State of California

Department of Social Services

C D S S

Adult Programs Branch

In-Home Supportive Services

Case Management, Information and Payrolling System

CMIPS 2000
USER'S MANUAL

Section I
Table of Contents

Table of Contents

I. Table of Contents
II. General Information
- A. Introduction
- B. Ordering CMIPS Forms
- C. Contacts
- D. System Security Accessing Screens
- E. Electronic Bulletin Board
- F. Glossary
- G. County Number Table
- H. County Default Rate Table
  - H1 – 1997 – October 2006
  - H2 – November 2007 - Current
- I. Equipment
- J. Purge Processing
- K. CMIPS Annual Process Calendars
- L. Explanation of IHSS Share of Cost

III. Cross Reference Screens
- A. Cross Reference Screens
- B. Name of Recipient (NAMR) Screen
- C. Name of Provider (NAMP) Screen
- D. Social Security Number of Recipient (SSNR) Screen
- E. Social Security Number of Provider (SSNP) Screen
- F. Recipient CIN Cross Reference (CINR) Screen

IV. History and Miscellaneous Screens
- A. Recipient History Screen
- B. Provider History Screen (PHST and PHNS)
- C. Online Message Screen (MSGS)

V. IHSS Assessment, SOC 293
- A. SOC 293 Field-by-Field Description
- B. Special Instructions
- C. Accessing RELA, RELB, RELC Screens
- D. RELA, RELB, RELC Screen Edits
- E. RELA, RELB, RELC Alters
- F. Notice of Action (NOA) Messages – NA690
- G. CMIPS – MEDS Interfaces and Processes
- H. Medi-Cal Eligibility Look-up (MELG)
- I. Share of Cost Detail Screen

VI. Provider Eligibility Update, SOC 311
- A. PELG Screen

- B. SOC 311 Field-by-Field Description
- C. Special Instructions
- D. PELG Screen Edits

VII. Time Sheets and Payments
- A. Arrears Time Sheet
- B. Initial Replacement Time Sheet
- C. Advance Pay Timesheet
- D. TIME Screen
- E. TIME Screen Edits
- F. Timesheet Batching
- G. Special Instructions
- H. Time Sheet Verification
- I. Electronic Funds Transfer

VIII. Payment Inquiry Screens
- A. Recipient Summary (RSUM)
- B. Provider Summary (PSUM)
- C. Warrant Summary (WARR)
- D. Warrant Summary (WARD)

IX. Homemaker Procedures
- A. Homemaker Services Time Report – SOC 443
- B. Homemaker Timesheet Entry Screen (HOME)
- C. Homemaker Recipient Summary Screen (HOMR)
- D. Homemaker Worker Summary Screen (HWRK)

X. Contractor Interface (COIN) Screen
- A. COIN Procedures
- B. COIN Screen Field-by-Field Description
- C. COIN Screen Edits
- D. Contractor Interface Record Layout

XI. IHSS Special Pre-Authorized Transactions, SOC 312
- A. SOC 312 Screen
- B. SOC 312 Field-by-Field Description
- C. Special Instructions
- D. SPEC Screen Edits
- E. PCSP Adjustment (PADJ) Screen

XII. IHSS Overpayment Collection Transaction, SOC 330
- A. SOC 330 Field-by-Field Description
- B. Overpayment Collection Special Instructions
- C. OVER Screen Edits

XIII. Taxes and Benefits
- A. Taxes and Benefits Status & Eligibility Tables

B. W-2 Wage and Tax Statement
C. TAXF Screen
D. Employee's Withholding Allowance Certificates
E. W-5 Earned Income Credit
F. Workers' Compensations Benefits and Claims
G. State Disability Insurance
H. FICA Tax Refund Notice Search (TAXS) Screen
I. FICA Tax Refund Detail (TAXD) Screen

XIV. Reports
A. Advance Pay SOC Report
B. Application/Approval/Denial/Termination Listing
C. Assessment Due Report
D. Caseload Disaster Preparedness Assessment Profile
E. CMIPS Warning Alert Listing
F. Contractor Hours Served Less Than 80%
G. Contractor Payment Auth Report
H. Contractor Payment Rejects and Summary
I. County Payment Voucher
J. Daily Response Exception Report
K. Discontinuance From IHSS Eligibility by Reason
L. Homemaker Detail Time Report
M. IHSS+ Waiver/PCSP Adjustment Report
N. Inactive Providers Automatically Terminated
O. Monthly Characteristics Listing
P. Monthly Data Download
Q. Monthly Recipient Reimbursement Report
R. Monthly Renewal Exception Report
S. No Timesheet Activity For 60 Days
T. Office Caseload
U. Out of State Warrants
V. Overdue Assessment Listing
W. Payroll Warning Alert Listing
X. Provider 300+ Paid Hours Report
Y. Provider SSN Verification Report
Z. Rate Change Reports
aa. Reason Code Report
bb. Recipient Summary Characteristics Listing
cc. Reconciliation of Advance Payments
dd. Referrals by Source by County
ee. Residual Recipient Cases

ff. SCO Undeliverable FICA Refund Report
gg. Service Assessment Summary Report
hh. Share of Cost Report for Arrears Payments
ii. SSI/SSP Terminations
jj. State Only Funds Payment Voucher
kk. Weekly Statutory Max Report
ll. Assessment Due Face to Face
mm. Overdue Assessment Face to Face
nn. Overpayment Recovery Report
XV. CSUM and IHSS Management Statistics Summary
A. County Summary (CSUM) Screen
B. IHSS Management Statistics Summary

Section II
General Information

Introduction

The In-Home Supportive Services/Case Management, Information and Payrolling System (IHSS/CMIPS) User's Manual is provided as a reference for IHSS/CMIPS users. CMIPS is comprised of many screens allowing users to perform many inquiries and transactions. This manual provides field by field descriptions of each screen in CMIPS to which county personnel have access.

This manual addresses a wide range of needs for the following users.

- IHSS Social Service Supervisors and Managers
- IHSS Social Service Workers
- IHSS Payroll and Key Data Entry Personnel

Please note, not all users with access to CMIPS will be able to perform all functions allowed in CMIPS. Access and functional usage is tied to a user's system logon ID. See ***Section II-D – System Security*** for detailed Logon ID information.

This User's Manual is available in hardcopy as well an electronic PDF version. For additional hardcopy manuals, submit a Work Order to CDSS. Please include the names of the individuals to whom the Manuals will be issued. The PDF version may be loaded to a County Local Area Network (LAN) allowing users' online access, thus decreasing the cost associated with updating the hardcopy manuals.

The IHSS/CMIPS User's Manual is updated on a quarterly basis. A CD with an electronic version of the updated manual is mailed to each county the first week of each quarter. The CD contains several different files that can be used, in various ways, allowing counties to have the most up-to-date information regarding the functionality of CMIPS. Hardcopies of the updates may be printed from the files on the CD. CDSS and HP will not mail hardcopies of the updates.

If any errors or inconsistencies are noted in the current manual or if changes to procedures or instructions are required, please address correspondence to:

Manager
California Department of Social Services
Systems, Administrative & Quality Assurance Branch
Adult Programs Systems Unit
744 P Street
Mail Station 9-7-92
Sacramento, CA 95814

Ordering CMIPS Forms

Forms and envelopes are ordered through two different sources.

HP

To order pin-fed computer forms or two-window envelopes, send a county purchase order to:

HP/IHSS
P O Box 940
Roseville, CA 95678-0901

Orders may be faxed to HP at (916) 785-1039 or e-mailed to IHSSHelpDesk@hp.com.

The IHSS forms, the price per form, cost per box, and the number of forms per box are shown below. The price shown includes the cost of shipping via ground transportation.

IHSS FORM	PRICE PER FORM	COST PER BOX	NO/FORMS PER BOX
SOC 293 (2 pages)	.13 each	$192.00 + tax	1,500
SOC 293 (3 pages)	.26 each	$259.01 + tax	1,000
SOC 311	.11 each	$147.86+tax	1,375
SOC 361, IR	.05 each	$140.08+tax	2,700
NA 690 (English)	.20 each	$215.24+tax	1,050
NA 690 (Spanish)	.21 each	$216.83+tax	1,050
Two-window (NOA) envelope	.18 each	$ 91.41+tax	500

Although not required, counties are encouraged to order by the box. This facilitates shipping by HP and county storage after receipt. Please allow at least ten working days for receipt.

CDSS

Time sheet return envelopes and all other department forms are available from the CDSS Warehouse. To order the envelopes or any other department forms, submit a GEN 727b form to:

CDSS Warehouse

PO Box 980788

West Sacramento, CA. 95798-0788

The form numbers, the price per form or box, and the ordering quantity are shown below.

IHSS FORM	PRICE PER FORM	COST PER BOX	NO/FORMS PER BOX
Timesheet Return Envelopes – 7#=1000	No Charge	No Charge	500
Timesheet Return Envelopes – 7#=2000	No Charge	No Charge	500
SOC 317	$3.51 per pad	$3.51 per pad	100 forms per pad
SOC 330			
SOC 404	No charge	No Charge	NCR/ Individual Sets
STD 435	No Charge	No Charge	NCR/ Individual Sets

Some forms are available in PDF at the CDSS Forms website. You can access the link below to see all the forms available by program.

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm

To view these forms, you will need to Adobe Acrobat installed. For Adobe Acrobat requirements, see latest details at the site.

Contacts

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HP Enterprise Services

HP/IHSS
PO Box 940
Roseville, CA 95678-0901

Sue Quichocho, Client Delivery Executive	916-785-1106
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IHSS Help Desk	1-866-740-2189

System Security

EDSNET is the worldwide network for all Hewlett Packard (HP) employees and customers containing controls to authorize user access to HP information systems, thereby preventing unauthorized access. The Security Level assigned to a user determines the screen access and actions that user is allowed. EDSNET requires the entry of two security codes, a LOGON-ID and PASSWORD, before access is allowed. The LOGON-ID and PASSWORD are not case sensitive, meaning there are no UPPER or lower case distinctions.

Logon-ID

The LOGON-ID is a six-character alphanumeric identification code unique to a single user. When used in conjunction with a valid PASSWORD enables the user to access EDSNET. HP assigns LOGON-IDs to all individuals for whom CMIPS access has been requested by a County or other designated requestor.

Password

The PASSWORD must be a unique string of eight alphanumeric characters, known only by the user to whom the LOGON-ID is associated. Passwords expire and must therefore be changed every 30 days. Security Messages will alert users when it is time to change their password.

LOGON-IDs and PASSWORDs should not be shared. At any given time, there is only one correct LOGON-ID/PASSWORD combination for a user.

Password Rules

Use the following the guidelines when choosing a new password:

- A new password may not be identical to the last 5 passwords you previously used.
- A password must contain eight (8) alphanumeric characters. Spaces and special characters are not allowed.
- A password should include at least two numeric values (0-9).
- A password may not have a number or letter repeated more than twice
- A password should be easy to remember. For example, ONETWO33 or 1DOG2CAT

To change a password, follow the instructions in Password Expiration. Once a Logon-ID is suspended it cannot be used to access CMIPS until the password is reset.

Logon ID Suspension

When trying to LOGON to EDSNET, the user is allowed three (3) attempts to correctly enter their LOGON-ID and PASSWORD combination. If all three attempts fail the LOGON-ID is **suspended** and the user must have their password reset. Once a Logon-ID is suspended it cannot be used to access CMIPS until the LOGON-ID is unsuspended.

If a user has not accessed CMIPS for approximately 60 days, the Logon-ID will be automatically suspended. To regain user access to CMIPS, the user or authorized County Security Coordinator should contact the IHSS Helpdesk at 866 740-2189.

If a user has not accessed CMIPS for approximately 90 days, the Logon-ID will be deleted and a new User ID Request form will need to be submitted to receive a new Logon-ID.

Password Reset

To have an EDSNET password reset contact the IHSS Helpdesk at 866 740-2189.

System Timeouts

When CMIPS has been inactive for 20 minutes or longer, the User ID will timeout. When an action is attempted the Security Message "**ACFAE908 PLEASE ENTER YOUR PASSWORD FOR SYSID CIP8=>**" displays. The user simply keys his/her password at the cursor, then presses <**Enter**>. System functionality will resume and the NEXT line indication will display.

Accessing EDSNET and the CMIPS System

In the following screen shot examples bold color indications designate data keyed by a user and bold blue is added to clarify screen field designations. The screens will not actually display the colors indicated.

I. When a user first access the system the screen may be blank or display the message, WELCOME TO SACRAMENTO IPC.

   A. If the screen is blank, press the space bar. The WELCOME TO SACRAMENTO IPC screen appears.

```
WELCOME TO THE SACRAMENTO IPC.  YOUR TERMINAL NAME IS:  VABC5GFD

Use of the network is restricted to authorized users.  User activity is
monitored and recorded by system personnel.  Anyone using the network
expressly consents to such monitoring and recording.

BE ADVISED:  If possible criminal activity is detected, system records,
along with certain personal information, may be provided to law
enforcement officials.

EDSNET
```

Fig. II-D- 1 – WELCOME TO THE SACRAMENTO IPC Screen

   B. Key "EDSNET", then press <**Enter**>. The EDSNET screen displays.

C. The cursor defaults to the LOGON-ID field on the EDSNET screen, key the Logon-ID assigned, tab to the PASSWORD field and key the password, then press <**Enter**>.

```
        EEEEEEEEE  DDDDDDDD   SSSSSSSSS  NNN     NNN  EEEEEEEEE  TTTTTTTTTTTTT
       EEEEEEEEE  DDDDDDDDD  SSSSSSSSS  NNNN    NNN  EEEEEEEEE  TTTTTTTTTTTTT
      EEE        DDD   DDD  SSS        NNNNN   NNN  EEE             TTT
     EEEEEEEEE  DDD   DDD  SSSSSSSSS  NNN NN  NNN  EEEEEEEEE       TTT
    EEEEEEEEE  DDD   DDD  SSSSSSSSS  NNN  NN NNN  EEEEEEEEE       TTT
   EEE        DDD   DDD        SSS  NNN   NNNNN  EEE             TTT
  EEEEEEEEE  DDDDDDDDD  SSSSSSSSS  NNN    NNNN  EEEEEEEEE       TTT
 EEEEEEEEE  DDDDDDDD   SSSSSSSSS  NNN     NNN  EEEEEEEEE       TTT

           ELECTRONIC DATA SYSTEMS CORPORATION     DALLAS, TEXAS
Use of the network is restricted to authorized users. User activity is moni-
tored and recorded by system personnel. Anyone using the Network expressly
consents to such monitoring and recording. BE ADVISED: if possible criminal
activity is detected, system records, along with certain personal information,
may be provided to law enforcement officials.
*******************************************************************************
*   LOGON-ID:        czh5zz   NETWORK-ID:  SA        DATE:    10/28/96        *
*   PASSWORD:        icu4xyz2 HOST:        SAIPC1N   TPIN:    XXXXXXXX*
*   NEW PASSWORD:    -        TERMINAL-ID: XXXXXXXX  SECURITY XXX-XXX-XXXX    *
*   ACCOUNTING CODE:          CDRM:        XXXXXX    HELP:    XXX-XXX-XXXX    *
*******************************************************************************
ENTER OPTIONAL INITIAL SELECTION BELOW, PF1 FOR HELP, OR 'LOGOFF'.

SELECTION=>
```

Fig. II-D- 2– EDSNET Screen

D. Depending upon "access" or whether or not a user has accessed the system previously one of the following screens will display.

1. **PASSWORD EXPIRED** – New User's are assigned a temporary password to access EDSNET. The first time a new user logs on the temporary password the EDSNET Security Message, M20:"PASSWORD EXPIRED. PLEASE ENTER NEW PASSWORD" displays. This same message displays when a user's password has expired.

```
        EEEEEEEEE  DDDDDDDD   SSSSSSSSS  NNN     NNN  EEEEEEEEE  TTTTTTTTTTTTT
       EEEEEEEEE  DDDDDDDDD  SSSSSSSSS  NNNN    NNN  EEEEEEEEE  TTTTTTTTTTTTT
      EEE        DDD   DDD  SSS        NNNNN   NNN  EEE             TTT
     EEEEEEEEE  DDD   DDD  SSSSSSSSS  NNN NN  NNN  EEEEEEEEE       TTT
    EEEEEEEEE  DDD   DDD  SSSSSSSSS  NNN  NN NNN  EEEEEEEEE       TTT
   EEE        DDD   DDD        SSS  NNN   NNNNN  EEE             TTT
  EEEEEEEEE  DDDDDDDDD  SSSSSSSSS  NNN    NNNN  EEEEEEEEE       TTT
 EEEEEEEEE  DDDDDDDD   SSSSSSSSS  NNN     NNN  EEEEEEEEE       TTT

           ELECTRONIC DATA SYSTEMS CORPORATION     DALLAS, TEXAS
Use of the network is restricted to authorized users. User activity is moni-
tored and recorded by system personnel. Anyone using the Network expressly
consents to such monitoring and recording. BE ADVISED: if possible criminal
activity is detected, system records, along with certain personal information,
may be provided to law enforcement officials.
*******************************************************************************
*   LOGON-ID:        czh5zz   NETWORK-ID:  SA        DATE:    10/28/96        *
*   PASSWORD:                 HOST:        SAIPC1N   TPIN:    XXXXXXXX*
*   NEW PASSWORD:    cow2moon TERMINAL-ID: XXXXXXXX  SECURITY XXX-XXX-XXXX    *
*   ACCOUNTING CODE:          CDRM:        XXXXXX    HELP:    XXX-XXX-XXXX    *
*******************************************************************************
ENTER OPTIONAL INITIAL SELECTION BELOW, PF1 FOR HELP, OR 'LOGOFF'.
M20: PASSWORD EXPIRED.  PLEASE ENTER NEW PASSWORD

SELECTION=>
```

Fig. II-D- 3 – EDSNET Password Expired Security Message

The cursor defaults to the new password field. Key the new password following the Password Rules, then press <**Enter**>. To maintain confidentiality, passwords do not display as they are keyed.

If the new password passes all system edits, the screen displays the message, "PLEASE RE-ENTER NEW PASSWORD FOR CROSS-CHECK". The cursor defaults to the new password field again. Re-key the new password and press <Enter>. The system will advance to the next screen depending upon the user's security access. The new password is now in effect. All subsequent logon attempts will use the EDSNET LOGON-ID and this new password.

If the password entered does not pass all system edits, take the corrective action indicated in the displayed Security Message.

2. **EDSNET USER PROFILE SCREEN** – Sometimes a profile will get damaged and will need to be recreated on the EDSNET Profile screen by typing CESN where IHSS would be typed on the CICS screen and filling out the four fields as show below.

```
       SYSTEM: AFFCICTD WELCOME TO CICS/TS - SA-SMC
                        CICS SYSTEM SECURED BY CA-ACF2/CICS 6.4
     TERMINAL: @000
         NODE: VFFT3515

          DAY: THURSDAY
  SYSTEM DATE: JANUARY 15, 2004
  SYSTEM TIME: 02:11 PM

      LOGONID: ===> czh5zz  (USE 'LOGOFF' TO LOGOFF)
     PASSWORD: ===> cow2moon
  ACCESS CODE: ===> rcsmkm
 SAVE PROFILE: ===> s        USE 'S' TO SAVE, 'D' TO DELETE
  NET LOGONID: ===>          (IF DIFFERENT FROM LOGON ID AND PROFILE IS SAVED)

 NEW PASSWORD: ===>
 (ENTER TWICE): ==>

CSI0050I SIGNOFF IS COMPLETE


CICS/TS  - CITD  (SYSTEM SIGNON/SIGNOFF FACILITY)
```

Fig. II-D-4 – EDSNET User Profile Screen

If the EDSNET User Profile screen displays with the cursor defaulted to the LOGON-ID field.

- Key User's LOGON-ID
- Tab to the PASSWORD field, key the user password
- Tab to the ACCESS CODE field and key "**RCSMKM**"
- This is a statewide access code assigned to IHSS; therefore, the same code is applicable to all users' in all counties. This entry is not case sensitive.
- Tab to the SAVE PROFILE field, key a lower case "**s**"
- Press <**Enter**>

When the profile has been successfully saved the SIGNON COMPLETED screen displays with the cursor in the upper left corner.

```
IHSS

CSI0025I SIGNON COMPLETED FOR LOGONID: HCL5TY   TERMINAL: @000 NETNAME: VFFT3515

PROFILE SAVED
```

Fig. II-D-5 – Successful completion of EDSNET User Profile

If a Security Edit Message displays, take the corrective action indicated to complete the PROFILE.

With the cursor in the upper left corner, key "**IHSS**", then press <**Enter**> to continue.

3. **SELECTION SCREEN** – Some users, granted access to CMIPS TEST application(s) will be presented with a SELECTION SCREEN similar to that displayed below.

```
TERM:    VFFT3702  DATE: 08/29/07  HELP: 916-636-3080     NETWORK-ID: SA
 LOGMODE: SNX32702  TPIN: 44709132  SEC:  972-605-3720     HOST:       SAIPC1N
 NO..MNEMONIC..SITE.....APPLICATION/DESCRIPTION.........HOURS..................
 01  FFM8      SAIPC1A  CICS MODEL OFFICE - M8          AS REQ"D
 02  FFP8      SAIPC1A  IHSS PRODUCTION CICS            0000/2400
 03
 04
 05
 06
 07
 08
 09
 10
 11
 12
 13
 14
 15
 16
 17
 ***************************    SELECTION SCREEN    ****************************
 PLEASE ENTER SELECTION BELOW, PF1 FOR HELP OR PF3 TO LOGOFF        PAGE=ONLY

 SELECTION=> 02
```

Fig. II-D- 6 – SELECTION Screen

On the **SELECTION SCREEN** the various applications to which the user has access are indicated. The user may access these applications by keying either the **NO** or the **MNEMONIC** in the "**SELECTION**" field at the bottom of the screen, then press <**Enter**>.

When accessing data from this SELECTION SCREEN, it is important to access the correct application. There is no visible indication once in an application to differentiate the **CICS MODEL OFFICE** application from the **IHSS PRODUCTION** application. Only users with access to multiple applications will need to heed this caution.

If a user, with multiple application access, is unsure which application is displayed , return to the MAIN MENU, then press <**F01**> displays to display the SCREEN DESCRIPTION on which is indicated the application.

```
HLPA                        CMIPS-2000 Help System                  11:51:34
                              Screen Description                    08-29-2007

 IHSS MAIN MENU  (MODEL OFFICE)

 LINES 1 TO 2 OF 2

   THIS IS MAIN MENU FOR MODEL OFFICE









Screen description is displayed.
F01=HELP F03=EXIT F07=PREV F08=NEXT F12=CANCEL
```

Fig. II-D- 7 – Screen Description from IHSS MAIN MENU (MODEL OFFICE)

E. **WELCOME TO CICS** – Eventually all users will access the WELCOME TO CICS SCREEN. The cursor defaults to the upper left corner directly beneath the W in **WELCOME TO CICS**.

```
WELCOME TO CICS


        A F F C I C P 8   MVS/ESA          SP7.0.2  M9672   C I C S  5.3.0
        NETNAME: VFFT5613 TERMINAL: $13F   DATE: 01/15/04   TIME: 14:17:01

                   CCCCCCCCCC    IIIIIIIIII    CCCCCCCCCC    SSSSSSSSSS
                CCCCCCCCCCCC   IIIIIIIIII   CCCCCCCCCCCC  SSSSSSSSSSSS
               CC        CC       II       CC         CC  SS        SS
              CC                 II       CC            SS
             CC                 II       CC            SSS
            CC                 II       CC            SSSSSSSSS
           CC                 II       CC            SSSSSSSSS
          CC                 II       CC                  SSS
         CC                 II       CC                   SS
        CC        CC       II       CC        CC  SS        SS
        CCCCCCCCCCCC   IIIIIIIIII   CCCCCCCCCCCC  SSSSSSSSSSSS
        CCCCCCCCCC    IIIIIIIIII    CCCCCCCCCC    SSSSSSSSSS

KEY IN TRANSACTION CODE AND PRESS ENTER


DFH3504I SIGN ON COMPLETE
```

Fig. II-D- 8– WELCOME TO CICS Screen

Key "**IHSS**", then press "END" or "Erase EOF" depending upon your keyboard, then press <**Enter**> to access the IN-HOME SUPPORTIVE SERVICES SYSTEM (IHSS) Menu Screen.

```
      THIS MENU
      NEXT                          PROFILE

                   IN-HOME SUPPORTIVE SERVICES SYSTEM (IHSS)
                                SCREENS AVAILABLE
 CINR RECIP CIN CROSS REF   PCAW PROV CONV & WAIVER    SSNP PROV SSN CROSS REF
 CINV RECIP CIN VERIFICTN   PELG PROV ELIGIBILITY      SSNR RECP SSN CROSS REF
 COIN CONTRACTOR INTERFACE  PHNS PROV HIST NAME SEARC  TAXD FICA TAX REFUND DTL
 CSUM COUNTY SUMMARY        PHST PROVIDER HISTORY      TAXF W2 INFORMATION
 EFTS ELECTRON FUND TRNSFR  PSUM PROVIDER SUMMARY      TAXS FICA TAX REFUND SUM
 ENRL PROVIDER ENROLLMENT   RELA RECP PERSONAL DATA    TIME TIME CARD INPUT
 HOME HOMEMAKER TIME CARD   RELB RECP ELIGIBILITY      WARD WARRANT DETAIL
 HOMR HOMEMAKER RECP SUM    RELC RECP GRID HOURS       WARR WARRANT SUMMARY
 HWRK HOMEMAKER WORKER SUM  RHSA RECP HIST SCREEN A
 LIEN LEVY TRANSACTION      RHSB RECP HIST SCREEN B
 MELG MEDI-CAL ELIG LOOK-UP RHSC RECP HIST SCREEN C
 MSGS CASE MESSAGES         RHSD RECP HIST SCREEN D
 NAMP PROV NAME CROSS REF   RHSS RECP HIST SEARCH SCR
 NAMR RECP NAME CROSS REF   RSUM RECIPIENT SUMMARY
 OVER RECOVERY TRANSACTION  SOCD SHARE OF COST DETAIL
 PADJ PCSP ADJUSTMENT       SPEC SPECIAL PREAUTH TRANS


F03=EXIT F08=NEXT
```

Fig. II-D- 9 – IHSS MENU Screen

Basic CMIPS Navigation Rules

The **THIS** and **NEXT** lines on all CMIPS screens allow users to know which screen (THIS) is currently displays and which screen will **NEXT** be displayed. In Fig. II-D-8 – IHSS MENU Screen, the THIS line indicates MENU on the THIS line because the MENU screen is displayed. The NEXT line is blank. The user must key a SCREEN and ACTION with the necessary TXN PARM, then press <**F8**> to "tell" CMIPS which screen to display.

Rules for use of the <F8> and <Enter> keys in CMIPS

The <**F8**> key in CMIPS is used to "issue" to CMIPS the command indicated on the NEXT line.

Example:

Moving from the Provider record (PELG) to the associated Warrant Summary Screen (WARR), the user will key WARR in the SCREEN field, then press <**F8**>.

The <**Enter**> key in CMIPS is used to process or advance through screens when adding or changing case data or processing a search on one of the Cross Reference Screens.

Example:

When a case is being added or changes keyed to a recipient or provider case, the <**Enter**> key must be used. Pressing <**Enter**> will save the keyed data and process through the screens as the updates are keyed. When the RELA is accessed in a C ACTION the THIS line will indicate RELA C, and the NEXT line will indicate RELB C, and so forth as changes are keyed and screens displayed. When the RELC is displayed the NEXT line will read RELA I. When <**Enter**> is pressed the RELA screen will display with all updates applied.

While some screens allow the user to use the <**F8**> and <**Enter**> keys interchangeably, it is best to use the <**F8**> when attempting to initiate a new transaction.

The <**Enter**> key should used when adding or updating data to a recipient or provider case, or on the Cross Reference Screens after search criteria has been keyed. See ***Section III – Cross Reference Screens*** for details of using Cross Reference Screens.

CMIPS Screen Navigation

II. IHSS Navigation Command Line

When the IN-HOME SUPPORTIVE SERVICES SYSTEM IHSS Menu is accessed the cursor rests in the first field to the right of the **NEXT** line in the upper right corner of the screen.

Throughout this document the **NEXT** line will be referred to as the **COMMAND** line. The following fields are associated to MAIN MENU and command line:

SCREEN A four alpha-character (4) indication from the MAIN MENU which designates the screen to which the user desires access

ACTION A one (1) alpha-character ACTION indicating the system action the user desires to take on the designated screen. The following ACTIONS are available for use. Not all actions are allowed on all screens. User's ACTION ability is restricted by their Security Level.

A Add C Change

I Inquiry D Delete

TXN PARM A sixteen (16) alphanumeric-character field allowing entry of transaction parameter which indicates information used in access the screen or display results on a screen. Transaction parameter values may vary amongst screens.

PROFILE Four numeric-character profile assigned to each User. In most cases it will be the County number followed by the district office number (34 01). This field displays only on the MENU screen.

To access a screen in CMIPS key the **SCREEN** followed by the desired **ACTION**, then the desired **TXN PARM**, then press <**PF8**>.

CMIPS Screen Descriptions

Screen Name	TXN PARM	Description	Cross Reference Screen
CINR	Ten (10) character CIN	Displays recipient case information. ***See Section V-B – Special Instructions*** for detailed description.	RELA, RELB, RELC, RSUM,
CINV	Enter CIN in the CINV field on the screen	Allows user to add recipient case using SCI, Client Index Number data	
COIN	Nine (9) digit assigned county code.	For counties with contract mode identifies billing for each contractor, by county. ***See Section X-B – COIN Screen*** for detailed description.	

Screen Name	TXN PARM	Description	Cross Reference Screen
CSUM	Ten (10) digit code – Two (2) digit county code, either IP, CC or HM, and four (4) digit year and two (2) digit month)	For counties, identifies monthly caseload, hours and expenditures. Once screen is up, change to prior month can be made by entering desired month and year at FOR MONTH field. ***See Section XV-A – County Summary*** for detailed description.	
EFTS	10 digit recipient case number.	Identifies status of advance pay electronic fund transfer request. ***See Section VII-I – Electronic Fund Transfe***r for detailed description.	
ENRL	Ten (10) digit recipient case number and (6) digit provider number	The Provider Enrollment Screen was developed to support the legislative requirements. ***See Section VI-C – Special Instructions, VIII. Provider Enrollment Screen***	
HOME	Enter required information in specified fields on this county specific data entry screen.	This screen is used by each county to record the total hours reported on the SOC 443 timesheets for homemaker services provided to a recipient during the month. ***See Section IX-B – Homemaker Timesheet Entry Screen*** for detailed description.	
HOMR	Ten (10) digit recipient case number, two (2) digit year, two (2) digit month, and the starting date of the payment period. If moving from HOME screen, use an I Action and the ten (10) digit case number and press <PF8>.	Displays all homemaker providers and hours worked for a specific recipient. ***See Section IX-C – Homemaker Recipient Summary Screen*** for detailed description.	
HWRK	County number ,four (4) digit worker ID, four (4) digit year, two (2) digit month and date.	Displays summary of total hours spent in PCSP and Residual by homemaker in most recent 12 months. ***See Section IX-D – Homemaker Worker Summary Screen*** for detailed description.	

Screen Name	TXN PARM	Description	Cross Reference Screen
LIEN	Accessible by State Contractor staff only.	Displays status of levy/lien requested by outside agency against active IHSS arrears provider earnings.	
MELG	Either the ten (10) digit recipient case number or the ten-digit MEDS case number followed by the eligibility month in CCYYMM format.	When accessed using ten-digit recipient case number, displays MEDS eligibility for up to the most recent 13 months. When accessed using the ten-digit MEDS case number and eligibility month, displays all IHSS recipient cases associated to the MEDS Case number in that eligibility month. ***See Section V-H – Medi-Cal Eligibility Look-up***.	SOCD
MENU	Initial display on login or MENU	Displays all available CMIPS screens	
MSGS	Enter required information in specified fields on this county specific data entry screen	Displays Online Messages per user request. ***See Section IV-C – Online Messages Screen*** for detailed description.	RELA
NAMP	Last name, first name of provider.	Displays information about provider. ***See Section III B – NAMP Screen*** for detailed description.	SSNP
NAMR	Last name, first name of recipient	Displays information about recipient. ***See Section III-A – NAMR Screen*** for detailed description.	MELG, RELA, RELB, RELC, RSUM, SSNR
OVER	Ten (10) digit recipient case number plus sequence number of payments (01-10).	Displays status of county-initiated recovery of IHSS funds against an active recipient or provider. ***See Section XII-B – SOC 330 Field-by-Field Description*** for detailed description.	
PADJ	Two (2) digit county number, two (2) digit month and four (4) digit year.	Displays monthly PCSP adjustment. See ***Section XI-B – SOC 312 Field-by-Field Description*** for detailed description.	
PCAW	Ten (10) digit recipient case number and 6 digit provider number	The Provider Conviction and Waiver Tracking screen displays conviction and waiver information on the provider. ***See Section VI-C - SOC 311 – Special Instructions, XII Provider Conviction and Waiver Tracking Screen*** for detailed description.	

Screen Name	TXN PARM	Description	Cross Reference Screen
PELG	Ten (10) digit recipient case number and 6 digit provider number	The provider eligibility screen displays all provider information necessary for payroll processing ***See Section VI-B – SOC 311 Field-by-Field Description*** for detailed description.	Address Verification screen appears if adding or changing mailing address.
PHNS	Last name, first name of provider.	Displays basic information (district office, county number, case number and SSN) for all IHSS providers with the same name as with PELG records in E or L status. ***See Section IV-B – PHST and PHNS Screens*** for detailed description.	PHST
PHST	Ten (10) digit recipient case number and six (6) digit provider number or nine (9) digit provider SSN.	The PHST screen displays basic quarterly provider payment information for a specific provider/recipient case. (***See Section IV-B – PHST and PHNS Screens*** for detailed description.	
PSUM	Ten (10) digit recipient case number and 6 digit provider number	Displays payment history of provider for up to 60 months. If provider works for an advance pay recipient, warrant number displays as zeros (00000000). To display warrants associated to the PSUM, key WARR as the SCREEN then add the six-digit provider number to the end of the displayed recipient case number, then press <F8>. ***See Section VIII-B – PSUM Screen*** for detailed description.	WARR
RELA	Ten (10) digit recipient case number, or from NAMR or SSNR screen key an **A** in recipient select field to the left of recipient's name.	Online display of SOC 293. Displays recipient case data, functional limitations, Share of Cost and assessment grid hours. ***See Section V-A SOC 293 – Field by Field Description*** for detailed description. or ***Section V-B SOC 293 – Special Instructions*** for detailed description or ***Section V-C – Accessing RELA, RELB and RELC***	CAS Address Verification, Client Index Force Add or Client Index Potential Match

Screen Name	TXN PARM	Description	Cross Reference Screen
RELB	Ten (10) digit recipient case number, or from RELA screen press <PF8> or <Enter>.	Related to SOC 293. Displays recipient eligibility information associated with Share of Cost (SOC), Social Worker and the current plus two previous eligibility segments.	
RELC	Ten (10) digit recipient case number, or from RELB screen press <PF8> or <Enter>.	Related to SOC 293. Displays hours associated with service types that the social worker determined the recipient required. Same references as RELA.	
RHSA	Ten (10) digit recipient case number plus desired three (3) digit sequence number.	Historical record of SOC 293, with the same fields as the RELA screen. The current sequence printed on the Turnaround Document (TAD) displays. ***See Section IV-A- Recipient History Screen*** for detailed descriptions and functionality.	
RHSB	Ten (10) digit recipient case number plus desired three (3) digit sequence number or from RHSA press <Enter> or <PF8>	Contains historical record of SOC 293, with the same fields as the RELB screen. ***See Section IV-A- Recipient History Screen*** for detailed description.	
RHSC	Ten (10) digit recipient case number plus desired three (3) digit sequence number or from RHSB press <Enter>	Contains historical record of SOC 293, with the same fields as the RELC screen. ***See Section IV-A- Recipient History Screen*** for detailed description.	
RHSD	Ten (10) digit recipient case number plus desired three (3) digit sequence number or from RHSC press <Enter> or <PF8>.	Displays a unified list of all providers for a recipient. ***See Section IV-A- Recipient History Screen*** for detailed description.	
RHSS	Recipient name or SSN.	Lists recipients with Recipient History Records by SSN or Name. See ***Section IV-A- Recipient History Screen*** for detailed description.	

