking on the “*Reporting link*” from the left navigation menu on the CMIPS II portal. This takes the user to the Reporting (Business Objects) area of CMIPS II. The reports are organized into groups and folders.

IHSS staff requiring access to reporting have been given access. Each report user has been assigned access to one of more groups or sets of reports. Social Workers are responsible for generating their own “*Assessment Due*” and other case management reports. The Social Work Supervisor is also responsible for reviewing the reports of his/her staff on a regular basis.

The level of access determines the data presented on a report. The two levels of access are:

County User: County users can run a report for their county containing only countywide data.

Worker: Workers can run reports for only their caseloads.

County Use Fields

CMIPS II offers the following county-use fields. Each field has a 50-character limit. The fields should be used for the following purpose:

Screen Name	Field Name	Use
Case Home (Edited on Modify Case Home)	County Use Comments	There is no change to the current use.
View Case Provider (Edited on Create or Modify Case Provider)	County Use Comments	There is no change to the current use.

Case and Person Notes

Person Notes - Case Notes – Case/Authorization Narrative

CMIPS II has two types of notes for an individual – Person and Case. Staff should carefully review their entries before saving the entries in either Person Notes or Case Notes. Once an entry is saved, the system will not allow the entry to be edited, and a new Person or Case Note must be

initiated. CMIPS II will automatically annotate the entry with the worker's name and the current date and time.

Person Notes

Person Notes are entries made in association with a Person Record and are used when the entry relates specifically to a provider. Notes related to the provider are entered in Person Notes on the provider's Person Record, not in Case Notes.

Example of a Person Note:

Daughter wants to be a provider for her father who is an IHSS recipient. Explained provider enrollment requirements and mailed required documents 11/12/13.

CMIPS II will automatically annotate the entry with the worker's name and the current date and time.

Case Notes

The Case Notes function allows users to enter information that is related to a case but not related to a specific assessment.

Example of a case note:

Received a call from recipient's son stating recipient may be leaving to live with her daughter in Michigan and asking what steps needed to be taken to terminate her case if she decides to move. The move is still uncertain; advised son to call when the plans are firm.

CMIPS II will automatically annotate the entry with the worker's name and the current date and time.

Narratives

There are two types of assessment narratives: full Assessment Narratives and Summary Assessment Narratives. Information contained in the Assessment Narrative will be similar to the information in narratives created by the IHSS Social Worker in the past. The Assessment Narrative may include observations about the recipient, the recipient's functional abilities, living arrangements, others in the household and any other information the Social Worker deems pertinent to the case. The Assessment Narrative is also the area in CMIPS II where information about the recipient's diagnoses may be recorded. The Assessment Narrative is limited to 13,500 characters.

The full Assessment Narrative is used to record information related to an initial assessment or reassessment. Each time that new "evidence" is added to CMIPS II, a new "Assessment Narrative" must be created. Assessment Narratives are associated with evidence and once evidence is authorized that Assessment Narrative is no longer editable.

The Summary Assessment Narrative is used to record information relating to a minor change in an assessment. A home visit assessment is usually not required when using this narrative.

Case versus Person Notes

In almost all situations, it is more appropriate to enter a note on the case (a case note). The general rule is:

- If it relates to a recipient, it is a case note.
- If it relates to a recipient and his/her provider, it is a case note.
- If it relates ONLY to a provider (there is nothing at all related to a case), use a person note.

Locking Notes

A user can lock down a note (meaning it cannot be edited) by using the inactivate feature. It could act as a signature of sorts. *Instructions on the use of this feature will be issued later.*

CALL CENTER INTAKE PROCESS

The following steps are used to enter information for an IHSS application into CMIPS II:

1. The Call Center Specialist (CCS) receives a telephone call regarding the IHSS program.
2. The CCS will give a brief description of IHSS and screen for potential eligibility to the program.
3. The CCS reviews the applicant's income and resources (liquid assets) to determine if the applicant is within the IHSS resource limits.
4. If the applicant's income and resources exceed the IHSS Program's maximum limits, the CCS informs the caller of the reason for possible ineligibility and refers the caller to other programs for which the applicant might qualify.

Any individual has the right to apply for IHSS. If the caller chooses to continue the application process, the CCS will document this information as a "Case Note" in CMIPS II.

Creating an Application

(Workaround 669) For the field "*Fingerprint Exemption*", select "*fingerprint equipment unavailable*."

1. The following information about the applicant is required to complete the application process:
 - a. Name
 - b. SSN
 - c. Date of Birth
 - d. Applicant's preferred spoken and written languages
 - e. Gender
 - f. Ethnicity
 - g. County of Residence
 - h. Residence and mailing addresses
 - i. Applicant's primary phone number
2. Select "New Application" using the *Person Home Screen* and conduct a person search of the individual using one of the following criteria:
 - a. Last name (a full name or a partial name of three letters can be used)
 - b. Social Security Number
 - c. Client Index Number (CIN)

The CIN number can be found on the Medi-Cal Benefits Identification Card (BIC) and is referred to as a BIC number.

3. If the applicant exists in CMIPS II as a:
 - a. *Recipient* in a case that is in terminated status for more than 30 days:
 - Update the recipient's contact information in the *Person Home Screen*.
 - Click on the Case Number to go to the *Case Home Screen*.
 - From the *Case Home Screen*, click on Reactivate

- Complete the *Reactivate Case Screen* and reassign case to the designated district office clerk.
- b. *Recipient* in a case that is in terminated status 30 days or less:
 - Update the recipient's contact information in the *Person Home Screen*.
 - Add a *Case Note* describing the request and the action taken.
 - Reassign the terminated case to the designated district office clerk.
- c. *Recipient* in a case that is in leave status:
 - Verify that the caller is the recipient.
 - Have the caller contact the Social Worker directly.
 - Provide the contact information to the recipient.
- d. *Recipient* in an active case:
 - Verify that the caller is the recipient.
 - Have the caller contact the Social Worker directly.
 - Provide the contact information to the recipient.
- e. *Applicant*:
 - Verify that the caller is the applicant.
 - Have the caller contact the Social Worker or district office directly.
 - Provide the contact information to the recipient.
- f. *Open Referral* in another county:
 - Verify that the caller is the applicant.
 - Inform the caller that there is an open referral in another county.
 - Have the caller contact that county to close the referral, and call back when that referral is closed.
 - Document the discussion with the caller as a *Person Note*.
- g. *Closed Referral*:
 - Update the applicant's information and select "create a case".
 - Continue with application process below.
- h. *Provider*:
 - Determine if the provider is active or inactive.
 - If the applicant is an active provider, document the name of the recipient and the case number in case note.
 - Update applicant's information and select "create a case".
 - Continue with application process below.