Screen Name	TXN PARM	Description	Cross Reference Screen
RSUM	10 digit recipient case number.	Displays month-to-date summary of payments and adjustments made to the recipient. ***See Section VIII-A – RSUM Screen*** for detailed description.	
SOCD	The ten (10) digit recipient case number followed by the eligibility month in CCYYMM format.	Displays the Share of Cost Details associated with a specific IHSS recipient by eligibility month. See ***Section V-I – Share of Cost Detail Screen*** for detailed description	MELG
SPEC	Ten (10) digit recipient case number for a recipient transaction. Ten (10) digit recipient case number plus six (6) digit provider number, for provider transaction.	Not a display screen. Multiple uses for counties to issue emergency checks, stop payment, void checks, etc. ***See Section XI-B – SPEC Transaction*** for detailed description.	
SSNP	Provider SSN	Allows user to search CMIPS for providers using the provider SSN. Displays information about the provider and lists recipient with whom the provider is associated. ***See Section III-D SSNP Screen*** for detailed description.	PELG, PSUM
SSNR	Recipient SSN	Displays information about the recipient and the provider(s) providing services. ***See Section III-C – SSNR Screen*** for detailed description.	Recipient case: MELG, RELA, RELB, RELC, RSUM; Provider name: PELG, PSUM
TAXD	Eight (8) digit FICA Refund notice number	Displays status of FICA refund notice and information about the refund warrant. ***See Section XIII- I – FICA Tax Refund Detail*** for detailed description.	
TAXF	Ten (10) digit recipient case number and six (6) digit provider number	Displays up to four years of Provider W2s. The most recent tax year processed plus three prior. ***See Section XIII-C – TAXF Screen W2 Information*** for detailed description.	

Screen Name	TXN PARM	Description	Cross Reference Screen
TAXS	SSN or provider name	Lists, by name or SSN providers issued FICA tax refund notices for various years. ***See Section XIII-H – FICA Tax Refund Notice Search*** for detailed description.	TAXD
TIME	No TXN PARM required to access screen	Data entry screen used by county to enter arrears and advance pay timesheets. ***See Section VII-D – TIME Screen*** for detailed description.	
WARD	Eight (8) digit warrant number and two (2) digit year warrant paid	For selected warrant, displays breakdown of all information on that warrant. ***See Section VIII-D – WARD Screen*** for detailed description.	
WARR	The ten (10) digit recipient case number; or the sixteen (16) digit provider number; or a social security number.	Displays provider payment history for the past five years. ***See Section VIII-C – WARR Screen*** for detailed description.	WARD

Logoff

When IHSS work activity has been completed in CMIPS and the user does not intend to perform additional system activity within 15 minutes, s/he should logoff CMIPS. There are two ways to logoff CMIPS:

1. From a dumb terminal, press the **CLEAR** key. A blank screen displays key "**LOGOFF**", then press <**Enter**>.

   The message, CSI00501 – SIGNOFF IS COMPLETE, will flash across the screen, then the WELCOME TO THE SACRAMENTO IPC screen appears. This signifies the user has successfully exited CMIPS.

2. From a dumb terminal or PC, press <**F3**> multiple times until the "**WELCOME TO THE SACRAMENTO IPC**." screen displays. This screen signifies that the user has successfully exited CMIPS.

EDSNET Security Messages

The following Security Messages may display during the use of CMIPS.

Number	Message Detail
M11	SECURITY INFORMATION IS INVALID. PLEASE REENTER The LOGON-ID or password entered is not valid. Correct the LOGON-ID and/or password and reenter. Make sure the numeric shift keys are being used.

Number	Message Detail
M18	PASSWORD REQUIRED. A password was not entered on the security screen.
M19	LOGON-ID REQUIRED. PLEASE ENTER ABOVE. A LOGON-ID was not entered on the security screen
M20	PASSWORD EXPIRED. PLEASE ENTER NEW PASSWORD. The security system has determined that the current password has been in use for thirty-days and is no longer valid. Enter a new password in the NEW PASSWORD field.
M21	NEW PASSWORD INVALID OR NOT ALLOWED. The security system has rejected the new password or is not allowing the Password to be updated. Please check with the Security Administrator.
M36	PASSWORD IS INVALID. The alphanumeric code entered as the password is not recognized by EDSNET. Reenter the password.
M42	SECURITY SYSTEM ERROR. MESSAGE ID=XXXXXXXX. The user has attempted to access the EDSNET MENU, but has been deactivated. Please contact the IHSS Help Desk at 866 740-2189.
M43	SECURITY DATA CONTAINS LEADING OR EMBEDDED DELIMITER CHARACTERS. The LOGON-ID and/or password contains blanks or special characters other than numbers/letters.
M68	PLEASE REENTER NEW PASSWORD FOR CROSS-CHECK. The user has entered a LOGON-ID and a new password on the security screen. This message is generated to prompt entry of the new password a second time for system verification.
M69	NEW PASSWORD IS INCONSISTENT – REKEY TO TRY AGAIN OR PRESS ENTER TO ABORT. The second entry of a new password does not match the first entry. The user must start the password change sequence over or press <**Enter**> to abort the process and access the menu selection screen.
M80	PASSWORD CROSS-CHECK COMPLETE. The new password has been accepted and updated
M98	SECURITY EXCEPTION COUNT EXCEEDED. The LOGON-ID/password has been entered incorrectly too many times.
M118	USER ACCESS REVOKED – CONTACT SECURITY ADMINISTRATOR. The access code entered has been revoked. Contact the IHSS Help Desk at 866 740-2189.
M119	YOUR PASSWORD EXPIRES IN 7 DAYS. ENTER *SEC TO UPDATE. This is a reminder to update the password before it expires.
M120	YOUR PASSWORD EXPIRES IN 15 DAYS. ENTER *SEC TO UPDATE. This is a reminder to update the password before it expires.
M151	YOUR PASSWORD WILL EXPIRE ON MM/DD/YY. ENTER*SEC TO UPDATE. The password will expire on this date. This is a reminder to update the password before it expires.

Adding Staff

Supervisors of new employees needing access to CMIPS must complete the "User ID Request Form" for submission to CDSS. An electronic version of this form may be requested from the IHSS Help Desk. User ID Requests must submitted by the security contact at each county.

Deleting Staff

To delete a user's access to CMIPS the Supervisor must complete the "User ID Request Form" for submission to CDSS. An electronic version of this form may be requested from the IHSS Help Desk. User ID Requests must submitted by the security contact at each county.

Logon ID Deletion

When a specific Logon ID has not been used to access CMIPS for approximately 90 days, the Logon-ID will be deleted. Once an ID has been deleted a new User ID must be requested by the County using the User ID Request Form.

IHSS Help Desk

If assistance is needed using CMIPS, contact your supervisor. If additional assistance is required, contact the IHSS Help Desk at 866 740-2189.

User ID Request Form

CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

User ID Request Form

County _____ Date _____

County Requestor _____ PA Requestor _____

Phone/Fax _____ Phone/Fax _____

Email requests to CDSS at CMIPSID@dss.ca.gov or fax to CMIPS Systems Unit at (916) 653-2220. **All requests must have authorized county approval signature from the local county welfare department and include user name and user level.** Please see table below for reference. Requests are usually processed within 5 business days.

Type	User Name/ Organization	Phone	User Level	D/O	Logon ID	Temporary Password

Type: N – New User D – Delete User ID C – Change User ID

New User Instructions: At the EDSNET screen type your Logon ID. Tab to the password field and type the Temporary Password and then press Enter. The System will display "Password Expired" at the bottom of the screen and the cursor will be at the New Password field. Enter a new password and press Enter and repeat one more time for confirmation. Passwords must be 8 characters in length, contain at least one number and not repeat any character or number more than twice. You can not use the last 5 previous passwords.

LEVEL 1	All inquiry screens
LEVEL 1E	All inquiry screens plus Read/Write for ENRL screens
LEVEL 2	All inquiry screens and timesheet entry
LEVEL 2E	All inquiry screens and timesheet entry plus Read/Write for ENRL screens
LEVEL 3	All add, change and timesheet entry
LEVEL 4	All add, change and SPEC transactions
LEVEL 5	All add, change, timesheet entry and SPEC transactions
LEVEL PAI	Public Authority Authorized Screen Inquiry Only
LEVEL PA	Public Authority Authorized Screen Inquiry plus Read/Write for ENRL screens

_____ _____ _____
Authorized Public Authority Approver Title Signature

_____ _____ _____
Authorized County Approver Title Signature

_____ _____ _____
Authorized County Approver Phone Fax Email Address

HP USE ONLY: Completed By: _____ Date: _____ Revised: 12/28/2010

Electronic Bulletin Board

This section describes and provides an example of the Electronic Bulletin Board (EBB) message, which is a method of communication between the California Department of Social Services, the State Contractor, and the counties.

The EBB is an informal way to quickly communicate information and requests to counties. The EBB number consists of a two-digit year followed by a three-digit number that is incremented by one and starts at 001 at the beginning of the calendar year. For example: EBB10001, where 10 is the two-digit year and 001 is the incremental number.

```
TO:              ALL IHSS PROGRAM MANAGERS
FROM:            HP/CDSS
NUMBER/DATE:     10013 MAY 28, 2010
SUBJECT:         CIVIL ORDERS
_____________________________________________________________________________

THIS EBB IS TO NOTIFY COUNTIES OF AN ISSUE WITH SHERIFF/CIVIL ORDERS
AND INSTRUCTIONS FOR THE FUTURE.

CURRENTLY MANY COUNTIES ARE ACCEPTING ORDERS ON BEHALF OF THE
PAYROLLING AGENT OR CDSS.  UNFORTUNATELY THE ORDERS ARE NOT
APPROPRIATELY FORWARDED TO THE VENDOR IN THESE SITUATIONS.  A FAX IS
NOT AN ACCEPTABLE MEANS OF SENDING ORDERS, PLEASE SEE EBB 10-006
PUBLISHED ON FEBRUARY 24, 2010.  THE ORIGINAL ORDER MUST BE RECEIVED BY
THE VENDOR FOR PROCESSING.

ALSO A NOTICE HAS GONE OUT TO THE COUNTIES AS WELL AS GARNISHING
AGENCIES WITH INSTRUCTIONS ON EMPLOYER NAME AND MAILING REQUIREMENTS.
CURRENTLY THE SHERIFF ORDERS HAVE INCORRECT EMPLOYER NAME AND ADDRESS
INFORMATION.  AN ORDER SHOULD BE TO THE 'EMPLOYER' AKA THE 'RECIPIENT'
IN CMIPS.  THE ORDER SHOULD NOT HAVE HP, DSS OR A COUNTY AS THE
EMPLOYER.

IN ORDER TO ALLEVIATE THE SITUATION OF THE VENDOR NOT RECEIVING THE
ORIGINAL ORDER, CDSS IS ASKING COUNTIES TO REJECT THE CERTIFIED MAIL
SERVICE.  THE FOLLOWING INFORMATION MAY BE GIVEN TO ANY GARNISHING
AGENCY:

DSS IHSS PAYROLLING AGENT
PO BOX 940
ROSEVILLE, CA 95678

PHYSICAL ADDRESS FOR CERTIFIED SERVICE:

DSS IHSS PAYROLLING AGENT
744 P STREET, M.S. 9-7-92
SACRAMENTO, CA 95814

AN ORDER MAY ALSO BE ADDRESSED TO AN IHSS RECIPIENT (NAMED EMPLOYER) OR
TO A GENERIC "IHSS RECIPIENT AT THE ABOVE ADDRESSES.

FOR CMIPS QUESTIONS OR ASSISTANCE, PLEASE CONTACT THE IHSS HELP DESK AT
(866) 740-2189 OR YOU MAY CONTACT NANCY WUORIO, CDSS ANALYST AT (916)
651-3459.

/S/ LEORA FILOSENA
SYSTEMS, ADMINSTRATIVE & QUALITY ASSURANCE BRANCE
ADULT PROGRAMS BRANCH
```

Fig. II-E- 1 – Sample EBB10013

Glossary

The following terms will be used in conjunctions with the IHSS program and throughout the IHSS/CMIPS User's Manual.

Term	Definition
ADVANCE PAY	As defined in Welfare and Institutions Code section 12304, Advance Pay is an option for eligible recipients to receive a warrant for the value of their services in advance enabling them to directly reimburse their providers for hours worked. Providers of Advance Pay recipients submit Reconciling Timesheets to account for the service hours provided.
IHSS – AID CODE	Codes use to define the recipient's benefit category for IHSS budget and account purposes.
ALERT MESSAGE	Information to advise CMIPS users of potential conflicts between the data entered and the business rules relating to that action,
ALPHA	A term used to describe the class of alphabetic characters of the English language (A-Z). Also included is a blank space.
ALPHANUMERIC	A term used to describe the class of alpha, numeric, and special characters. It includes the 26 letters of the alphabet, the value of a blank space, the set of number characters 0 to 9 and special characters. (i.e. ?, -, ', #, $ and @)
BATCH PROCESS	Pertaining to a system or mode of operation in which inputs are collected and processed all at one time, rather than being processed as they arrive, and a job, once started, proceeds to completion without additional input or user interaction.
BUY-OUT	The dollar amount paid by CDSS to Medi-Cal for Medi-Cal recognized expenses, to satisfy the difference between the Medi-Cal SOC and the IHSS SOC when the Medi-Cal SOC is greater.
CC	County Contract – A service mode wherein a county enters into a third party contract for provision of IHSS/PCSP services.
CCB	Change Control Board – Weekly meetings between CDSS and HP personnel to discuss statistics, issues, work order status, and acceptance testing.
	A group of people responsible for evaluating and approving or disapproving proposed changes to configuration items, and for ensuring implementation of approved changes.
CDA	California Department of Aging
CDSS	California Department of Social Services
CHECK DIGIT	A system-generated digit derived from and appended to, a data item for later use in error detection and possibly error correction. For Example: In CMIPS, a check digit is the last digit in the 10-digit recipient case number.

Term	Definition
CHECKWRITE CYCLE	A period of time for which vouchers are produced to report warrant activity.
CIN	Client Index Number – Alphanumeric value assigned by the SCI to uniquely identify an individual to various California state agencies or programs.
CMIPS	Case Management, Information and Payrolling System for the In-Home Supportive Services/Personal Care Services programs.
	CMIPS 2000 User Manual (also referred to as User Manual), the most recent version of the CMIPS User Manual revised following the Y2K remediation.
CMIPS 2000 USER MANUAL	A user manual is a document that presents the information necessary to employ a system or component to obtain desired results. Typically described are system or component capabilities, limitations, options, permitted inputs, expected outputs, possible error messages, and special instructions. **Note:** A user manual is distinguished from an operator manual when a distinction is made between those who operate a computer system (mounting tapes, etc.) and those who use the system for its intended purpose.
CMIPS PRODUCTION	The application and database environment where current CMIPS data is housed allowing users to access, add and update CMIPS recipient and provider data.
CMIR	Change Management Issue Request – a document submitted by the Contractor, State or county describing an identified business or system problem and requesting evaluation and resolution of the problem. CMIRs are generally managed by the CMIPS Change Control Board.
COLA	Cost-Of-Living Adjustment – Periodic Social Security Benefit increase
CONTROLLER	A communication device that transmits data over lines in a telecommunications network.
CWD	County Welfare Department
CWDA	County Welfare Department Association of California
DATA	Numerical or other information represented in a form suitable for processing by computer.
DATABASE	A collection of data organized in files and available for cross-referencing.
DEFAULT	A particular setting or value for a variable that is assigned automatically by an operating system and remains in effect unless canceled or overridden by the user.
DOWN	Term used to describe a device or system when it is not operating.
DUMP	A mass production of turn-around documents or lists generated whenever there is a major automated update to a county's database.

Term	Definition
EBB	Electronic Bulletin Board – Electronic message announcements sent by HP on behalf of CDSS.
EDIT	The automated verification for data entry integrity including range of values and data to data compatibility tests.
EDS	Electronic Data Systems – Now HP Enterprise Services
EDSNET	HP/EDS Network used to access CMIPS
EFT	Electronic Fund Transfer – also known as Direct Deposit – a method used by an entity to deposit money directly into a person's or business's bank account. In the IHSS/PCSP, the State Controller's Office uses EFT to electronically deposit the Advance Pay warrants for eligible program recipients.
EIC	Earned Income Credit – Requested by eligible providers on a W-5 Form and applied to the provider file by the Contractor.
ENTRY	The act of putting data into the database via a keyboard or other entry methods.
FACE-TO-FACE DATE	The date of a face-to-face contact with a recipient for purposes of an assessment, re-determination of eligibility, or any other purpose.
FBU	Family Budget Unit – A one-digit number assigned by the county to each recipient as part of a unique recipient identifier.
FICA	Federal Insurance Contributions Act – Social Security and Medicare taxes deducted from provider payroll.
FIELD	A data processing term for the area or location in a record used for a specific data item.
FUNCTIONAL INDEX	A five-point hierarchical scale used by county staff to determine the recipient's level of ability and dependence upon verbal or physical assistance by another for each of the functions listed in CDSS Manual of Policies and Procedures Section 30-756.2. This assessment shall evaluate the effect of the recipient's physical, cognitive and emotional impairment on functioning.
GRID	The service assessment portion of the Assessment Form, SOC 293, used to identify the Recipient's Total Need for program services, any Adjustments to that need, the Recipient's Individual Need, any Alternative Resources accessed by the Recipient and the number of hours of service the Recipient is Authorized to Purchase as identified in fields AA through YY.
GUARDIAN/ CONSERVATOR	Person appointed by the Superior Court to manage the affairs of individuals pursuant to the provisions of Probate Code Section 1514.
HARD COPY	A printed copy of information. Examples may include a turnaround document, a listing, a screen print or a report.

Term	Definition
HARD EDIT	System alert requiring the user to correct data prior to transaction completion.
HARDWARE	Physical equipment used to process, store, or transmit computer programs or data. Refers to objects that you can actually touch, like disks, disk drives, display screens, keyboards, printers, boards, and chips.
HELP DESK	A department within a company that responds to user's technical questions. IHSS Payroll Help Desk number is 1-866-740-2189.
HP	Hewlett-Packard – State Contractor
HHSDC	The California Health and Human Services Agency Data Center – the location of the wide area network (WAN) used by most counties to access EDSnet and CMIPS.
HIC NO	Health Insurance Claim Number – This is the number used by recipients to claim Medicare Part B insurance.
HM	Homemaker – A service mode wherein county welfare department employees provide IHSS/PSCP services to designated eligible IHSS/PCSP recipients.
IHO	In-Home Operations
IHSS	In-Home Supportive Services – various domestic, related and personal care services provided to eligible blind, aged and disabled recipients to allow them to remain safely in their own homes and avoid institutionalization.
IHSS PLUS WAIVER	One of the three Funding Sources associated with the IHSS program. Recipient cases which are paid from the IHSS Plus Waiver Program funding source will have a 2L in the Medi-Cal Secondary Aid Code field. Individuals meeting any of the following conditions will be funded by IHSS Plus Waiver: • Eligible for Federal Full Scope Medi-Cal and • Advance Pay or • Meals Allowance or • Parent/Spouse Provider or • Combination of Advance Pay, Meals or Parent/Spouse Provider
IHSS SHARE OF COST (SOC)	An individual's net non-exempt income in excess of the applicable SSI/SSP benefit level which must be paid to a provider before IHSS funds will be paid.
INCOME ELIGIBLE	Recipients who are determined to be SSI/SSP eligible but for their level of income. These recipients usually are responsible for paying a SOC.

Term	Definition
INPUT	Information submitted for data processing, usually in a specific format.
INQUIRY	Term for a process used to request display of information stored in computer files.
IP	Individual Provider – A person who provides IHSS/PCSP to one or more recipients, who is neither under an agency contract nor a county welfare department employee and is the employee of the IHSS/PCSP recipient.
LIEN	A court ordered wage garnishment applied to IP provider records for repayment of various accounts.
LIEN HOLDER	An agency submitting a court ordered wage garnishment.
LINE	The telephone data circuit used to transmit data between a remote terminal controller and a central mainframe.
MEDI-CAL PRIMARY AID CODE	The aid code assigned by Medi-Cal to define the recipient's primary Medi-Cal benefit category.
MEDI-CAL SECONDARY AID CODE	An aid code specific to the IHSS program that allows Medi-Cal to identify the funding source from which the IHSS recipient case is being paid. The following three aid codes are valid: 2L – IHSS Plus Waiver Program 2M – Personal Care Services Program 2N – IHSS Residual Program
MEDI-CAL Share of Cost (SOC)	The dollar amount determined by Medi-Cal to be paid by the individual before Medi-Cal benefits can be paid.
MEDS	Medi-Cal Eligibility Data System. MEDS is used to maintain a statewide file of eligible Medi-Cal recipients and issue identification cards.
MICROFICHE	Reduced photographic image of documents. May also be called Fiche.
MIX MODE CASE	A case wherein multiple provider types (IP and CC or IP and HM) are utilized by the recipient to provide all authorized services.
MODE	Actions which may be taken in CMIPS to allow users to add, access or update information. CMIPS modes are: • I – Inquiry • A – Add • C – Change • D – Delete
MODEL OFFICE	Application separate from CMIPS production where system and user acceptance testing is performed.
MODEM	Equipment to provide interface between the controller and telephone line to the mainframe.

Term	Definition
NOA	Notice of Action – A document given to a recipient to advise him/her of a decision made a county welfare department employee affecting IHSS/PCSP assessments and authorizations.
NSI	Non-Severely Impaired – A recipient is determined to be non-severely impaired if s/he has an Individual Assessed Need of less than 20 hours of starred (*) services calculated from the SOC 293, IHSS Assessment form. MPP Section 30-701(s) (1)
NUMERIC	The set of number characters 0 to 9.
ON-LINE	A computer is online when it is able to accept and/or transmit data.
OPTIONAL	Information which may be included but is not essential to data processing.
OUTAGE	An event in which the system is down.
OUTPUT	The information produced by a program or process.
PAPER COUNTY	A County having data entry capability, but no on-site printer capabilities. The State contractor prints and mails the documents.
PAYROLLING	One of the CMIPS services which CDSS contracts with a vendor to perform. The service includes calculating paychecks for IHSS individual providers, withholding the appropriate employee taxes from the provider's wages, calculating the employer's taxes, and preparing and filing the appropriate tax returns.
PCSP	Personal Care Services Program – One of the three Funding Sources associated with the IHSS program. Recipient cases which are paid from the Personal Care Services Program funding source will have a 2M in the Medi-Cal Secondary Aid Code field. Individuals meeting all of the following conditions will be funded by PCSP: • Eligible for Federal Full Scope Medi-Cal • Not Advance Pay • No Meals Allowance • No Parent/Spouse Provider
PRINTER	Equipment that prints information on paper to produce hard copy output such as turnaround documents, timesheets or Notices of Action.
PROVIDER	Individual who provides IHSS/PCSP services.
PROVIDER INFORMATION	All information or data conained in CMIPS related to an Individual Provider of IHSS/PCSP services.
PURGE	A process by which CMIPS recipient and provider cases are evaluated and when certain criteria are met, the cases are deleted from CMIPS.
RECIPIENT	An aged, blind and/or disabled individual approved for IHSS/PCSP.
RECIPIENT INFORMATION	All information or data contained in CMIPS related to a recipient of IHSS/PCSP services.
REPORT(S)	Any compilation of data provided in any media.

Term	Definition
REQUIRED	Data elements which must be present to allow data processing.
RESIDUAL	One of the three Funding Sources associated with the IHSS program. Recipient cases which are paid from the IHSS Residual Program funding source will have a 2N in the Medi-Cal Secondary Aid Code field. Recipient cases meeting the following conditions will be funded from the Residual: • Not eligible for Federal Full Scope Medi-Cal or • Recipient who have not yet had a Medi-Cal Eligibility Determination completed
RR#	Railroad Claim Number – Number used by recipients to claim Railroad Retirement Benefits.
SAM	State Administrative Manual
SCI	Statewide Client Index – Listing of all individuals who have applied for services through various California agencies or programs.
SCO	State Controller's Office
SEGMENT	A period of eligibility – For a recipient, this refers to a specific period of eligibility for IHSS as authorized on the SOC 293, Lines M, N, or O. For a provider, this refers to a payment eligibility period as authorized on the SOC 311, Lines F, G, or H.
SEIU	Service Employees International Union
SI	Severely impaired – A recipient is determined to be severely impaired if s/he has an Individual Assessed Need for a minimum of 20 hours of starred (*) services calculated from the SOC 293, IHSS Assessment form. MPP Section 30-701(s) (1)
SITES	Location(s) where users access CMIPS.
SOC 293 FORM	State of California Form 293 – A form used to document a recipient's demographic, income data, functional limitation and service needs.
SOC 311 FORM	Provider Eligibility Update form to add new records or update existing records for the IHSS/PCSP provider.
SOFT EDIT	System alert allowing the user to verify and/or change data prior to completion of transaction.
SPEND DOWN	A process by which the IHSS recipient satisfies their Medi-Cal SOC before Medi-Cal (IHSS) benefits can be paid.
SPLIT CASE	A case where recipient services are paid from both Residual and Personal Care Service Program (PCSP) funding sources.
SPOOLING	The selective downloading of output from the mainframe to a terminal before being printed.
SSA	Social Security Administration – The agency responsible for developing regulations and administering SSI/SSP. See on-line at www.ssa.gov

Term	Definition
SSI/SSP	Supplemental Security Income and State Supplementary Program administered by the SSA.
SSI/SSP RECIPIENT	An aged, blind, or disabled person who receives SSI/SSP funds that are issued by the SSA. Also known as Status Eligible.
SSN	Social Security Number
STALE DATED WARRANTS	Warrants that have not been cashed within one year after issue date.
STATE	The Governor and Executive branch of California government, its employees and authorized representatives. The term "State" does not refer to or include the California Legislature.
STATUS ELIGIBLE	Recipients who have met the SSI/SSP eligibility criteria.
STATUTORY MAXIMUM	The number of hours of IHSS Services allowed, by law, to a recipient based on their IHSS Funding Source and Impairment Severity. The following Statutory Maximums apply: ***IHSS Plus Waiver – 2L*** • NSI – Allows up to 195 authorized to purchase hours per month (IPW Application Utilization Controls) • SI – Allowed up to 283 authorized to purchase hours per month (IPW Application Utilization Controls) ***PCSP – 2M*** • NSI – Allowed up to 283 authorized to purchase hours per month (WIC 14123.954[g]) • SI – Allowed up to 283 authorized to purchase hours per month (WIC 14123.954(g)) ***IHSS – Residual – 2N*** • NSI – Allowed up to 195 authorized to purchase hours per month (WIC 12303.4(a), MPP 30-765.12) • SI – Allowed up to 283 authorized to purchase hours per month (WIC 12303.4(a), MPP 30-765.11)
STO	State Treasurer's Office
SYSTEM	A collection of components organized to accomplish a specific function or set of functions.
SYSTEM DEFAULT	A predetermined value assigned to a required field on CMIPS thus decreasing the data entry necessary to complete a transaction. System Defaults may be changed to other values.
SA&QAB	Systems, Administrative & Quality Assurance Branch
SYSTEM GENERATED	Data resulting from specific input or instructions.
TAD	Turnaround document – A print-out of data previously entered in CMIPS.

Term	Definition
TAXES	Monies withheld on behalf of the individual provider which may include: • EIC – Earned Income Credit • ETT – Employment Training Tax • FICA –Federal Income Contribution Act • FIT – Federal Income Tax • FUTA – Federal Unemployment Training Act • SDI – State Disability Insurance • SIT – State Income Tax • SUI – State Unemployment Insurance
TRANSACTION	The processing of input data.
UAT	User Acceptance Testing – Final stage of testing prior to system implementation.
UDWA	United Domestic Workers Union
UNIFORMITY	A standardized process used to provide consistent assessment of a recipient's functional limitation.
UP	A term to indicate that the computer equipment or the system is operational and available for use.
USPS	United States Postal Service
W-2 FORM	Wage and tax statement
W-4 FORM	Employees Withholding Allowance Certificate
W-5 FORM	Earned Income Credit Advance Payment Certificate
WAN	Wide Area Network
WORK ORDER	A request, submitted by the State to HP, for specific activities or services.
WPCS	Waiver Personal Care Services

County Number Table

01	Alameda
02	Alpine
03	Amador
04	Butte
05	Calaveras
06	Colusa
07	Contra Costa
08	Del Norte
09	El Dorado
10	Fresno
11	Glenn
12	Humboldt
13	Imperial
14	Inyo
15	Kern
16	Kings
17	Lake
18	Lassen
19	Los Angeles
20	Madera
21	Marin
22	Mariposa
23	Mendocino
24	Merced
25	Modoc
26	Mono
27	Monterey
28	Napa
29	Nevada
30	Orange
31	Placer
32	Plumas
33	Riverside
34	Sacramento
35	San Benito
36	San Bernardino
37	San Diego
38	San Francisco
39	San Joaquin
40	San Luis Obispo
41	San Mateo
42	Santa Barbara
43	Santa Clara
44	Santa Cruz
45	Shasta
46	Sierra
47	Siskiyou
48	Solano
49	Sonoma
50	Stanislaus
51	Sutter
52	Tehama
53	Trinity
54	Tulare
55	Tuolumne
56	Ventura
57	Yolo
58	Yuba

County Default Rates – 1979 through June 1986

Alameda to Nevada Counties

County Number	County Name	1979	1980	Jan 81 Jun 82	Jul 82 Jun 83	Jul 83 Jun 84	Jul 84 Jun 85	Jul 85 Jun 86
01	ALAMEDA	2.90	3.10	3.35	3.35	3.35	3.45	3.58
02	ALPINE	2.90	3.10	3.35	3.35	3.35	3.45	3.58
03	AMADOR	2.90	3.10	3.35	3.35	3.35	3.55	3.69
04	BUTTE	2.90	3.10	3.35	3.35	3.35	3.45	3.58
05	CALAVERAS	2.90	3.10	3.50	3.50	3.50	3.60	3.74
06	COLUSA	2.90	3.10	3.35	3.35	3.35	3.45	3.58
07	CONTRA COSTA	2.90	3.10	3.35	3.35	3.35	3.45	3.58
08	DEL NORTE	2.90	3.10	3.35	3.35	3.45	3.55	3.69
09	EL DORADO	2.90	3.10	3.35	3.35	3.35	3.45.	3.58
10	FRESNO	2.90	3.10	3.35	3.35	3.35	3.55	3.69
11	GLENN	2.90	3.10	3.35	3.35	3.50	3.60	3.74
12	HUMBOLDT	2.90	3.10	3.35	3.35	3.35	3.45	3.58
13	IMPERIAL	2.90	3.10	3.35	3.35	3.45	3.55	3.69
14	INYO	2.90	3.10	3.35	3.50	3.60	3.65	3.79
15	KERN	2.90	3.10	3.35	3.35	3.45	3.55	3.69
16	KINGS	2.90	3.10	3.35	3.35	3.35	3.45	3.58
17	LAKE	2.90	3.10	3.35	3.35	3.45	3.55	3.69
18	LASSEN	2.90	3.10	3.35	3.35	3.45`	3.52	3.66
19	LOS ANGELES	2.90	3.10	3.35	3.35	3.45	3.55	3.69
20	MADERA	2.90	3.10	3.35	3.35	3.45	3.55	3.69
21	MARIN	4.50	4.50	4.50	4.50	4.60	4.70	4.88
22	MARIPOSA	2.90	3.10	3.35	3.35	3.45	3.55	3.69
23	MENDOCINO	2.90	3.10	3.35	3.35	3.45	3.55	3.69
24	MERCED	2.90	3.10	3.35	4.24	4.24	4.37	4.74
25	MODOC	2.90	3.10	3.35	3.35	3.45	3.55	3.69
26	MONO	2.90	3.10	3.35	3.35	3.35	3.45	3.58
27	MONTEREY	2.90	3.10	3.35	3.35	3.35	3.45	3.58
28	NAPA	2.90	3.10	3.35	3.35	3.45	3.55	3.69
29	NEVADA	2.90	3.10	3.35	3.85	3.97	4.09	4.25

County Default Rates – 1979 through June 1986

Orange to Yuba Counties

County Number	County Name	1979	1980	Jan 81 Jun 82	Jul 82 Jun 83	Jul 83 Jun 84	Jul 84 Jun 85	Jul 85 Jun 86
30	ORANGE	2.90	3.10	3.35	3.35	3.45	3.55	3.69
31	PLACER	2.90	3.10	3.35	3.35	3.35	3.45	3.58
32	PLUMAS	2.90	3.10	3.35	3.35	3.45	3.55	3.69
33	RIVERSIDE	2.90	3.10	3.35	3.35	3.45	3.55	3.69
34	SACRAMENTO	2.90	3.10	3.35	3.35	3.45	3.55	3.69
35	SAN BENITO	2.90	3.10	3.35	3.35	3.45	3.55	3.69
36	SAN BERNARDINO	2.90	3.10	3.35	3.35	3.45	3.55	3.69
37	SAN DIEGO	2.90	3.10	3.35	3.35	3.45	3.55	3.74
38	SAN FRANCISCO	3.06	3.45	3.61	3.61	3.71	3.82	3.97
39	SAN JOAQUIN	2.90	3.10	3.35	3.35	3.45	3.55	3.69
40	SAN LUIS OBISPO	2.90	3.10	3.35	3.35	3.35	3.45	3.58
41	SAN MATEO	2.90	3.10	3.35	3.35	3.45	3.55	3.69
42	SANTA BARBARA	2.90	3.98	3.98	3.98	3.98	4.10	4.26
43	SANTA CLARA	2.90	3.10	3.35	3.35	3.45	3.57	3.71
44	SANTA CRUZ	2.90	3.25	4.00	4.00	4.12	4.24	4.40
45	SHASTA	2.90	3.10	3.35	3.62	3.73	3.84	3.99
46	SIERRA	2.90	3.10	3.35	3.35	3.45	3.55	3.69
47	SISKIYOU	2.90	3.10	3.35	3.35	3.35	3.45	3.58
48	SOLANO	2.90	3.10	3.35	3.35	3.45	3.55	3.69
49	SONOMA	2.90	3.10	4.00	4.00	4.00	4.12	4.28
50	STANISLAUS	2.90	3.10	3.35	3.35	3.45	3.55	3.69
51	SUTTER	2.90	3.10	3.35	3.35	3.35	3.45	3.58
52	TEHAMA	2.90	3.10	3.35	3.35	3.35	3.45	3.58
53	TRINITY	2.90	3.10	3.35	3.35	3.35	3.45	3.58
54	TULARE	2.90	3.10	3.35	3.35	3.45	3.55	3.69
55	TUOLUMNE	2.90	3.10	3.35	3.35	3.45	3.55	3.69
56	VENTURA	2.90	3.10	3.35	3.35	3.45	3.55	3.69
57	YOLO	2.90	3.10	3.35	3.35	3.35	3.45	3.58
58	YUBA	2.90	3.10	3.35	3.35	3.35	3.45	3.58

County Default Rates – July 1986 through July 1997

Alameda to Nevada Counties

County Number	County Name	Jul 86 Jun 87	Jul 87 Jun 88	Jul 88 Jun 89	Jul 89 Sept 96	Oct 96 Feb 97	Mar 97 Jul 97
01	ALAMEDA	3.61	3.61	4.25	4.25	4.75	5.00
02	ALPINE	3.61	3.61	4.25	4.25	4.75	5.00
03	AMADOR	3.72	3.72	4.25	4.25	4.75	5.00
04	BUTTE	3.61	3.61	4.25	4.25	4.75	5.00
05	CALAVERAS	3.77	3.77	4.25	4.25	4.75	5.00
06	COLUSA	3.61	3.61	4.25	4.25	4.75	5.00
07	CONTRA COSTA	3.61	3.61	4.25	4.25	4.75	5.00
08	DEL NORTE	3.72	3.72	4.25	4.25	4.75	5.00
09	EL DORADO	3.61	3.61	4.25	4.25	4.75	5.00
10	FRESNO	3.72	3.72	4.25	4.25	4.75	5.00
11	GLENN	3.77	3.77	4.25	4.25	4.75	5.00
12	HUMBOLDT	3.61	3.61	4.25	4.25	4.75	5.00
13	IMPERIAL	3.72	3.72	4.25	4.25	4.75	5.00
14	INYO	3.82	3.82	4.25	4.25	4.75	5.00
15	KERN	3.72	3.72	4.25	4.25	4.75	5.00
16	KINGS	3.61	3.61	4.25	4.25	4.75	5.00
17	LAKE	3.72	3.72	4.25	4.25	4.75	5.00
18	LASSEN	3.69	3.69	4.25	4.25	4.75	5.00
19	LOS ANGELES	3.72	3.72	4.25	4.25	4.75	5.00
20	MADERA	3.72	3.72	4.25	4.25	4.75	5.00
21	MARIN	4.92	4.92	4.92	4.92	4.92	5.00
22	MARIPOSA	3.72	3.72	4.25	4.25	4.75	5.00
23	MENDOCINO	3.72	3.72	4.25	4.25	4.75	5.00
24	MERCED	4.78	4.78	4.78	4.78	4.78	5.00
25	MODOC	3.72	3.72	4.25	4.25	4.75	5.00
26	MONO	3.61	3.61	4.25	4.25	4.75	5.00
27	MONTEREY	3.61	3.61	4.25	4.25	4.75	5.00
28	NAPA	3.72	3.72	4.25	4.25	4.75	5.00
29	NEVADA	4.29	4.29	4.29	4.29	4.75	5.00