In order to maintain the confidentiality of client information, if an application already exists in CMIPS II and the caller is not the recipient or authorized representative, CCS will add the application on the AIS Suite (in ALEX after December 2012). A note on the application should be included indicating that it is a duplicate application.

4. If the applicant does not exist in CMIPS II, select "continue application", complete the information in the required fields, and then select "create case".

When the IHSS application is entered CMIPS II defaults to the current date.

Person Types

CMIPS II will automatically assign the Person Type. Individuals existing in the system are identified as one of the following person types:

- Referral - An individual inquiring about services for another person; for example, a neighbor, relative, or caseworker may request assistance for someone else.
- Open Referral - Created when someone contacts IHSS requesting services on behalf of another person or oneself.
- Closed Referral - Created when a referred individual informs a worker he/she does not want to receive services from IHSS. The person type changes from open referral to closed referral.
- Applicant - An individual requesting IHSS services and for whom an IHSS case is created but not yet approved.
- Recipient - An individual requesting IHSS services and for whom an IHSS case is created and approved
- Provider - An individual who provides IHSS services to a recipient.

Since AIS uses a centralized call center, at this time the referral type will not be used.

Case Note Documentation

The CCS will complete the *Call Center Case Note Template* for each application and copy the information onto a case note once the case has been created. The case note will include the following information: the applicant's health history, location of the applicant, emergency contact information, need for services, companion case information, and information of employees of HHS that are related to the applicant. Other information such as income and resources may be included, as appropriate.

Case Assignment to District Office (D.O.) Clerical

The CCS will assign the application to the designated D.O. clerk in the office that is indicated by the applicant's zip code. This information is located on the document *IHSS District Office Zip Codes*.

1. When the "Assigned Worker" magnifying glass is selected, the *User Search Screen* displays. This screen allows the user to search for and select the case owner when assigning the case.
2. Select the designated D.O. clerk corresponding to the applicant's zip code.

Client Index Number

The Client Index Number (CIN) is a ten-digit, unique alphanumeric value assigned by the Statewide Client Index (SCI) that identifies individuals who have applied for public benefits.

1. Click on the magnifying glass on the Client Index Number area to search Medi-Cal eligibility. When there is a matching CIN number associated with the case, a list will populate at the bottom of the screen. Choose the CIN number associated with the applicant. If there is no CIN number associated with the applicant, leave field blank.

- When the “Save” link is selected from the *Create Case Screen* and the Client Index Number field is blank, the *Create Case without CIN* pop-up displays. Select “Save” to complete creating the case.

When a case is created without a CIN, an IHSS Referral for Medi-Cal Eligibility Determination transaction will be sent to the County SAWS requesting a Medi-Cal Eligibility Determination for the IHSS Applicant.

Social Security Number Error Messages

When creating an application or referral, CMIPS II will present an error message if an entered SSN already exists in the system. Check the information provided to make sure the SSN is correct and reenter if required.

Scenario	Suggested Action
Error message received but SSN entered correctly and matches number provided.	<ol style="list-style-type: none"> Continue with the application but do not enter SSN. Leave the field blank and in the Blank SSN Reason field, select “duplicate research.” Forward the application to the designated clerk at the appropriate IHSS District Office. He/she will resolve the duplicate SSN in coordination with an assigned Social Worker and/or Supervisor.
Error message received, SSN was entered incorrectly, but correct number is available.	Re-enter SSN and continue with application.

Case Number

An applicant will be assigned a random Case Number consisting of seven (7) digits, for example, 1234567. The assigned case number remains a permanent part of the Person Record even if the individual moves to another county.

Once an application is created, the CCS will provide the case number to the applicant or authorized representative and inform them that the applicant will receive a letter from the IHSS program within ten (10) calendar days. The letter will inform the applicant of the name and telephone number of the IHSS Social Worker assigned to process the application. The public information telephone numbers for the IHSS district offices are:

IHSS District Office	Phone Number	Assignment Clerk	Worker Number
El Cajon	(619) 401-3900	Dolores Aguilar-Ortega	OC20
Escondido	(760) 480-3424	Linda Rust	OC51
Overland	(858) 694-2123	Dolores Aguilar Ortega	OC20
Oceanside	(760) 754-3515	Ressie Ramos	OC41
South Bay	(619) 476-6200	Patricia Jimenez	OC10

IHSS DISTRICT OFFICE ACTIVITIES

1. Select the worker number for assignment. (For AIS Call Center Staff, this will be a designated individual in each district office.)
2. IHSS clerical staff is responsible for case assignment and transfer to the Social Work Supervisor.
3. The Social Work Supervisor will forward the case to the assigned Social Worker.

Scenario	Suggested Action
A companion case is identified	Assign the case to the worker that has the existing case.
All others	Select a case owner by language needs and then by zip codes.

Once the application is created, the emergency contact and other contact information can be added in CMIPS II. If entering information before the home visit, create an initial assessment to capture the information.

Intake Interview Forms and Packets

Do not use form “packets” from CMIPS II, see the work around on **page #**. For detailed information on IHSS, mandated forms see Chapter 2 of the IHSS Policy & Procedure Handbook.

Companion Cases

Review the case notes to see if any companion cases were identified during intake. If not, be sure to document all persons living in the home at the home visit. Conduct a Person Search within CMIPS II to determine if he/she exists in CMIPS II. If any household members are active on IHSS, link them as a companion case.

Person Search

Select “New Application” using the *Person Home Screen* and conduct a person search of the individual using one of the following criteria:

- a. Last name (a full name or a partial name of three letters can be used)
- b. Social Security Number
- c. Client Index Number (CIN)

If a companion case is identified during the home visit, contact the supervisor about reassigning the case to the worker that has the companion case. Companion cases must be linked. If one of more of the companion cases has protective supervision, the sequence in how cases are linked is important. Refer to the CMIPS II User’s Manual for more information. A desk aid is also available.

Entering Assessment Information into CMIPS II

Services

The IHSS Social Worker will enter the service information directly into CMIPS II. Time is entered in hours and minutes; *decimal points are no longer used*.

CMIPS II identifies IHSS services that are single, or multiple, and which tasks must be prorated. The table below shows how tasks are organized.

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Service Type	Task Type (Single/ Multiple)	Predefined Tasks or Free-form Tasks	Proration (Y/N)	Additional Information
Domestic Services	Single	Predefined: Domestic Services	Y	Guideline: 6 hours per month
Preparation of Meals	Multiple (Limited to 7 tasks)	Predefined: Breakfast Lunch Dinner Snack	Y	
Meal Clean-up	Multiple (Limited to 7 tasks)	Predefined: Breakfast Lunch Dinner Snack	Y	
Laundry	Single	Predefined: Laundry	Y	Guideline: In-Home 1.00 hour per week Out-of-home 1.50 hours per week Indicate if task is completed in-home or out-of-home in comments section
Shopping for Food	Single	Predefined: Shopping for Food	Y	Guideline: 1.00 hour per week
Other Shopping & Errands	Single	Predefined: Other Shopping & Errands	Y	Guideline: .50 hours per week
Respiration	Single	Predefined: Respiration	N	
Bowel & Bladder Care	Multiple (Limited to 3 tasks)	Freeform: Assistance getting on/off toilet Wiping/cleaning recipient Diaper Change Incontinence Clean-up	N	

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CMIPS II

Service Type	Task Type (Single/ Multiple)	Predefined Tasks or Free-form Tasks	Proration (Y/N)	Additional Information
Feeding	Multiple	Freeform: Breakfast Lunch Dinner	N	
Routine Bed Baths	Single	Predefined: Routine Bed Baths	N	
Dressing	Multiple (Limited to 2 tasks)	Freeform: Assistance with clothing Assistance with braces	N	
Menstrual Care	Single	Predefined: Menstrual Care	N	
Ambulation	Single	Predefined: Ambulation	N	
Transfer	Single	Predefined: Transfer	N	
Bathing, Oral Hygiene, Grooming	Multiple (Limited to 6 tasks)	Freeform: Assistance getting in/out tub Bathing Oral Hygiene Shaving Grooming Hand Care Foot Care	N	
Rubbing Skin, Repositioning	Multiple (Limited to 3 tasks)	Predefined: Range of Motion Repositioning Rubbing of Skin	N	

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Service Type	Task Type (Single/ Multiple)	Predefined Tasks or Free-form Tasks	Proration (Y/N)	Additional Information
Care and Assistance with Prosthesis	Multiple (Limited to 3 tasks)	Predefined: Care and Assistance with Prosthesis Medication Set-up	N	
Accompaniment to Medical Appointments	Multiple (Limited to 3 tasks)	Freeform: Accompaniment to Medical Appointments	N	Use Accompaniment to Medical Appointments Template
Accompaniment to Alternative Resources (limited to 2 tasks)	Multiple (Limited to 2 tasks)	Freeform: Accompaniment to Alternative Resources	N	Assessed only when transportation is to/from site where alternative resource provides IHSS-type services in lieu of IHSS.
Heavy Cleaning	Single	Predefined: Heavy Cleaning	Y	Guideline: 20.00 hours per year
Yard Hazard Abatement	Single	Predefined: Yard Hazard Abatement	Y	Assessed need for Yard Hazard Abatement not allowed for Living Arrangement – Tenant
Removal of Snow, Ice	Single	Predefined: Removal of Snow, Ice	Y	
Teaching and Demonstration	Single	Predefined: Teaching and Demonstration	Y	This is a one-time service and can be authorized for up to a maximum of three (3) months.
Protective Supervision	Single	Predefined: Protective Supervision	N	Include both Protective Supervision Form Sent Date and Received Date, if/when received.
Paramedical Services	Single	Predefined: Paramedical Services	N	Use Paramedical Task Calculation Template Include both Paramedical Services Form Sent Date and Received Date

Manual Calculations

Should the circumstance arise where a task must be further broken out, the worker must perform his/her own calculation to combine tasks. Enter how the time was calculated in the service comments field. For Paramedical Services, Accompaniment to Medical Appointment, and Accompaniment to Alternate Resource, the detailed calculation must be included in the case narrative if there is insufficient room in the service comments field. A desk aid is available to assist with calculating paramedical services.

Service Type	Task Type (Single or Multiple)	Pre-defined or Free-form Task	Can be Prorated? (Y/N)
Accompaniment to Alternative Resources	Multiple	Freeform with a maximum of 2 tasks	N
Heavy Cleaning	Single		Y
Yard Hazard Abatement	Single		Y
Removal of Snow, Ice	Single		Y
Teaching and Demonstration	Single		Y
Protective Supervision	NA-calculated by system	NA	N
*Paramedical Services	NA-totals are entered	NA	N

*External calculation tool available

Service Comments

Comments are limited to 200 characters. Be brief in writing comments and use the following order when adding text to a comment within a service category:

1. HTG justification
2. Manually combined tasks
3. Alternative resource(s) (e.g., home delivered meals or congregate meals, adult day health care and school. Describe how alternative resources were calculated.)

Changes in Income

If there is a change in income that may affect IHSS eligibility, the Social Worker will inform Medi-Cal staff.

Disaster Preparedness

If multiple impairments are identified at the home visit, use the following list to prioritize.

Priority	Impairment Type
1	Severely disabled or bedbound
2	Receives protective supervision
3	Functional rank 5
4	Functional rank 4
5	Relies on IHSS for needs
6	Blind
7	Lives in isolated area
8	Lacks transportation

Priority	Impairment Type
9	Deaf
10	Heavy medication
11	Functional index over 2.75 with assistance available
12	Home accessible by emergency services
13	No mental functional ranks of 5
14	Functional index below 2.75
15	Independent low hours
16	No special impairments

Comments may be entered related to disaster preparedness, but the comments do not appear on the Disaster Preparedness Report

Assessment Narrative

The assessment narrative is available as an MS Word Template. Complete this template in MS Word. Do not modify the template. Spell Check for all text.

Contacts

Review any existing contacts in CMIPS II and update as required. Gather information on message and emergency contacts and document in CMIPS II.

Reviewing Cases

For details on case review requirements see Chapter 2 of the IHSS Policy & Procedure Handbook. The IHSS Social Worker must send a manual task to the supervisor notifying him/her that the case is ready for review.

Correcting Errors on Approved Cases

Unlike legacy CMIPS, once an assessment has been submitted and approved, it cannot be changed, and the original NOA that has been generated cannot be suppressed.

If after authorizing an assessment, a worker identifies an error, he/she must execute a change assessment to make the correction.

- Because NOAs cannot be suppressed, the NOA message will indicate that there has been a change in hours. Use freeform text to explain that this is not a change but rather a correction to an error.
- If the correction results in fewer hours, 10-day notice must be provided. The incorrect hours must be allowed for the 10-day period.

Scenario	Suggested Action
NOA has been generated but has not been sent.	Inactivate the NOA in CMIPS II. Execute the change assessment. Use freeform text to explain the reason for the change.
NOA has been generated and sent to the recipient.	Execute the change assessment. Use freeform text in the new NOA to explain the reason for the change to the recipient.

Reassessments

Assessment Due Report

Reassessments are identified in the Assessment Due Report. Each worker is responsible for generating his/her own assessment due report and managing re-assessments. The supervisor will also generate the report to ensure the reassessment is completed on time.

Service Evidence

If there is no change to services, in the service comments enter “No change from previous assessment.” If there is a change, add a justification.

Assessment Narrative

The assessment narrative does not “clone” unlike the rest of the assessment information. ‘Cloned’ information is defined as “information that is automatically repopulated”. The Social Worker is required to create a new assessment.