County Default Rates – July 1986 through July 1997

Orange to Yuba Counties

County Number	County Name	Jul 86 Jun 87	Jul 87 Jun 88	Jul 88 Jun 89	Jul 89 Sept 96	Oct 96 Feb 97	Mar 97 Jul 97
30	ORANGE	3.72	3.72	4.25	4.25	4.75	5.00
31	PLACER	3.61	3.61	4.25	4.25	4.75	5.00
32	PLUMAS	3.72	3.72	4.25	4.25	4.75	5.00
33	RIVERSIDE	3.72	3.72	4.25	4.25	4.75	5.00
34	SACRAMENTO	3.72	3.72	4.25	4.25	4.75	5.00
35	SAN BENITO	3.72	3.72	4.25	4.25	4.75	5.00
36	SAN BERNARDINO	3.72	3.72	4.25	4.25	4.75	5.00
37	SAN DIEGO	3.77	3.77	4.25	4.25	4.75	5.00
38	SAN FRANCISCO	4.00	4.00	4.25	4.83 (as of 1/96)	5.11	5.29
39	SAN JOAQUIN	3.72	3.72	4.25	4.25	4.75	5.00
40	SAN LUIS OBISPO	3.61	3.61	4.25	4.25	4.75	5.00
41	SAN MATEO	3.72	3.72	4.25	4.25	4.75	5.00
42	SANTA BARBARA	4.30	4.30	4.30	4.30	4.75	5.00
43	SANTA CLARA	3.74	3.74	4.25	4.25	4.75	5.00
44	SANTA CRUZ	4.44	4.44	4.44	4.44	4.75	5.00
45	SHASTA	4.02	4.02	4.25	4.25	4.75	5.00
46	SIERRA	3.72	3.72	4.25	4.25	4.75	5.00
47	SISKIYOU	3.61	3.61	4.25	4.25	4.75	5.00
48	SOLANO	3.72	3.72	4.25	4.25	4.75	5.00
49	SONOMA	4.32	4.32	4.32	4.32	4.75	5.00
50	STANISLAUS	3.72	3.72	4.25	4.25	4.75	5.00
51	SUTTER	3.61	3.61	4.25	4.25	4.75	5.00
52	TEHAMA	3.61	3.61	4.25	4.25	4.75	5.00
53	TRINITY	3.61	3.61	4.25	4.25	4.75	5.00
54	TULARE	3.72	3.72	4.25	4.25	4.75	5.00
55	TUOLUMNE	3.72	3.72	4.25	4.25	4.75	5.00
56	VENTURA	3.72	3.72	4.25	4.25	4.75	5.00
57	YOLO	3.61	3.61	4.25	4.25	4.75	5.00
58	YUBA	3.61	3.61	4.25	4.25	4.75	5.00

County Default Rates – August 1997 through November 1999

Alameda to Nevada Counties

County Number	County Name	Aug 97	Sept 97 Feb 98	Mar 98 July 98	Aug 98 Mar 99	Apr 99 Sept 99	Oct 99 Nov 99
01	ALAMEDA	5.00	5.15	5.75	5.75	5.75	6.25
02	ALPINE	5.00	5.15	5.75	5.75	5.75	5.75
03	AMADOR	5.00	5.15	5.75	5.75	5.75	5.75
04	BUTTE	5.00	5.15	5.75	5.75	5.75	5.75
05	CALAVERAS	5.00	5.15	5.75	5.75	5.75	5.75
06	COLUSA	5.00	5.15	5.75	5.75	5.75	5.75
07	CONTRA COSTA	5.00	5.15	5.75	5.75	5.75	5.75
08	DEL NORTE	5.00	5.15	5.75	5.75	5.75	5.75
09	EL DORADO	5.00	5.15	5.75	5.75	5.75	5.75
10	FRESNO	5.00	5.15	5.75	5.75	5.75	5.75
11	GLENN	5.00	5.15	5.75	5.75	5.75	5.75
12	HUMBOLDT	5.00	5.15	5.75	5.75	5.75	5.75
13	IMPERIAL	5.00	5.15	5.75	5.75	5.75	5.75
14	INYO	5.00	5.15	5.75	5.75	5.75	5.75
15	KERN	5.00	5.15	5.75	5.75	5.75	5.75
16	KINGS	5.00	5.15	5.75	5.75	5.75	5.75
17	LAKE	5.00	5.15	5.75	5.75	5.75	5.75
18	LASSEN	5.00	5.15	5.75	5.75	5.75	5.75
19	LOS ANGELES	5.00	5.15	5.75	5.75	5.75	6.25
20	MADERA	5.00	5.15	5.75	5.75	5.75	5.75
21	MARIN	5.00	5.15	5.75	5.75	5.75	5.75
22	MARIPOSA	5.00	5.15	5.75	5.75	5.75	5.75
23	MENDOCINO	5.00	5.15	5.75	5.75	5.75	5.75
24	MERCED	5.00	5.15	5.75	5.75	5.75	5.75
25	MODOC	5.00	5.15	5.75	5.75	5.75	5.75
26	MONO	5.00	5.15	5.75	5.75	5.75	5.75
27	MONTEREY	5.00	5.15	5.75	5.75	5.75	5.75
28	NAPA	5.00	5.15	5.75	5.75	5.75	5.75
29	NEVADA	5.00	5.15	5.75	5.75	5.75	5.75

County Default Rates – August 1997 through November 1999

Orange to Yuba Counties

County Number	County Name	Aug 97	Sept 97 Feb 98	Mar 98 July 98	Aug 98 Mar 99	Apr 99 Sept 99	Oct 99 Nov 99
30	ORANGE	5.00	5.15	5.75	5.75	5.75	5.75
31	PLACER	5.00	5.15	5.75	5.75	5.75	5.75
32	PLUMAS	5.00	5.15	5.75	5.75	5.75	5.75
33	RIVERSIDE	5.00	5.15	5.75	5.75	5.75	5.75
34	SACRAMENTO	5.00	5.15	5.75	5.75	5.75	5.75
35	SAN BENITO	5.00	5.15	5.75	5.75	5.75	5.75
36	SAN BERNARDINO	5.00	5.15	5.75	5.75	5.75	5.75
37	SAN DIEGO	5.00	5.15	5.75	5.75	5.75	5.75
38	SAN FRANCISCO	5.54	5.69	6.40	7.00	7.00	9.00
39	SAN JOAQUIN	5.00	5.15	5.75	5.75	5.75	5.75
40	SAN LUIS OBISPO	5.00	5.15	5.75	5.75	5.75	5.75
41	SAN MATEO	5.00	5.15	5.75	5.75	5.75	6.15
42	SANTA BARBARA	5.00	5.15	5.75	5.75	5.75	5.75
43	SANTA CLARA	5.00	5.15	5.75	5.75	6.25	6.25
44	SANTA CRUZ	5.00	5.15	5.75	5.75	5.75	5.75
45	SHASTA	5.00	5.15	5.75	5.75	5.75	5.75
46	SIERRA	5.00	5.15	5.75	5.75	5.75	5.75
47	SISKIYOU	5.00	5.15	5.75	5.75	5.75	5.75
48	SOLANO	5.00	5.15	5.75	5.75	5.75	5.75
49	SONOMA	5.00	5.15	5.75	5.75	5.75	5.75
50	STANISLAUS	5.00	5.15	5.75	5.75	5.75	5.75
51	SUTTER	5.00	5.15	5.75	5.75	5.75	5.75
52	TEHAMA	5.00	5.15	5.75	5.75	5.75	5.75
53	TRINITY	5.00	5.15	5.75	5.75	5.75	5.75
54	TULARE	5.00	5.15	5.75	5.75	5.75	5.75
55	TUOLUMNE	5.00	5.15	5.75	5.75	5.75	5.75
56	VENTURA	5.00	5.15	5.75	5.75	5.75	5.75
57	YOLO	5.00	5.15	5.75	5.75	5.75	5.75
58	YUBA	5.00	5.15	5.75	5.75	5.75	5.75

County Default Rates – December 1999 through October 2000

Alameda to Nevada Counties

County Number	County Name	Dec 99 Mar 00	Apr 00 June 00	July 00 Aug 00	Aug 00 Aug 00	Sept 00 Sept 00	Oct 00 Oct 00
01	ALAMEDA	6.25	6.25	6.25	7.82	7.82	7.82
02	ALPINE	5.75	5.75	5.75	5.75	5.75	5.75
03	AMADOR	5.75	5.75	5.75	5.75	5.75	5.75
04	BUTTE	5.75	5.75	5.75	5.75	5.75	5.75
05	CALAVERAS	5.75	5.75	5.75	5.75	5.75	5.75
06	COLUSA	5.75	5.75	5.75	5.75	5.75	5.75
07	CONTRA COSTA	7.02	7.02	7.02	7.02	7.02	7.83
08	DEL NORTE	5.75	5.75	5.75	5.75	5.75	5.75
09	EL DORADO	5.75	5.75	5.75	5.75	5.75	5.75
10	FRESNO	5.75	5.75	5.75	5.75	5.75	5.75
11	GLENN	5.75	5.75	5.75	5.75	5.75	5.75
12	HUMBOLDT	5.75	5.75	5.75	5.75	5.75	5.75
13	IMPERIAL	5.75	5.75	5.75	5.75	5.75	5.75
14	INYO	5.75	5.75	5.75	5.75	5.75	5.75
15	KERN	5.75	5.75	5.75	5.75	5.75	5.75
16	KINGS	5.75	5.75	5.75	5.75	5.75	5.75
17	LAKE	5.75	5.75	5.75	5.75	5.75	5.75
18	LASSEN	5.75	5.75	5.75	5.75	5.75	5.75
19	LOS ANGELES	6.25	6.25	6.25	6.25	6.25	6.25
20	MADERA	5.75	5.75	5.75	5.75	5.75	5.75
21	MARIN	5.75	5.75	5.75	5.75	5.75	5.75
22	MARIPOSA	5.75	5.75	5.75	5.75	5.75	5.75
23	MENDOCINO	5.75	5.75	5.75	5.75	5.75	5.75
24	MERCED	5.75	5.75	5.75	5.75	5.75	5.75
25	MODOC	5.75	5.75	5.75	5.75	5.75	5.75
26	MONO	5.75	5.75	5.75	5.75	5.75	5.75
27	MONTEREY	5.75	5.75	5.75	5.75	5.75	5.75
28	NAPA	5.75	5.75	5.75	5.75	5.75	5.75
29	NEVADA	5.75	5.75	5.75	5.75	5.75	5.75

County Default Rates – December 1999 through October 2000

Orange to Yuba Counties

County Number	County Name	Dec 99 Mar 00	Apr 00 June 00	July 00 July 00	Aug 00 Aug 00	Sept 00 Sept 00	Oct 00 Oct 00
30	ORANGE	5.75	5.75	5.75	5.75	5.75	5.75
31	PLACER	5.75	5.75	5.75	5.75	5.75	5.75
32	PLUMAS	5.75	5.75	5.75	5.75	5.75	5.75
33	RIVERSIDE	5.75	5.75	5.75	5.75	5.75	5.75
34	SACRAMENTO	5.75	5.75	5.75	5.75	5.75	5.75
35	SAN BENITO	5.75	5.75	5.75	5.75	5.75	5.75
36	SAN BERNARDINO	5.75	5.75	5.75	5.75	5.75	5.75
37	SAN DIEGO	5.75	5.75	5.75	5.75	5.75	5.75
38	SAN FRANCISCO	9.00	9.00	9.76	9.76	9.76	9.76
39	SAN JOAQUIN	5.75	5.75	5.75	5.75	5.75	5.75
40	SAN LUIS OBISPO	5.75	5.75	5.75	5.75	5.75	5.75
41	SAN MATEO	6.15	6.15	6.15	6.15	7.50	7.50
42	SANTA BARBARA	5.75	5.75	5.75	5.75	5.75	5.75
43	SANTA CLARA	6.25	6.75	6.75	6.75	6.75	6.75
44	SANTA CRUZ	5.75	5.75	5.75	5.75	5.75	5.75
45	SHASTA	5.75	5.75	5.75	5.75	5.75	5.75
46	SIERRA	5.75	5.75	5.75	5.75	5.75	5.75
47	SISKIYOU	5.75	5.75	5.75	5.75	5.75	5.75
48	SOLANO	5.75	5.75	5.75	5.75	5.75	5.75
49	SONOMA	5.75	5.75	5.75	5.75	5.75	6.04
50	STANISLAUS	5.75	5.75	5.75	5.75	5.75	5.75
51	SUTTER	5.75	5.75	5.75	5.75	5.75	5.75
52	TEHAMA	5.75	5.75	5.75	5.75	5.75	5.75
53	TRINITY	5.75	5.75	5.75	5.75	5.75	5.75
54	TULARE	5.75	5.75	5.75	5.75	5.75	5.75
55	TUOLUMNE	5.75	5.75	5.75	5.75	5.75	5.75
56	VENTURA	5.75	5.75	5.75	5.75	5.75	5.75
57	YOLO	5.75	5.75	5.75	5.75	5.75	5.75
58	YUBA	5.75	5.75	5.75	5.75	5.75	5.75

County Default Rates – November 2000 through June 2001

Alameda to Nevada Counties

County Number	County Name	Nov 00 Nov 00	Dec 00 Dec 00	Jan 01 Feb 01	Mar 01 Mar 01	Apr 01 May 01	June 01 June 01
01	ALAMEDA	7.82	7.82	7.82	7.82	7.82	7.82
02	ALPINE	5.75	5.75	6.25	6.44	6.44	6.44
03	AMADOR	5.75	5.75	6.25	6.25	6.25	6.25
04	BUTTE	5.75	5.75	6.44	6.44	6.44	6.44
05	CALAVERAS	5.75	5.75	6.25	6.25	6.25	6.25
06	COLUSA	5.75	5.75	6.25	6.25	6.25	6.25
07	CONTRA COSTA	7.83	7.83	7.83	7.83	7.83	7.83
08	DEL NORTE	5.75	5.75	6.25	6.25	6.25	6.25
09	EL DORADO	5.75	5.75	6.44	6.44	6.44	6.44
10	FRESNO	5.75	5.75	6.25	6.44	6.44	6.44
11	GLENN	5.75	5.75	6.44	6.44	6.44	6.44
12	HUMBOLDT	5.75	5.75	6.25	6.25	6.25	6.25
13	IMPERIAL	5.75	5.75	6.25	6.25	6.25	6.25
14	INYO	5.75	5.75	6.25	6.25	6.25	6.25
15	KERN	5.75	5.75	6.25	6.25	6.25	6.25
16	KINGS	5.75	5.75	6.25	6.25	6.25	6.25
17	LAKE	5.75	5.75	6.25	6.25	6.25	6.25
18	LASSEN	5.75	5.75	6.25	6.25	6.25	6.25
19	LOS ANGELES	6.75	6.75	6.75	6.75	6.75	6.75
20	MADERA	5.75	5.75	6.44	6.44	6.44	6.44
21	MARIN	6.32	6.32	6.44	6.68	6.68	6.68
22	MARIPOSA	5.75	5.75	6.25	6.25	6.25	6.25
23	MENDOCINO	5.75	5.75	6.44	6.44	6.44	6.44
24	MERCED	5.75	5.75	6.25	6.25	6.25	6.25
25	MODOC	5.75	5.75	6.25	6.25	6.25	6.25
26	MONO	5.75	5.75	6.25	6.25	6.44	6.44
27	MONTEREY	5.75	5.75	6.25	6.25	6.25	6.25
28	NAPA	5.75	5.75	6.25	6.25	6.25	6.44
29	NEVADA	5.75	5.75	6.44	6.44	6.44	6.44

County Default Rates – November 2000 through June 2001

Orange to Yuba Counties

County Number	County Name	Nov 00 Nov 00	Dec 00 Dec 00	Jan 01 Feb 01	Mar 01 Mar 01	Apr 01 May 01	June 01 June 01
30	ORANGE	5.75	5.75	6.44	6.44	6.44	6.44
31	PLACER	5.75	5.75	6.25	6.25	6.25	6.25
32	PLUMAS	5.75	5.75	6.44	6.44	6.44	6.44
33	RIVERSIDE	5.75	5.75	6.44	6.44	6.44	6.44
34	SACRAMENTO	5.75	5.75	6.25	6.25	6.25	7.50
35	SAN BENITO	5.75	5.75	6.25	6.25	6.25	6.25
36	SAN BERNARDINO	5.75	5.75	6.25	6.44	6.44	6.44
37	SAN DIEGO	5.75	5.75	6.25	6.25	6.25	6.25
38	SAN FRANCISCO	9.76	9.76	9.76	9.76	9.76	9.76
39	SAN JOAQUIN	5.75	5.75	6.25	6.25	6.25	6.44
40	SAN LUIS OBISPO	5.75	5.75	6.44	6.44	6.44	6.44
41	SAN MATEO	7.50	7.50	7.50	7.50	7.50	7.50
42	SANTA BARBARA	5.75	5.75	6.25	6.25	6.25	6.25
43	SANTA CLARA	6.75	6.75	7.25	7.25	7.25	8.50
44	SANTA CRUZ	5.75	7.25	7.25	7.25	7.25	7.25
45	SHASTA	5.75	5.75	6.44	6.44	6.44	6.44
46	SIERRA	5.75	5.75	6.25	6.25	6.25	6.25
47	SISKIYOU	5.75	5.75	6.25	6.25	6.25	6.25
48	SOLANO	5.75	5.75	6.25	6.25	6.25	6.44
49	SONOMA	6.04	6.04	6.56	6.56	6.56	6.56
50	STANISLAUS	5.75	5.75	6.44	6.44	6.44	6.44
51	SUTTER	5.75	5.75	6.25	6.25	6.25	6.25
52	TEHAMA	5.75	5.75	6.44	6.44	6.44	6.44
53	TRINITY	5.75	5.75	6.25	6.25	6.25	6.25
54	TULARE	5.75	5.75	6.25	6.25	6.25	6.25
55	TUOLUMNE	5.75	5.75	6.25	6.25	6.25	6.25
56	VENTURA	5.75	5.75	6.25	6.25	6.44	6.44
57	YOLO	5.75	5.75	6.44	6.44	6.44	6.44
58	YUBA	5.75	5.75	6.25	6.25	6.25	6.25

County Default Rates – July 2001 through January 2002

Alameda to Nevada Counties

County Number	County Name	July 01 July 01	Aug 01 Aug 01	Sept 01 Sept 01	Oct 01 Oct 01	Nov 01 Dec 01	Jan 02 Jan 02
01	ALAMEDA	7.82	8.50	8.50	8.50	8.50	9.00
02	ALPINE	6.58	6.58	6.58	6.58	6.58	7.11
03	AMADOR	6.44	6.44	6.44	6.44	6.44	6.95
04	BUTTE	6.44	6.44	6.44	6.44	6.44	6.95
05	CALAVERAS	6.25	6.25	6.25	6.25	6.25	6.75
06	COLUSA	6.25	6.25	6.25	6.25	6.25	6.75
07	CONTRA COSTA	8.20	8.50	8.50	8.50	8.50	9.00
08	DEL NORTE	6.25	6.25	6.25	6.25	6.25	6.75
09	EL DORADO	6.44	6.44	6.44	6.44	6.44	6.75
10	FRESNO	6.44	6.44	6.44	6.44	6.44	6.75
11	GLENN	6.44	6.44	6.44	6.44	6.44	6.75
12	HUMBOLDT	6.25	6.25	6.25	6.25	6.25	6.75
13	IMPERIAL	6.25	6.25	6.25	6.25	6.25	6.75
14	INYO	6.25	6.25	6.25	6.25	6.25	6.75
15	KERN	6.25	6.25	6.25	6.25	6.25	6.75
16	KINGS	6.25	6.25	6.25	6.25	6.25	6.75
17	LAKE	6.25	6.25	6.25	6.25	6.25	6.75
18	LASSEN	6.25	6.25	6.25	6.25	6.25	6.75
19	LOS ANGELES	6.75	6.75	6.75	6.75	6.76	6.75
20	MADERA	6.44	6.44	6.44	6.44	6.44	6.75
21	MARIN	6.68	6.68	6.68	6.68	6.68	7.11
22	MARIPOSA	6.25	6.25	6.25	6.25	6.25	6.75
23	MENDOCINO	6.44	6.44	6.44	6.44	6.44	7.11
24	MERCED	6.44	6.44	6.44	6.44	6.44	6.95
25	MODOC	6.44	6.44	6.44	6.44	6.44	6.75
26	MONO	6.44	6.44	6.44	6.44	6.58	7.11
27	MONTEREY	6.25	6.25	7.50	7.50	7.50	7.50
28	NAPA	6.44	6.44	6.44	6.44	6.44	6.75
29	NEVADA	6.44	6.44	6.44	6.44	6.44	6.75

County Default Rates – July 2001 through January 2002

Orange to Yuba Counties

County Number	County Name	July 01 July 01	Aug 01 Aug 01	Sept 01 Sept 01	Oct 01 Oct 01	Nov 01 Dec 01	Jan 02 Jan 02
30	ORANGE	6.58	6.58	6.58	6.58	6.58	7.11
31	PLACER	6.25	6.25	6.25	6.25	6.25	6.75
32	PLUMAS	6.44	6.44	6.44	6.44	6.44	6.95
33	RIVERSIDE	6.58	6.58	6.58	6.58	6.58	7.11
34	SACRAMENTO	7.50	7.50	7.50	8.50	8.50	8.50
35	SAN BENITO	6.25	6.25	6.25	6.25	6.25	6.75
36	SAN BERNARDINO	6.44	6.44	6.58	6.58	6.58	7.11
37	SAN DIEGO	6.25	6.25	6.25	6.25	6.25	6.75
38	SAN FRANCISCO	9.76	10.00	10.00	10.00	10.00	10.00
39	SAN JOAQUIN	6.44	6.44	6.44	6.44	6.44	6.95
40	SAN LUIS OBISPO	6.44	6.44	6.44	6.44	6.44	6.95
41	SAN MATEO	7.50	8.50	8.50	8.50	8.50	8.50
42	SANTA BARBARA	6.25	6.25	6.25	6.25	6.25	6.75
43	SANTA CLARA	8.50	8.50	8.50	9.25	9.25	9.25
44	SANTA CRUZ	7.25	7.25	7.25	7.25	7.25	7.25
45	SHASTA	6.44	6.44	6.44	6.44	6.44	6.75
46	SIERRA	6.25	6.25	6.25	6.25	6.25	6.75
47	SISKIYOU	6.25	6.25	6.25	6.25	6.25	6.75
48	SOLANO	6.44	6.44	6.44	6.44	6.44	6.95
49	SONOMA	6.56	6.56	6.56	6.56	6.56	6.75
50	STANISLAUS	6.44	6.44	6.44	6.44	6.44	6.95
51	SUTTER	6.25	6.25	6.25	6.25	6.25	6.75
52	TEHAMA	6.44	6.44	6.44	6.44	6.44	6.75
53	TRINITY	6.25	6.25	6.25	6.25	6.25	6.75
54	TULARE	6.25	6.25	6.25	6.25	6.25	6.75
55	TUOLUMNE	6.25	6.25	6.25	6.25	6.25	6.75
56	VENTURA	6.44	6.44	6.44	6.58	6.58	7.11
57	YOLO	6.44	6.44	6.44	6.44	6.44	7.11
58	YUBA	6.25	6.25	6.25	6.25	6.25	6.75

County Default Rates – February 2002 through February 2003

Alameda to Nevada Counties

County Number	County Name	Feb 02 April 02	May 02 May 02	June 02 June 02	July 02 Dec 02	Jan 03 Jan 03	Feb 03 Feb 03
01	ALAMEDA	9.00	9.00	9.00	9.00	9.00	9.50
02	ALPINE	7.11	7.11	7.11	7.11	7.11	7.11
03	AMADOR	6.95	6.95	6.95	6.95	6.95	6.95
04	BUTTE	6.95	7.11	7.11	7.11	7.11	7.11
05	CALAVERAS	6.75	6.75	6.75	6.75	6.75	6.75
06	COLUSA	6.75	6.75	6.75	6.75	6.75	6.75
07	CONTRA COSTA	9.00	9.00	9.00	9.50	9.50	9.50
08	DEL NORTE	6.75	6.75	6.75	6.75	6.75	6.75
09	EL DORADO	6.75	6.75	6.75	6.75	6.75	6.75
10	FRESNO	6.75	6.75	6.75	6.75	6.75	6.75
11	GLENN	7.11	7.11	7.11	7.11	7.11	7.11
12	HUMBOLDT	6.75	6.75	6.75	6.75	6.75	6.75
13	IMPERIAL	6.75	6.75	6.75	6.75	6.75	6.75
14	INYO	6.75	6.75	6.75	6.75	6.75	6.75
15	KERN	6.75	6.75	6.75	6.75	6.75	6.75
16	KINGS	6.75	6.75	6.75	6.75	6.75	6.75
17	LAKE	6.75	6.75	6.75	6.75	6.75	6.75
18	LASSEN	6.75	6.75	6.75	6.75	6.75	6.75
19	LOS ANGELES	6.75	6.75	6.75	6.75	7.50	7.50
20	MADERA	6.75	6.75	6.75	6.75	6.75	6.75
21	MARIN	7.11	7.11	7.11	9.75	9.75	9.75
22	MARIPOSA	6.75	6.75	6.75	6.75	6.75	6.75
23	MENDOCINO	7.11	7.11	7.11	7.11	7.11	7.11
24	MERCED	6.95	6.95	6.95	6.95	6.95	6.95
25	MODOC	6.75	6.75	6.75	6.75	6.75	6.75
26	MONO	7.11	7.11	7.11	7.11	7.11	7.11
27	MONTEREY	8.50	8.50	8.50	8.50	8.50	8.50
28	NAPA	6.75	6.75	6.75	7.11	7.11	7.11
29	NEVADA	6.75	6.75	6.75	6.75	6.75	6.75

County Default Rates – February 2002 through February 2003

Orange to Yuba Counties

County Number	County Name	Feb 02 April 02	May 02 May 02	June 02 June 02	July 02 Dec 02	Jan 03 Jan 03	Feb 03 Feb 03
30	ORANGE	7.11	7.11	7.11	7.11	7.11	7.11
31	PLACER	6.75	6.75	6.75	6.75	6.75	6.75
32	PLUMAS	6.95	6.95	6.95	6.75	6.75	6.75
33	RIVERSIDE	7.11	7.11	7.11	7.11	7.11	7.11
34	SACRAMENTO	8.50	8.50	8.50	9.50	9.50	9.50
35	SAN BENITO	6.75	6.75	6.75	6.75	6.75	6.75
36	SAN BERNARDINO	7.11	7.11	7.11	7.11	7.11	7.11
37	SAN DIEGO	6.75	6.75	8.50	8.50	8.50	8.50
38	SAN FRANCISCO	10.00	10.00	10.00	10.10	10.10	10.10
39	SAN JOAQUIN	6.95	6.95	6.95	6.95	6.95	6.95
40	SAN LUIS OBISPO	6.95	6.95	6.95	6.95	6.95	6.95
41	SAN MATEO	8.50	8.50	8.50	9.50	9.50	9.50
42	SANTA BARBARA	7.11	7.11	7.11	7.11	7.11	7.11
43	SANTA CLARA	9.25	9.25	9.25	10.50	10.50	10.50
44	SANTA CRUZ	8.50	8.50	8.50	8.50	9.50	9.50
45	SHASTA	6.75	6.75	6.75	6.75	6.75	6.75
46	SIERRA	6.75	6.75	6.75	6.75	6.75	6.75
47	SISKIYOU	6.75	6.75	6.75	6.75	6.75	6.75
48	SOLANO	6.95	6.95	6.95	6.95	9.50	9.50
49	SONOMA	8.50	8.50	8.50	9.50	9.50	9.50
50	STANISLAUS	6.95	6.95	6.95	6.95	6.95	6.95
51	SUTTER	6.75	6.75	6.75	6.75	6.75	6.75
52	TEHAMA	6.75	6.75	6.75	6.75	6.75	6.75
53	TRINITY	6.75	6.75	6.75	6.75	6.75	6.75
54	TULARE	6.75	6.75	6.75	6.75	6.75	6.75
55	TUOLUMNE	6.75	6.75	6.75	6.75	6.75	6.75
56	VENTURA	7.11	7.11	7.11	7.11	7.11	7.11
57	YOLO	7.11	7.11	7.11	9.50	9.50	9.50
58	YUBA	6.75	6.75	6.75	6.75	6.75	6.75

County Default Rates – March 2003 through September 2003

Alameda to Nevada Counties

County Number	County Name	Mar 03 Mar 03	Apr 03 Apr 03	May 03 June 03	Jul 03 Jul 03	Aug 03 Aug 03	Sept 03 Sept 03
01	ALAMEDA	9.00	9.00	9.00	9.00	9.00	9.50
02	ALPINE	7.11	7.11	7.11	7.11	7.11	7.11
03	AMADOR	6.95	6.95	6.95	6.95	6.95	6.95
04	BUTTE	7.11	7.11	7.11	7.11	7.11	7.11
05	CALAVERAS	6.75	6.75	6.75	6.75	6.75	6.75
06	COLUSA	6.75	6.75	6.75	6.75	6.75	6.75
07	CONTRA COSTA	9.50	9.50	9.50	9.50	9.50	9.50
08	DEL NORTE	6.75	6.75	6.75	6.75	6.75	6.75
09	EL DORADO	6.75	6.75	6.75	6.75	6.75	6.75
10	FRESNO	6.75	6.75	6.75	6.75	6.75	7.50
11	GLENN	7.11	7.11	7.11	7.11	7.11	7.11
12	HUMBOLDT	6.75	6.75	6.75	6.75	6.75	6.75
13	IMPERIAL	6.75	6.75	6.75	6.75	6.75	6.75
14	INYO	6.75	6.75	6.75	6.75	6.75	6.75
15	KERN	6.75	6.75	6.75	6.75	6.75	6.75
16	KINGS	6.75	6.75	6.75	6.75	6.75	6.75
17	LAKE	6.75	6.75	6.75	6.75	6.75	6.75
18	LASSEN	6.75	6.75	6.75	6.75	6.75	6.75
19	LOS ANGELES	7.50	7.50	7.50	7.50	7.50	7.50
20	MADERA	6.75	6.75	6.75	6.75	6.75	6.75
21	MARIN	9.75	9.75	9.75	9.75	9.75	9.75
22	MARIPOSA	6.75	6.75	6.75	6.75	6.75	6.75
23	MENDOCINO	7.11	7.11	7.11	7.11	7.11	7.11
24	MERCED	6.95	6.95	6.95	6.95	6.95	6.95
25	MODOC	6.75	6.75	6.75	6.75	6.75	6.75
26	MONO	7.11	7.11	7.11	7.11	7.11	7.11
27	MONTEREY	8.50	9.10	9.10	9.10	9.10	9.50
28	NAPA	7.11	7.11	7.11	8.50	8.50	8.50
29	NEVADA	6.75	6.75	7.11	7.11	7.11	7.11

County Default Rates – March 2003 through September 2003

Orange to Yuba Counties

County Number	County Name	Mar 03 Mar 03	Apr 03 Apr 03	May 03 June 03	Jul 03 Jul 03	Aug 03 Aug 03	Sept 03 Sept 03
30	ORANGE	7.11	7.11	7.11	7.11	7.11	8.00
31	PLACER	6.75	6.75	6.75	6.75	6.75	6.75
32	PLUMAS	6.95	6.95	6.95	7.11	7.11	7.11
33	RIVERSIDE	7.11	7.11	7.11	7.11	7.11	7.11
34	SACRAMENTO	9.50	9.50	9.50	9.50	9.50	9.50
35	SAN BENITO	6.75	6.75	6.75	6.75	6.75	6.75
36	SAN BERNARDINO	8.50	8.50	8.50	6.75	6.75	6.75
37	SAN DIEGO	8.50	8.50	8.50	8.50	8.50	8.50
38	SAN FRANCISCO	10.10	10.10	10.10	10.10	10.10	10.10
39	SAN JOAQUIN	6.95	6.95	6.95	6.95	8.50	8.50
40	SAN LUIS OBISPO	6.95	6.95	6.95	6.95	6.95	6.95
41	SAN MATEO	9.50	9.50	9.50	9.50	9.50	9.50
42	SANTA BARBARA	7.11	7.11	7.11	7.11	7.11	7.11
43	SANTA CLARA	10.50	10.50	10.50	10.50	10.50	10.50
44	SANTA CRUZ	9.50	9.50	9.50	9.50	9.50	9.50
45	SHASTA	6.75	6.75	6.75	6.75	6.75	6.75
46	SIERRA	6.75	6.75	7.11	7.11	7.11	7.11
47	SISKIYOU	6.75	6.75	6.75	6.75	6.75	6.75
48	SOLANO	9.50	9.50	9.50	9.50	9.50	9.50
49	SONOMA	9.50	9.50	9.50	9.50	9.50	9.50
50	STANISLAUS	6.95	6.95	6.95	6.95	6.95	6.95
51	SUTTER	6.75	6.75	6.75	6.75	6.75	6.75
52	TEHAMA	6.75	6.75	6.75	6.75	6.75	6.75
53	TRINITY	6.75	6.75	6.75	6.75	6.75	6.75
54	TULARE	6.75	6.75	6.75	6.75	6.75	6.75
55	TUOLUMNE	6.75	6.75	6.75	6.75	6.75	6.75
56	VENTURA	7.11	7.11	7.11	7.11	7.11	7.11
57	YOLO	9.50	9.50	9.50	9.50	9.50	9.60
58	YUBA	6.75	6.75	6.75	6.75	6.75	6.75

County Default Rates – October 2003 through July 2004

Alameda to Nevada Counties

County Number	County Name	Oct 03 Nov 03	Dec 03 Dec 03	Jan 04 Mar 04	Apr 04 May 04	June 04 June 04	July 04 July 04
01	ALAMEDA	9.50	9.50	9.50	9.50	9.50	9.50
02	ALPINE	7.11	7.11	7.11	7.11	7.11	7.11
03	AMADOR	6.95	6.95	6.95	6.95	6.95	6.95
04	BUTTE	7.11	7.11	7.11	7.11	7.11	7.11
05	CALAVERAS	6.75	6.75	6.75	6.75	6.75	6.75
06	COLUSA	6.75	6.75	6.75	6.75	6.75	6.75
07	CONTRA COSTA	9.50	9.50	9.50	9.50	9.50	9.50
08	DEL NORTE	6.75	6.75	6.75	6.75	6.75	6.75
09	EL DORADO	6.75	6.75	6.75	6.75	6.75	6.75
10	FRESNO	7.50	7.50	7.50	7.50	7.50	7.75
11	GLENN	7.11	7.11	7.11	7.11	7.11	7.11
12	HUMBOLDT	6.75	6.75	6.75	6.75	6.75	6.75
13	IMPERIAL	6.75	6.75	6.75	6.75	6.75	6.75
14	INYO	6.75	6.75	6.75	6.75	6.75	6.75
15	KERN	6.75	6.75	6.75	6.75	6.75	6.75
16	KINGS	6.75	6.75	6.75	6.75	6.75	6.75
17	LAKE	6.75	6.75	6.75	6.75	6.75	6.75
18	LASSEN	6.75	6.75	6.75	6.75	6.75	6.75
19	LOS ANGELES	7.50	7.50	7.50	7.50	7.50	7.50
20	MADERA	6.75	6.75	6.75	6.75	6.75	6.75
21	MARIN	9.75	9.75	9.75	9.75	9.75	9.75
22	MARIPOSA	6.75	6.75	6.75	6.75	6.75	6.75
23	MENDOCINO	7.11	7.11	8.00	8.00	8.00	8.00
24	MERCED	6.95	6.95	6.95	6.95	6.95	6.95
25	MODOC	6.75	6.75	6.75	6.75	6.75	6.75
26	MONO	7.11	7.11	7.11	7.11	7.11	7.11
27	MONTEREY	9.50	9.50	9.50	9.50	9.50	9.50
28	NAPA	8.50	9.50	9.50	9.50	9.50	9.50
29	NEVADA	7.11	7.11	7.11	7.11	7.11	7.11