- Cut, paste, and edit sections “a” through “e” of the previous assessment narrative.
- Prepare new text using the previous assessment text as a base.

Summary Narrative

Instead of providing a full new assessment narrative, change actions that occur between reassessments may require only a summary narrative. The summary narrative is available as an MS Word Template. Complete this template in MS Word. Do not modify the template. Spell check all text. When pasting the narrative into CMIPS II, copy over ONLY the first column.

Other Assessment Actions

Other assessment actions refer to any changes to the service authorization. This could include adding or deleting hours, adding a household member or companion case, or changing the mode of service. If there is a change to any information in the household, service, program, or the share-of-cost information, a change assessment will be required.

The table below provides information of the type of assessment action, the CMIPS II assessment type to use, assessment steps to follow, and special comments for service categories and the narrative.

CMIPS II CASE ACTION DESK AID

* Cloned is defined as information that is automatically repopulated.

** A comment must be included for all tasks authorized service time, regardless if the time authorized is outside the hourly task guidelines.

Case Action	Assessment Type	Cloned*	Procedure Guidelines	Evidence Edits to Make	
		Y/N		Service Comments**	Assessment Narrative
Intake	Initial	N	Home Visit Required	Include comments for all authorized tasks.	Assessment narrative
Reassessment	Reassessment	Y	Home Visit Required	Update comments as needed.	Assessment narrative
Reactivated case	Initial	N	Home Visit Required	Include comments for all authorized tasks.	Assessment narrative
Rescind case	N/A	Y	A rescind action cannot be taken until the effective date of the termination. Create a manual task as a reminder. Providers must be reinstated. Add a case note documenting the reason the case was rescinded.	N/A	N/A
Receipt of an inter county transfer	ICT	Y	Home Visit Required	Update comments as needed.	Assessment narrative
Additional hours/services Reduction in hours/services Reduction in hours for time-limited services Change in circumstance Advance pay—add or change back to arrears	Change	Y	If an action results in a change of two hours or less per week, the need may be evaluated by telephone. If changes are more than two hours per week, a home visit and supervisory review are required.	Update comments as needed.	A summary assessment narrative is required, if the change in need is discussed over the telephone. An assessment narrative is required, if a home visit is completed.

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Case Action	Assessment Type	Cloned*	Procedure Guidelines	Evidence Edits to Make	
		Y/N		Service Comments**	Assessment Narrative
Return from leave	Change	Y	<p>Determine if there is a change in circumstance.</p> <p>If there is no change in need, maintain all evidence.</p> <p>If a change in need of two hours or less per week exists and a home visit is not requested, update services as required.</p> <p>If changes are more than two hours per week, a home visit and supervisory review are required.</p> <p>Provider(s) must be reinstated.</p>	Update comments as needed.	Summary assessment narrative
Aid Paid Pending (APP) (when appeal is filed)	Change	Y	Change authorized hours and services back to what was previously authorized.	Update comments as needed. Indicate change is due to APP.	Summary assessment narrative
Out-of-Hearing Resolution	Change	Y	Change hours and services to what is agreed upon in the agreement.	Update comments as needed.	<p>Depending on the agreement, either an assessment narrative or summary assessment narrative may be needed.</p> <p>Use an assessment narrative if home visit is required.</p>
Changing authorized hours and services as a result of a hearing outcome	State Hearing	Y	Change hours and services to what is stated on hearing decision notice.	Update comments as needed. Indicate that the change is the result of compliance to a fair hearing decision.	Summary assessment narrative

Inter-County Transfer (ICT)

ICT to a CMIPS II County

The transfer of an IHSS case from a CMIPS II county to a CMIPS II county is completed within CMIPS II.

- Execute the transfer request in CMIPS II.
- Generate copies of forms from CMIPS II and make copies of other documents within the case folder. If documents are faxed, they must also be mailed in hard copy to the receiving county.

Canceling an ICT Request in CMIPS II

If an ICT request is cancelled, add a case note indicating that the ICT was cancelled and the reason.

Receiving an ICT Request from a CMIPS II County

An ICT request will appear in the ICT Coordinator work queue within CMIPS II. The ICT case transfer is considered completed once the receiving county has completed its assessment and authorized the hours. The ICT Coordinator will transfer the case to designated IHSS clerical staff.

- Update the Recipient's person record with the new address and phone number (if applicable). Phone numbers on the View/Modify Inter County Transfer and Person Home must match ([Addresses workaround #606](#)).
- Create new evidence using the ICT Assessment type.

ICT and Legacy CMIPS

Until the CMIPS II roll out is complete, some counties will be using CMIPS II while other counties remain on legacy CMIPS. Legacy CMIPS and CMIPS II do not interact with one another. There is a separate process used when sending or receiving an ICT between counties that are on different systems. The separate process involves terminating the case in the sending county once the receiving county has accepted the case.

Medi-Cal Eligibility and ICTs

Sending an ICT to Legacy CMIPS County

Legacy CMIPS does not have ICT functionality. As a result, the case must be terminated in CMIPS II.

1. Prepare the ICT letter and fax it to the receiving county.
2. If the recipient has already moved, update the recipient's person record with the new address and phone number, so the NOA is sent to the correct address.
3. Access the case and in "Case Home", use the Terminate link to terminate the case in CMIPS II.
4. Select the "recipient request" (TR 02) reason code.
5. Enter a date that is one full calendar month from the current date.
6. Retrieve the NOA for the case from the CMIPS II printer. Attach the Supplemental ICT Notification (see below) and make a copy for the case folder. Send the originals to the recipient.

7. Add a case note in CMIPS II indicating the case has been closed due to transfer to a legacy CMIPS county.
8. Generate copies of forms from CMIPS II and make copies of other documents within the case folder.
9. Fax or mail documents to the receiving county

Text for Supplemental ICT Notification

When transferring a case from a CMIPS II county to a Legacy CMIPS county, the following text can be used as an attachment to the standard NOA.

The attached notice of action says that your IHSS services are being stopped in _____ County. This is because you have moved to _____ County and your IHSS case is being transferred to that county. Your IHSS will continue in _____ County effective _____ (MM/DD/YYYY). You will receive a Notice of Action explaining the services you are authorized to receive in that county.

Receiving an ICT from Legacy CMIPS County

ICTs from a legacy CMIPS county are generally received by fax. Upon receipt of the ICT letter and case documents from the sending county, create a case and conduct an assessment in CMIPS II. These actions should be completed within one full calendar month of receipt of the ICT from the sending county.

1. Create a case in CMIPS II.
2. When entering the referral date (which becomes the date of application), enter the date the county is advised on the pending ICT.
3. Conduct a face-to-face home visit and a needs assessment.
4. Be sure to include all relevant information in the assessment narrative
5. After completion of the assessment and authorization of hours, notify the sending county that the case has been “accepted”.
6. Add a case note indicating the sending county (include county name) was notified.