County Default Rates – October 2003 through July 2004

Orange to Yuba Counties

County Number	County Name	Oct 03 Nov 03	Dec 03 Dec 03	Jan 04 Mar 04	Apr 04 May 04	June 04 June 04	July 04 July 04
30	ORANGE	8.00	8.00	8.00	8.00	8.00	8.00
31	PLACER	6.75	6.75	6.75	6.75	6.75	6.75
32	PLUMAS	7.11	7.11	7.11	7.11	7.11	7.11
33	RIVERSIDE	7.11	7.11	8.00	8.00	8.00	8.50
34	SACRAMENTO	9.50	9.50	9.50	9.50	9.50	9.50
35	SAN BENITO	6.75	6.75	6.75	8.50	8.50	8.50
36	SAN BERNARDINO	8.50	8.50	8.50	8.50	8.50	8.50
37	SAN DIEGO	8.50	8.50	8.50	8.50	8.50	8.50
38	SAN FRANCISCO	10.17	10.28	10.28	10.28	10.28	10.28
39	SAN JOAQUIN	8.50	8.50	8.50	8.50	8.50	8.50
40	SAN LUIS OBISPO	6.95	6.95	6.95	6.95	6.95	6.95
41	SAN MATEO	9.50	9.50	9.50	9.50	9.50	9.50
42	SANTA BARBARA	7.11	7.11	7.11	7.11	8.00	8.00
43	SANTA CLARA	10.50	10.50	10.50	10.50	10.50	10.50
44	SANTA CRUZ	9.50	9.50	9.50	9.50	9.50	9.50
45	SHASTA	6.75	6.75	6.75	6.75	6.75	6.75
46	SIERRA	7.11	7.11	7.11	7.11	7.11	7.11
47	SISKIYOU	6.75	6.75	6.75	6.75	6.75	6.75
48	SOLANO	9.50	9.50	9.50	9.50	9.50	9.50
49	SONOMA	9.50	9.50	9.50	9.50	9.50	9.50
50	STANISLAUS	6.95	6.95	6.95	6.95	6.95	6.95
51	SUTTER	6.75	6.75	6.75	6.75	6.75	6.75
52	TEHAMA	6.75	6.75	6.75	6.75	6.75	6.75
53	TRINITY	6.75	6.75	6.75	6.75	6.75	6.75
54	TULARE	6.75	6.75	6.75	6.75	6.75	6.75
55	TUOLUMNE	6.75	6.75	6.75	6.75	6.75	6.75
56	VENTURA	7.11	7.11	7.11	7.11	7.11	7.11
57	YOLO	9.60	9.60	9.60	9.60	9.60	9.60
58	YUBA	6.75	6.75	6.75	6.75	6.75	6.75

County Default Rates – August 2004 through January 2005

Alameda to Nevada Counties

County Number	County Name	Aug 04 Aug 04	Sept 04 Sept 04	Oct 04 Oct 04	Nov 04 Nov 04	Dec 04 Dec 04	Jan 05 Jan 05
01	ALAMEDA	9.50	9.50	9.50	9.50	9.50	9.50
02	ALPINE	7.11	7.11	7.11	7.11	7.11	7.11
03	AMADOR	6.95	6.95	6.95	6.95	6.95	6.95
04	BUTTE	7.11	7.11	7.11	7.11	7.11	7.11
05	CALAVERAS	6.75	6.75	6.75	6.75	6.75	6.75
06	COLUSA	6.75	6.75	6.75	6.75	6.75	6.75
07	CONTRA COSTA	9.50	9.50	9.50	9.50	9.50	9.50
08	DEL NORTE	6.75	6.75	6.75	6.75	6.75	6.75
09	EL DORADO	6.75	6.75	6.75	6.75	8.00	8.00
10	FRESNO	7.75	7.75	7.75	7.75	7.75	8.00
11	GLENN	7.11	7.11	7.11	7.11	7.11	7.11
12	HUMBOLDT	6.75	6.75	6.75	6.75	6.75	6.75
13	IMPERIAL	6.75	6.75	6.75	6.75	6.75	6.75
14	INYO	6.75	6.75	6.75	6.75	6.75	6.75
15	KERN	6.75	6.75	6.75	6.75	6.75	6.75
16	KINGS	6.75	6.75	6.75	6.75	6.75	6.75
17	LAKE	6.75	6.75	6.75	6.75	6.75	6.75
18	LASSEN	6.75	6.75	6.75	6.75	6.75	6.75
19	LOS ANGELES	7.50	7.50	7.50	8.10	8.10	8.10
20	MADERA	6.75	6.75	6.75	6.75	6.75	6.75
21	MARIN	9.75	9.75	9.75	9.75	9.75	9.75
22	MARIPOSA	6.75	6.75	6.75	6.75	6.75	6.75
23	MENDOCINO	8.00	8.50	8.50	8.50	8.50	8.50
24	MERCED	6.95	6.95	6.95	6.95	6.95	6.95
25	MODOC	6.75	6.75	6.75	6.75	6.75	6.75
26	MONO	7.11	7.11	7.11	7.11	7.11	7.11
27	MONTEREY	9.50	9.50	9.50	9.50	9.50	9.50
28	NAPA	9.50	9.50	9.50	9.50	9.50	9.50
29	NEVADA	7.11	7.11	7.11	7.11	7.11	7.11

County Default Rates – August 2004 through January 2005

Orange to Yuba Counties

County Number	County Name	Aug 04 Aug 04	Sept 04 Sept 04	Oct 04 Oct 04	Nov 04 Nov 04	Dec 04 Dec 04	Jan 05 Jan 05
30	ORANGE	8.00	8.00	8.00	8.00	8.00	8.00
31	PLACER	7.50	7.50	8.00	8.00	8.00	8.00
32	PLUMAS	7.11	7.11	7.11	7.11	7.11	7.11
33	RIVERSIDE	8.50	8.50	8.50	8.50	8.50	8.50
34	SACRAMENTO	9.50	9.50	9.50	9.50	9.50	9.50
35	SAN BENITO	8.50	8.50	9.50	9.50	9.50	9.50
36	SAN BERNARDINO	8.50	8.50	8.50	8.50	8.50	8.50
37	SAN DIEGO	8.50	8.50	8.50	8.50	8.50	8.50
38	SAN FRANCISCO	10.28	10.28	10.28	10.28	10.28	10.28
39	SAN JOAQUIN	8.50	8.50	8.50	8.50	8.50	8.50
40	SAN LUIS OBISPO	6.95	6.95	8.00	8.00	8.00	8.00
41	SAN MATEO	9.50	9.50	9.50	9.50	9.50	9.50
42	SANTA BARBARA	8.00	8.00	8.00	8.00	8.00	8.00
43	SANTA CLARA	10.50	10.50	10.50	10.50	10.50	10.50
44	SANTA CRUZ	9.50	9.50	9.50	9.50	9.50	9.50
45	SHASTA	6.75	6.75	6.75	6.75	6.75	6.75
46	SIERRA	7.11	7.11	7.11	7.11	7.11	7.11
47	SISKIYOU	6.75	6.75	6.75	6.75	6.75	6.75
48	SOLANO	9.50	9.50	9.50	9.50	9.50	9.50
49	SONOMA	9.50	9.50	9.50	9.50	9.50	9.50
50	STANISLAUS	6.95	6.95	7.50	7.50	7.50	8.00
51	SUTTER	6.75	6.75	6.75	6.75	6.75	6.75
52	TEHAMA	6.75	6.75	6.75	6.75	6.75	6.75
53	TRINITY	6.75	6.75	6.75	6.75	6.75	6.75
54	TULARE	6.75	6.75	6.75	6.75	6.75	6.75
55	TUOLUMNE	6.75	6.75	6.75	6.75	6.75	6.75
56	VENTURA	7.11	7.11	7.11	7.11	7.11	8.00
57	YOLO	9.60	9.60	9.60	9.60	9.60	9.60
58	YUBA	6.75	6.75	6.75	6.75	6.75	6.75

County Default Rates – February 2005 through September 2005

Alameda to Nevada Counties

County Number	County Name	Feb 05 Mar 05	Apr 05 Apr 05	May 05 May 05	June 05 June 05	July 05 July 05	Aug 05 Sept 05
01	ALAMEDA	9.50	9.50	9.50	9.50	9.50	9.50
02	ALPINE	7.11	7.11	7.11	7.11	7.11	7.11
03	AMADOR	6.95	6.95	6.95	6.95	8.00	8.00
04	BUTTE	7.11	7.11	7.11	7.11	7.11	7.11
05	CALAVERAS	6.75	6.75	6.75	8.00	8.00	8.00
06	COLUSA	6.75	6.75	6.75	6.75	6.75	6.75
07	CONTRA COSTA	9.50	9.50	9.50	9.50	9.50	9.50
08	DEL NORTE	6.75	6.75	6.75	6.75	6.75	6.75
09	EL DORADO	8.00	8.00	8.00	8.00	8.25	8.25
10	FRESNO	8.00	8.00	8.00	8.00	8.15	8.15
11	GLENN	7.11	7.11	7.11	7.11	7.11	7.11
12	HUMBOLDT	6.75	6.75	6.75	6.75	6.75	6.75
13	IMPERIAL	6.75	6.75	6.75	6.75	6.75	6.75
14	INYO	6.75	6.75	6.75	6.75	6.75	6.75
15	KERN	6.75	8.00	8.00	8.00	8.00	8.00
16	KINGS	6.75	6.75	6.75	6.75	6.75	6.75
17	LAKE	6.75	6.75	6.75	6.75	6.75	6.75
18	LASSEN	6.75	6.75	6.75	6.75	6.75	6.75
19	LOS ANGELES	8.10	8.10	8.10	8.10	8.10	8.10
20	MADERA	6.75	6.75	6.75	6.75	6.75	6.75
21	MARIN	9.75	9.75	9.75	9.75	9.75	9.75
22	MARIPOSA	6.75	6.75	6.75	6.75	6.75	6.75
23	MENDOCINO	8.50	8.50	8.50	8.50	8.50	8.50
24	MERCED	6.95	6.95	6.95	6.95	6.95	6.95
25	MODOC	6.75	6.75	6.75	6.75	6.75	6.75
26	MONO	7.11	7.11	7.11	7.11	7.11	7.11
27	MONTEREY	9.50	9.50	9.50	9.50	9.50	9.50
28	NAPA	9.50	9.50	9.50	9.50	9.50	9.50
29	NEVADA	7.11	7.11	7.11	7.11	7.11	7.11

County Default Rates – February 2005 to September 2005

Orange to Yuba Counties

County Number	County Name	Feb 05 Mar 05	Apr 05 Apr 05	May 05 May 05	June 05 June 05	July 05 July 05	Aug 05 Sept 05
30	ORANGE	8.00	8.00	8.00	8.00	8.00	8.00
31	PLACER	8.00	8.00	8.00	8.00	8.25	8.25
32	PLUMAS	7.11	7.11	7.11	7.11	7.11	7.11
33	RIVERSIDE	8.50	8.50	8.50	8.50	8.50	8.50
34	SACRAMENTO	9.50	9.50	9.50	9.50	9.50	9.50
35	SAN BENITO	9.50	9.50	9.50	9.50	9.50	9.50
36	SAN BERNARDINO	8.50	8.50	8.50	8.50	8.50	8.50
37	SAN DIEGO	9.00	9.00	9.00	9.00	9.00	9.00
38	SAN FRANCISCO	10.28	10.28	10.28	10.28	10.28	10.28
39	SAN JOAQUIN	8.50	8.50	8.50	8.50	8.50	8.50
40	SAN LUIS OBISPO	8.00	8.00	8.25	8.25	8.25	8.25
41	SAN MATEO	9.50	9.50	9.50	9.50	9.50	10.50
42	SANTA BARBARA	8.00	8.00	8.00	8.00	8.00	8.00
43	SANTA CLARA	10.50	10.50	10.50	10.50	10.50	10.50
44	SANTA CRUZ	9.50	9.50	9.50	9.50	9.50	9.50
45	SHASTA	6.75	6.75	6.75	6.75	6.75	6.75
46	SIERRA	7.11	7.11	7.11	7.11	7.11	7.11
47	SISKIYOU	6.75	6.75	6.75	6.75	6.75	6.75
48	SOLANO	9.50	9.50	9.50	9.50	9.50	9.50
49	SONOMA	9.50	9.50	9.50	9.50	9.50	9.50
50	STANISLAUS	8.00	8.00	8.00	8.00	8.00	8.00
51	SUTTER	6.75	6.75	6.75	6.75	6.75	6.75
52	TEHAMA	6.75	6.75	6.75	6.75	6.75	6.75
53	TRINITY	6.75	6.75	6.75	6.75	6.75	6.75
54	TULARE	6.75	6.75	6.75	6.75	6.75	6.75
55	TUOLUMNE	6.75	6.75	6.75	6.75	6.75	6.75
56	VENTURA	8.00	8.00	8.00	8.00	8.00	8.00
57	YOLO	9.60	9.60	9.60	9.60	9.60	9.60
58	YUBA	8.00	8.00	8.25	8.25	8.25	8.25

County Default Rates – October 2005 through March 2006

Alameda to Nevada Counties

County Number	County Name	Oct 05 Oct 05	Nov 05 Nov 05	Dec 05 Dec 05	Jan 06 Jan 06	Feb 06 Feb 06	Mar 06 Mar 06
01	ALAMEDA	9.50	9.50	9.50	9.50	9.50	9.50
02	ALPINE	7.11	7.11	7.11	7.11	7.11	7.11
03	AMADOR	8.00	8.00	8.00	8.00	8.00	8.00
04	BUTTE	7.11	7.11	7.11	7.11	7.11	7.11
05	CALAVERAS	8.00	8.00	8.00	8.00	8.00	8.00
06	COLUSA	6.75	6.75	6.75	6.75	6.75	6.75
07	CONTRA COSTA	9.50	9.50	9.50	9.50	9.71	10.06
08	DEL NORTE	6.75	6.75	6.75	6.75	6.75	6.75
09	EL DORADO	8.25	8.25	8.25	8.25	8.25	8.25
10	FRESNO	8.15	8.15	8.15	8.15	8.15	8.15
11	GLENN	7.11	7.11	7.11	7.11	7.11	7.11
12	HUMBOLDT	6.75	6.75	6.75	6.75	6.75	6.75
13	IMPERIAL	6.75	6.75	6.75	6.75	6.75	6.75
14	INYO	6.75	6.75	6.75	6.75	6.75	6.75
15	KERN	8.00	8.00	8.00	8.00	8.00	8.00
16	KINGS	7.50	7.50	7.50	7.50	7.50	7.50
17	LAKE	6.75	6.75	6.75	6.75	6.75	6.75
18	LASSEN	6.75	6.75	6.75	6.75	6.75	6.75
19	LOS ANGELES	8.10	8.45	8.45	8.45	8.45	8.45
20	MADERA	6.75	6.75	6.75	6.75	6.75	6.75
21	MARIN	9.75	9.75	9.75	9.75	10.50	10.50
22	MARIPOSA	6.75	6.75	6.75	6.75	7.11	7.11
23	MENDOCINO	8.50	8.50	8.50	8.50	8.50	8.50
24	MERCED	6.95	7.50	7.50	7.50	7.50	7.50
25	MODOC	6.75	6.75	6.75	6.75	6.75	6.75
26	MONO	7.11	7.11	7.11	7.11	7.11	7.11
27	MONTEREY	9.50	9.50	9.50	9.50	9.50	9.90
28	NAPA	9.50	10.50	10.50	10.50	10.50	10.50
29	NEVADA	7.11	7.11	7.11	7.11	7.11	7.11

County Default Rates – October 2005 through March 2006

Orange to Yuba Counties

County Number	County Name	Oct 05 Oct 05	Nov 05 Nov 05	Dec 05 Dec 05	Jan 06 Jan 06	Feb 06 Feb 06	Mar 06 Mar 06
30	ORANGE	8.00	8.00	8.40	8.40	8.40	8.40
31	PLACER	8.25	8.25	8.25	8.50	8.50	8.50
32	PLUMAS	7.11	7.11	7.11	7.11	7.11	7.11
33	RIVERSIDE	8.75	8.75	8.75	8.75	8.75	8.75
34	SACRAMENTO	9.50	9.50	9.50	10.00	10.00	10.00
35	SAN BENITO	9.50	9.50	9.50	9.50	9.50	9.50
36	SAN BERNARDINO	8.50	8.85	8.85	8.85	8.85	8.85
37	SAN DIEGO	9.00	9.00	9.00	9.00	9.00	9.00
38	SAN FRANCISCO	10.28	10.28	10.28	10.50	10.50	10.50
39	SAN JOAQUIN	8.50	8.50	8.50	8.50	8.50	8.50
40	SAN LUIS OBISPO	8.25	8.25	8.25	8.25	8.25	8.25
41	SAN MATEO	10.50	10.50	10.50	10.50	10.50	10.50
42	SANTA BARBARA	8.00	8.00	8.00	9.00	9.00	9.00
43	SANTA CLARA	10.50	10.50	10.50	11.50	11.50	11.50
44	SANTA CRUZ	9.50	10.50	10.50	10.50	10.50	10.50
45	SHASTA	6.75	6.75	6.75	6.75	6.75	6.75
46	SIERRA	7.11	7.11	7.11	7.11	7.11	7.11
47	SISKIYOU	6.75	6.75	6.75	6.75	6.75	6.75
48	SOLANO	9.50	9.50	10.50	10.50	10.50	10.50
49	SONOMA	9.50	9.50	10.00	10.00	10.00	10.00
50	STANISLAUS	8.00	8.00	8.25	8.25	8.25	8.25
51	SUTTER	6.75	6.75	6.75	6.75	8.00	8.00
52	TEHAMA	6.75	6.75	6.75	6.75	6.75	6.75
53	TRINITY	6.75	6.75	6.75	6.75	6.75	6.75
54	TULARE	6.75	7.50	7.50	7.50	7.50	7.50
55	TUOLUMNE	6.75	6.75	6.75	6.75	6.75	6.75
56	VENTURA	8.00	8.00	8.00	9.00	9.00	9.00
57	YOLO	9.75	9.75	9.75	10.25	10.25	10.25
58	YUBA	8.25	8.25	8.25	8.50	8.50	8.50

County Default Rates – April 2006 through October 2006

Alameda to Nevada Counties

County Number	County Name	Apr 06 Apr 06	May 06 May 06	June 06 June 06	July 06 July 06	Aug 06 Sept 06	Oct 06 Oct 06
01	ALAMEDA	9.50	10.50	10.50	10.50	10.50	10.50
02	ALPINE	7.11	7.11	7.11	7.11	7.11	7.11
03	AMADOR	8.00	8.00	8.00	8.25	8.25	8.25
04	BUTTE	7.11	7.11	7.11	7.11	7.11	7.11
05	CALAVERAS	8.00	8.25	8.25	8.25	8.25	8.50
06	COLUSA	6.75	6.75	6.75	6.75	6.75	6.75
07	CONTRA COSTA	10.06	10.06	10.06	10.06	10.50	10.50
08	DEL NORTE	6.75	6.75	6.75	6.75	6.75	8.15
09	EL DORADO	8.25	8.25	8.25	8.50	8.50	8.50
10	FRESNO	8.15	8.15	8.15	8.15	8.15	8.15
11	GLENN	7.11	7.11	7.11	7.11	7.11	7.11
12	HUMBOLDT	6.75	6.75	6.75	6.75	6.75	6.75
13	IMPERIAL	6.75	6.75	6.75	6.75	6.75	6.75
14	INYO	6.75	6.75	6.75	6.75	6.75	6.75
15	KERN	8.00	8.00	8.00	8.00	8.00	8.00
16	KINGS	7.50	7.50	7.50	7.50	7.50	7.50
17	LAKE	6.75	6.75	6.75	6.75	6.75	6.75
18	LASSEN	6.75	6.75	6.75	6.75	6.75	6.75
19	LOS ANGELES	8.45	8.45	8.45	8.45	8.45	8.45
20	MADERA	6.75	6.75	6.75	6.75	6.75	6.75
21	MARIN	10.50	10.50	10.50	10.50	10.50	10.50
22	MARIPOSA	7.11	7.75	7.75	7.75	7.75	7.75
23	MENDOCINO	8.50	8.50	8.50	8.50	8.50	8.50
24	MERCED	7.50	7.50	7.50	7.50	7.50	7.50
25	MODOC	6.75	6.75	6.75	6.75	6.75	6.75
26	MONO	7.11	7.11	7.11	7.11	7.11	7.11
27	MONTEREY	9.90	9.90	9.90	10.50	10.50	10.50
28	NAPA	10.50	10.50	10.50	10.50	10.50	10.50
29	NEVADA	7.11	7.11	7.11	7.11	7.11	7.11

County Default Rates – April 2006 through October 2006

Orange to Yuba Counties

County Number	County Name	Apr 06 Apr 06	May 06 May 06	June 06 June 06	July 06 July 06	Aug 06 Sept 06	Oct 06 Oct 06
30	ORANGE	8.40	8.40	8.40	8.40	8.40	8.40
31	PLACER	8.50	8.50	8.50	8.50	8.50	8.50
32	PLUMAS	7.11	7.11	7.11	7.11	7.11	7.11
33	RIVERSIDE	8.75	8.75	8.75	9.00	9.00	9.00
34	SACRAMENTO	10.00	10.00	10.00	10.00	10.00	10.00
35	SAN BENITO	9.50	9.50	9.50	9.50	9.50	9.50
36	SAN BERNARDINO	8.85	8.85	8.85	8.85	8.85	8.85
37	SAN DIEGO	9.00	9.00	9.00	9.00	9.00	9.00
38	SAN FRANCISCO	10.65	10.65	10.65	10.65	10.65	10.65
39	SAN JOAQUIN	8.50	8.50	8.50	8.50	8.50	8.95
40	SAN LUIS OBISPO	8.25	8.25	8.25	8.25	8.25	8.25
41	SAN MATEO	10.50	10.50	10.50	10.50	10.50	10.50
42	SANTA BARBARA	9.00	9.00	9.00	10.00	10.00	10.00
43	SANTA CLARA	11.50	11.50	11.50	11.50	11.50	11.50
44	SANTA CRUZ	10.50	10.50	10.50	10.50	10.50	10.50
45	SHASTA	6.75	6.75	6.75	6.75	6.75	6.75
46	SIERRA	7.11	7.11	7.11	7.11	7.11	7.11
47	SISKIYOU	6.75	6.75	6.75	6.75	6.75	6.75
48	SOLANO	10.50	10.50	10.50	10.50	10.50	10.50
49	SONOMA	10.00	10.00	10.50	10.50	10.50	10.50
50	STANISLAUS	8.25	8.25	8.25	8.25	8.25	8.25
51	SUTTER	8.00	8.00	8.00	8.00	8.00	8.00
52	TEHAMA	6.75	6.75	6.75	6.75	6.75	6.75
53	TRINITY	6.75	6.75	6.75	6.75	6.75	6.75
54	TULARE	7.50	7.50	7.50	7.50	7.50	7.50
55	TUOLUMNE	6.75	6.75	6.75	6.75	6.75	6.75
56	VENTURA	9.00	9.00	9.00	9.00	9.00	9.00
57	YOLO	10.25	10.25	10.25	10.25	10.25	10.25
58	YUBA	8.50	8.50	8.50	8.50	8.50	8.50

County Default Rates – November 2006 through May 2007

Alameda to Nevada Counties

County Number	County Name	Nov 06	Dec 06	Jan 07	Feb 07	Apr 07	May 07
01	ALAMEDA	10.50	10.50	10.50	10.50	10.50	10.50
02	ALPINE	7.11	7.11	7.50	7.50	7.50	7.50
03	AMADOR	8.25	8.25	8.25	8.25	8.25	8.25
04	BUTTE	8.15	8.15	8.15	8.15	8.15	8.15
05	CALAVERAS	8.50	8.50	8.50	8.50	8.50	8.50
06	COLUSA	6.75	6.75	7.50	7.50	7.50	7.50
07	CONTRA COSTA	10.50	10.50	10.50	10.50	10.50	10.50
08	DEL NORTE	8.15	8.15	8.15	8.15	8.15	8.15
09	EL DORADO	8.50	8.50	8.50	8.50	8.50	8.50
10	FRESNO	9.05	9.05	9.05	9.05	9.05	9.05
11	GLENN	7.11	7.11	7.50	7.50	7.50	7.50
12	HUMBOLDT	6.75	6.75	7.50	7.50	7.50	7.50
13	IMPERIAL	6.75	6.75	7.50	7.50	7.50	7.50
14	INYO	6.75	6.75	7.50	7.50	7.50	7.50
15	KERN	8.00	8.00	8.00	8.00	8.00	8.00
16	KINGS	7.50	8.00	8.00	8.00	8.00	8.00
17	LAKE	6.75	6.75	7.50	7.50	7.50	7.50
18	LASSEN	6.75	6.75	7.50	7.50	7.50	7.50
19	LOS ANGELES	8.45	8.45	8.45	8.45	9.00	9.00
20	MADERA	6.75	6.75	7.50	7.50	7.50	7.50
21	MARIN	10.50	10.50	10.50	10.50	10.50	10.50
22	MARIPOSA	7.75	7.75	7.75	7.75	7.75	7.75
23	MENDOCINO	8.50	8.50	8.50	9.00	9.00	9.00
24	MERCED	7.50	7.50	7.50	7.50	7.50	7.50
25	MODOC	6.75	6.75	7.50	7.50	7.50	7.50
26	MONO	7.11	7.11	7.50	7.50	7.50	7.50
27	MONTEREY	10.50	10.50	10.50	10.50	10.50	10.50
28	NAPA	10.50	10.50	10.50	10.50	10.50	10.50
29	NEVADA	7.11	7.11	7.50	8.15	8.15	8.15

County Default Rates – November 2006 through May 2007

Orange to Yuba Counties

County Number	County Name	Nov 06	Dec 06	Jan 07	Feb 07	Apr 07	May 07
30	ORANGE	8.40	8.40	8.40	8.40	8.40	8.40
31	PLACER	8.50	8.50	9.00	9.00	9.00	9.00
32	PLUMAS	7.11	7.11	7.50	8.15	8.15	8.15
33	RIVERSIDE	9.00	9.00	9.00	9.00	9.00	9.00
34	SACRAMENTO	10.00	10.00	10.40	10.40	10.40	10.40
35	SAN BENITO	9.50	9.50	9.50	9.50	9.50	9.50
36	SAN BERNARDINO	8.85	8.85	8.85	8.85	9.05	9.05
37	SAN DIEGO	9.00	9.00	9.00	9.25	9.25	9.25
38	SAN FRANCISCO	10.65	10.65	10.65	10.65	10.95	10.95
39	SAN JOAQUIN	8.95	8.95	8.95	8.95	8.95	8.95
40	SAN LUIS OBISPO	8.25	9.00	9.00	9.00	9.00	9.00
41	SAN MATEO	10.50	10.50	10.50	10.50	10.50	10.50
42	SANTA BARBARA	10.00	10.00	10.00	10.00	10.00	10.00
43	SANTA CLARA	11.50	11.50	11.50	11.50	11.50	11.75
44	SANTA CRUZ	10.50	10.50	10.50	10.50	10.50	10.50
45	SHASTA	6.75	6.75	7.50	7.50	7.50	7.50
46	SIERRA	7.11	7.11	7.50	8.15	8.15	8.15
47	SISKIYOU	6.75	6.75	7.50	7.50	7.50	7.50
48	SOLANO	10.50	10.50	10.50	10.50	10.50	10.50
49	SONOMA	10.50	10.50	10.50	10.50	10.50	10.50
50	STANISLAUS	8.25	8.25	8.25	8.25	8.25	8.25
51	SUTTER	8.00	8.00	8.00	8.00	8.00	8.00
52	TEHAMA	6.75	6.75	7.50	7.50	7.50	7.50
53	TRINITY	6.75	6.75	7.50	7.50	7.50	7.50
54	TULARE	7.50	7.50	7.50	7.50	7.50	7.50
55	TUOLUMNE	6.75	6.75	7.50	7.50	7.50	7.50
56	VENTURA	9.00	9.00	9.00	9.00	9.00	9.00
57	YOLO	10.25	10.25	10.50	10.50	10.50	10.50
58	YUBA	8.50	8.50	8.50	8.50	8.50	8.50

County Default Rates – June 2007 through November 2007

Alameda to Nevada Counties

County Number	County Name	June 07	July 07	Aug 07	Sept 07	Oct 07	Nov 07
01	ALAMEDA	10.50	10.50	10.50	10.50	10.50	10.50
02	ALPINE	7.50	7.50	7.50	7.50	7.50	7.50
03	AMADOR	8.25	8.25	8.50	8.50	8.50	8.50
04	BUTTE	8.15	8.15	8.15	8.15	8.15	8.15
05	CALAVERAS	8.50	8.50	8.50	8.50	8.50	8.50
06	COLUSA	7.50	7.50	7.50	7.50	7.50	7.50
07	CONTRA COSTA	10.50	10.50	10.50	10.50	10.50	10.50
08	DEL NORTE	8.15	8.15	8.25	8.25	8.25	8.25
09	EL DORADO	8.50	9.00	9.00	9.00	9.00	9.00
10	FRESNO	9.05	9.05	9.05	9.05	9.65	9.65
11	GLENN	7.50	7.50	7.50	7.50	7.50	7.50
12	HUMBOLDT	7.50	7.50	7.50	7.50	7.50	7.50
13	IMPERIAL	7.50	7.50	7.50	7.50	7.50	7.50
14	INYO	7.50	7.50	7.50	7.50	7.50	7.50
15	KERN	8.00	8.00	8.00	9.00	9.00	9.00
16	KINGS	8.00	8.00	8.00	8.00	8.00	8.00
17	LAKE	7.50	7.50	7.50	7.50	7.50	7.50
18	LASSEN	7.50	7.50	7.50	7.50	7.50	7.50
19	LOS ANGELES	9.00	9.00	9.00	9.00	9.00	9.00
20	MADERA	7.50	7.50	7.50	7.50	7.50	7.50
21	MARIN	10.50	10.50	10.50	10.50	10.50	10.50
22	MARIPOSA	7.75	7.75	7.75	7.75	7.75	7.75
23	MENDOCINO	9.00	9.00	9.00	9.00	9.00	9.00
24	MERCED	7.50	7.50	7.50	7.50	7.50	8.50
25	MODOC	7.50	7.50	7.50	7.50	7.50	7.50
26	MONO	7.50	7.50	7.50	7.50	7.50	7.50
27	MONTEREY	10.50	10.50	10.50	10.50	10.50	10.50
28	NAPA	10.50	10.50	10.50	10.50	10.50	10.50
29	NEVADA	8.15	8.15	8.15	8.15	8.56	8.56

County Default Rates – June 2007 through November 2007

Orange to Yuba Counties

County Number	County Name	June 07	July 07	Aug 07	Sept 07	Oct 07	Nov 07
30	ORANGE	8.40	8.40	8.40	8.40	8.40	8.40
31	PLACER	9.00	9.00	9.00	9.00	9.00	9.00
32	PLUMAS	8.15	8.15	8.15	8.15	8.56	8.56
33	RIVERSIDE	9.00	9.00	9.00	9.00	9.00	9.00
34	SACRAMENTO	10.40	10.40	10.40	10.40	10.40	10.40
35	SAN BENITO	9.50	9.80	9.80	10.00	10.00	10.00
36	SAN BERNARDINO	9.05	9.05	9.05	9.05	9.05	9.05
37	SAN DIEGO	9.25	9.25	9.25	9.25	9.25	9.25
38	SAN FRANCISCO	10.95	10.95	10.95	10.95	11.50	11.50
39	SAN JOAQUIN	8.95	8.95	8.95	9.45	9.45	9.45
40	SAN LUIS OBISPO	9.00	9.00	9.50	9.50	9.50	9.50
41	SAN MATEO	10.50	10.50	10.50	10.50	10.50	11.50
42	SANTA BARBARA	10.00	10.00	10.00	10.00	10.00	10.00
43	SANTA CLARA	11.75	11.75	11.75	11.75	11.75	11.75
44	SANTA CRUZ	10.50	10.50	10.50	10.50	10.50	10.50
45	SHASTA	7.50	7.50	7.50	7.50	7.50	7.50
46	SIERRA	8.15	8.15	8.15	8.15	8.56	8.56
47	SISKIYOU	7.50	7.50	7.50	7.50	7.50	7.50
48	SOLANO	10.50	10.50	10.50	10.50	10.50	10.50
49	SONOMA	10.50	10.50	10.50	10.50	10.50	10.50
50	STANISLAUS	8.25	8.25	8.25	8.25	8.84	8.84
51	SUTTER	8.00	8.00	8.00	8.00	8.00	8.25
52	TEHAMA	7.50	7.50	7.50	7.50	7.50	7.50
53	TRINITY	7.50	7.50	7.50	7.50	7.50	7.50
54	TULARE	7.50	7.50	7.50	7.50	8.50	8.50
55	TUOLUMNE	7.50	7.50	7.50	7.50	7.50	7.50
56	VENTURA	9.50	9.50	9.50	9.50	9.50	9.50
57	YOLO	10.50	10.50	10.50	10.50	10.50	10.50
58	YUBA	8.50	8.50	8.50	9.00	9.00	9.00

County Default Rates – December 2007 through June 2008

Alameda to Nevada Counties

County Number	County Name	Dec 07	Jan 08	Mar 08	Apr 08	May 08	Jun 08
01	ALAMEDA	10.50	10.50	10.50	10.50	10.50	10.50
02	ALPINE	7.50	8.00	8.00	8.00	8.00	8.00
03	AMADOR	8.50	8.50	8.50	8.50	8.50	8.50
04	BUTTE	8.15	8.15	8.15	8.15	8.15	8.15
05	CALAVERAS	8.50	8.50	9.25	9.25	9.25	9.25
06	COLUSA	7.50	8.00	8.00	8.00	8.00	8.00
07	CONTRA COSTA	10.50	10.50	10.75	10.75	10.75	10.75
08	DEL NORTE	8.50	8.50	8.50	8.50	8.50	8.50
09	EL DORADO	9.00	9.00	9.00	9.00	9.00	9.00
10	FRESNO	9.65	9.65	9.65	9.65	9.65	9.65
11	GLENN	7.50	8.15	8.15	8.15	8.15	8.15
12	HUMBOLDT	7.50	8.00	8.00	8.00	8.00	8.00
13	IMPERIAL	7.50	8.25	8.25	8.25	8.25	8.25
14	INYO	7.50	8.00	8.00	8.00	8.00	8.00
15	KERN	9.00	9.00	9.00	9.00	9.00	9.00
16	KINGS	8.00	8.00	9.00	9.00	9.00	9.00
17	LAKE	7.50	8.00	8.00	8.00	8.00	8.33
18	LASSEN	7.50	8.00	8.00	8.00	8.00	8.00
19	LOS ANGELES	9.00	9.00	9.00	9.00	9.00	9.00
20	MADERA	7.50	8.00	8.00	8.00	8.75	8.75
21	MARIN	10.50	10.50	11.30	11.30	11.30	11.30
22	MARIPOSA	7.75	8.00	8.00	8.00	8.00	8.00
23	MENDOCINO	9.00	9.45	9.45	9.45	9.45	9.45
24	MERCED	8.50	8.50	8.50	8.50	8.50	8.50
25	MODOC	7.50	8.00	8.00	8.00	8.00	8.00
26	MONO	7.50	8.00	8.00	8.00	8.00	8.00
27	MONTEREY	10.50	10.50	10.50	10.50	10.50	10.50
28	NAPA	10.50	10.50	11.50	11.50	11.50	11.50
29	NEVADA	8.56	8.56	8.56	8.56	8.56	8.56