State Hearings

When an IHSS staff member receives an oral request for a state hearing, he/she will refer the recipient to the State Hearings Division phone number below.

1 (800) 743-8525

When a written request for a state hearing is received, fax the request to the State Hearings Division at fax number:

1 (916) 651-2789

Aid Paid Pending

Aid paid pending should be applied if the hearing is filed before the effective date of the change. County Appeal staff will notify the Social Worker when a case is eligible for Aid Paid Pending Appeal (APP). Execute a change assessment or rescind the termination as needed and add a case note indicating aid paid pending was applied.

NOA messages in CMIPS II have been renumbered. *CMIPS II does not have the following NOA messages related to aid paid pending appeal.* A template will be provided so that the information can be cut and pasted into the free form field of the NOA.

463: You have requested a state hearing prior to the date a decrease of services was to be effective. MPP 22-022.5

464: You have requested a state hearing prior to the date a change in your share of cost was to be effective. MPP 22-022.5

465: You have requested a state hearing prior to the date a discontinuance of services was to be effective. (No new application date is required.) MPP 22-022.5

Type in the NOA message using the Freeform Text field ([Addresses workaround #642](#)).

Prepare for Hearing Review Case Record

All preparations for the hearing are conducted outside of CMIPS II. Preparation for a fair hearing should not be recorded in CMIPS II.

Hearing Outcomes: Conditional Withdrawal or ALJ Decision

1. The Social Worker may need to conduct a change assessment depending on what is agreed upon in the conditional withdrawal or decision. Use the assessment type “state hearing.”
2. Update the hearing record as required.
3. Notify the Hearings Officer that the change assessment was completed.
4. Generate a supplemental timesheet or special transaction as applicable.

Cases on Leave

A case must be put on leave if the recipient is in the hospital, skilled nursing facility, or a long-term care facility. A case should also be placed on leave to document a short-term period of ineligibility. Leave should also be used if the recipient will be out of state. A period of leave should also be entered retroactively to document an overpayment.

Putting a Case on Leave: Leave Authorization End Date

To place a case on leave, the user enters an authorization end date. This is the effective date of the leave and ends the current service authorization. However, CMIPS II allows the user to enter an end date prior to an authorization. Confirm that the authorization end date relates to a services authorization in order to avoid an error message when running “*Check Eligibility*” on a future assessment. ([Addresses Workaround 646](#)) Example is pending.

Setting a Retroactive Leave

If we learn the recipient was in a facility (or out of state) at a previous time, enter the leave dates in CMIPS II. Identify any overpayments as applicable.

Ending Leave on a Case/Returning a Case to Active Status

When a case is placed on leave, CMIPS II ends the services authorization. To take a case off leave and re-establish services, the Social Worker will need to create a change assessment. Please refer to the assessment procedure. The provider relationship will also need to be reassigned to the case. Please refer to the provider procedure.

Denial of Applications, Withdrawals and Case Terminations

Understanding How Applications are Denied in CMIPS II

Applications for IHSS services are denied through the creation of evidence and running “*Check Eligibility*”. Simply create evidence using the “Initial” assessment type. *No household, service, or share of cost evidence needs to be added.* Instead, take one of the two following actions:

- Enter the change information in the “*Person Home screen*”. In the instance of a denial these would be the fields related to residency requirements and fingerprint exemption. When “*Check Eligibility*” runs, the “*Authorization Summary*” will present with the appropriate system-generated denial code.
- Select a manual NOA code from “*Program Evidence*”. When “*Check Eligibility*” runs, the “*Authorization Summary*” will present with the appropriate manually selected denial code.

Understanding How Applications are Withdrawn in CMIPS II

If an IHSS applicant elects to stop his/her application, it can be withdrawn in CMIPS II. The appropriate withdrawal NOA will generate if this action is taken. This action does not require a home visit, but the contact must be narrated and include the reason the application is being withdrawn. If the application is withdrawn by someone other than the recipient, the name, relationship, and other contact information must be noted.

Understanding Case Closures in CMIPS II

A case can be closed in CMIPS II by the creation of evidence, or by the use of the termination screen.

In terminating a case through the creation of evidence, enter the assessment information. When “*Check Eligibility*” runs, the “*Authorization Summary*” will present with the appropriate system-generated termination code. This could happen if a worker has done a re-assessment and based on the assessment, it appears the recipient may no longer need services.

Case closure can also be done by accessing the termination screen in CMIPS II and selecting the appropriate termination reason. Based on the selection, CMIPS II will close the case and generate the appropriate NOA. *Use the termination screen only when one of the reasons in the drop down menu applies.*

Medi-Cal Termination and IHSS

One key feature of CMIPS II is the automated communication between CMIPS II and SAWS. This communication happens daily and information on recipients and their eligibility is shared. This automated communication helps significantly in allowing the worker to take timely action on an IHSS case when there is a change in Medi-Cal eligibility.

Should there be a change in Medi-Cal eligibility, SAWS sends a message to CMIPS II in overnight batch. CMIPS II, in turn, receives that message and creates a task to the case owner of the IHSS case. By taking action on this task, the IHSS worker can align the termination of the IHSS case with the termination of the Medi-Cal case.

The table below shows the relationship between the Medi-Cal termination action and the IHSS case termination action.

Note: The table below does not take into account the MEDS cut-off date that *may require the Medi-Cal termination to be executed sooner*, in order to be effective at the end of the current month.

INTRODUCTION

CMIPS II

Date Medi-Cal Termination Action is Taken	Effective Date Medi-Cal Closes	Medi-Cal Termination Message Received by CMIPS II and Sent as Task to Case Owner	Effective Date of the IHSS Termination (If the IHSS worker takes action within 24 hours of receiving the task)
1 st to 16 th	End of the current month (Meets 10 day notice requirements for Medi-Cal)	One day later	End of the current month (Recipient has Medi-Cal eligibility until the end of the current month) If the IHSS worker does not take action timely to assure 10-day notice and that the IHSS termination date aligns with the Medi-Cal termination date, the case would fall into residual for any days after the Medi-Cal eligibility has ended.
17 th to 19 th	End of the current month (Does not meet 10 day notice requirements for Medi-Cal)	One day later	End of the current month (Because the case has Medi-Cal eligibility until the end of the current month) If the IHSS worker does not take action timely to assure 10-day notice and that the IHSS termination date aligns with the Medi-Cal termination date, the case would fall into residual for any days after the Medi-Cal eligibility ended. <i>Example:</i> <i>IHSS termination effective date is February 4.</i> <i>The case would be residual for four days in February (unless it is a share of cost case, which would be residual for all of February).</i>
20 th to 31 st	End of following month (Does not meet 10 day notice requirements for Medi-Cal)	One day later	End of the following month The case has Medi-Cal eligibility for all of the next month so the IHSS worker would terminate the IHSS case with an effective date with the end of the following month.

Rescinding Case Terminations or Denials

Rescinding a Termination

The rescind functionality in CMIPS II essentially acts as an “undo” function. Terminations may be rescinded if:

- The Social Worker discontinued the wrong case or terminated a case in error.
- A hearing resulted in the determination that the Social Worker wrongfully terminated a case.
- A case has been terminated within the past 30 days and there is no change in circumstance.
- Medi-Cal eligibility was restored and there should be no break in IHSS services.

Denied cases can also be rescinded. Only the assigned Social Worker on the case may rescind a termination or denial.

Terminated or denied cases converted from legacy CMIPS may not be rescinded. The reactivate function must be used in these instances [\(Addresses workaround #672\)](#).

Rescinding a Termination before the Effective Date of Termination

A termination action can only be rescinded after the effective date of termination. A worker must manually track when he/she can take the rescind action. MS Outlook, a manual task in CMIPS II, or a desk calendar can be used.

If the termination NOA has been generated but not mailed, stop/shred the NOA before it goes out, inactivate the NOA in CMIPS II and send the rescind NOA.

Assigning Provider(s)

When a case is terminated, CMIPS II automatically ends the relationship between the recipient and all linked providers. When the termination is rescinded, the relationship with the provider(s) must be re-established. Please refer to the provider procedure.

Reactivating a Case

Reactivating a case is almost like a new application. All case histories are available but a new home visit and assessment must be completed. A reactivation should be used in the following circumstances:

- Termination has been in place for more than 30 days and there has been a significant change in circumstances that requires a home visit. Refer the individual to the AIS Call Center to reapply for services
- A denial is within 90 days of the notice date and there has been a change in circumstance. Refer the individual to the AIS Call Center to reapply for services

If a denial is within 90 days and there is no change in circumstance, refer the applicant to fair hearing.

IHSS INDIVIDUAL PROVIDERS

Enrolling a Provider

Provider enrollment is performed by IHSS Public Authority staff for new providers. Existing providers who have completed Department of Justice (DOJ) background check and enrollment can be linked immediately to other recipient cases.

1. Ask the provider if he/she is currently providing services in another county.

Scenario	Suggested Action
Provider is ACTIVE in another CMIPS II county	Access CMIPS II to verify provider enrollment and eligibility.
Provider is ACTIVE in a legacy CMIPS county	Access legacy CMIPS and verify provider enrollment and eligibility. Copy data or make screen prints so that the same data can be entered into CMIPS II. Go to step 2
Provider is not active in another county	Provider must meet enrollment requirements.

2. IHSS Public Authority creates the provider record and updates enrollment requirements. If the provider's address has a P.O. Box, the physical address must be provided for data entry. In order to use a PO Box form 12-63 HHSA - Request to Use Post Office Box, must be completed by the Post Office and returned to the Social Worker.

When creating a provider record, CMIPS II will present an error message if an entered SSN already exists in the system. Check to make sure the SSN was not entered incorrectly and correct as required. The SSN is validated within five days.

Scenario	Suggested Action
SSN matches the number provided but does not validate.	Continue with the provider registration but do not enter the SSN. Leave the field blank and in the Blank SSN Reason field, select "duplicates research." Who resolves duplicate SSN for providers? PA
SSN entered does not match the number provided.	Correct the SSN entry and continue with provider registration.

3. Contact CDSS to change the Department of Justice (DOJ) County once the provider record is created in CMIPS II (for providers in legacy CMIPS only)

Sharing DOJ Data with CMIPS II Counties

If a county updates a provider record making the provider ineligible, CMIPS II will send a notification to all case owners (even those in other counties) where the provider is active.

Scenario	Suggested Action
San Diego is the DOJ County of record and receives updated criminal data.	Modify provider record as required. Notify provider and recipients as required.
San Diego is NOT the DOJ county of record and a case owner receives notification of a change in provider eligibility.	Assigned Social Worker will receive task. Notify recipients as required.

Sharing Data with Legacy CMIPS Counties

There is no automated sharing of data with counties using legacy CMIPS. CDSS helps manage the sharing of information with legacy CMIPS counties. IHSS Public Authority is responsible for background checks and resulting documentation.

1. Public Authority will update the provider record as required.
2. Inform CDSS of the change in the provider's eligibility. CDSS will identify any counties in which the provider is active.
3. Inform each county identified of the change in the provider's eligibility. Staff in the identified counties will be responsible for notifying recipients and updating the associated provider record in legacy CMIPS.

Assigning a Provider to a Case

Access CMIPS II and the case to which the provider will be assigned. Assign the provider to the case.

Assigning Hours

If there is more than one provider, it is up to the recipient to decide the number of hours to assign to each provider. The form SOC 838 - IHSS Recipient Request for Assignment of Authorized Hours to Providers is available in CMIPS II ([Attachment](#)). CDSS has not provided instructions on the use of this form. The form is considered optional until instructions have been issued.

Flagging a Timesheet for Review

During the assignment of a provider to a case, the provider timesheet can be flagged for review if needed. The Social Worker must add a case note when a provider's timesheets have been flagged and the reason. This will help staff reviewing the timesheets to determine what action to take.

Searching for Provider Overpayments

After assigning a provider, the Social Worker must review CMIPS II for any overpayments associated with that provider. The case to which the provider has been assigned can be a

recovery case to repay the overpayment. Refer to the overpayment procedure for additional details.

Identifying Potential Provider Fraud

When assigning a provider to a case, a user can see other cases on which the provider is providing services. As required, refer the provider for potential fraud.

Income Verification

CMIPS II has information on the income earned to date for a given year. Designated Public Authority staff is responsible for providing income information when appropriate.

TIMESHEET PROCESSING**Processing Changes with CMIPS II**

With the implementation of CMIPS II, providers will mail timesheets to a centralized timesheet processing facility (TPF) which scans and processes timesheets. Images of processed timesheets are scanned and saved in CMIPS II.

Timesheets are received and processed within 24 hours. Images of timesheets are available within 24 hours of processing. If the timesheet is held for random review (exceptioned), that image will be available four hours after the timesheet is processed. A provider should expect to receive payment within 10 business days of the receipt of timesheet.

Receiving Timesheets at the Office

All CMIPS II timesheets must be mailed to the TPF. Any CMIPS II timesheets received at the county must be returned to the provider.

1. Complete the Ineligible Timesheet Letter (ITL) and select the appropriate reason.
2. Send the ITL, new timesheet, and envelope to the provider.
3. Add a case note on the provider record indicating the timesheet was returned.