County Default Rates – December 2007 through June 2008

Orange to Yuba Counties

County Number	County Name	Dec 07	Jan 08	Mar 08	Apr 08	May 08	Jun 08
30	ORANGE	8.40	8.40	8.40	8.40	8.40	8.40
31	PLACER	9.00	9.50	9.50	9.50	9.50	9.50
32	PLUMAS	8.56	8.56	8.56	8.56	8.56	8.56
33	RIVERSIDE	9.75	9.75	9.75	9.75	9.75	9.75
34	SACRAMENTO	10.40	10.40	10.40	10.40	10.40	10.40
35	SAN BENITO	10.00	10.00	10.00	10.00	10.00	10.00
36	SAN BERNARDINO	9.05	9.05	9.05	9.05	9.05	9.05
37	SAN DIEGO	9.25	9.25	9.25	9.25	9.25	9.25
38	SAN FRANCISCO	11.50	11.54	11.54	11.54	11.54	11.54
39	SAN JOAQUIN	9.45	9.45	9.45	9.45	9.45	9.45
40	SAN LUIS OBISPO	9.50	9.50	10.00	10.00	10.00	10.00
41	SAN MATEO	11.50	11.50	11.50	11.50	11.50	11.50
42	SANTA BARBARA	10.00	10.00	10.00	10.00	10.00	10.00
43	SANTA CLARA	12.10	12.10	12.10	12.35	12.35	12.35
44	SANTA CRUZ	10.50	11.50	11.50	11.50	11.50	11.50
45	SHASTA	7.50	8.00	8.00	8.00	8.40	8.40
46	SIERRA	8.56	8.56	8.56	8.56	8.56	8.56
47	SISKIYOU	7.50	8.00	8.00	8.00	8.00	8.00
48	SOLANO	10.50	10.50	10.50	11.50	11.50	11.50
49	SONOMA	10.50	10.50	10.50	10.50	11.20	11.20
50	STANISLAUS	8.84	8.84	8.84	8.84	8.84	8.84
51	SUTTER	8.25	8.25	8.25	8.25	8.25	8.25
52	TEHAMA	7.50	8.00	8.00	8.00	8.00	8.00
53	TRINITY	7.50	8.00	8.00	8.00	8.00	8.00
54	TULARE	8.50	8.50	8.50	8.50	8.50	8.50
55	TUOLUMNE	7.50	8.00	8.00	8.00	8.00	8.00
56	VENTURA	9.50	9.50	9.50	9.50	9.50	9.50
57	YOLO	10.50	10.50	10.50	10.50	10.50	10.50
58	YUBA	9.00	9.00	9.00	9.00	9.00	9.00

County Default Rates – July 2008 through February 2009

Alameda to Nevada Counties

County Number	County Name	July 08	Aug 08	Oct 08	Dec 08	Jan 09	Feb 09
01	ALAMEDA	10.50	10.50	11.50	11.50	11.50	11.50
02	ALPINE	8.00	8.00	8.00	8.00	8.00	8.00
03	AMADOR	8.50	8.50	8.50	8.50	8.50	8.50
04	BUTTE	8.15	8.15	8.15	8.15	8.15	8.15
05	CALAVERAS	9.75	9.75	9.75	9.75	9.75	9.75
06	COLUSA	8.00	8.00	8.00	8.00	8.00	8.00
07	CONTRA COSTA	10.75	10.75	11.25	11.25	11.50	11.50
08	DEL NORTE	9.00	9.00	9.00	9.00	9.00	9.00
09	EL DORADO	9.00	9.00	9.00	9.00	9.00	9.00
10	FRESNO	9.65	9.65	10.25	10.25	10.25	10.25
11	GLENN	8.15	8.15	8.15	8.15	8.15	8.15
12	HUMBOLDT	8.00	8.00	8.00	8.00	8.00	8.00
13	IMPERIAL	8.25	8.25	8.25	8.25	9.00	9.00
14	INYO	8.00	8.00	8.00	8.00	8.00	8.00
15	KERN	9.50	9.50	9.50	9.50	9.50	9.50
16	KINGS	9.00	9.00	9.00	9.00	9.00	9.00
17	LAKE	8.33	8.33	8.33	8.33	8.33	8.75
18	LASSEN	8.00	8.00	8.00	8.00	8.00	8.00
19	LOS ANGELES	9.00	9.00	9.00	9.00	9.00	9.00
20	MADERA	8.75	8.75	8.75	9.50	9.50	9.50
21	MARIN	11.30	11.30	11.30	11.30	11.50	11.55
22	MARIPOSA	8.00	8.00	8.00	8.00	8.00	8.00
23	MENDOCINO	9.45	9.45	9.45	9.45	9.90	9.90
24	MERCED	9.00	9.00	9.00	9.00	9.00	9.00
25	MODOC	8.00	8.00	8.00	8.00	8.00	8.00
26	MONO	8.00	8.00	8.00	8.00	8.00	8.00
27	MONTEREY	10.50	10.50	10.50	10.50	10.50	10.50
28	NAPA	11.50	11.50	11.50	11.50	11.50	11.50
29	NEVADA	8.56	8.56	8.56	8.56	8.56	8.56

County Default Rates – July 2008 through February 2009

Orange to Yuba Counties

County Number	County Name	July 08	Aug 08	Oct 08	Dec 08	Jan 09	Feb 09
30	ORANGE	8.90	8.90	8.90	8.90	8.90	8.90
31	PLACER	9.50	9.50	9.50	9.50	10.00	10.00
32	PLUMAS	8.56	8.56	8.56	8.56	8.56	8.56
33	RIVERSIDE	10.25	10.25	10.25	10.25	10.25	10.25
34	SACRAMENTO	10.40	10.40	10.40	10.40	10.40	10.40
35	SAN BENITO	10.50	10.50	10.50	10.50	10.50	10.50
36	SAN BERNARDINO	9.05	9.25	9.25	9.25	9.25	9.25
37	SAN DIEGO	9.25	9.25	9.25	9.25	9.25	9.25
38	SAN FRANCISCO	11.54	11.54	11.54	11.54	11.54	11.54
39	SAN JOAQUIN	9.45	9.45	9.45	9.45	9.45	9.45
40	SAN LUIS OBISPO	10.00	10.00	10.00	10.00	10.00	10.00
41	SAN MATEO	11.50	11.50	11.50	11.50	11.50	11.50
42	SANTA BARBARA	10.50	10.50	10.50	10.50	10.50	10.50
43	SANTA CLARA	12.35	12.35	12.35	12.35	12.35	12.35
44	SANTA CRUZ	11.50	11.50	11.50	11.50	11.50	11.50
45	SHASTA	8.40	8.40	8.40	8.40	8.40	8.40
46	SIERRA	8.56	8.56	8.56	8.56	8.56	8.56
47	SISKIYOU	8.00	8.00	8.00	8.00	8.00	8.00
48	SOLANO	11.50	11.50	11.50	11.50	11.50	11.50
49	SONOMA	11.20	11.20	11.50	11.50	11.50	11.50
50	STANISLAUS	8.84	8.84	9.11	9.11	9.11	9.11
51	SUTTER	8.25	8.25	8.25	8.25	8.25	8.25
52	TEHAMA	8.00	8.00	8.00	8.00	8.00	8.00
53	TRINITY	8.00	8.00	8.00	8.00	8.00	8.00
54	TULARE	9.00	9.00	9.00	9.00	9.00	9.00
55	TUOLUMNE	8.00	8.00	8.00	8.00	8.00	8.00
56	VENTURA	9.50	9.50	9.50	9.50	9.50	9.50
57	YOLO	10.50	10.50	10.50	10.50	10.50	10.50
58	YUBA	9.50	9.50	9.50	9.50	9.50	9.50

County Default Rates – March 2009 through December 2009

Alameda to Nevada Counties

County Number	County Name	Mar 09	Jun 09	Jul 09	Aug 09	Oct 09	Dec 09
01	ALAMEDA	11.50	11.50	11.50	11.50	11.50	11.50
02	ALPINE	8.00	8.00	8.00	8.00	8.00	8.00
03	AMADOR	8.50	8.50	8.50	8.50	8.50	8.50
04	BUTTE	8.15	8.15	8.15	8.15	8.15	8.15
05	CALAVERAS	9.75	9.75	9.75	10.00	10.00	10.00
06	COLUSA	8.00	8.00	8.00	8.00	8.00	8.00
07	CONTRA COSTA	11.50	11.50	11.50	11.50	11.50	11.50
08	DEL NORTE	9.00	9.00	9.00	9.00	9.00	9.00
09	EL DORADO	9.00	9.00	9.00	9.00	9.00	9.00
10	FRESNO	10.25	10.25	10.25	10.25	10.25	10.25
11	GLENN	8.15	8.15	8.15	8.15	8.15	8.15
12	HUMBOLDT	8.00	8.00	8.00	8.00	8.00	8.00
13	IMPERIAL	9.00	9.00	9.00	9.00	9.00	9.00
14	INYO	8.00	8.00	8.00	8.00	8.00	8.00
15	KERN	9.50	9.50	9.50	9.50	9.50	9.50
16	KINGS	9.00	9.00	9.00	9.00	9.00	9.00
17	LAKE	8.75	8.75	8.75	8.75	8.75	8.75
18	LASSEN	8.00	8.00	8.00	8.00	8.00	8.00
19	LOS ANGELES	9.00	9.00	9.00	9.00	9.00	9.00
20	MADERA	9.50	9.50	9.50	9.50	9.50	9.75
21	MARIN	11.55	11.55	11.55	11.55	11.55	11.55
22	MARIPOSA	8.00	8.00	8.00	8.00	8.00	8.00
23	MENDOCINO	9.90	9.90	9.90	9.90	9.90	9.90
24	MERCED	9.00	9.00	9.00	9.00	9.00	9.00
25	MODOC	8.00	8.00	8.00	8.00	8.00	8.00
26	MONO	8.00	8.00	8.00	8.00	8.00	8.00
27	MONTEREY	11.50	11.50	11.50	11.50	11.50	11.50
28	NAPA	11.50	11.50	11.50	11.50	11.50	11.50
29	NEVADA	8.56	8.56	8.56	8.56	8.56	8.56

County Default Rates – March 2009 through December 2009

Orange to Yuba Counties

County Number	County Name	Mar 09	Jun 09	Jul 09	Aug 09	Oct 09	Dec 09
30	ORANGE	8.90	8.90	9.30	9.30	9.30	9.30
31	PLACER	10.00	10.00	10.00	10.00	10.00	10.00
32	PLUMAS	8.56	8.56	8.56	8.56	8.56	8.56
33	RIVERSIDE	10.25	10.25	10.25	10.25	10.25	10.25
34	SACRAMENTO	10.40	10.40	10.40	10.40	10.40	10.40
35	SAN BENITO	10.50	10.50	10.50	10.50	10.50	10.50
36	SAN BERNARDINO	9.25	9.25	9.25	9.25	9.25	9.25
37	SAN DIEGO	9.25	9.25	9.25	9.50	9.50	9.50
38	SAN FRANCISCO	11.54	11.54	11.54	11.54	11.54	11.54
39	SAN JOAQUIN	9.45	9.45	9.45	9.45	9.45	9.45
40	SAN LUIS OBISPO	10.00	10.00	10.00	10.00	10.00	10.00
41	SAN MATEO	11.50	11.50	11.50	11.50	11.50	11.50
42	SANTA BARBARA	10.50	10.50	10.50	10.00	10.00	10.00
43	SANTA CLARA	12.35	12.35	12.35	12.35	12.35	12.35
44	SANTA CRUZ	11.50	11.50	11.50	11.50	11.50	11.50
45	SHASTA	8.40	8.40	8.85	8.85	8.85	8.85
46	SIERRA	8.56	8.56	8.56	8.56	8.56	8.56
47	SISKIYOU	8.00	8.00	8.00	8.00	8.00	8.00
48	SOLANO	11.50	11.50	11.50	11.50	11.50	11.50
49	SONOMA	11.50	11.50	11.50	11.50	11.50	11.50
50	STANISLAUS	9.11	9.11	9.11	9.11	9.38	9.38
51	SUTTER	8.25	8.75	8.75	8.75	8.75	8.75
52	TEHAMA	8.00	8.00	8.00	8.00	8.00	8.00
53	TRINITY	8.00	8.00	8.00	8.00	8.00	8.00
54	TULARE	9.00	9.00	9.00	9.00	9.00	9.00
55	TUOLUMNE	8.00	8.00	8.00	8.00	8.00	8.00
56	VENTURA	9.50	9.50	9.50	9.50	9.50	9.50
57	YOLO	10.50	10.50	10.50	10.50	10.50	10.50
58	YUBA	9.50	9.50	9.50	10.00	10.00	10.00

County Default Rates – January 2010 through April 2011

Alameda to Nevada Counties

County Number	County Name	Feb 10	Apr 10	Jun 10	Jul 10	Mar 11	Apr 11
01	ALAMEDA	11.50	11.50	11.50	11.50	11.50	11.50
02	ALPINE	8.00	8.00	8.00	8.00	8.00	8.00
03	AMADOR	8.50	8.50	8.50	8.50	8.50	8.50
04	BUTTE	8.15	8.15	8.15	8.15	8.15	8.15
05	CALAVERAS	10.00	10.00	10.00	10.00	10.00	10.00
06	COLUSA	8.00	8.00	8.00	8.00	8.00	8.00
07	CONTRA COSTA	11.50	11.50	11.50	11.50	11.50	11.50
08	DEL NORTE	9.00	9.00	9.00	9.00	9.00	9.00
09	EL DORADO	9.00	9.00	9.00	9.00	9.00	9.00
10	FRESNO	10.25	10.25	10.25	10.25	10.25	10.25
11	GLENN	8.15	8.15	8.15	8.15	8.15	8.15
12	HUMBOLDT	8.00	8.00	8.00	8.00	8.00	8.00
13	IMPERIAL	9.00	9.00	9.00	9.00	9.00	9.00
14	INYO	8.00	8.00	8.00	8.00	8.00	8.00
15	KERN	9.50	9.50	9.50	9.50	9.50	9.50
16	KINGS	9.00	9.00	9.00	9.00	9.00	9.00
17	LAKE	8.75	8.75	8.75	8.75	8.75	8.75
18	LASSEN	8.00	8.00	8.00	8.00	8.00	8.00
19	LOS ANGELES	9.00	9.00	9.00	9.00	9.00	9.00
20	MADERA	9.75	9.75	9.75	9.75	9.75	9.75
21	MARIN	11.55	11.55	11.55	11.55	11.55	11.55
22	MARIPOSA	8.00	8.75	8.75	8.75	8.75	8.75
23	MENDOCINO	9.90	9.90	9.90	9.90	9.90	9.90
24	MERCED	9.00	9.00	9.00	9.00	9.00	9.00
25	MODOC	8.00	8.00	8.00	8.00	8.00	8.00
26	MONO	8.00	8.00	8.00	8.00	8.00	8.00
27	MONTEREY	11.50	11.50	11.50	11.50	11.50	11.50
28	NAPA	11.50	11.50	11.50	11.50	11.50	11.50
29	NEVADA	8.56	8.56	8.56	8.56	8.56	8.56

County Default Rates – January 2010 through April 2011

Orange to Yuba Counties

County Number	County Name	Feb 10	Apr 10	Jun 10	Jul 10	Mar 11	Apr 11
30	ORANGE	9.30	9.30	9.30	9.30	9.30	9.30
31	PLACER	10.00	10.00	10.00	10.00	10.00	10.00
32	PLUMAS	8.56	8.56	8.56	8.56	8.56	8.56
33	RIVERSIDE	10.25	10.25	10.25	10.25	10.25	11.50
34	SACRAMENTO	10.40	10.40	10.40	10.40	10.40	10.40
35	SAN BENITO	10.50	10.50	10.50	10.50	10.50	10.50
36	SAN BERNARDINO	9.25	9.25	9.25	9.25	9.25	9.25
37	SAN DIEGO	9.50	9.50	9.50	9.50	9.50	9.50
38	SAN FRANCISCO	11.54	11.54	11.54	11.54	11.54	11.54
39	SAN JOAQUIN	9.45	9.45	9.45	9.45	9.45	9.45
40	SAN LUIS OBISPO	10.00	10.00	10.00	10.00	10.00	10.00
41	SAN MATEO	11.50	11.50	11.50	11.50	11.50	11.50
42	SANTA BARBARA	10.00	10.00	10.00	10.00	10.00	10.00
43	SANTA CLARA	12.20	12.20	12.20	12.20	12.20	12.20
44	SANTA CRUZ	11.50	11.50	11.50	11.50	11.50	11.50
45	SHASTA	8.85	8.85	8.85	9.30	9.30	9.30
46	SIERRA	8.56	8.56	8.56	8.56	8.56	8.56
47	SISKIYOU	8.00	8.00	8.00	8.00	8.00	8.00
48	SOLANO	11.50	11.50	11.50	11.50	11.50	11.50
49	SONOMA	11.50	11.50	11.50	11.50	11.50	11.50
50	STANISLAUS	9.38	9.38	9.38	9.38	9.38	9.38
51	SUTTER	8.75	8.75	9.25	9.25	9.25	9.25
52	TEHAMA	8.00	8.00	8.00	8.00	8.40	8.40
53	TRINITY	8.00	8.00	8.00	8.00	8.00	8.00
54	TULARE	9.00	9.00	9.00	9.00	9.00	9.00
55	TUOLUMNE	8.00	8.00	8.00	8.00	8.00	8.00
56	VENTURA	9.50	9.50	9.50	9.50	9.50	9.50
57	YOLO	10.50	10.50	10.50	10.50	10.50	10.50
58	YUBA	10.00	10.00	10.00	10.00	10.00	10.00

County Default Rates – September 2011 through Present

Alameda to Nevada Counties

County Number	County Name	Sep 11
01	ALAMEDA	11.50
02	ALPINE	8.00
03	AMADOR	8.50
04	BUTTE	8.15
05	CALAVERAS	10.00
06	COLUSA	8.00
07	CONTRA COSTA	11.50
08	DEL NORTE	9.00
09	EL DORADO	9.00
10	FRESNO	10.25
11	GLENN	8.15
12	HUMBOLDT	8.00
13	IMPERIAL	9.00
14	INYO	8.00
15	KERN	9.50
16	KINGS	9.00
17	LAKE	8.75
18	LASSEN	8.00
19	LOS ANGELES	9.00
20	MADERA	9.75
21	MARIN	11.55
22	MARIPOSA	9.30
23	MENDOCINO	9.90
24	MERCED	9.00
25	MODOC	8.00
26	MONO	8.00
27	MONTEREY	11.50
28	NAPA	11.50
29	NEVADA	8.56

County Default Rates – January 2010 through Present

Orange to Yuba Counties

County Number	County Name	Sept 11
30	ORANGE	9.30
31	PLACER	10.00
32	PLUMAS	8.56
33	RIVERSIDE	11.50
34	SACRAMENTO	10.40
35	SAN BENITO	10.50
36	SAN BERNARDINO	9.25
37	SAN DIEGO	9.50
38	SAN FRANCISCO	11.54
39	SAN JOAQUIN	9.45
40	SAN LUIS OBISPO	10.00
41	SAN MATEO	11.50
42	SANTA BARBARA	10.00
43	SANTA CLARA	12.20
44	SANTA CRUZ	11.50
45	SHASTA	9.30
46	SIERRA	8.56
47	SISKIYOU	8.00
48	SOLANO	11.50
49	SONOMA	11.50
50	STANISLAUS	9.38
51	SUTTER	9.25
52	TEHAMA	8.40
53	TRINITY	8.00
54	TULARE	9.00
55	TUOLUMNE	8.00
56	VENTURA	9.50
57	YOLO	10.50
58	YUBA	10.00

Purge Processing

Background

During 1998 and 1999 CMIPS was rebuilt to address year 2000 date issues. During this process, the CMIPS was also modified to use the relational data base management system (RDBMS) DB2 for data storage. Prior to this, CMIPS utilized a file system known as VSAM for storing online and batch data. VSAM is commonly referred to as a "flat file" or sequential file format. In the old version of CMIPS (now known as "legacy CMIPS") recipient case, provider case, and payroll information was periodically removed from the online and batch data files using a set of purge criteria that was built to process the VSAM file system.

Because of the significant time constraints associated with rebuilding and implementing CMIPS-2000 for the year 2000 rollover event, the purge-processing component of CMIPS was deferred to a later date.

CMIPS-2000 has now been in production since mid 1999. Because there were significant differences in the data storage methods used in legacy CMIPS and CMIPS-2000 the prior purge process could not simply be cloned.

The new purge process was completed in early 2003 and has been installed into CMIPS-2000. The following is a high level description of the new purge process used by CMIPS-2000.

Recipient and Provider TAD History Purge Processing

Recipient and provider turn around document (TAD) history is reviewed to identify and remove unnecessary entries. Each month the system will find and delete "old" TADs.

Base Criteria

The selection criteria for recipient TADs are as follows:

1. For all eligibility statuses the system will keep, at a minimum, the three most recent 293/NOA entries.
2. For all eligibility statuses, the system will keep up to twenty-four 293/NOAs that cover the current calendar year and the previous calendar year.

The selection criteria for provider TADs are as follows:

1. For all eligibility statuses the system will keep, at a minimum, the three most recent 311 entries.
2. For all eligibility statuses, the system will keep up to twenty-four 311 entries that cover the current calendar year and the previous calendar year.

Recipient Purge Processing

Once a month recipients who meet all the following criteria will be purged from the CMIPS-2000 DB2 database.

Base Criteria

1. The recipient has been in "D" or "T" status for at least 90 days.
2. All warrants associated with the recipient have been cashed, voided, or are stale dated.
3. There are no outstanding recovery actions for the recipient.
4. No payments have been made to the recipient for at least 90 days.
5. The recipient has no providers (See provider purge processing).
6. Where appropriate, the recipient has had all required tax filings made to cover the payments for all their providers[2].

Provider Purge Processing

Once a month providers who meet all the following criteria will be purged from the CMIPS-2000 DB2 database.

Base Criteria

1. The provider has been in "T" status for at least 90 days.
2. All warrants associated with the provider have been cashed, voided, or are stale dated.
3. There are no outstanding recovery actions for the provider.
4. No payments have been made to the provider for at least 90 days.
5. Where appropriate the provider has had all required tax filings made to cover their payments.

Inactive Providers Automatically Terminated

In addition, if a provider is left in an active status (E, L) but is effectively terminated (i.e. has no payrolling activity) there is the potential for them to remain in the system indefinitely. An additional review will occur immediately after the standard provider purge process to check for these kinds of cases, and if found, they will be changed to "T" status and placed on a new *Inactive Providers Automatically Terminated* report that is sent to the appropriate county. *See* ***Section XVI-BB – Inactive Providers Automatically Terminate*** *for report details.*

The criteria for this check are identical to the base criteria outlined above with the following adjustments:

Review Criteria

1. All base purge criteria are met except that the provider is in "E" or "L" status.
2. No warrants have been processed for the provider for 180 days.

The standard provider purge process will then handle the provider during the following monthly purge process.

If after reviewing the *Inactive Providers Automatically Terminated* report county staff determines that the provider should remain in CMIPS-2000, county staff should simply change the "T" status back to "E" status and investigate why there has been no payroll activity.

Payee-Warrant Purge Processing

Warrants and adjustments will be purged from the payrolling subsystem using a rolling five-year process. Each month the system will remove all warrants and any associated adjustments that were created more than 60 months ago (includes both cashed and stale dated warrants). The date used to determine the purge period will be the warrants creation date, not the pay from date or pay to date.

State Tax History Purge Processing

The state tax history records will be reviewed to identify and remove unnecessary entries. Each year the system will find and delete all tax history records that are more than five calendar years old.

Federal Tax History Purge Processing

The federal tax history records will be reviewed to identify and remove unnecessary entries. Each year the system will find and delete all tax history records that are more than five calendar years old.

FICA Refund Purge Processing

The FICA refund records will be reviewed to identify and remove unnecessary entries. Refund entries are considered unnecessary once a warrant has been issued or a refund card has been cancelled. Once a year the system will find and delete all FICA refund history records that are unnecessary and more than five calendar years old.

Contractor Invoice Purge Processing

The Contractor mode invoice records will be reviewed to identify and remove unnecessary entries. Each month the system will find and delete all contractor invoice records that are more than 18 calendar months old. In addition, contracts that have ended and had no transactional activity for 18 calendar months will be deleted.

Recoupment (Lien & Overpayment) Processing

Once a month the Lien and Overpayment (Recoupment) records will be reviewed to identify and remove unnecessary entries. Entries are considered unnecessary under the following conditions:

Base Criteria

1. The Recoupment has been closed for 12 months or,
2. The recipient (overpayment) or provider (lien or overpayment) has been terminated for more than 12 months.

Recipient Hold Processing

In defining the purge processing specifications certain conditions were identified where a recipient should not be purged even though they meet all the identified purge criteria. This can occur for various reasons including lawsuits, special reporting needs, fraud detection and resolution, etc. To accommodate this need, the purge criteria includes one additional step which

will be executed after all other standard reviews have completed and immediately prior to purging a recipient.

When the purge logic executes it will check a "Don't Delete" indicator immediately prior to purging a recipient or provider. If the case is flagged as "don't delete" records will be retained.

CMIPS Annual Process Calendars

Introduction

CMIPS case and warrant processing are affected by several processes occurring outside the system. The following are Annual process calendars which may affect eligibility and payments as well as tables indicating historical updates.

Share of Cost Benefit Level Update

Functionality exists in CMIPS to automatically calculate Share of Cost (SOC) on income eligible recipient cases. These automated calculations are based upon Share of Cost Benefit Level tables which are updated each time a mandated Cost of Living Adjustment (COLA) is processed in CMIPS.

For a recipient to have a correct SOC calculation, when a SOC COLA adjustment is performed, the SOC DATE on the case should be updated to access the cored SOC Benefit Level, otherwise the recipient's SOC will not be accurately reflected in the case.

CMIPS requires that the recipient case has the latest SOC Date entered in Field I1 SOC DATE on the RELB screen. The following table indicates the dates SOC Benefit Level Updates have occurred in CMIPS 2000.

For detailed instruction on updating the Share of Cost Dates and eligibility segments, see ***Section V-B – Special Instructions – Share of Cost***.

Share of Cost Benefit Level Updates			
11/01/1997	01/01/2004	05/01/2009	
01/01/1998	01/01/2005	07/01/2009	
01/01/1999	04/01/2005	01/01/2010	
01/01/2000	01/01/2006		
01/01/2001	04/01/2006		
01/01/2002	01/01/2007		
01/01/2003	01/01/2008		
06/01/2003	01/01/2009		

MEDS Monthly Renewal Process Calendar

The following table indicates the date that the MEDS Monthly Renewal processes. In order to have MEDS update eligibility information to be available for the Monthly Renewal which affects the Medi-Cal Secondary Aid Code assignment in CMIPS, the MEDS changes must be keyed one day prior to the indicated Renew Date.

Elig Month	Renewal Date	Elig Month	Renewal Date
January	12/27/2010	**August**	07/25/2011
February	01/24/2011	**September**	08/25/2011
March	02/23/2011	**October**	09/26/2011
April	03/24/2011	**November**	10/26/2011
May	04/25/2011	**December**	11/22/2011
June	05/24/2011	**January**	12/27/2011
July	06/27/2011	**February**	01/26/2012

Advance Payment Settlement Calendar

IHSS Advance Payments are processed through CMIPS on a monthly basis. Based upon the date the MEDS renewal is processed in CMIPS and the time necessary by the SCO to process these payments the following calendar indicates the settlement date which will apply to the Recipient Advance Payments for the 2010.

Month	Settlement Date	Month	Settlement Date
February	02/02/2011	**August**	08/02/2011
March	03/02/2011	**September**	09/02/2011
April	04/05/2011	**October**	10/04/2011
May	05/03/2011	**November**	11/02/2011
June	06/03/2011	**December**	12/02/2011
July	07/05/2011	**January**	01/04/2012

Explanation of IHSS Share of Cost

Overview

Effective with any payment issued for a June 1, 2006 or later payment period where a Share of Cost (SOC) is deducted from a recipient or provider payment, CMIPS shall issue to the recipient and, if applicable, the provider an Explanation of In-Home Supportive Services (IHSS) Share of Cost letter.

The letters will indicate the SOC amount deducted from a recipient or provider payment.. In the letters recipients and providers will be instructed to pay (recipient) or collect (provider) the indicated SOC amount.

Likewise, if a payment warrant is voided by the County or the State Contract, CMIPS shall issue a Explanation of In-Home Supportive Services (IHSS) Share of Cost Reversal letter

Recipient letters will be printed in either English or Spanish based on the language indicated on the recipient case. All provider letters will be printed in English.

The following letters may be issued:

- Advance Pay – Recipient – Issued to a recipient when a SOC amount is deducted from an advance pay warrant
- Arrears Pay – Recipient – Issued to a recipient when a SOC amount is deducted when an arrears pay provider timesheet is processed.
- Arrears Pay – Provider – Issued to a provider when a SOC amount is deducted when an arrears pay provider timesheet is processed.
- Spend-Down Reversal – Recipient – Issued to a recipient when a warrant which had a SOC amount deducted has been voided.
- Spend-Down Reversal – Provider – Issued to a provider when a warrant which had a SOC amount deducted has been voided.

Section III
Cross Reference Screens

Cross Reference Screens

Description of Cross Reference Screens

The Cross Reference screens allow users to search CMIPS for recipient or provider records using Name, Social Security Number or Client Index Number. The Cross Reference screens are display only. (See ***Section II-D – System Security Accessing Screens – IHSS/CMIPS Navigation Command Line*** for detailed information about CMIPS navigation.)

The following Cross Reference search screens are available in CMIPS:

- NAMR – Name of Recipient
- NAMP – Name of Provider
- SSNR – Social Security Number of Recipient
- SSNP – Social Security Number of Provider
- CINR – Client Index Number of Recipient

Cross Reference Screen Access

There are two methods of accessing any of the Cross Reference screens from any other screen in CMIPS.

On the NEXT line, enter the desired screen name (NAMR, SSNP, etc) followed by "**I**" inquiry action, then press <**F8**> or <**Enter**>. CMIPS displays the requested blank cross reference screen.

On the blank screen enter as many of the request data element as necessary or known, then press <**Enter**>. CMIPS will return one of the following:

A list of cases in CMIPS meeting the entered criteria. From the listed cases, use the designated SELECT indicator to view the case.

One of the listed Cross Reference Screen Edits may display. If required, take the indicated action and re-process the transaction.

On the NEXT line, enter the desired screen name (NAMR, SSNP, etc) followed by "**I**" inquiry action, followed by the desired search criteria (Last Name, SSN or CIN) then press <**F8**> or <**Enter**>. CMIPS displays one of the following:

- A list of cases in CMIPS meeting the entered criteria. From the listed cases, use the designated SELECT indicator to view the case.
- One of the listed Cross Reference Screen Edits may display. If required, take the indicated action and re-process the transaction.

Cross Reference Screen Edit Messages

The following are edit messages may display on the Cross Reference screens:

Edit Message	Explanation
END OF SEARCH	Displays when all results have been displayed.
INVALID DISTRICT OFFICE SELECTION CRITERIA	Displays when District Office information does not conform to format rules.
INVALID SCREEN SELECTION	Displays when an invalid character has been entered in the SELECT field.
INVALID SELECT, MUST BE A, B, C, R OR M	Displays when an invalid action associated with a recipient is entered on the SSNR screen.
INVALID SELECT, MUST BE A, B, C, R , M OR X	Displays when an invalid action associated with a recipient is entered on the NAMR screen
INVALID VALUE, REFER TO USER MANUAL	Displays when the value entered is not a valid value for the field.
KEY MISSING, ENTER SSN	Displays when an SSN has not been entered on the SSNP or SSNR screen.
LAST NAME MUST BE POPULATED	Displays when no LAST Name has been entered on the NAMR or NAMP screen
NO RECORDS FOUND MATCHING CRITERIA	Displays when no records are found matching the search criteria entered.
PRESS ENTER FOR MORE RECORDS	Displays when more information is available for display.
RESET ACTION IS INVALID - * , X OR SPACE	Displays when a value other than * or X is entered in the RESET field.
SCREEN FUNCTION NOT ALLOWED FOR USER	Displays when an invalid action mode has been entered.

Name Of Recipient (NAMR) Screen

The NAMR screen allows user's to search CMIPS for recipient Last Name. Additional data elements may be used to narrow the search results. The only required field is the NAME, which designates the Last Name of the recipient.

If a recipient's Last Name contains a special character (i.e. – as in Cruz-Acosta or ' as in O'Conner) the entry must be made in the NAME field of the Display Entry line rather than on the NEXT line.

```
     THIS NAMR I
     NEXT NAMR I

          R E C I P I E N T  N A M E  C R O S S  R E F E R E N C E

NAME                                   SEX    COUNTY     D/O     RESET

                NAME               SRVC   SSN       CASE #  SEX AID    D/O
               STREET              WRKR   CITY        STATE          ZIP
```

Fig. III-B- 1 – Blank NAMR screen

NAMR Data Entry Field

The following data entry fields are available on the NAMR screen:

Field Description

Field: NAME – Required, Alpha
Length: Last Name (17), First (12) MI(1)
Description: Name – The recipient's name. Use LAST Name only, or Last and First. The Tab key moves the cursor from field to field. Field headers do not display for FIRST NAME or MI for the data entry fields.

NOTE: Entry in any or all of the following fields narrows the search results.

Field: SEX – Alpha
Length: 1
Description: Sex – The gender of the recipient.

M Male F Female

Field: COUNTY – Optional, Numeric
Length: 2
Description: County – County code number 01 – 58

Field: D/O – Optional, Numeric
Length: 5
Description: District Office – County District Office number, if known. This field may be used in one of three ways:
01 – Used to access information in one district office.
01-99 – Used to access information in a range of district offices.
02,06 – Used to access information in two particular district offices.

Field: RESET - Optional, Special Characters * or X
Length: 1
Description: Reset - There are only two valid entries for this field. They are as follows:

- * – Sounds Like – Entering an asterisk (*) in this field causes a special function called the "Dolby Search" to occur. CMIPS searches for recipient names that sound like the name entered.
- X – Spelled Like – Entering an "X" in this field will cause the system to start from the beginning and search for recipient names spelled like the name entered.

NAMR Search Result Field Description

NAMR search results display up to five recipients matching the criteria entered. If more than five recipients match the criteria entered, the edit message, " PRESS ENTER FOR MORE RECORDS" displays in the upper right corner of the screen.

NAMR Screen Search Results

```
     THIS NAMR I SMITH            PRESS ENTER FOR MORE RECORDS
     NEXT NAMR I SMITH

          R E C I P I E N T  N A M E  C R O S S  R E F E R E N C E

NAME SMITH                              SEX    COUNTY     D/O     RESET

               NAME                 SRVC   SSN       CASE #  SEX AID    D/O
              STREET                WRKR   CITY        STATE          ZIP

  SMITH             ANN             6124 565356544 1944565482 F  10     75
  NEW STREET                       LOS ANGELES          CA           90043

  SMITH             ALBERT          N177 454265387 3822335898 F  60     17
  711 EDDY ST APT 7J               SAN FRANCISCO        CA           94109

  SMITH             ALICIA          ES35 436975219 3715987654 F  16     05
  1220 E GRAND AVE                 ESCONDIDO            CA           92027

  SMITH             ANDY          J U36E 715356899 3436987414 M  60     02
  290 FAIRGROUNDS DR               SACRAMENTO           CA           95817

  SMITH             BRENDA          6141 996542356 1995123678 F  60     75
  2845 S REDONDO BLVD              LOS ANGELES          CA           90016
```

Fig. III-B- 2 – NAMR screen displaying search results

Field Description

Field: SELECT – Optional, Alpha

Description: This untitled field is located to the left of the displayed recipient name and may be used to access one of the five screens listed below. Enter the indicated value, then press <**ENTER**> to access the desired screen.

A	RELA	R	RSUM
B	RELB	X	SSNR
C	RELC	M	MELG

Field: NAME – Alpha

Description: Name – The name of the recipient. Last Name (17 characters), First Name (12 characters) MI (1 character)

Field: SRVC WKR – Alpha/Numeric

Description: Service Worker – Two (2) to four (4) character code associated to the service worker assigned to the recipient case.

Field: SSN – Numeric

Description: Social Security Number – The Social Security Number of the recipient.

Field: CASE # – Numeric

Description: Case Number – Ten (10) digit number assigned to the recipient's case.

Field: SEX – Alpha
Description: Sex – The gender of the recipient.

M Male F Female

Field: AID – Numeric
Description: Aid – Two character aid code assigned to the recipient case. ***See Section V-A – SOC 293 Field by Field Description*** for current Aid Codes.

Field: D/O – Numeric
Description: District Office – The district office within a county to which the recipient case is assigned.

Field: STREET – Alpha/Numeric
Description: Street – The street address of the recipient.

Field: CITY – Alpha/Numeric
Description: City - The city of residence of the recipient.

Field: STATE – Alpha
Description: State - The state of residence of the recipient.

Field: ZIP – Numeric
Description: Zip - The zip code assigned to the recipient's address.

Accessing the NAMR Screen

See ***Section III-A – Cross Reference Screens*** for detailed information regarding Cross Reference Screen access and navigation.