Sending Documents with a Timesheet

If a provider or recipient includes other forms, such as a change of address form, with the submission of his or her timesheet, those documents will not be processed by the TPF and will be forwarded to the county for processing. However, providers and recipients should be advised that nothing should be sent to the TPF other than the timesheet.

Processing Legacy Timesheets

Legacy timesheets may continue to come to the county once it goes live on CMIPS II. These timesheets must be accepted and entered by staff. Legacy timesheets do not need to be mailed to the TPF for scanning. They are stored locally at the county.

Legacy Timesheets and Address Changes

If a legacy timesheet is mailed to the TPF, the TPF will process it. However, if an address change is noted on that legacy timesheet, TPF will not process it and instead send the timesheet to the county.

TPF cannot scan and process severely damaged timesheets. If the county name or number is identifiable, TPF will mail the damaged timesheet back to Public Authority. Public Authority will issue a replacement timesheet.

Timesheet Work Queues

To support timesheet processing, CMIPS II has several work queues. These work queues are where tasks related to a given exception type are maintained. Public Authority staff process the tasks in the timesheet work queues. The queues are:

- Timesheets held
- Timesheets over 70 percent
- Timesheet errors
- Timesheet eligibility errors

Recipient Death

In the event of recipient death, the provider should request the Social Worker to approve (sign) the timesheet. This can be done by mail, or at the district office.

1. Social Worker confirms the hours were provided to the best of his/her ability and signs the timesheet as “SW” including name and worker number. If the Social Worker is unavailable, the supervisor may authorize the timesheet.
2. The timesheet will then be returned to the provider to mail to the TPF.

Timesheet Eligibility Errors

CMIPS II will place all timesheet records where there is a problem with eligibility in a work queue.

Timesheet Errors	
Recipient ineligible for entire pay period	Provider terminated
Recipient on leave for entire pay period	Provider on leave for entire pay period
Recipient ineligible for portion of the pay period and daily hours recorded only on ineligible days	Provider is terminated for portion of the pay period and daily hours recorded only on terminated days
Recipient on leave for portion of the pay period and daily hours recorded only on leave days	Provider on leave for portion of the pay period and daily hours recorded only on leave days
Recipient is both on leave and ineligible for the entire pay period	Provider is both on leave and ineligible for the entire pay period
Recipient is on leave and ineligible for portion of pay period and daily hours recorded only on leave days and ineligible days	Provider is on leave and ineligible for portion of pay period and daily hours recorded only on leave days and ineligible days
Advance pay timesheet submitted but recipient is not authorized for advance pay	Provider claimed hours prior to start date <ul style="list-style-type: none"> • Start date after timesheet pay period • Start date within timesheet pay period
Services authorization information is unavailable	Arrears timesheet submitted for advance pay case

Public Authority staff will notify the assigned Social Worker when a timesheet has an eligibility error. The Social Worker will take the appropriate action and add a case note indicating the action taken.

Multiple Errors on a Timesheet

Partially Paid Timesheets

When timesheets are received, CMIPS II runs timesheet validations and business rules. These validations and rules may result in partially paid timesheets. The table below presents common reasons for a partially paid timesheet. These exceptions are added to the Timesheet Exception Report.

Timesheet Error	Action Taken by CMIPS II
Recipient on leave for a portion of the pay period and hours show on both leave and non-leave days	Pay days not on leave, record added to Timesheet Exception Report
Provider on leave for a portion of the pay period and hours show on both leave and non-leave days	
Provider terminated and time documented after provider termination	Pay days when provider is eligible, record added to Timesheet Exception Report
Recipient both eligible and ineligible during pay period	Pay days when recipient is eligible, record added to Timesheet Exception Report
Provider both eligible and ineligible during pay period	
Provider claims hours prior to start date	
Authorized hours exceeded	Pay up to total authorized hours, record added to Timesheet Exception Report
Authorized hours exceeded for a provider with assigned hours	

Timesheet Exception Report

The Timesheet Exception Report will list timesheets where there was an error. This includes timesheets in the work queue as well as timesheets that were partially paid. Exception records will remain on this report until the pay period following the resolution.

Timesheet Errors on Transferred Cases

Staff may receive an incorrect timesheet in a work queue on a case that has since transferred to another county. Designated Public Authority staff has a cross-county payroll user role that will allow him/her to take action on the timesheet. Any corrections must be documented in the case notes.

Correcting Errors on a Transferred Case

Payroll staff from another county may contact Public Authority or IHSS staff to address a timesheet error on a case that has been transferred from San Diego to another county. Document the discussion with the other county as well as the contact information of the person calling as a case note and take the needed action to address the timesheet error.

Replacement and Supplemental Timesheets

Providers must obtain a replacement timesheet directly from IHSS or Public Authority staff. The barcode on the timesheet identifies the case and the provider. The process for issuing replacement or supplemental timesheets has not changed, and can be mailed or picked up at the district office if preapproved.

All timesheets must be printed from the CMIPS II printer. This ensures the timesheet meets the scanning requirements of the TPF and scans correctly.

If timesheet pickup is requested, use the “print now” function in CMIPS II to print the replacement timesheet. If “batch” is selected, inform the provider of the time he/she can pick up his/her timesheet the next business day.

Overpayments

CMIPS II allows the tracking and repayment of overpayments for both active and inactive providers. Repayment is possible from any case on which the provider is active, and payments are tracked in CMIPS II. Additional information on overpayment procedures are in Chapter 6 of the IHSS Policy & Procedure Handbook.

Create the Overpayment Occurrence

The IHSS Account Clerk is responsible for accessing CMIPS II and entering the overpayment occurrence using the case number on which the overpayment occurred and the hours provided by the IHSS Social Worker.

1. He/she will enter a brief description of how the overpayment occurred in the comments field.
2. Notify the over payee and offer a choice of repayment plans.

Recovery plans can be payroll deductions or personal payments (also referred to as collections.)

- If the overpayment is a provider overpayment, create the overpayment occurrence on the case on which the overpayment occurred.
- When creating a recovery plan, use any active case (in the state) where the provider is active. This is called the recovery case.
- If the overpayment is a recipient overpayment, create ***both*** the overpayment occurrence and the recovery on the recipient's case.

If the overpayment occurrence relates to an advance payment case, CMIPS II will automatically create a recovery plan.

Finding an Overpayment in another County

When an overpayment in another county is identified during the enrollment or assignment of a provider, that county must be notified that the person is linked to an active case in San Diego County. That county can then modify its recovery plan to take payroll deductions from the active case.

If a county contacts San Diego County about an overpayment on a provider now active in their county, a recovery plan will be created using the case on which the provider is now active.

Respond to Death Matches

CMIPS II automates the receipt of possible death match information. The system receives files from both the State Controller's Office (SCO) and the California Department of Public Health (CDPH). These files are matched to payment records on cases within CMIPS II.

If there is a match, CMIPS II will assess the date of death and compare it to death data recorded in CMIPS II if it exists. If there is no record of death, or the data provided by SCO or CDPH is more current, CMIPS II will create a death record and send a task to confirm or reject the reported death.

Tasks will go to the QA work queue if the source is SCO, and the tasks will go to the Assigned Social Worker if the source is CDPH.

Paid Claim and Treatment Authorization Request (TAR)

San Diego, as a "managed care" county, will not receive notifications of TARs. CMIPS II automates the receipt and matching of paid claims. The paid claims file includes information on long-term care or inpatient care services received at the same time that IHSS services were being provided. CMIPS II matches these files to payment records on cases within CMIPS II. If there is a match on a paid claim, CMIPS II creates a paid claim record and will send a task to QA staff indicating that there is a new paid claim to review.

Reviewing a Paid Claim

1. Determine the beginning date and the ending date of the paid claim.
2. Review the case for any timesheets submitted during the period of the paid claim.
 - Hours reported on the first day of the paid claim and the last day of the paid claim are acceptable.
 - Hours reported between the begin date and end dates are not acceptable and an overpayment occurrence and recovery plan should be initiated.
3. Review the case and determine any additional actions. The case will be placed on leave for the period of the claim.
4. Create a case note on the case record about the paid claim and any action taken.

Resolving a Duplicate or Suspect SSN

A person may exist only once in CMIPS II, therefore, there can only be one instance of a SSN in the system. Multiple instances of a SSN must be resolved.

Duplicate Social Security Numbers

During the application process for an IHSS recipient or an IHSS provider, a SSN that is already associated with an individual in CMIPS II may be identified. The application process for an IHSS recipient or an IHSS provider can continue while the duplicate SSN is being resolved.

A duplicate SSN can occur during the conversion from Legacy CMIPS to CMIPS II when there is an existing record with the same SSN as a record that was recently converted. The recipient, applicant, or provider information will convert to CMIPS II and the case owner in the newly converted county will receive a task regarding the duplicate SSN.

Types of Duplicate SSN

Inadvertent duplicate: An SSN was entered incorrectly. Research which SSN is correct and then request an “Alternate ID” (type=duplicate SSN) in CMIPS II with the correct SSN. Only CDSS can create a “Duplicate SSN Alternate ID”.

Conversion duplicate: This occurs when a county converts from legacy CMIPS to CMIPS II. There may be multiple instances of the same SSN but other key demographic information (name, date of birth, and gender) do not match. Determine which record should serve as the “master record” and request that CDSS create an “Alternate ID” (type=duplicate SSN) for the other duplicate record(s) in order to merge the records. Only CDSS can create a “Duplicate SSN Alternate ID”.

Suspect: This is the fraudulent use of an SSN. In this instance, the applicant, case or provider using the fraudulent SSN must be terminated and CDSS notified. Request that CDSS create an “Alternate ID” (type is suspect SSN) for the inappropriate use of the SSN. Only CDSS can create a “Suspect SSN Alternate ID”.

Granting Cases and Registering Providers

When a duplicate SSN is identified, the application or enrollment process may continue. A needs assessment can be completed, but a case *cannot* be granted until the duplicate SSN has been resolved. CMIPS II will not allow a provider to be assigned to a case until the duplicate SSN has been resolved.

Contacting another County

When a duplicate case or provider record is in another county the Social Worker must contact the assigned case owner and attempt to reconcile the discrepancy.

Research and Documentation

In order to resolve a duplicate SSN:

- View the applicant or provider’s original SSN card and a government issued photo identification. Examples include a Californian driver’s license, California Identification Card; United States Passport (unexpired) etc.
- Access the Social Security Administration (SSA) website and verify the SSN

- Send the applicant or provider to the SSA office to request a completed form SSA 1610

The following information must be retained or documented when resolving a duplicate SSN:

1. A letter from SSA confirming the owner of the duplicate SSN
2. Document in the case notes when the original SS card and photo identification was viewed by the worker. Include the type of identification viewed.
3. Photocopy of the SS card and photo identification (if possible).

Steps to Resolve an Inadvertent Duplicate SSN

1. Determine if the existing record or duplicate instance is in another county.

Scenario	Suggested Action
In same county	Continue
In other county	Contact other county

2. Research the duplicate SSN to determine which instance of the SSN is legitimate.

Scenario	Suggested Action
Inadvertent Duplicate—Existing Record (the person already in the system has the incorrect SSN) <i>Note: If the duplicate SSN were in another county, step "a" would be done in one county and step "b" in the other.</i>	<ol style="list-style-type: none"> a. Create an Alternate ID record in CMIPS II with the correct SSN for the existing record. <ul style="list-style-type: none"> • This will update the SSN on the Person Home screen. b. THEN, create an Alternate ID record in CMIPS II for the new person with his/her SSN. <ul style="list-style-type: none"> • This will update the blank SSN field on the Person Home screen with the actual SSN.
Inadvertent Duplicate—New Record (the person that is newly entered has the incorrect SSN)	Create an Alternate ID record in CMIPS II with the correct SSN for the new record. <ul style="list-style-type: none"> • This will update the blank SSN fields on the Person Home screen with the actual SSN.

Steps to Resolve a Conversion Duplicate SSN

1. Determine if the duplicate instance is in another county.

Scenario	Suggested Action
In same county	Continue
In other county	Contact other county

2. Research each record to determine which instance of the person should serve as the master record.
3. Identify those elements in the duplicate records that must be edited so they match the duplicate record. Name, date of birth, and gender must be the same. Edit as required.
4. Contact CDSS to create a duplicate SSN record for each instance of the person. This will merge the records.

Steps to Resolve a Suspect SSN

1. Determine if the existing record or duplicate instance is in another county.

Scenario	Suggested Action
In same county	Continue
In other county	Contact other county

2. Research the duplicate SSN to determine which instance of the SSN is legitimate.

Scenario	Suggested Action
Suspect—Existing Record (the person already in the system may have a fraudulent SSN—even if the case is closed or provider is terminated)	<ol style="list-style-type: none"> Terminate the case or provider using the suspect SSN reason. Contact CDSS to create a suspect SSN record for the terminated recipient or provider. Once CDSS has created the record, create an Alternate ID record in CMIPS II with the correct SSN for the new record. <ul style="list-style-type: none"> This will update the blank SSN fields on the Person Home screen with the actual SSN.
Suspect—New Record or Converted Record (the person that is new to the system may have a fraudulent SSN)	<ol style="list-style-type: none"> Deny the application or terminate the case or provider. <ul style="list-style-type: none"> Use the suspect SSN reason code. Contact CDSS to create a suspect SSN record for the terminated recipient or provider.