Name Of Provider (NAMP) Screen

The NAMP screen allows user's to search CMIPS for Providers using their LAST Name. Additional data elements may be used to narrow the search results. The only required field is the NAME, which designates the Last Name of the provider.

If a provider's Last Name contains a special character (i.e. – as in Cruz-Acosta or ' as in O'Conner) the entry must be made in the NAME field of the Entry Line rather than on the command line.

```
    THIS NAMP I
    NEXT NAMP I

            P R O V I D E R  N A M E  C R O S S  R E F E R E N CE

 NAME                                  SEX    COUNTY     RESET

                 NAME                  SSN         # RECIP   SEX
CO
                STREET                     CITY         STATE    ZIP
```

Fig. III-C- 1 – Blank NAMP screen

NAMP Data Entry Field

The following fields are available for data entry on the NAMP screen:

Field Description

Field: Name – Required, Alpha
Length: Last Name (17), First (12) MI (1)
Description: Name – The Provider's name. Use LAST Name only, or Last and First depending on information available. The Tab key moves the cursor from field to field.

NOTE: Entry in any or all of the following fields to narrow the search results.

Field: SEX – Alpha
Length: 1
Description: Sex – The gender of the recipient.

M Male F Female

Field: COUNTY – Optional, Numeric
Length 2
Description: County – County code number 01 - 58

Field: RESET - Optional, Special Characters * or X
Length 1
Description: Reset - There are only two valid entries for this field. They are as follows:

- * – Sounds Like – Entering an asterisk in this field will cause a special function called the "Dolby Search" to occur. This will tell the system to search for Provider names that sound like the name entered.
- X – Spelled Like – Entering the X in this field will cause the system to start from the beginning and search for Provider names that are spelled like the name entered.

NAMP Search Result Field Description

NAMP displays information for up to five Providers matching the criteria request. If more than five Providers match the criteria enter, the edit message, " PRESS ENTER FOR MORE RECORDS" displays in the upper right corner of the screen. If a provider is listed more than once, this indicates that provider works for multiple recipients.

NAMP Screen Search Results

```
     THIS NAMP I SMITH            PRESS ENTER FOR MORE RECORDS
     NEXT NAMP I SMITH

           P R O V I D E R  N A M E  C R O S S  R E F E R E N C E

NAME SMITH                              SEX    COUNTY     RESET

                NAME                    SSN         # RECIP   SEX    CO
               STREET                       CITY         STATE    ZIP

  SMITH             ALBERTA      T 103341830             1    F     37
  8404 FLORIDA CT                   SACRAMENTO            CA      92826

  SMITH             ALICE        F 573627541             1    F     19
  1708 DELAWARE AVE                 SANTA MONICA          DE      90404

  SMITH             ALTHEA         417567507             1    F     01
  1168 86TH AVE                     OAKLAND               CA      94621

  SMITH             AMALIA         616022574             1    F     37
  9006 AVOCADO ST                   SPRING VALLEY         CA      91977

  SMITH             ANDREA       L 559732738             1    F     41
  528 SPRING ST                     REDWOOD CITY          CA      94063
```

Fig. III-C- 2 – NAMP screen displaying search results

Field Description

Field: SELECT – Optional, Alpha
Description: This untitled field, located to the left of the displayed Provider name, may be used to access the SSNP Cross Reference Screen. Place an "X" in the SELECT field, the press <**ENTER**>. CMIPS displays the SSNP screen.

Field: NAME – Alpha
Description: Name – The name of the provider. Last Name (17 characters), First Name (12 characters) MI (1 character)

Field: SSN – Numeric
Description: Social Security Number – The Social Security Number of the provider

Field: # RECIP – Numeric
Description: # Recip – This field will always display as "1".

Field: SEX – Alpha
Description: Sex – The gender of the recipient.

M Male F Female

Field: CO – Numeric
Description: County – The two character code identifying the County to which the case is assigned.

Field: STREET – Alpha/Numeric
Description: Street – The street address of the provider.

Field: CITY – Alpha
Description: City – The city of residence of the provider.

Field: STATE – Alpha
Description: State – The state of residence of the provider.

Field: ZIP – Numeric
Description: Zip – The zip code assigned to the provider's address.

Accessing the NAMP Screen

See ***Section III-A – Cross Reference Screens*** for detailed information regarding all Cross Reference Screen access and navigation.

Social Security Number of Recipient (SSNR) Screen

The SSNR screen allows user's to search CMIPS using a recipient's Social Security Number (SSN). Additional data elements may be used to narrow the search results. The only required field is the recipient SSN.

```
      THIS SSNR I
      NEXT SSNR I

         R E C I P I E N T   S S N   C R O S S   R E F E R E N C E

  SSN:            COUNTY:     DISTRICT OFFICE:        RESET:    SRVC WKR:

    RECIPIENT NAME:                                          CASE #:
    CITY:                              SEX:      ST:      D/O:      HRS:

   PROV #        PROVIDER NAME               STATUS  SEX  TAX ST   W4   HOURS









F03=EXIT F08=NEXT
```

Fig. III-D- 1 – Blank SSNR screen

SSNR Data Entry Fields

The following data entry fields are available on the SSNR screen.

Field Description

Field: SSN – Required, Numeric
Length: 9
Description: Social Security Number – Recipient's Social Security number.

Field: COUNTY – Optional, Numeric
Length: 2
Description: County – Two digit code used to identify County (01 – 58)

Field: DISTRICT OFFICE - Optional, Numeric
Length:
Description: District Office - County District Office number, if available. This field may be used in one of three different ways:

01	Used to access information in one district office.
01-99	Used to access information in a range of district offices.
02, 06	Used to access information in two particular district offices.

Field: RESET – NOT CURRENTLY USED
Description:

Field: SRVC WRK – NOT CURRENTLY USED
Description:

SSNR Screen Recipient Information

```
     THIS SSNR I 381641075        END OF SEARCH
     NEXT SSNR I 381641075

        R E C I P I E N T   S S N   C R O S S   R E F E R E N C E

 SSN: 381641075  COUNTY:     DISTRICT OFFICE:        RESET:    SRVC WKR: 6105

   RECIPIENT NAME: BLUE             DEBORA                    CASE #: 1924883984
   CITY: LOS ANGELES                 SEX: F    ST: E    D/O: 75   HRS:  124.9

  PROV #        PROVIDER NAME              STATUS  SEX  TAX ST   W4   HOURS
  538993  GREEN            JAVONTIA          T      F     O             124.9








F03=EXIT F08=NEXT
```

Fig. III-D- 2 – SSNR screen display – Recipient data fields

SSNR Search Results

The following search result fields display on the SSNR screen.

Field Description

Field: RECIPIENT SELECT – Optional, Alpha
Length: 1
Description: This untitled field is located to the left of the "RECIPIENT NAME" field and may be used to move from this screen to the RELA, RELB, RELC, RSUM or MELG screens by using one of the following indications, then pressing <**ENTER**>.

A	RELA	M	MELG
B	RELB	R	RSUM
C	RELC		

Field: RECIPIENT NAME – Alpha
Description: Recipient Name – The name of the recipient. (Last Name, First Name, MI)

Field: CASE # – Numeric
Description: Case Number – The ten-digit recipient case number.

Field: CITY – Alpha
Description: City – The recipient's city of residence.

Field: SEX – Alpha
Description: Sex – The sex of the recipient.

M	Male	F	Female

Field: R ST – Alpha
Description: Recipient Status - The current status of each recipient.

R	Record	E	Eligible	D	Denied
I	Interim	L	Leave of Absence	T	Terminated

Field: D/O – Numeric
Description: District Office – The County District Office responsible for the recipient case

Field: HRS – Numeric
Description: Hours – The authorized hours of the recipient as displayed on line M (Field M5) of the RELB screen.

SSNR Screen Provider Information

```
      THIS SSNR I 381641075        END OF SEARCH
      NEXT SSNR I 381641075

        R E C I P I E N T   S S N   C R O S S   R E F E R E N C E

  SSN: 381641075  COUNTY:     DISTRICT OFFICE:        RESET:    SRVC WKR: 6105

    RECIPIENT NAME: BLUE             DEBORA                CASE #: 1924883984
    CITY: LOS ANGELES                 SEX: F    ST: E    D/O: 75   HRS:  124.9

   PROV #        PROVIDER NAME               STATUS  SEX  TAX ST   W4   HOURS
   538993  GREEN            JAVONTIA           T      F     O            124.9









 F03=EXIT F08=NEXT
```

Fig. III-D- 3 – SSNR screen display – Provider data fields

Field Description

The Provider Listing on the SSNR screen displays up to twelve (12) providers for a recipient. If more than 12 providers are associated with a case the edit message, "PRESS ENTER FOR MORE RECORDS" displays in the upper left corner of the screen.

Field: PROVIDER SELECT – Optional, Alpha
Description: This untitled field is located to the left of the "PROV #" field for the listed provider(s) and may be used to access the recipient's provider PSUM or PELG screen. Enter one of the following indicators, then press <**ENTER**>.

S	PSUM	P	PELG

Field: PROV # – Numeric
Description: Provider Number – The six-digit provider number associated to a provider servicing the recipient.

Field: PROVIDER NAME – Alpha
Description: Provider Name – The name of the provider servicing the recipient

Field: P ST – Alpha
Description: Provider Status - The status of the provider for each recipient listed.

E	Eligible	T	Terminated	L	Leave of Absence

Field: SEX – Alpha
Description: Sex – The gender of the provider servicing the recipient

M	Male	F	Female

Field: TAX ST – Alpha
Description: Tax Status – The provider's tax status based upon family relationship to the recipient. Represents Field D2, "DED" on the PELG. See ***Section VI-B SOC 311 Field-by-Field Description*** for more information.

P	Parent	S	Spouse
C	Recipient's child, regardless of age	O	Other Relationship

Field: W4 – Alpha/Numeric
Description: Employee's Tax Withholding Allowance Status – The status of the provider's tax deductions. This is a three character field comprised of the Providers Marital Status and the indicated number of deductions. The first character is the Marital Status followed by the number of deductions (00-99).

- 0 – Default – Provider has not submitted W-4 Withholding Allowance Statement and is therefore EXEMPT from Tax Withholding.
- M – Married
- S – Single

Field: HOURS – Numeric
Description: Hours – The number of hours the provider is authorized to perform services for this recipient, as displayed in Field F4 on the PELG screen.

Accessing the SSNR Screen

See ***Section III-A – Cross Reference Screens*** for detailed information regarding all Cross Reference Screen access and navigation.

Social Security Number of Provider (SSNP) Screen

The SSNP screen allows user's to search CMIPS using a provider Social Security Number (SSN). Additional data elements may be used to narrow the search results. The only required field is the provider SSN.

```
THIS SSNP I
NEXT SSNP I

        P R O V I D E R   S S N   C R O S S   R E F E R E N C E

SSN:            COUNTY:     DISTRICT OFFICE:        RESET:

 PROVIDER NAME:                                        SEX:
                                                                SRVC  AUTH HRS
 CASE #               RECIPIENT NAME           D/O  R ST  P ST  WKR   PER CASE









F03=EXIT F08=NEXT
```

Fig. III-E- 1 – Blank SSNP screen

SSNP Data Entry Field

The following data entry fields are available on the SSNP screen.

Field Description

Field: SSN – Required, Numeric
Length: 9
Description: Social Security Number – Provider's Social Security number.

Field: COUNTY – Optional, Numeric
Length: 2
Description: County – Two digit code used to identify County (01 – 58)

Field: DISTRICT OFFICE – Optional, Numeric
Length: 5
Description: District Office – County District Office number, if available. This field may be used in one of three different ways:

01	Used to access information in one district office.
01-99	Used to access information in a range of district offices.
02, 06	Used to access information in two particular district offices.

Field: RESET – NOT CURRENTLY USED
Description:

SSNP Search Result Display

The SSNP screen displays provider information associated with the SSN entered. All recipients associated with the providers SSN also display.

SSNP Provider Information

```
     THIS SSNP I 569885254        END OF SEARCH
     NEXT SSNP I 569885254

            P R O V I D E R   S S N   C R O S S   R E F E R E N C E

 SSN: 569885254  COUNTY:     DISTRICT OFFICE:        RESET:

  PROVIDER NAME: BELL             RENEE                 SEX: F
                                                                 SRVC  AUTH HRS
  CASE #               RECIPIENT NAME           D/O  R ST  P ST  WKR   PER CASE
  0102027117  PAXTON           MATTIE      F     32    T     T   M328


F03=EXIT F08=NEXT
```

Fig. III-E- 2 – SSNP screen display – Provider data fields

Field Description

Field: PROVIDER NAME – Alpha
Description: Provider Name – The name of the provider associated with the SSN displayed

Field: SEX – Alpha
Description: Sex – The gender of the provider.
M Male F Female

SSNP Recipient Information

```
      THIS SSNP I 287647336        END OF SEARCH
      NEXT SSNP I 287647336

              P R O V I D E R   S S N   C R O S S   R E F E R E N C E

  SSN: 287647336  COUNTY:     DISTRICT OFFICE:        RESET:

   PROVIDER NAME: BELL             CHRISTY     L         SEX: F
                                                                 SRVC  AUTH HRS
   CASE #               RECIPIENT NAME           D/O  R ST  P ST  WKR   PER CASE
   3008108866  THOMPSON         BILLIE      J     03    E     E   GH62     51.3
   3013198696  POLIANDRO        ADA         J     03    T     T   GH62
   3015302692  BANFIELD         PEGGY             04    E     E   GH76    169.1
   3015910999  HARKNESS         CAROLINE    M     04    T     T   GH75

F03=EXIT F08=NEXT
```

Fig. III-E- 3 – SSNP screen display – Recipient data fields

Field Description

The SSNP screen displays up to 12 lines of recipient information. If the provider is associated with more than 12 recipient cases, the edit message 'PRESS ENTER FOR MORE RECORDS" display in the upper right corner of the screen.

Field: SELECT – Optional, Alpha
Description: This untitled field is located to the left of the "CASE #" field for the listed recipient(s) and may be used to access the recipient's provider PSUM or PELG screen. Enter one of the following indicators, then press <**ENTER**>.

S	PSUM	P	PELG

Field: CASE # – Numeric
Description: Case Number - The case number of each recipient this provider serves,

Field: RECIPIENT NAME – ALPHA
Description: Recipient Name – The name of the recipient(s) this provider serves

Field: D/O – Numeric
Description: District Office – The county district office for each recipient listed.

Field: R ST – Alpha
Description: Recipient Status - The current status of each recipient.

R	Record	E	Eligible	D	Denied
I	Interim	L	Leave of Absence	T	Terminated

Field: P ST – Alpha
Description: Provider Status - The status of the provider for each recipient listed.

E	Eligible	T	Terminated	L	Leave of Absence

Field: SRVC WKR – Alpha/Numeric
Description: Service Worker - Alphanumeric code for service worker associated with the recipient case.

Field: AUTH HOURS PER CASE – Numeric
Description: Authorized Hours Per Case - The number of hours the provider is authorized to perform services for this recipient, as displayed on line F, Field F4, on the PELG screen.

Accessing the SSNP Screen

See ***Section III-A – Cross Reference Screens*** for detailed information regarding all Cross Reference Screen access and navigation.

Recipient CIN Cross Reference (CINR) Screen

The CINR screen allows user's to search CMIPS using a recipient's Client Index Number (CIN). Additional data elements may be used to narrow the search results. The only required field is the provider CINR.

```
     THIS CINR I
     NEXT CINR I

          R E C I P I E N T   C I N   C R O S S   R E F E R E N C E

CIN              SEX    COUNTY     D/O     RESET

                 NAME               SRVC   SSN       CASE #  SEX AID    D/O
                STREET              WRKR   CITY        STATE          ZIP









F03=EXIT F07=BWD F11=CONT
```

Fig. III-F- 1 – Blank CINR screen

CINR Data Entry Fields

The following data entry fields are available on the CINR screen.

Field Description

Field: CIN – Required, Alphanumeric
Length: 10
Description: CIN – Client Index Number (CIN) assigned to the recipient case by the Statewide Client Index (SCI)

Field: SEX – Optional, Alpha
Length: 1
Description: Sex – The gender of the provider.
M Male F Female

Field: COUNTY – Optional, Numeric
Length: 2
Description: County – County Code number 01-58

Field: D/O – Optional, Numeric
Length: 5
Description: District Office – County District Office number, if known. This field may be used in one of three ways:
01 – Used to access information in one district office.
01-99 – Used to access information in a range of district offices.
02,06 – Used to access information in two particular district offices.

Field: RESET – NOT CURRENTLY USED
Description:

CINR Search Result Display

The CINR screen displays case information for up to five (5) recipients match the data entered. If more than five recipient cases are found that match the edit, "PRESS ENTER FOR MORE RECORDS" displays in the upper right corner of the screen.

```
      THIS CINR I 34572710A5
      NEXT CINR I 34572710A5

           R E C I P I E N T   C I N   C R O S S  R E F E R E N C E

CIN  34772710A5  SEX    COUNTY     D/O     RESET

                NAME                SRVC   SSN       CASE #  SEX AID    D/O
               STREET               WRKR   CITY        STATE          ZIP
   JOHNSON           BRENDA         TEST 987654321 0321121213 F  60     01
   150 GOLF COURSE RD              JACKSON              CA           95642

   JOHNSON           BRENDA         TEST 987654321 0422315451 F  60     01
   7002 MONTNA DR                  PARADISE             CA           95969









F03=EXIT F07=BWD F11=CONT
```

Fig. III-F- 2 – CINR screen display

Field Description

Field: SELECT – Optional, Alpha
Description: This untitled field is located to the left of the displayed recipient name and may be used to access one of the five screens listed below. Enter the indicated value, then press <**ENTER**> to access the desired screen.

A	RELA	R	RSUM
B	RELB	X	SSNR
C	RELC		

Field: NAME – Alpha
Description: Name – The name of the recipient. Last Name (17 characters), First Name (12 characters) MI (1 character)

Field: SRVC WKR – Alpha/Numeric
Description: Service Worker – Two (2) to four (4) character code associated to the service worker assigned to the recipient case.

Field: SSN – Numeric
Description: Social Security Number – The Social Security Number of the recipient.

Field: CASE # – Numeric
Description: Case Number – Ten (10) digit number assigned to the recipient's case.

Field: SEX – Alpha
Description: Sex – The gender of the recipient.
M Male F Female

Field: AID – Numeric
Description: Aid – Two character aid code assigned to the recipient case. ***See Section V-A – SOC 293 Field by Field Description*** for current Aid Codes.

Field: D/O – Numeric
Description: District Office – The district office within a county to which the recipient case is assigned.

Field: STREET – Alpha/Numeric
Description: Street – The street address of the recipient.

Field: CITY – Alpha/Numeric
Description: City - The city of residence of the recipient.

Field: STATE – Alpha
Description: State - The state of residence of the recipient.

Field: ZIP – Numeric
Description: Zip - The zip code assigned to the recipient's address.

Accessing the CINR Screen

See ***Section III-A – Cross Reference Screens*** for detailed information regarding Cross Reference Screen access and navigation.

Section IV
History and Miscellaneous Screens

Recipient History Screens (RHS)

The RHS consists of five (5) screens: the Recipient History Screen A (RHSA), Recipient History Screen B (RHSB), Recipient History Screen C (RHSC), Recipient History Screen D (RHSD), and Recipient History Search Screen (RHSS). The RHS A, B, and C screens contain the same fields as the IHSS Assessment screens, RELA, RELB, and RELC. New records are added to the RHS when changes are made on RELA, RELB, or RELC.

The top of the RHSD screen displays ALERT and NOA messages from the SOC 293 and the EDD number associated with recipient state tax filings. The RHSD also displays up to twelve (12) providers associated with the recipient eligibility segment.

RHS is used to search for recipient history records using the name or social security number.

For detailed information regarding RSHA, RHSB and RHSC system generated fields, see ***Section V-A – SOC 293 Field-by-Field Description***.

Accessing the Recipient History Screens A,B,C, and D

To access these screens from either the menu or another screen, enter RHSA, "I", and the 10 digit recipient case number on the NEXT line.

When the RHSA appears, the current case sequence displays after the recipient number on the NEXT line. This sequence number will match field A2 on RELA. To view a prior SEQ, enter the prior sequence number over the current sequence number on the NEXT line, then press <**PF8**>. CMIPS displays the requested history segment. To advance to the next screen, press **PF8** or <**Enter**>.

Accessing the Recipient History Search Screen (RHSS)

The RHSS displays records from the Recipient History file. On the NEXT line, enter RHSS, I and press <**PF8**>. When the blank screen appears, enter either:

NAME – The name key includes recipient Last Name, First Name, and/or County Number. If the complete key is used, only records that match will display. If the last name and first name is entered, all records that match, regardless of the county, will display. If only the last name is entered, all records that match the last name will display, regardless of the first name or county. If a few letters of the last name are entered, all records that have a last name starting with those letters will be displayed.

SOCIAL SECURITY NUMBER – The SSN key includes the recipient SSN and county number. If the complete key is used, only records matching will display. If only the SSN is entered, all records that match the SSN will be displayed, regardless of county.

Press <**Enter**> to process the request. From the displayed records the user may select a recipient record by placing an "**X**" in the field to the left of the recipient name. When <**Enter**> is pressed,

the current RHSA of the selected recipient displays. Users may advance through the RHS screens by pressing <**F8**> or <**Enter**>.

Function Keys

The following function keys are available for use on the RHSA, RHSB, RHSC, RHSD, and RHSS screens.

PF03 Exit – Exits user from CMIPS
PF08 Next – Will move from the current screen to the screen indicated on the NEXT line.

Edit Messages

The following edit messages are associated with the Recipient History Screens.

Edit Message	Description
END OF SEARCH	Indicates that either all records from the request have been displayed or that all records have been displayed.
INVALID SELECTION CHAR, USE X TO SELECT	Character entered in the select field must be an "X".
KEY IS PARTIAL LAST NAME OR SSN	Indicates that data was not entered in one of the search fields or that data was entered in both the Name and SSN fields. Check data entry and reprocess the transaction.
PRESS ENTER FOR MORE RECORDS	Indicates that more records are available for viewing from the requested transaction. Press <**Enter**> to display additional records.
SCREEN FUNCTION NOT ALLOWED FOR USER	Recipient History Screens are inquiry "I" only. Edit indicates that mode other than "I" has been designated on NEXT line.

Recipient History Screen A (RHSA)

```
      THIS RHSA I
      NEXT RHSA I

  CIN              MC CODE    MC DATE
A SEQ#       AID      SSN     -    -         SEX        BIRTH DATE
B LAST NAME                     FIRST               MI   ICT TO    FM
C ST                                 CY                   ST    Z
D PHONE # (     )     -      DP         GUARDIAN
E ST                                 CY                   ST    Z

F STATUS  MC AID  CITIZEN  ETHNIC  LANG   OTH/COV  SSNV   HIC./R.R. #    FBU #

G SPOUSE/PARENT   # HH    RCP    RES  L/A  ROOMS  YARD  WASH  DRY  STOVE  REFIG

                   F U N C T I O N A L   L I M I T A T I O N S
H HOUSE  LNDRY  SHOP  MEAL  MOBILITY  BATH  DRESS  BB/M  TRANSFER  EAT  BREATH


                          F U N C T I O N A L
H MEMORY  ORIENT  JUDGE      INDEX     HOURS    W/O IHSS  NEED PROV
                              0.00       0.0
  DATE LAST CHANGED 00/00/0000
F03=EXIT F08=NEXT
```

Fig. IV-A- 1 – RHSA – Recipient History A

Field-by-Field Description

If a more complete description is needed for any of the fields on RHSA, RHSB or RHSC, please see Section V-A – SOC 293 Field-by-Field Description for details.

Field Untitled: CIN – Alphanumeric
Length: 10
Description: CIN – Client Index number assigned to IHSS Recipient by the Statewide Client Index.

Field Untitled: MC (Medical Certification) Code –Alpha
Length: 1
Description: Medical Certification Code shows whether or not the Recipient has been Certified by a Doctor.

- blank
- A – Alternate Documents Received
- E – Exception Received
- M – Medical Certification Received
- P – Pending (Documentation requested – waiting to be received)

Field Untitled: MC (Medical Certification) Date – Numeric
Length: 8
Description: Medical Certification Date is the date the Medical Certification was requested or received.

Field A2: SEQ # – Numeric
Length: 3
Description: Sequence Number – A system generated chronological number indicating the most recent turnaround document.

Field A3: AID – Numeric
Length: 2
Description: Aid Code – State aid codes defining the recipient's benefit category for budget, Medi-Cal, and account purposes. Effective March 2006 only Aid Codes 10, 20, 60, 18, 28 or 68 are allowed in CMIPS. See ***Section V-A SOC – 293 Field-by-Field Description*** for details. The following list is provided for historical purposes.

03 Adoptions Assistance Program
6A Blind Disabled Adult Child (DAC)
6C DAC, Pickle
7A Children (Ages 6 - 19)
10 Aged, SSI/SSP
14 Aged, Medically Needy (MN)
16 Aged, Pickle
18 Aged, IHSS Income Eligible
20 Blind, SSI/SSP
24 Blind, MN

26 Blind, Pickle
28 Blind, IHSS Income Eligible
30 Aid to Families with Dependent Children-Family Group
35 Aid to Families with Dependent Children-Unemployed
36 Disabled Widow(er), Pickle
44 Income Disregard Program, Pregnant Women
47 Income Disregard Program, Infants up to age 1
48 Income Disregard Program, Pregnant Women (undocumented)
49 Income Disregard Program, Pregnant Women (IRCA)
60 Disabled, SSI/SSP
64 Disabled, MN
66 Disabled, Pickle
68 Disabled, IHSS Income Eligible
72 133% Children (Ages 1-6)

Field A4: SSN – Numeric
Length: 9
Description: Social Security Number – A nine (9) digit number assigned to the recipient by the Social Security Administration.

Field A5: SEX – Alpha
Length: 1
Description: Sex – Identifies the recipient's gender.
M – Male
F – Female

Field A6: BIRTH DATE – Numeric
Length: 8 Format: MMDDYYYY
Description: Birthdate – The month, day and year of the recipient's birth.

Field B1, B2
B3: LAST NAME/FIRST NAME/MI – Alphanumeric/Special Characters (. , / ' -)
Length: 17/12/1
Description: Last Name – A specific recipient's family name. Jr., II, etc., should be included as part of the last name.
First Name – Name given at birth to identify an individual.
MI – The middle initial of a recipient.

Field B4: ICT TO, Optional, Numeric
Length: 2
Description: Inter County Transfer TO – Allows the indication of the two digit county number to which the recipient case is being transferred. The RELA screen fields is ICT TO

Field B5: ICT FM, Optional, Numeric
Length: 10

Description: Inter County Transfer TO – Allows the indication of the ten-digit IHSS case number from which the recipient is being transferred. The RELA screen fields is FM

Field C1: ST – Alphanumeric
Length: 28
Description: Street – The street address of the recipient's place of residence.
Field C2: CY – Alpha
Length: 17
Description: City – Recipient's city of residence.

Field C3: ST – Alpha
Length: 2
Description: State – Recipient's state of residence.

Field C4: Z – Numeric
Length: 10 Format: XXXXX XXXX
Description: Zip Code – The recipients nine-digit code Zip Code.

Field D1: PHONE # – Numeric
Length: 10 Format: XXX XXX XXXX
Description: Telephone Number – The recipient's telephone number.

Field D2: DP – Alpha
Length: 3 Format: XXX
Description: Disaster Preparedness – A three letter code that identifies IHSS recipients requiring contact by emergency personnel in the aftermath of a disaster.

Field D3: BLANK FIELD
Length: 2
Description: No data displays on RHSA

Field D4: GUARDIAN – Alphanumeric/Special Characters (. , / ' -)
Length: 30
Description: Guardian/conservator – Individual legally responsible for a specific recipient. If no guardian/conservator, leave blank.

Field E1: ST – Alphanumeric
Length: 28
Description: Street – Guardian/conservator's street number and name, including apartment and/or space number. If there is no guardian/conservator related to the case, but the recipients mailing address differs from residence address, fields C1-C4, enter the mailing address in fields E1-E4.

Field E2: CY – Alpha
Length: 17

Description: City – Guardian/conservator's city of residence or the city of the recipient's mailing address.

Field E3: ST – Alpha
Length: 2
Description: State – Guardian/conservator's State of residence, or the State of the recipient's mailing address.

Field E4: Z – Numeric
Length: 10 Format: XXXXX XXXX
Description: Zip + 4 Code – Guardian/conservator's nine-digit code consisting of the five-digit zip code plus a four-digit extension.

Field F1: STATUS – Alpha
Length: 1
Description: Status – Code indicating the current eligibility status of the recipient. Valid indicators are:

- R Record – Indicates an application has been taken
- I Interim Eligible – Provisional approval pending a disability or blind determination
- E Eligible – The recipient is approved for services under the IHSS program
- L Leave of absence – Temporarily without need for IHSS services, e.g., hospitalized
- D Deny – Eligibility has been denied
- T Terminated – Eligibility has been terminated

Field F2: MC AID – Alphanumeric
Length: 5 9X 9X
Description: The Medi-Cal Primary and Secondary Aid Codes

Field F3: CITIZEN – Alphanumeric
Length: 2
Description: Citizen – This field is not currently used

Field F4: ETHNIC – Alphanumeric
Length: 1
Description: Ethnic – Code designating the ethnicity of the recipient.

1	White	J	Japanese
2	Hispanic	K	Korean
3	Black	M	Samoan
4	Other Asian or Pacific Islander	N	Asian Indian
5	American Indian or Alaskan Native	P	Hawaiian
7	Filipino	R	Guamanian
C	Chinese	T	Laotian
H	Cambodian	V	Vietnamese

Field F5: LANG – Alphanumeric
Length: 1
Description: Language – Code designating the primary language of the recipient.

0	American Sign Language (AMISLAN or ASL)	F	Ilocano
1	Spanish – NOA will be issued in Spanish	G	Mien
2	Cantonese	H	Hmong
3	Japanese	I	Lao
4	Korean	J	Turkish
5	Tagalog	K	Hebrew
6	Other non-English	L	French
7	English	M	Polish
8	Unassigned code	N	Russian
9	Spanish – NOA will be issued in English	P	Portuguese
A	Mandarin	Q	Italian
B	Mandarin	R	Arabic
C	Other Chinese Languages	S	Samoan
D	Cambodian	T	Thai
E	Armenian	U	Farsi
		V	Vietnamese

Field F6: OTH/COV – Alphanumeric
Length: 1 Format: X
Description: Other Coverage – Indicates insurance coverage, if any, of the recipient. The following company codes are valid:

A	Any carrier other than Blue Shield or Blue Cross (Partial Coverage	S	Blue Shield
B	Blue Cross	T	Travelers
C	CHAMPUS	U	Connecticut General
D	Prudential	V	Variable – any other carrier
E	Aetna	W	Great West Life Assurance Company
F	First Farwest Insurance Company	X	Blue Shield (partial coverage)
G	American General	Y	Blue Cross – North
H	Mutual of Omaha	Z	Blue Cross – South
I	Metropolitan Life	2	Provident Life and Accident
J	John Hancock Mutual Life Ins. Co.	3	Principal Financial Group
K	Kaiser	4	Pacific Mutual Life Insurance
M	Two or more carriers (partial coverage)	5	Alta Health Strategies Inc.
N	None	6	American Association of Retired Persons
P	Prepaid Health Plan or Health Maintenance Organization	7	Allstate Life Insurance
Q	Equicor/Equitable	8	New York Life Insurance
R	Ross Loos	9	Crown Life Insurance Company

Field F7: SSNV – Numeric
Length: 1
Description: Social Security Number Verification – Code indicating how the recipients SSN

was verified or why it was not verified.

0 SSA-VER previously submitted to MEDS
1 SSN verified by SSA (MC 194 Completed)
2 Confirmed by county on SSA district office application
3 Sight verified by county welfare office
4 SSN not verified by SSA
5 SSN not sight verified, recipient sent to SSA office
6 No SSN, recipient sent to SSA office
7 No valid input from county
8 SSN not attainable, undocumented person
9 SSN not attainable, pre-adoptive person

Field F8: HIC./R.R. # – Alphanumeric
Length: 12
Description: Health Insurance Coverage/Railroad Retirement Number – This is used for Medi-Cal purposes.

Field F9: FBU # – Numeric
Length: 3
Description: Family Budget Unit Number – Designates who in the family will be included in Medi-Cal eligibility.

Field G1: SPOUSE/PARENT – Numeric
Length: 2
Description: Spouse/Parent – Indicates the status of the spouse or parent in terms of providing services. The following are valid codes:

00 None
11 Spouse – able and available
12 Spouse – able/partially available due to employment, other unavoidable absence
13 Spouse – able/not available
14 Spouse – available/not able
15 Spouse – IHSS recipient
21 Parent – provides all services
22 Parent – provides some services
23 Parent – provides no services
24 Parent – IHSS recipient

Field G2: #HH – Numeric
Length: 2
Description: Number in Household – The total number of people living in the recipient's household, including other IHSS recipients. Exclude recipient's non-IHSS children under 14 years of age.

Field G3: # RCP – Numeric
Length: 2

Description: Number of Recipients – The number of IHSS recipients in the household.

Field G4: RES – Numeric
Length: 2
Description: Residence – Code indicating the recipient's type of residence.

01	House	04	Hotel
02	Apartment	05	Other
03	Mobile Home		

Field G5: L/A – Numeric
Length: 2
Description: Living Arrangement – Code indicating the recipient's living arrangement.

01	Independent (living alone)	04	Tenant/Landlord
02	Shared	05	Board and room
03	Live-in provider		

Field G6: ROOMS – Numeric
Length: 2
Description: Number of Rooms – The number of rooms contained in the recipient's residence, include bathrooms.

Field G7: YARD – Alpha
Length: 1
Description: Yard – Indicates whether or not the recipient's residence has a yard.

- Y – Yes
- N – No

Field G8: WASHER/DRYER/STOVE/REFRIG – Alpha
Length: 1
Description: Washer/Dryer/Stove/Refrigerator – Indicate the appliances in a recipient residence. There are four separate fields on the RHSA screen named WASH, DRY, STOVE, REFRIG. The RHSA screen field accepts a Y (Yes) or N (No).
Y – Yes
N – No

Field H1: FUNCTIONAL LIMITATIONS – Numeric
Length: 1
Description: Functional Limitations – Numeric ranking indicating the recipient's functional limitation for the services listed.

Description of Numeric Ranking

Rank 1	Independent – Able to perform functions without human assistance though client may have difficulty. However, completion of the task with or without a device poses no risk to his/her safety
Rank 2	Able to perform but needs verbal assistance such as reminding, guidance or encouragement
Rank 3	Can perform with some human help, i.e. direct physical assistance

	from the provider
Rank 4	Can perform with a lot of human assistance
Rank 5	Cannot perform function at all without human assistance
Rank 6	Paramedical services needed

Valid Ranks for Functional Limitations

HOUSEWORK (RHSA field name HOUSE)	1	2	3	4	5	
LAUNDRY (RHSA field name LNDRY)	1			4	5	
SHOPPING & ERRANDS (RHSA field name SHOP)	1		3		5	
MEAL PREP & CLEANUP (RHSA field name MEAL)	1	2	3	4	5	6
MOBILITY INSIDE (RHSA field name MOBILITY)	1	2	3	4	5	
BATHING & GROOMING (RHSA field name BATH)	1	2	3	4	5	
DRESSING (RHSA field name DRESS)	1	2	3	4	5	
BOWEL, BLADDER & MENSTRUAL (RHSA field name BB/M)	1	2	3	4	5	
TRANSFER (RHSA field name TRANSFER)	1	2	3	4	5	
EATING (RHSA field name EAT)	1	2	3	4	5	6
RESPIRATION (RHSA field name BREATH)	1				5	6
MEMORY (RHSA field name MEMORY)	1	2			5	
ORIENTATION (RHSA field name ORIENT)	1	2			5	
JUDGMENT (RHSA field name JUDGE)	1	2			5	

Field H2: INDEX/HOURS – Numeric
Length: 8 X.XX/XXX.X
Description: Functional Index – System generated number, rounded to hundredths, (X.XX) between 1 and 5 which indicates the need of a recipient for IHSS.
Functional Index Hours – System generated sum of the Total Need Hours, rounded to tenths (XXX.X) considered in the Functional Index tasks which includes some but not all services. ***See Section V-A – SOC 293 Field-by-Field Description.***

Field H3: W/O IHSS – Numeric
Length: 1
Description: Without IHSS – Rating of recipient's outcome with reduced services. The following are valid codes:
1 Recipient not at risk with services reduction
2 Recipient at risk with services reduction
3 Recipient will require out of home community care
4 Recipient will require out of home medical care
5 Recipient will become unemployed

Field H4: NEED PROV – Numeric
Length: 2
Description: Need Provider – Indicates whether IHSS recipient needs help to obtain a service provider.
00 Recipient has own resources to obtain a provider
11 Recipient does need help to obtain a provider

Recipient History Screen B (RHSB)

```
      THIS RHSB I
      NEXT RHSC I
                                                  ,
  SOC DATE  IND  LINK  #DEP
                                 SOURCE / INCOME / DEDUCT       MONTHLY TOTALS
I SOURCE / INCOME / DEDUCT   1    $     0.00     0.00  CNTBLE INCOME $     0.00
J 2   $      0.00     0.00   3    $     0.00     0.00  BNFT LVL      $     0.00
K 4   $      0.00     0.00   5    $     0.00     0.00  IHSS SOC      $     0.00
L MODE    RATE  HOURS   MODE   RATE   HOURS            MEDS SOC      $     0.00
        $  0.00    0.0       $                       RECOVERY AMOUNT $    0.00
R                                                    STATE HEARING HRS    0.0
   SEGMENT SELECT 1
  ACT  BEG DATE END DATE  GROSS AMT MODE RATE HOURS  SHR/COST TYPE OPT MEALS
M                        $
                         $
N                        $
                         $
O                        $
                         $
P   APPLICATION DATE   REF        FACE/FACE DATE          COUNTY USE

                       ************     SERVICE   WORKER   ***********
Q DO#      NAME                                   #      PH# (     )     -
F03=EXIT F08=NEXT
```

Fig. IV-A- 2 – RHSB – Recipient History B

Field-by-Field Description

If a more complete description is needed for any of the fields on RHSA, RHSB or RHSC, please see Section V-A – SOC 293 Field-by-Field Description for details.

Field I1: SOC DATE / IND – Alphanumeric
Length: 8/1 Format: MMDDYYYY X
Description: Share of Cost Date – The effective date of a recipient's share of cost.
Indicator – Code indicating the multiple yearly IHSS share of cost benefit level.
Effective January 1, 2001 there are two valid codes:

- D – All shares of cost effective on or after January 1, 1999
- E – Aged and Disabled Federal Poverty Level (A&DFPL) share of cost case effective on or after January 2001.
- M – Medi-Cal Share of Cost

Field I2: LINK – Optional, Numeric
Length: 1
Description: Link – A code indicating the recipient's income computation status and spouse/parent(s) linkage to Supplemental Security Income/State Supplemental Program (SSI/SSP) – Aged, Blind and Disabled. The following indications are valid:

1 IHSS Individual
2 IHSS individual/linked spouse
3 IHSS individual/non-linked spouse
4 IHSS individual/non-linked parent
5 IHSS individual/non-linked parents

Field I3: DEP – Numeric
Length: 2

Description: Dependents – The number of minor legal dependents with no income of their own to be considered in the automatic computation of countable income for an adult recipient with a non-linked spouse, or a child recipient whose parent(s) income must be considered.

Field I4, J1, J2, K1, K2: SOURCE/INCOME/DEDUCT – Numeric
Length: 1, 8, 8 Format: X, XXXXX.XX, XXXXX.XX
Description: Source/Income/Deduct – Source and amount of deductions from income of the recipient, parent, or spouse.

Source	These codes indicate the source of the recipient's, spouse's, or parent(s) gross income.
1	Retirement, Survivors, Disability Insurance (RSDI) – Recipient
2	Veteran's administration – Recipient
4	Railroad Retirement – Recipient
5	Other pension – Recipient
6	Other unearned – Recipient
7	Earned – Recipient
8	Unearned – Spouse/parent
9	Earned – Spouse/parent
Income	Amount of gross income available to the recipient, spouse or parent.
Deduct	Dollar amount of total income deductions other than the income exclusions.

Field I5: CNTBLE INCOME – Numeric
Length: 8 Format: XXXXX.XX
Description: Countable Income – The sum of all net income available to recipient.

Field J3: BNFT LVL – Numeric
Length: 2,8 Format: XX, XXXXX.XX
Description: Benefit Code/Level – This field indicates the SSI/SSP benefit code and level used to determine the recipient's share of cost.

Field K3: IHSS SOC – Numeric
MEDS SOC – Numeric
Length: 8 Format: Format: XXXXX.XX
Description: IHSS SOC – The monthly amount paid by the recipient to the provider before IHSS benefits are paid.
MEDS SOC – The monthly amount the recipient is responsible to satisfy before Medi-Cal services are paid.

Field L1, L2: MODE/RATE/HOURS – Alphanumeric
Length: 2,4,4 Format: XX, XX.XX, XXX.X
Description: Mode/Rate/Hours – Indicates service deliver mode, provider's pay rate, and authorized hours of service(s) for the recipient.
Mode – Code indicates the mode of service delivery

IP Individual Provider
CC County contract, either private vendor or inter-agency agreement
HM County-employed homemaker
RATE – The hourly rate of pay applicable to the delivery mode.
HOURS – The hours of authorized service by delivery mode.

Field L3: RECOVERY – Numeric
Length: 6 Format: $X,XXX.XX
Description: Recovery Amount– Indicates current balance due by the recipient for prior overpayment(s). The sum total of all outstanding balance(s) owed by a recipient.

Field: STATE HEARING HRS – Numeric
Length: 2 X.X
Description: State Hearing Hours – Hours in excess of statutory maximum as required by State Hearing Orders.

Fields M1, N1, and O1: ACT – Optional, Alpha
Length: 1
Description: Action – Field used by the service worker to indicate the eligibility segment to be deleted. This field will always appear blank on RHSB.

Fields M2, N2, and O2: BEG DATE – Numeric
Length: 8 Format: MMDDYYYY
Description: Beginning Date – The beginning date for the indicated eligibility segment.

Fields M3, N3 or O3: END DATE – Numeric
Length: 8 Format: MMDDYYYY
Description: Ending Date – The end date for the indicated eligibility segment.

Fields M4, N4 or O4: GROSS AMT – Numeric
Length: 6 Format: X,XXX.XX
Description: Gross Amount – Purchase Hours x Rate = Gross. The monthly amount authorized by the county to be paid for a recipient.

Fields M5, N5 or O5: MODE/RATE/HOURS – Alphanumeric
Length: 2/4/4 Format: XX/XX.XX/XXX.X
Description: Mode/Rate/Hours – Two service delivery modes, pay rates, and monthly service hours can be entered in these fields or displayed from the information entered in fields L1 and L2.
Mode – Indicates the mode of service delivery. The following may be used:

- IP – Individual Provider
- CC – County Contract
- HM - Homemaker

Rate – The hourly rate of pay applicable to the delivery mode.
Hours – The monthly hours of service, purchased by the county, to be rendered to the recipient.

Fields M6,
N6 or O6: SHR/COST – Numeric
Length: 6 Format: XXXX.XX
Description: Share of Cost – Monthly amount of money determined by the county to be paid directly by the recipient.

Fields M7,
N7 or O7: TYPE – Alpha
Length: 1
Description: Type – Designates the recipient's impairment level, determined from the service assessment hours based upon the Individual Assessed Need column of the IHSS Needs Assessment grid. ***See Section V-A – SOC 293 Field-by-Field Description for current values.***

S Severely Impaired
N Non-severely impaired
C Indicates recipient is PCSP eligible. If present this indicator appear directly below the S or N.

Fields M8,
N8 or O8: OPT – Alpha
Length: 2
Description: Pay Option – Refers to the way payment is made to either the recipient or the provider.

P Payee is Provider (Arrears) – System default
R Payee is Recipient (Advance)
M Restaurant Meal Allowance to Recipient
F Direct Deposit (EFT) – When recipient is Advance Payment and case has been authorized for Electronic Funds Transfer.

Fields M9,
N9 or O9: MEALS – Alpha
Length: 2
Description: Meals Allowance – Indicates if the recipient is eligible for and receiving Restaurant Meals Allowance payment.

Blank Recipient does not receive Restaurant Meals Payment
M Restaurant Meal Allowance to Recipient

Field P1: APPLICATION DATE – Numeric
Length: 8 Format: MMDDYYYY

Description: Application Date – The day the recipient requested IHSS. This date also indicates the date from which there has been continuous service activity.

Field P2: REF – Numeric
Length: 2
Description: Referral Source – Indicates the identity of the person or agency which contacted the county to begin a referral.

01	Self	21	Senior Day Care Center
02	Linkage Program	22	Senior Center
03	Multipurpose Senior Services Center	23	Law Enforcement
04	Adult Day Health Care Center	24	Spouse
05	Early Hospital Discharge (Diagnostically related Group)	25	Adult Son
06	Preadmission Screening (Gatekeeper)	26	Adult Daughter
07	Reported Adult Abuse	27	Mother
08	County Social Service Worker	28	Father
09	County Eligibility Worker	29	Other Relative
10	Medi-Cal Review (AB 3398)	30	Friend
11	Physician	31	Neighbor
12	Mental Health Department	32	Conservator
13	Health Services Department	33	Guardian
14	Rehabilitation Department	34	Religious Organization
15	Regional Center	35	Nutrition Center
16	Hospital Discharge Planner	36	Social Security Administration
17	Skilled Nursing Facility Discharge Planner	37	Other Community Agency
18	Intermediate Care Facility Discharge Planner	38	Other
19	Community Care Facility	39	Unknown
20	Area Agency on Aging	40	Home Health Agency

Field P3: FACE/FACE DATE – Numeric
Length: 8 Format: MMDDYYYY
Description: Face to Face Date – The date a county worker had face-to-face contact with the recipient for this sequence number.

Field P4: COUNTY USE – Alphanumeric
Length: 25 Format: Free form entry
Description: County Use – For the county's individual use.

Field Q1: DO# – Alphanumeric
Length: 2
Description: District Office – Two digit code indicating the office within a county responsible for the case.

Field Q2: NAME –Alphanumeric
Length: 20
Description: Service Worker Name – First name or Initial and Last name of service worker

responsible for the case.

Field Q3: # – Alphanumeric
Length: 4
Description: Service Worker Number – The number assigned, by the county, to the service worker responsible for this case.

Field Q4: PH # – Numeric
Length: 10
Description: Service Worker Phone # – The telephone name of the service worker identified in fields Q2 and Q3.

Recipient History Screen C (RHSC)

```
        THIS RHSC I
        NEXT RHSC I 3407019243021

SEQ#       SEG#                S E R V I C E   A S S E S S M E N T
                                    CNTY                                    CNTY
   NEED    ADJS IND  ND ALT   PURCH USE      NEED   ADJS IND ND ALT    PURCH  USE
AA                                          BB
CC                                          DD
EE                                          FF
GG                                          HH
II                                          JJ
KK                                          LL
MM                                          NN
OO                                          PP
QQ                                          RR
SS                                          TT
UU                                          VV
WW                                          XX
YY
ZZ NOA      REASON CODE       BEGIN DATE  END DATE        ADVANCE?    ALLOW?   PCP?

AA                  * 4.33 =          +         =
   WEEKLY    MEAL                        MONTHLY     TOTAL   PURCHASE     UNMET NEED
F03=EXIT F08=NEXT
```

Fig. IV-A- 3 – RHSC – Recipient History B

Field-by-Field Description

Top Row SEQ # / SEG #
Description: The current SEQ and SEG number for the recipient case.

The following descriptions apply to each of the services (AA - YY) listed. ***See Section V-A – SOC 293 Field-by-Field Description for current values.***

Heading: NEED – Numeric
Length: 5 Format: XXXXX
Description: Total Need – Total hours of service needed by the household, rounded to the nearest hundredth.

Heading: ADJS – Numeric
Length: 5 Format: XXXXX
Description: Adjustments – Hours of service prorated between the recipient and other members of the household, rounded to the nearest hundredth, to be subtracted from Total Need.

Heading: IND ND – Numeric
Length: 5 Format: XXXXX
Description: Individual Assessed Need – The recipient's total need for IHSS minus adjustments equals the Individual Assessed Need. Considered the recipients actual need to determine if he/she is severely impaired.

Heading: ALT – Numeric
Length: 5 Format: XXXXX
Description: Alternative Resources – Hours, rounded to the nearest hundredth, which are not to be considered for purchase with IHSS funds because services are

available from another source. Refused services are indicated in this field by preceding the hours with a negative (-) sign.

Heading: PURCH – Numeric
Length: 5 Format: XXXXX
Description: Authorization to be Purchased – The number of IHSS hours authorized to be purchased for the recipient.

Heading: CNTY USE – Reserved
Length: 5
Description: County Use – Reserved for future use.

Field ZZ1: NOA – Alphanumeric
Length: 1
Description: Notice of Action – Indicates to whom the NOA was initially sent.
M – Mail to Recipient
C – Return to County
N – No Notice of Action

Field ZZ2: REASON CODE – Numeric
Length: 3/3/3/3 Format: XXX XXX XXX XXX
Description: Reason Codes(s) – This field will always be blank on RHSC.

Field ZZ3: BEGIN DATE – Numeric
Length: 8 MMDDYYYY
Description: Beginning Date – The first day the recipient was eligible for IHSS services for the segment displayed.

Field ZZ4: END DATE – Numeric
Length: 8 MMDDYYYY
Description: Ending Date – The last day the recipient was eligible for IHSS services for the segment displayed.

Field ZZ5: ADVANCE? – Alpha
Length: 2
Description: Advance – Indicates the payee has requested and is eligible for advance payment.

- N – No – System Default
- Y – Yes

Field ZZ6: ALLOW? – Alpha
Length: 2
Description: Meal Allowance – Indicates if the recipient is paid a Restaurant Meals Allowance.

- N – No – System Default
- Y – Yes

Field ZZ: PCSP? – Alpha
Length: 1
Description: PCSP Indicator – Designates whether or not the recipient has been flagged as PCSP eligible.

- N – No – System Default – recipient is not indicated as PCSP eligible.
- Y – Yes – Indicates recipient as PCSP eligible

Field aa1: WEEKLY – Numeric
Length: 5 Format: XXX.XX
Description: Weekly Hours – Sum of Authorized to be Purchased weekly hours.

Field aa2: MEAL – Numeric
Length: 1 Format: XXX.XX
Description: Meal Hours – The weekly allocation for Meals shopping, preparation and clean-up.

Field aa3: X 4.33= – System Generated, Numeric
Length: 5
Description: X 4.33= – The system multiplies the total weekly hours by 4.33 to determine the monthly service hours.

Field aa4: MONTHLY – Numeric
Length: 5 Format: XX.XX
Description: Monthly Hours – Total hours for monthly services.

Field aa5: TOTAL – Numeric
Length: 6 Format: XXX.XX
Description: Total – Total of converted weekly hours and monthly hours that represent the net amount to be purchased for the IHSS recipient.

Field aa6: PURCHASE – Numeric
Length: 5 Format: XXX.XX
Description: Purchased – The number of IHSS hours authorized to be purchased for the recipient.

Field aa7: UNMET NEED – Numeric
Length: 5 Format: XX.XX
Description: Unmet need – Hours of assessed need for services in excess of IHSS benefit maximums.

RHSD Screen Example

```
     THIS RHSD I
     NEXT RHSA I
                R E C I P I E N T   H I S T O R Y   S C R E E N   D

ALERT MESSAGE
NOA   MESSAGE
EDD   MESSAGE

----------------------------------------------------------------------
PROVIDER    PROVIDER   PROV  PROV    BEG   S S      PCSP TAX SEQ
LAST NAME   FIRST NAME INT   SSN     DATE  T X HOURS IND DED NUM   SOC   RATE









F03=EXIT F08=NEXT
```

Fig. IV-A- 4 – RHSD – Recipient History D

Field By Field Description

Field: ALERT MESSAGE, Numeric
Description: Alert Message – Codes used to transmit messages to the service worker about the recipient. ***See Section V-E – RELA, RELB AND RELC Screen Alerts for details.***

Field: NOA MESSAGE, Numeric
Description: Notice of Action Message – Codes which reflect those messages printed on the recipient Notice of Action. ***See Section V-F – Notice of Action Messages for details.***

Field: EDD NUMBER, Numeric
Description: EDD Number – Employer identification number used by the Employment Development Department in allocating employer/employee taxes.

Field: PROVIDER LAST NAME, Alpha or Special Characters
Description: Provider Last Name – Last name of the individual provider.

Field: PROVIDER FIRST NAME, Alpha or Special Characters
Description: Provider First Name – First name of the individual provider.

Field: PROV INT – Alpha
Description: Provider Initial – Middle initial of the individual provider.

Field: PROV SSN – Numeric
Description: Provider's Social Security Number

Field: BEG DATE, Numeric
Description: Beginning Date – Date (YYMMDD) of the provider's most current eligible

payment segment.

Field: ST, Alpha
Description: Status - The status code indicates the current eligibility of the provider to render service to a recipient. Valid codes are:

- E – Eligible
- L – Leave of absence
- T – Terminated

Field: SX, Alpha
Description: Provider's gender:

- F – Female
- M – Male

Field: HOURS, Numeric
Description: Hours – The monthly hours authorized for purchase for services rendered by the provider to the recipient.

Field: PCSP IND, Alpha
Description: PCSP Indicator:

- Y – Provider is PCSP eligible
- N – System Default – Provider is not PCSP eligible

Field: TAX DED, Alpha
Description: Tax Deductions or Exemptions – Identifies the provider's tax status.

- S – Provider is the recipient's spouse.
- P – Provider is the recipient's parent.
- O – Other
- C – Provider is the recipient's child.

Field: SEQ NUM, Numeric
Description: Sequence Number – A chronological number indicating the SOC 311 Turn Around Document related to the indicated recipient history.

Field: SOC, Numeric
Description: Share of cost – Monthly amount of money that the county has determined the recipient must pay directly to the provider.

Field: RATE, Numeric
Description: Rate – The hourly wage paid to the provider for services rendered.

Recipient History Search (RHSS)

```
        THIS RHSS I
        NEXT RHSS I
          R E C I P I E N T  H I S T O R Y  S E A R C H  S C R E E N

NAME:                                          SSN:          COUNTY:
                                              FIRST LAST LAST
  LAST NAME         FIRST NAME    INT  CASE-NUM SEQ  SEQ PRNT-DT    SSN  STAT

F03=EXIT F08=NEXT
```

Fig. IV-A- 5 – RHSS – Recipient History Search

Field By Field Description

Data Entry Fields

Field: Name

Description: In the first section of the Name field enter the recipient's last name. A truncated abbreviation for the last name may be used and the system will search and list alphabetically all names that "sound like" the letters in the search criteria. The entry of a single letter expands the "sounds like" search to those names that have a matching first letter. Entering two (or more) letters restricts the "sounds like" search to those names spelled with a matching beginning sequence of letters.

In the second section of the Name field entry of the recipient's first name is optional. Any entry for a first name will restrict the search to those recipients that have their first name spelled exactly like the search criteria. The entry of a single letter restricts the entire spelling of the recipient's first name to that letter.

Field: SSN

Description: SSN - Recipient's Social Security number

Field: COUNTY

Description: County - The county code can be entered to further narrow the search

Display Fields:

Field: LAST NAME – Alpha

Description: Last Name - Recipient's last name

Field: FIRST NAME – Alpha
Description: First Name - Recipient's first name.

Field: INT – Alpha
Description: Initial - Recipient's middle initial.

Field: CASE-NUM – Numeric
Description: Case Number - The ten digit recipient case number.

Field: FIRST SEQ – Numeric
Description: First Sequence - Sequence number of the oldest history record available.

Field: LAST SEQ – Numeric
Description: Last Sequence – The most recent history segment available.

Field: LAST PRINT-DT – Numeric
Description: Last Print Date – Date (YY/MM/DD) the recipient's last turnaround document was produced.

Field: SSN - Numeric
Description: SSN - Recipient's Social Security Number.

Field: STAT – Alpha
Description: Status - Code which indicates the current eligibility status of the recipient.

- R – Record – Indicates an application has been taken.
- I – Interim eligibility – Provisional approval pending a disability or blind determination.
- E – Eligible – Recipient is approved for services under the IHSS Program.
- L – Leave of absence - Temporarily without need for IHSS services, e.g., hospitalized.
- D – Deny – Eligibility has been denied.
- T – Terminate – Eligibility has been terminated.

Provider History Screens

CMIPS has two (2) provider history screens. The first, Provider History Name Screen (PHNS) allows users to search by Provider Name. Providers are displayed in alphabetical order. If a provider serves more than one recipient, the provider will be listed multiple times. The secondary sort is by recipient case number.

The PHNS screen differs in display from the NAMP screen in that it is a single line display with recipient case number and district office rather than the providers address found on the NAMP.

From the providers listed on the PHNS screen, the user can access the Provider History Screen (PHST), which displays up to eight years of annual provider wage and tax information associated with a particular case. From the PHST the user may view further details of a provider's quarterly tax information.

Provider History Name Search (PHNS) Screen

The PHNS screen allows users to search CMIPS using a provider's name and if desired the county code. A maximum of fifteen providers display on the screen.

PHNS Screen Access

The PHNS screen may be accessed from the CMIPS MENU or any other screen in CMIPS using the appropriate indications. The PHNS screen allows I – Inquiry access only.

To display a blank PHNS screen, on the NEXT line, enter **PHNS** following by **I**-Inquiry mode, then press <**F8**>.

```
THIS PHNS I
NEXT PHNS I

     P R O V I D E R   H I S T O R Y   N A M E   S E A R C H

NAME:                                  COUNTY:

LAST NAME         FIRST NAME   INT  DO  CO     CASE NUMBER     SOC-SEC-NUM









F03=EXIT F08=NEXT
```

Fig. IV-B- 1 – Blank Provider History Name Search – PHNS

To access the PHNS screen using the last name of the provider only, on the NEXT line enter **PHNS** following by **I**-Inquiry, then the providers' last name, then press <**ENTER**>.

PHNS Data Entry Fields

The following fields may be used to enter CMIPS search criteria on the PHNS screen:

Field: NAME – Last Name Required; First Optional, Alpha
Length 17,12
Description:

Name – The screen field header is NAME, but there are two data entry fields; LAST NAME and FIRST NAME. To access the First Name field, from the Last Name field, press the <**TAB**> key.

Data entry in the Last Name field is required; the First Name field is optional. Entry in this field of either a full or partial name will narrow the search results.

Field: COUNTY – Optional Number
Length 2
Description: County – Entry of the two digit county code (01 – 58) restricts the name search to that county. No entry in the field searches the entire CMIPS provider case file.

```
      THIS PHNS I GREEN            PRESS ENTER FOR MORE RECORDS
      NEXT PHNS I GREEN

           P R O V I D E R   H I S T O R Y   N A M E   S E A R C H

      NAME: GREEN                              COUNTY:

    LAST NAME         FIRST NAME   INT  DO  CO     CASE NUMBER     SOC-SEC-NUM
    GREEN             ABRAM            01  39  3903808735 520354  565-52-0354
    GREEN             BERTALICIA       04  37  3709910834 380070  558-38-0070
    GREEN             BONNIE           01  04  0400263398 921524  551-92-1524
    GREEN             BONNIE           75  19  1979943469 464931  550-46-4931
    GREEN             CHERYL           01  41  4103808194 461829  564-46-1829
    GREEN             DOROTHY       L  75  19  1924016098 209747  567-20-9747
    GREEN             IZOLA         J  32  01  0101920718 842765  430-84-2765
    GREEN             JAMES            07  37  3700546587 508053  241-50-8053
    GREEN             JAVONTIA         75  19  1924883984 538993  546-53-8993
    GREEN             LEO              75  19  1966579870 501916  433-50-1916
    GREEN             MANCE            18  38  3802831655 803114  432-80-3114
    GREEN             SELENA        M  15  38  3802825673 045018  560-04-5018
    GREEN             SHARRA           07  37  3715702746 925972  565-92-5972
    GREENE            CAROL            10  37  3701957197 581246  552-58-1246
    GREENE            ERIN             32  01  0100118751 141897  624-14-1897
F03=EXIT F08=NEXT
```

Fig. IV-B- 2 – PHNS search result display

The PHNS screen displays up to 15 providers. If more than fifteen (15) provider records match the requested search criteria, the edit message "PRESS ENTER FOR MORE RECORDS" displays in the upper right corner of the screen. Press <**ENTER**> to view additional providers.

If a provider works for more than one recipient the provider will be listed for each recipient. The screen displays, in sort order alphabetical by provider last name, first name, then by recipient case number.

PHNS Search Result Display

The following fields display results from the search:

Field: LAST NAME – Alpha
Description: Last Name – The provider's last name as indicated on the Provider Eligibility PELG record.

Field: FIRST NAME – Alpha
Description: First Name – The provider's first name as indicated on the Provider Eligibility PELG record.

Field: INT – Alpha
Description: Middle Initial – The providers' middle initial as indicated on the Provider Eligibility PELG record.

Field: DO – Numeric
Description: District Office – The District Office within a county assigned the management of the recipient case.

Field: CO – Numeric
Description: County – The two-digit number identifying the county responsible for the management of the recipient case.

Field: CASE NUMBER – Numeric
Description: Case Number – The sixteen digit case number. (Ten digit recipient case number and the six-digit provider number.)

Field: SOC-SEC-NUM – Numeric
Description: Social Security Number – The nine-digit social security number for the provider.

PHST Screen Access

The PHST screen may be accessed from the PHNS or any other screen in CMIPS using either the provider SSN or a specific sixteen digit case number. The PHST is an inquiry only screen.

From the PHNS screen the user may access the Provider History, PHST, screen by placing an "**X**" in the untitled select field to the left of the desired provider's name, then press <**ENTER**>.

To display a blank PHST screen, on the NEXT line, enter **PHST** following by **I**-Inquiry mode, then press <**ENTER**>.

To access the PHST screen using a case number, on the NEXT line, enter **PHST** following by **I**-Inquiry mode, followed by either the providers SSN or the sixteen (16) digit case number, then press <**F8**>.

SSN Example: **PHST I 123456789**

Case Number Example: **PHST I 2195862365124556**

```
      THIS PHST I 0103839296195440
      NEXT PHST I 0108955656195440

 PROVIDER INFORMATION
 NAME: WILLIAMSON,DANIEL              CASE: 0103839296 195440 SSN: 834-19-5440
 ADDR: 2112 MCKINLEY AVE APT C      CITY: BERKELEY             ST: CA 94703 1591

 RECIPIENT INFORMATION
 NAME: NIEHAUS,REBECCA                EDD NUM: 54631999       SSN: 492-64-4117
 ADDR: 2118 MCKINLEY AVE # 3        CITY: BERKELEY             ST: CA 94703 1520

 PROVIDER HISTORY INFORMATION   1ST WARR DT 07/14/99       CURR WARR DT 03/03/04
                                YEARLY DISPLAY
  YEAR Q   GROSS       FICA       FIT        SIT        SDI        EIC     T DO
  ====== ========== ========== ========== ========== ========== ========== = ==
_ 2003 4  24,001.30   1,832.15   5,512.55     183.67     216.02       0.00 O 31
_ 2002 4  23,255.95   1,777.72       0.00       0.00     209.35       0.00 O 31
_ 2001 4  20,220.62   1,546.94       0.00       0.00     181.97       0.00 O 31
_ 2000 4  13,211.71   1,010.71       0.00       0.00      85.45       0.00 O 31
_ 1999 4   5,807.65     439.70       0.00       0.00      29.04       0.00 O 31


F03=EXIT F08=NEXT F12=RETURN
```

Fig. IV-B- 3 – Provider History Screen PHST – Provider Information Field-by-Field Description

Provider History (PHST) Screen

The Provider History, PHST screen displays wage and tax information for all tax years in which a provider was paid for services provided to a particular recipient.

The PHST screen displays up to eight years of provider wage and tax information. Tax years are displayed in ascending order, from most recent to oldest. If a provider does not provide services to a recipient for a particular tax year but then resumes, the year for which no services were provided will not be listed on the PHST screen.

PHST Display Fields – Provider Information

The following PROVIDER INFORMATION displays.

Field: NAME – Alpha
Description: Name – The provider's last name, first name and middle initial.

Field: CASE – Numeric
Description: Case – The sixteen digit case number made up of the ten-digit recipient case number and the six-digit provider number.

Field: SSN – Numeric
Description: Social Security Number – The provider's social security number from the PELG record.

Field: ADDR – Alphanumeric
Description: Address – The address associated to the PELG record.

Field: CITY – Alpha
Description: City – The city associated to the PELG record.

Field: ST – Alpha

Description: State - The State and Zip Code associated to the PELG record.

```
      THIS PHST I 0103839296195440
      NEXT PHST I 0108955656195440

 PROVIDER INFORMATION
 NAME: WILLIAMSON,DANIEL              CASE: 0103839296 195440 SSN: 834-19-5440
 ADDR: 2112 MCKINLEY AVE APT C      CITY: BERKELEY             ST: CA 94703 1591

 RECIPIENT INFORMATION
 NAME: NIEHAUS,REBECCA                EDD NUM: 54631999       SSN: 492-64-4117
 ADDR: 2118 MCKINLEY AVE # 3        CITY: BERKELEY             ST: CA 94703 1520

 PROVIDER HISTORY INFORMATION   1ST WARR DT 07/14/99       CURR WARR DT 03/03/04
                                YEARLY DISPLAY
  YEAR Q   GROSS       FICA       FIT        SIT        SDI        EIC     T DO
  ====== ========== ========== ========== ========== ========== ========== = ==
_ 2003 4  24,001.30   1,832.15   5,512.55     183.67     216.02       0.00 O 31
_ 2002 4  23,255.95   1,777.72       0.00       0.00     209.35       0.00 O 31
_ 2001 4  20,220.62   1,546.94       0.00       0.00     181.97       0.00 O 31
_ 2000 4  13,211.71   1,010.71       0.00       0.00      85.45       0.00 O 31
_ 1999 4   5,807.65     439.70       0.00       0.00      29.04       0.00 O 31



F03=EXIT F08=NEXT F12=RETURN
```

Fig. IV-B- 4 – Provider History Screen PHST – Recipient Information Field-by-Field Description

PHST Display Fields – Recipient Information

The following RECIPIENT INFORMATION displays:

Field: NAME – Alpha
Description: Name – The recipient's last name, first name and middle initial from the RELA.

Field: EDD NUM – Numeric
Description: Employment Development Department Number – The recipient's EDD employer identification number. Please note not all recipient cases will have an EDD number.

Field: SSN – Numeric
Description: Social Security Number – The recipient's social security number from the RELA.

Field: ADDR – Alphanumeric
Description: Address – The recipient's street address from the RELA.

Field: CITY – Alpha
Description: City – The recipient's city of residence from the RELA.

Field: ST – System Generated, Alpha
Description: State – The recipient's state of residence and zip code from the RELA.

PHST Display Fields – Yearly Display

When the PHST screen displays it defaults to the YEARLY DISPLAY screen. There is a QUARTERLY DISPLAY screen associated with each tax year displayed.

```
      THIS PHST I 0103839296195440
      NEXT PHST I 0108955656195440

 PROVIDER INFORMATION
 NAME: WILLIAMSON,DANIEL              CASE: 0103839296 195440 SSN: 834-19-5440
 ADDR: 2112 MCKINLEY AVE APT C      CITY: BERKELEY             ST: CA 94703 1591

 RECIPIENT INFORMATION
 NAME: NIEHAUS,REBECCA                EDD NUM: 54631999       SSN: 492-64-4117
 ADDR: 2118 MCKINLEY AVE # 3        CITY: BERKELEY             ST: CA 94703 1520

 PROVIDER HISTORY INFORMATION   1ST WARR DT 07/14/99       CURR WARR DT 03/03/04
                                YEARLY DISPLAY
  YEAR Q   GROSS       FICA       FIT        SIT        SDI        EIC     T DO
  ====== ========== ========== ========== ========== ========== ========== = ==
X 2003 4  24,001.30   1,832.15   5,512.55     183.67     216.02       0.00 O 31
_ 2002 4  23,255.95   1,777.72       0.00       0.00     209.35       0.00 O 31
_ 2001 4  20,220.62   1,546.94       0.00       0.00     181.97       0.00 O 31
_ 2000 4  13,211.71   1,010.71       0.00       0.00      85.45       0.00 O 31
_ 1999 4   5,807.65     439.70       0.00       0.00      29.04       0.00 O 31


F03=EXIT F08=NEXT F12=RETURN
```

Fig. IV-B- 5 – Provider History Information – Yearly Display

To access the QUARTERLY DISPLAY for the YEARLY DISPLAY, place an "**X**" in the untitled SEL field to the left of a specific tax year, then press <**ENTER**>.

PHST Display Fields - Quarterly Display

The Provider History Information Quarterly display allows a user to view, by calendar year quarter, the wages and tax information associated to a provider.

```
      THIS PHST I 0103839296195440
      NEXT PHST I 0108955656195440

 PROVIDER INFORMATION
 NAME: WILLIAMSON,DANIEL              CASE: 0103839296 195440 SSN: 834-19-5440
 ADDR: 2112 MCKINLEY AVE APT C      CITY: BERKELEY             ST: CA 94703 1591

 RECIPIENT INFORMATION
 NAME: NIEHAUS,REBECCA                EDD NUM: 54631999       SSN: 492-64-4117
 ADDR: 2118 MCKINLEY AVE # 3        CITY: BERKELEY             ST: CA 94703 1520

 PROVIDER HISTORY INFORMATION   1ST WARR DT 07/14/99       CURR WARR DT 03/03/04
                                QUARTERLY DISPLAY
  YEAR Q   GROSS       FICA       FIT        SIT        SDI        EIC     T DO
  ====== ========== ========== ========== ========== ========== ========== = ==
  2003 1   5,805.25     444.10       0.00       0.00      52.25       0.00 O 31
  2003 2   6,068.35     460.26       0.00       0.00      54.62       0.00 O 31
  2003 3   6,016.35     460.26   2,199.32      71.32      54.15       0.00 O 31
  2003 4   6,111.35     467.53   3,313.23     112.35      55.00       0.00 O 31


F03=EXIT F08=NEXT F12=RETURN
```

Fig. IV-B- 6 - Provider History Information – Quarterly Display

To return to the YEARLY DISPLAY, press <**F12**>.

Field-by-Field Description – Yearly and Quarterly Displays

The following fields are associated with the YEARLY and QUARTERLY DISPLAY screens.

Field: 1ST WARR DT – Numeric
Description: First Warrant Date – Issue date (MM/DD/YY) of the first warrant issued to the provider for services to the recipient. This field remains constant between the YEARLY and QUARTERLY DISPLAY screens.

Field: CURR WARR DT – Numeric
Description: Current Warrant Date – Issue date (MM/DD/YY) of the last warrant issued to the provider from the most recent quarter that was added to the current year's information. This field remains constant between the YEARLY and QUARTERLY DISPLAY screens

CMIPS defaults to YEARLY DISPLAY; however the QUARTERLY DISPLAY has the same fields. Both displays are defined in the following:

Field: YEAR – Numeric
Description: Year – The YEARLY DISPLAY shows the provider's wage and associated withholding information for a tax year. The QUARTERLY DISPLAY shows wages and withholdings for each quarter in the selected tax year.

Field: Q – Numeric
Description: Quarter – The YEARLY DISPLAY indicates the last quarter in a year a provider was issued a warrant. The same quarter is displayed regardless of whether the provider was paid once in the quarter or on a continuous basis throughout the quarter.
The QUARTERLY DISPLAY shows quarterly wages and withholdings for the selected year.

Field: GROSS – Numeric
Description: Gross – The YEARLY DISPLAY indicates the year-to-date wages paid to the provider. The QUARTERLY DISPLAY shows GROSS wages paid to the provider in a particular quarter of the displayed tax year.

Field: FICA – Numeric
Description: Federal Insurance Contributions Act – The total social security taxes withheld (both Medicare and FICA are included in this dollar amount) year-to-date in a tax year (YEARLY DISPLAY). The QUARTERLY DISPLAY shows GROSS wages paid by the provider in a particular quarter of the displayed tax year.

Field: FIT – Numeric
Description: Federal Income Tax – The total Federal taxes withheld year-to-date in a tax year (YEARLY DISPLAY). The QUARTERLY DISPLAY shows FIT paid by the provider in a particular quarter of the displayed tax year.

Field: SIT – Numeric
Description: State Income Tax – The total State taxes withheld year-to-date in a tax year

(YEARLY DISPLAY) or in specific quarter of a tax year (QUARTERLY DISPLAY).

Field: SDI – Numeric
Description: State Disability Insurance – The total SDI withheld year-to-date in a tax year (YEARLY DISPLAY) or in specific quarter of a tax year (QUARTERLY DISPLAY).

Field: EIC – Numeric
Description: Earned Income Credit – Total EIC tax credited to a provider year-to-date in a tax year (YEARLY DISPLAY) or in specific quarter of a tax year (QUARTERLY DISPLAY).

Field: T – Numeric
Description: Tax Status – The tax status code claimed by the provider

P	Parent	S	Spouse
O	Other	C	Child

Field: DO – Numeric
Description: District Office – County assigned number that identifies which district office had responsibility for the provider's payroll records for the year and quarter shown.

Provider History Screen Edits

The following edits may be encountered on either the PHST or PHNS screens

Edit Message	Description
END OF SEARCH	Indicates all records matching the request have been displayed
PRESS ENTER FOR MORE RECORDS	Indicates there are additional records matching the request available for display
SCREEN FUNCTION NOT ALLOWED FOR USER	Indicates that an invalid screen mode request has been made. PHST and PHNS screens are inquiry mode only.
PROVIDER NUMBER NOT ON FILE	Indicates that either the SSN or Case Number entered does not exit in CMIPS.
INVALID FUNCTION KEY	Indicates that the function key used does not have a function associated with the screen.

Function Keys

The following function keys are available for use on the designated screens:

Key	Function	Screen
F03	EXIT – Exits user to the Main CMIPS Menu	PHNS, PHST
F08	NEXT – Displays the screen indicated on the NEXT line	PHNS, PHST
F12	RETURN- Returns user to the previously viewed screen	PHNS, PHST

Online Message Screen (MSGS)

Field-by-Field Description

The Online Message Screen (MSGS) displays system generated messages related to various processes in CMIPS. The user has several options to display information. Online Messages were developed as a Case Management Tool for County Workers to respond to actions applied to specific recipient cases.

Field: COUNTY – Required, Numeric
Length: 2
Description: County – Input of the County Number to displays up to 70 online messages for a county. Acceptable values 01-58.

Field: OFFICE – Optional, Numeric
Length: 2
Description: Office – Input of County and District Office numbers will display up to 70 online messages for a District Office.

Field: WORKER – Optional, Numeric
Length: 4
Description: Worker – Input of County, District Office and Service Worker Number will display up to 70 online messages for a Service Worker with a County District Office.

Field: CASE – Optional, Numeric
Length: 10
Description: Case – Input of a case number will display all message for that case.

Field: FROM DATE – Optional, Numeric
Length: 8 Format: MMDDYYYY
Description: From Date – Entry of a From Date and any of the above combinations will display all messages that have been posted to CMIPS since the From Date. If no To Date is filled, system will display all message from the From Date to the current date.

Field: MESSAGE TYPE – Optional, Alpha
Length: 4
Description: Message Type – Allows user to indicate a specific message type for display.
Acceptable values:

- CINR – CIN REFERRAL
- CINU – CIN UPDATED
- CIND – CIN DEATH NOTIFICATION

Field: TO DATE – Optional, Numeric
Length: 8 Format: MMDDYYYY
Description: To Date – Used in conjunction with the From Date, user may display messages posted to CMIPS within the specified date range.

Field: SEL – Optional, Alpha
Length: 1
Description: Select – User action associated with one of the following indicators:

- **X** – User may enter an "X" and press <**Enter**> to display the associated Message Detail screen. User may "select" multiple messages, which allows continuous paging through the selected messages. When the last message has been displayed, the user may press <**F12**> to return to the Online Message screen.
- **C** – Close – User may enter a "C" and press <Enter> to close a message. Closed messages drop-off on a nightly basis.

Field: STATUS – System generated, Alpha
Length: 1
Description: Status – Indicates the status of the associated message. Values are:

- **X** – Unread
- **R** – Read – Message Detail screen has been accessed
- **C** – Closed – Message displays for remainder of day but will drop-off listing on a nightly basis

Field: CASE – System generated, Numeric
Length: 10
Description: Case – Indicates the recipient case to which the message is associated

Field: MSG DATE – System generated, Numeric
Length: 8 MMDDYYY
Description: Message Date – Indicates the system process date that produced the message

Field: MESSAGE TYPE/MESSAGE – System generated, Alpha
Length: 4/24
Description: Message Type – Indicates one of the following message types:

- CIND – CIN DEATH NOTIFICATION
- CINR – CIN REFERRAL
- CINU – CIN UPDATED

Field: MESSAGE XX TO XX OF XX – System generated, numeric
Description: Message Count – Indicates the number of messages displayed and the total messages based upon the initial request to display messages.

Accessing the MSGS Screen

To access the MSGS Screen from the MENU or from any other CMIPS screen, on the NEXT line, enter "MSGS" in the "I" – Inquiry mode.

The user may enter the following sequence of values in the third field on the "NEXT" line.

- CO – County Number

Example: NEXT **MSGS I 05**

- DO – District Office Number – CO indicator must be present

Example: NEXT **MSGS I 0501**

- WRKR – Social Worker Number – CO and DO indications must be present

Example: NEXT **MSGS I 0501SG12**

- TYPE – Message Type – CO, DO and WRKR indications must be present

Example: NEXT **MSGS I 0501SG12CINR**

Press <**F08**> will display message relating to request. The request processed will populate to the designated data fields on the screen.

IMPORTANT PROCESSING NOTE: The <**F08**> key must be used when processing transaction using data from the "NEXT" line. The <**Enter**> key is used to process requests using data field entries.

Or, the user may simple request a blank MSGS screen by entering on the NEXT line "MSGS" in the first field and "I" in the second field, then press <**F08**>.

From the blank screen the user may enter data in the following fields on the screen:

- COUNTY – Will display all message associated to the designated County
- OFFICE – Must be used in conjunction with COUNTY. Will display all messages associated with the indicate District Office within the County
- WORKER – Must be used in conjunction with COUNTY and OFFICE. Will display all message associated to the indicated Social Worker
- CASE – Must be used in conjunction with ONLY the COUNTY field. Will display all messages associated to the indicated case number
- FROM DATE – May be used in conjunction with any of the above fields. Will display all messages that exist for the indicated search.
- MESSAGE TYPE – May be used in conjunction with COUNTY, OFFICE, WORKER or CASE. Displays all indicated message types
- TO DATE – Must be used in conjunction with FROM DATE and with any of the above fields. Will display messages with dates between the FROM and TO DATE indicated. If not TO DATE is entered, system will default to current date as TO DATE.

IMPORTANT PROCESSING NOTE: The <**Enter**> key must be used to process requests using data entered in the screen fields. If the <**F08**> key is pressed the system will process based upon the data entered in the fields on the "NEXT" line.

Online MSGS Screen

```
     THIS MSGS I 10               END OF SEARCH
     NEXT MSGS I 10
               O N L I N E   M E S S A G E   S C R E E N
COUNTY 10   OFFICE      WORKER        CASE              FROM DATE
MESSAGE TYPE                                              TO DATE

SEL  STATUS  CASE        MSG DATE    TYPE  MESSAGE   MESSAGES 1 TO 2 OF 2
===  ======  ==========  ==========  ====  ========================
       R     1000531002  11/11/2002  CIND  CIN DEATH NOTIFICATION
       R     1009065523  11/11/2002  CINU  CIN UPDATED









 F03=EXIT F07=BWD F11=CONT
```

Function Key Usage

The following function keys are available for use on the Online Message Screen

F03 – Allows user to Exit CMIPS

F07 – Allows user to "Page Back" when user has paged through several pages of displayed data

F11 – Allows user to "Page Forward" through multiple pages of displayed data

Edit Message	Explanation
CASEWORKER WAS NOT FOUND	WORKER entered is not associated with COUNTY and DISTRICT OFFICE indicated
COUNTY WAS NOT FOUND	The COUNTY number entered is not found in CMIPS. Must use 01-58
DISTRICT OFFICE WAS NOT FOUND	DISTRICT OFFICE entered is not associated with COUNTY indicated
ENTER A VALID DATE IN THE FORMAT MMDDYYYY	DATE entered is not correct format. Clear field, re-enter date and reprocess desired transaction
FIELD IS NOT REQUIRED	Highlighted field is not required for request. Remove data from indicated and process transaction again.
INVALID MESSAGE TYPE	MESSAGE TYPE requested does not exist. See "Field Description" for valid Message Types
NO RECORDS FOUND MATCHING CRITERIA	CMIPS contains no messages associated with the request entered
INVALID SELECTION. MUST BE C OR X	SEL indicator used is invalid.

Message Detail Screen

Field-by-Field Description

The Message Detail screen allows the user to access the specific details of a message related to the indicated case.

Field: MESSAGE XX OF XX – System generated, numeric
Description: Indicates the current message number and the total messages selected for display from the Online Message screen

Field: COUNTY – System generated, numeric
Length: 2
Description: County – Indicates County to which the message is associated

Field: OFFICE – System generated, numeric
Length: 2
Description: Office – Indicates the District Office within a County to which the case Detail Message is associated

Field: WORKER – System generated, Alphanumeric
Length: 4
Description: Worker – Indicates the Service Worker associated to the case

Field: MSG DATE – System generated, numeric
Length: 2
Description: Message Date – Indicates the date the message was processed and added to CMIPS

Field: CASE – System generated, numeric
Length: 10
Description: Case – Indicates the CMIPS case to which the message is related

Field: RECIPIENT NAME – System generated, Alphanumeric
Length: 30
Description: Recipient Name – Indicates the recipient case related to the message

Field: MESSAGE – System generated, Alphanumeric
Length: 24
Description: Message Type – Displays message description associated with Message Type

- CIND – CIN DEATH NOTIFICATION
- CINR – CIN REFERRAL
- CINU – CIN UPDATED

Field: MESSAGE TEXT – System generated, Alphanumeric
Description: Message Text – Displays the detailed message content for the associated case. The content may be considered information only, or require the user to take some action associated to the case.

- Dates indicated on the message detail screen will display in YYYYMMDD format
- CIND Messages indicting "DEATH NOTIFICATION WITHDRAWN" occur when another state agency retracts the death notification indicator associated with an individual

Accessing Message Detail Screen

From the Online Message Screen, the user may access the Message Detail Screen by placing an "X" in the "SEL" field and press <**Enter**>.

Message Detail Screen

```
                  M E S S A G E  D E T A I L S     MESSAGE   1 OF   5

COUNTY 55   OFFICE 01   WORKER 1234   MSG DATE 11-11-2002

CASE: 5567843938
RECIPIENT NAME: MORRIS, DEBORAH

MESSAGE: CIN DEATH NOTIFICATION
================================================================
DEATH NOTIFICATION – MEDI-CAL ELIGIBILITY









  F03=EXIT F04=RELA F07=BWD F12=RETURN
```

CIND Detail Message

The CIN Death Notification (CIND) Detail Message screen will displays the agency submitting the death notification. The following values may display:

- CATS – Common Application Tracking System
- CCS – Calif Childrens Service
- GHPP – Genetically Handicapped Person Program
- HF – Healthy Families
- MEDS – Medical Eligibility Data System
- SAWS – SAWS Auto Welfare Sys
- SFIS – SFIS Fingerprint Imaging System

Function Key Usage

The following function keys are available for use on the Online Message Screen

- F03 – Allows user to Exit CMIPS
- F04 – RELA – Allows user to flow to RELA for indicated case. System defaults to "Inquiry" on RELA.
- F07 – Allows user to "Page Back" through previously displayed Message Details screens when more than one message was "SELected" for display
- F12 –Returns user to Online Message Screen

The following edits may appear on the Online Message Screen:

Edit Message	Explanation
END OF SEARCH	System has displayed all "SELected" messages
INVALID FUNCTION KEY	Function Key usage is not supported on the Message Detail Screen

Section V
IHSS Assessment, SOC 293

IN-HOME SUPPORTIVE SERVICES ASSESSMENT

									BIRTHDATE		
A	CNTY (1)	RECIPIENT #	CD	SEQ # (2)	AID CODE (3)	SOCIAL SECURITY NO. (4)	SEX (5) M F	MONTH (6)	DAY	YEAR	
B	LAST NAME (1)					FIRST NAME (2)				MI (3)	
C	STREET (1)				CITY (2)		STATE (3)	ZIP CODE / CT (4)			
D	TELEPHONE # (1)	DIS. PREP. (2)	(3)	GUARDIAN / CONSERVATOR (4)							
E	STREET (1)				CITY (2)		STATE (3)	ZIP CODE / CT (4)			
F	STATUS (1)	PRIM. DIAG. (2)	CITIZEN (3)	ETHNIC (4)	LANG. (5)	OTH. / COV. (6)	SSNV (7)	HIC. / RR.# (8)	FBU. # (9)		
G	SPOUSE / PARENT (1)	# HH (2)	# RCP (3)	RES (4)	L/A (5)	# ROOMS (6)	YARD (7) Y N	WASHER (8) Y N	DRYER Y N	STOVE Y N	REFRIG. Y N

H (1): HOUSEWORK, LAUNDRY, SHOPPING & ERRANDS, MEAL PREP & CLEAN-UP, MOBILITY INSIDE, BATHING & GROOMING, DRESSING, BOWEL, BLADDER & MENSTRUAL, TRANSFER, EATING, RESPIRATION, MEMORY, ORIENTATION, JUDGMENT, FUNCTIONAL INDEX (2), FUNCTIONAL INDEX HOURS (3), W/O IHSS (4), NEED PROVIDER

I	SHARE OF COST DATE (1)	LINK (2)	DEP (3)	SOURCE (4) 3	INCOME	DEDUCT	COUNTABLE INCOME (5)
J	SOURCE (1) 1	INCOME	DEDUCT	(2) 4			BENEFIT CODE / LEVEL (3)
K	(1) 2			(2) 5			SHARE OF COST (3)
L	MODE (1)	RATE	HOURS	MODE (2)	RATE	HOURS	RECOVERY (3)

M	ACT D (1)	BEGINNING DATE (2)	ENDING DATE (3)	GROSS AMOUNT (4)	MODE (5)	RATE	HOURS	SHARE OF COST (6)	TYPE (7)	PAY OPT (8)
N	D (1)	(2)	(3)	(4)	(5)			(6)	(7)	(8)
O	D (1)	(2)	(3)	(4)	(5)			(6)	(7)	(8)

P	APPLICATION DATE (1)	REF (2)	FACE TO FACE DATE (3)	COUNTY USE (4)
Q	D / O (1)	SERVICE WORKER NAME (2)	SW. # (3)	SERVICE WORKER PHONE # (4)
R				

Fig. V-A- 1 – SOC 293 – Page 1

State of California - Health and Welfare Agency - Department of Social Services

	LAST NAME & #	SEQ #	TOTAL NEED	ADJUSTMENTS	INDIVIDUAL ASSESSED NEED	ALTERNATIVE RESOURCES	AUTH TO BE PURCH	UNMET NEED	COUNTY USE
AA	Domestic Services								
BB	* Preparation of Meals								
CC	** Meal Clean Up								
DD	Routine Laundry, Etc.								
EE	Shopping for Food								
FF	Other Shopping & Errands								
GG	Heavy Cleaning								
HH	* Respiration								
II	* Bowel & Bladder Care								
JJ	* Feeding								
KK	* Routine Bed Baths								
LL	* Dressing								
MM	* Menstrual Care								
NN	* Ambulation								
OO	* Moving In/Out of Bed								
PP	* Bathing, Oral Hygiene, Grooming								
QQ	* Rubbing Skin, Repositioning, Etc.								
RR	* Care and Assistance with Prosthesis								
SS	Accompaniment To Medical Appointment								
TT	Accompaniment To Alternative Resources								
UU	Remove Grass Weeds, Rubbish								
VV	Remove Ice, Snow								
WW	Protective Supervision								
XX	Teaching & Demonstration								
YY	* Paramedical Services								

	NOA	RSN. CD.	RSN. CD.	RSN. CD.	RSN. CD.	BEGINNING DATE	ENDING DATE	ADVANCE	MEAL ALLOW
ZZ	(1) M C N	(2)				(3)	(4)	(5) Y N	(6) Y N

	MONTHLY HRS. AUTHORIZED	WKLY. HRS.	MEAL HRS (BB + CC + EE)		MO. HRS.	TOTAL	PURCHASE	UNMET NEED
aa		(1)	(2)	(3)	(4)	(5)	(6)	(7)

Fig. V-A- 2 – SOC 293 – Page 2 – Assessment Grid

In Home Supportive Services Assessment, SOC 293

The IHSS SOC 293 is used by the county staff to document recipient specific case details regarding eligibility, need assessment and resources available to the recipient. The SOC 293 is available for purchase by counties. See ***Section II-B – Ordering CMIPS Forms*** for order details and costs.

Field-by-Field Description

The following fields appear on the SOC 293 and the RELA, RELB and RELC screens in CMIPS unless otherwise indicated.

Page 1

Field: Untitled – CIN – System Generated, Alphanumeric
Length: 10
Description: CIN – Client Index number assigned to an IHSS Recipient by the Statewide Client Index. This field is not titled on the SOC 293 document, but is printed in the upper right corner above Field A1. The RELA screen field name is CIN.

Field: REPRINT – Optional, Alpha – **RELA Screen display only**
Length: 1
Description: Reprint – Allows the reprint of the most recent SOC 293 or NOA. The RELA screen field name is REPRINT. Valid field entry:

- N – System default
- Y – Print SOC 293
- A – Print NOA

Refer to ***Section V-B - Special Instructions*** – Producing a Reprint of the Most Recent SOC 293 or Producing a Reprint of the Most Recent Notice of Action for detailed instruction requesting a reprint of an SOC 293 or NOA.

Field: MC CODE – Required, Alpha **– RELA Screen display only**
Length: 1 Length:
Description: Medical Certification Code shows whether or not the Recipient has been Certified by a Doctor.

- blank
- A – Alternate Documents Received
- E – Exception Received
- M – Medical Certification Received
- P – Pending (Documentation requested – waiting to be received)

Field: MC DATE – Required, Date – **RELA Screen display only**
Length: 8 Format: MMDDYYYY
Description: Medical Certification Date is the date the Medical Certification was requested or received.

Field A1: CNTY / RECIPIENT# / CD – Required, Numeric
Length: 10 2/7/1
Description: County/Recipient Number/Check Digit – A ten (10) digit number representing a specific case. The first two digits identify the county, the next seven digits a county-assigned case number, and the 10th digit is a system generated check digit. This field does not appear on the RELA screen, but the case number will appear on the NEXT line in CMIPS.

Field A2: SEQ # – System Generated, Numeric
Length: 3
Description: Sequence Number – A system generated chronological number indicating the most recent turnaround document. The RELA screen field name is SEQ#.

Field A3: AID CODE – Required, Numeric
Length: 2
Description: Aid Code – The IHSS Aid Code applicable to the recipient. The RELA screen field name is AID.

10 Aged, SSI/SSP
18 Aged, IHSS Income Eligible
20 Blind, SSI/SSP
28 Blind, IHSS Income Eligible
60 Disabled, SSI/SSP
68 Disabled, IHSS Income Eligible

- Aid Codes 10, 20, 60 – Used for status eligible recipients
- Aid Codes 18, 28, or 68 – Used for income eligible recipients

Refer to Section V-B, Special Instructions – CMIPS/MEDS Interface for issuing and eligible recipient a Medi-Cal card.

Field A4: SOCIAL SECURITY NO. – Required, Numeric
Length: 9
Description: Social Security Number (SSN) – A nine (9) digit number assigned to the recipient by the Social Security Administration. An SSN pattern match table, created by the Social Security Administration, is loaded into CMIPS, then each SSN entered validated against this table. This SSN Pattern Match table is updated monthly. The RELA screen field name is SSN. Completion of fields F7 and F8 generates the issuance of a Medi-Cal card. If either of these fields is completed and the SSN entered in Field A4 is invalid, eligibility for the Medi-Cal card may be denied or discontinued (Title 22, California Code of Regulations, Section 50187).

Refer to Section V-B, Special Instructions, Person List Screen *for detailed information regarding the functionality associated with SSN and Name matching in CMIPS.*

Field A5: SEX – Required, Alpha
Length: 1
Description: Sex – Circle the code that identifies the recipient's gender.

M – Male

F – Female
The RELA screen field name is SEX.

Field A6: BIRTHDATE, MONTH/DAY/YEAR – Required, Numeric
Length: 8 Format: MMDDYYYY
Description: Birthdate – The month, day and year of the recipient's birth. The RELA screen field name is BIRTH DATE.

Field B1, B2 B3: LAST NAME/FIRST NAME/MI – Required, Alphanumeric/Special Characters (. , / -)
Length: 17/12/1
Description: **Last Name** – A specific recipient's family name (Required). Jr., II, etc., should be included as part of the last name. Enter the single name in this field for those of Samoan descent who only have a single name. The RELA screen field name is LAST NAME.
First Name – Name given at birth to identify an individual (Required). When code M = Samoan, is entered in Field F4, Ethnic, entry in this field is Optional. The RELA screen field name is FIRST.
MI – The middle initial of a recipient (Optional). The RELA screen field name is MI.
Refer to Section V-B, Special Instructions, Person List Screen for detailed information regarding the functionality associated with SSN and Name matching in CMIPS.

Field C1: STREET – Required, Alphanumeric
Length: 30
Description: Street – The street address of the recipient's place of residence. The RELA screen field name is ST.

- Disaster preparedness requires information about the residence location of all recipients
- If the recipient has a mailing address different from the residence address, the mailing address is entered in Fields E1 through E4. Counties using CMIPS for MEDS interface should note that the MEDS field length is only 26 characters.

Refer to Section V-B Special Instructions, Address Verification Screen, for detailed explanation regarding the function of the screen.

Field C2: CITY – Required, Alpha
Length: 20
Description: City – Recipient's city of residence. The RELA screen field name is CY.

Field C3: STATE – Optional, Alpha
Length: 2
Description: State – Recipient's state of residence. Defaults to "CA" if not entered. The RELA screen field name is ST.

Field C4: ZIP CODE – Required, Numeric CT – Optional Numeric
Length: 9 Format: XXXXX XXXX
Description: Zip Code/CT – A nine-digit zip code assigned by USPS that relates to the recipient's address of residence. The RELA screen field name is Z.

Field D1: TELEPHONE # – Optional, Numeric
Length: 10 Format: XXX XXX XXXX
Description: Telephone Number – The recipient's telephone number. The RELA screen field name is PHONE #.

Field D2: DIS. PREP. – Optional, Alpha
Length: 3 Format: XXX
Description: Disaster Preparedness – A three letter code that identifies IHSS recipients who require contact by emergency personnel in the aftermath of a disaster. Counties have the option to participate in the Disaster Preparedness program. If they do participate, entry in this field is required. ***Refer to Section V-B, Special Instructions, IHSS Disaster Preparedness Assessment Plan.*** The RELA screen field is named DP.

The first letter indicates the degree of contact necessary:

A	Critical	E	Urgent but consumer declines advance notification of emergency services
B	Urgent		
C	Moderate		
D	Critical but consumer declines advance notification of emergency services	F	Moderate but consumer declines advance notification of emergency services
		Z	Contact by emergency staff not needed

The second letter indicates the predominant special impairment

A	Deaf	D	Wheelchair bound
B	Blind	E	Mental disability
C	Bed-bound	Z	Recipient does not have any listed special impairment

The third letter indicates the predominant life support supply need.

A	Respirator	E	Dialysis
B	Oxygen	F	Bowel and Bladder
C	Insulin	G	Nasal/Gastrointestinal Tubes/Suctioning
D	Life Support Medications	Z	Recipient does not have any listed supply needs

Field D3: BLANK FIELD – System Generated, Alphanumeric
Length: 2
Description: This field was previously (prior to November 2005) used to reflect the recipient's Medi-Cal categorically needy Aid Code. Currently, (October 2007) some CMIPS cases retain previous indications, but this field is no longer populated. For current Medi-Cal eligibility, see Field F2.

Field D4: GUARDIAN/CONSERVATOR – Optional, Alphanumeric/Special Characters
Length: 30
Description: Guardian/conservator – Individual legally responsible for a recipient. Designated individual will receive any mail, warrant, or Notice of Action issued to the recipient. If no guardian/conservator, leave blank. If an entry is made for guardian/conservator, Fields E1 through E4 must be completed. The RELA screen field name is GUARDIAN.

Field E1: STREET – Optional, Alphanumeric
Length: 30
Description: Street – Guardian/conservator's street number and name, including apartment and/or space number. If there is no guardian/conservator related to the case, but the recipients mailing address differs from residence address, fields C1-C4, enter the mailing address in fields E1-E4. The RELA screen field name is ST. This address will be:

- Used as the address on any mail, warrant, or Notice of Action issued to a recipient if a guardian/conservator is entered in Field D4.
- Used as the mailing address of the recipient when there is no guardian/conservator in Field D4 and residence address is present
- Counties using CMIPS for MEDS interface should note the MEDS street field length is 26 characters.

See ***Section V-B Special Instructions, Address Verification Screen***.

Field E2: CITY – Optional, Alpha
Length: 20
Description: City – Guardian/conservator's city of residence or the city of the recipient's mailing address. The RELA screen field name is CY.
Field E3: STATE – Optional, Alpha
Length: 2
Description: State – Guardian/conservator's State of residence, or the State of the recipient's mailing address. Defaults to "CA". The RELA screen field name is ST.

Field E4: ZIP CODE – Optional, Numeric
Length: 9 Format: XXXXX XXXX
Description: Zip + 4 Code – Guardian/conservator's nine-digit zip code assigned by USPS that relates to the address. The RELA screen field name is Z.

Field F1: STATUS – Required, Alpha
Length: 1
Description: Status – Code which indicates the current eligibility status of the recipient. The RELA screen field name is STATUS. Enter one of the following:

R Record – Indicates an application has been taken. May be used for a county's central index reporting purpose. Generate an alert message that a recipient's eligibility status must be completed. If Status R is used, only Fields A1 through F1, P1 and P2, and Q1 through Q4 are valid fields.

I Interim Eligible – Provisional approval pending a disability or blind determination. Only Aid Codes 28 and 68 are valid in Field A3 when

using Status I.

E Eligible – The recipient is approved for services under the IHSS program
L Leave of absence – Temporarily without need for IHSS services, e.g., hospitalized
D Deny – Eligibility has been denied
T Terminated – Eligibility has been terminated

Field F2: PRIM. DIAG. – System Generated, Alphanumeric
Length: 5 Format : XX/2X
Description: Medi-Cal Primary and Secondary Aid Code – CMIPS system generates the Medi-Cal Primary and Secondary Aid Code. The Primary Aid Code is displayed from the Medi-Cal Eligibility data received from MEDS. The Secondary Aid Code is derived from Medi-Cal Eligibility data and IHSS Recipient and Provider data. The RELA screen field name is MC AID.

Field F3: CITIZEN – Optional, Alphanumeric
Length: 2
Description: Citizen – Not currently in use. The RELA screen field name is CITIZEN.

Field F4: ETHNIC – Required, Alphanumeric
Length: 1
Description: Ethnic – Code designating the ethnicity of the recipient. The RELA screen field name is ETHNIC.

1	White	J	Japanese
2	Hispanic	K	Korean
3	Black	M	Samoan
4	Other Asian or Pacific Islander	N	Asian Indian
5	American Indian or Alaskan Native	P	Hawaiian
7	Filipino	R	Guamanian
C	Chinese	T	Laotian
H	Cambodian	V	Vietnamese

Field F5: LANG – Required, Alphanumeric
Length: 1
Description: Language – Code designating the primary language of the recipient. The RELA screen field name is LANG.

0	American Sign Language (AMISLAN or ASL)	F	Ilocano
1	Spanish – NOA will be issued in Spanish	G	Mien
2	Cantonese	H	Hmong
3	Japanese	I	Lao
4	Korean	J	Turkish
5	Tagalog	K	Hebrew
6	Other non-English	L	French
7	English	M	Polish
8	Unassigned code	N	Russian
9	Spanish – NOA will be issued in English	P	Portuguese
A	Other Sign Language	Q	Italian

B	Mandarin	R	Arabic
C	Other Chinese Languages	S	Samoan
D	Cambodian	T	Thai
E	Armenian	U	Farsi
		V	Vietnamese

Field F6: OTH./COV. – Optional, Alphanumeric
Length: 5 Format: X,XXXX
Description: Other Coverage – The first digit indicates insurance coverage, if any, of the recipient. Other digits are reserved for future use and may be used to indicate Medi-Cal cost avoidance codes. The RELA screen field name is OTH/COV. Only the following company codes are valid:

A	Any carrier other than Blue Shield or Blue Cross (Partial Coverage	S	Blue Shield
B	Blue Cross	T	Travelers
C	CHAMPUS	U	Connecticut General
D	Prudential	V	Variable – any other carrier
E	Aetna	W	Great West Life Assurance Company
F	Medicare HMO	X	Blue Shield (partial coverage)
G	American General	Y	Blue Cross – North
H	Mutual of Omaha	Z	Blue Cross – South
I	Metropolitan Life	2	Provident Life and Accident
J	John Hancock Mutual Life Ins. Co.	3	Principal Financial Group
K	Kaiser	4	Pacific Mutual Life Insurance
M	Two or more carriers (partial coverage)	5	Alta Health Strategies Inc.
N	None	6	American Association of Retired Persons
P	Prepaid Health Plan or Health Maintenance Organization	7	Allstate Life Insurance
Q	Equicor/Equitable	8	New York Life Insurance
R	Ross Loos	9	Crown Life Insurance Company

Field F7: SSNV – Optional, Numeric
Length: 1
Description: Social Security Number Verification – Code indicating how the recipient SSN was verified or why it was not verified. The RELA screen field name is SSNV. For Medi-Cal card issuance, the SSN must be verified.

0 SSA-VER previously submitted to MEDS
1 SSN verified by SSA (MC 194 Completed)
2 Confirmed by county on SSA district office application
3 Sight verified by county welfare office
4 SSN not verified by SSA
5 SSN not sight verified, recipient sent to SSA office
6 No SSN, recipient sent to SSA office
7 No valid input from county
8 SSN not attainable, undocumented person
9 SSN not attainable, pre-adoptive person

Field F8: HIC./RR. # – Optional, Alphanumeric
Length: 12
Description: Health Insurance Coverage/Railroad Retirement Number – This is used for Medi-Cal purposes. Do not leave spaces between numbers. The RELA screen field name is HIC./R.R #.

Field F9: FBU. # – Optional, Numeric
Length: 3
Description: Family Budget Unit Number – Designates who in the family will be included in Medi-Cal eligibility. In addition, enter Person # in field as well. The RELA screen field name is FBU #.

- Family Budget Unit is a one-digit number assigned by the county to each recipient as part of a unique recipient identifier
- Person # is a two-digit number assigned by the county to each recipient as part of a unique recipients identifier
- Enter 101 if the county does not wish to use this field.

Field G1: SPOUSE/PARENT – Required, Numeric
Length: 2
Description: Spouse/Parent – Indicates the status of the spouse or parent in terms of providing services. The parent code is used only when the IHSS recipient is under age 18. The RELA screen field is SPOUSE/PARENT.
Enter one of the following codes:

00 None
11 Spouse – able and available
12 Spouse – able/partially available due to employment, other unavoidable absence
13 Spouse – able/not available
14 Spouse – available/not able
15 Spouse – IHSS recipient
21 Parent – provides all services
22 Parent – provides some services
23 Parent – provides no services
24 Parent – IHSS recipient

Field G2: #HH – Required, Numeric
Length: 2
Description: Number in Household – The total number of people living in the recipient's household, including other IHSS recipients. Exclude recipient's non-IHSS children under 14 years of age. The RELA screen field name is # HH.

Field G3: # RCP – Required, Numeric
Length: 2
Description: Number of Recipients – The number of IHSS recipients in the household. The RELA screen field name is RCP.

Field G4: RES – Required, Numeric
Length: 2
Description: Residence – Code indicating the recipient's type of residence. The RELA screen field name is RES.

01	House	04	Hotel
02	Apartment	05	Other
03	Mobile Home		

Field G5: L/A – Required, Numeric
Length: 2
Description: Living Arrangement – Code indicating the recipient's living arrangement. The RELA screen field name is L/A.

01	Independent (Living alone or with Able and Available spouse only)		
02	Shared	04	Tenant/Landlord
03	Live-in provider	05	Board and room

Field G6: # ROOMS – Required, Numeric
Length: 2
Description: Number of Rooms – The number of rooms contained in the recipient's residence, include bathrooms. The RELA screen field name is ROOMS.

Field G7: YARD – Required, Alpha
Length: 1
Description: Yard – Circle Y (Yes) or N (N0) to indicate whether the recipient's residence has a yard. The RELA screen field name is YARD.

Field G8: WASHER/DRYER/STOVE/REFRIG – Required, Alpha
Length: 8
Description: Washer/Dryer/Stove/Refrigerator – Indicate the appliances in a recipient residence. Circle Y (Yes) or N (No) for each item. There are four separate fields on the RELA screen named WASH, DRY, STOVE, REFRIG. The RELA screen field accepts a Y (Yes) or N (No).

Untitled: ICT TO, Optional, Numeric
Length: 2
Description: Inter County Transfer TO – Allows the indication of the two digit county number to which the recipient case is being transferred. The RELA screen fields is ICT TO (B4).

Untitled: ICT FM, Optional, Numeric
Length: 10
Description: Inter County Transfer TO – Allows the indication of the ten-digit IHSS case number from which the recipient is being transferred. The RELA screen field is FM (B5)

Field H1: FUNCTIONAL LIMITATIONS – Required, Numeric
Length: 14
Description: Functional Limitations – Each listed item is to be given one numeric ranking indicating the recipient's functional limitation. ***Refer to the Uniformity Training Guide****, Assessment Standards, for more guidance to apply rankings.*

Description of Numeric Ranking

Rank 1	Independent – Able to perform functions without human assistance though client may have difficulty. However, completion of the task with or without a device poses no risk to his/her safety
Rank 2	Able to perform but needs verbal assistance such as reminding, guidance or encouragement
Rank 3	Can perform with some human help, i.e. direct physical assistance from the provider
Rank 4	Can perform with a lot of human assistance
Rank 5	Cannot perform function at all without human assistance
Rank 6	Paramedical services needed

Valid Ranks for Functional Limitations

HOUSEWORK (RELA field name HOUSE)	1	2	3	4	5	
LAUNDRY (RELA field name LNDRY)	1			4	5	
SHOPPING & ERRANDS (RELA field name SHOP)	1		3		5	
MEAL PREP & CLEANUP (RELA field name MEAL)	1	2	3	4	5	6
MOBILITY INSIDE (RELA field name MOBILITY)	1	2	3	4	5	
BATHING & GROOMING (RELA field name BATH)	1	2	3	4	5	
DRESSING (RELA field name DRESS)	1	2	3	4	5	
BOWEL, BLADDER & MENSTRUAL (RELA field name BB/M)	1	2	3	4	5	
TRANSFER (RELA field name TRANSFER)	1	2	3	4	5	
EATING (RELA field name EAT)	1	2	3	4	5	6
RESPIRATION (RELA field name BREATH)	1				5	6
MEMORY (RELA field name MEMORY)	1	2			5	
ORIENTATION (RELA field name ORIENT)	1	2			5	
JUDGMENT (RELA field name JUDGE)	1	2			5	

Field H2: FUNCTIONAL INDEX/FUNCTIONAL INDEX HOURS – System generated, Numeric
Length: 8 X.XX/XXX.X
Description: Functional Index – System generated number between 1 and 5 which indicates the relative need of a recipient for IHSS. Individual scores from Field H1, Functional Limitations, are weighted to provide the functional index ranking for each recipient.
Functional Index Hours – System generated sum of the Total Need Hours (Page 2, Column 2) considered in the Functional Index tasks. These are limited to the values indicated in the table below.
The RELA screen field names are INDEX and HOURS.

AA	Domestic Services	BB	Preparation of Meals
CC	Meal Cleanup	DD	Mending & Laundry

EE	Shopping for Food	FF	Other Shopping
HH	Respiration	II	Bowel & Bladder
JJ	Feeding	KK	Routine Bed Baths
LL	Dressing	MM	Menstrual Care
NN	Ambulation	OO	Moving In/Out of Bed
PP	Bathing	QQ	Rubbing Skin/Range of Motion
RR	Care & Assistance with Prosthesis/Medications		

Field H3: W/O IHSS – Required, Numeric
Length: 1
Description: Without IHSS – Rating of recipient's outcome with reduced services. The RELA screen field name is W/O IHSS. Indicate one of the following codes:

1 Recipient not at risk with services reduction
2 Recipient at risk with services reduction
3 Recipient will require out of home community care
4 Recipient will require out of home medical care
5 Recipient will become unemployed

Field H4: NEED PROVIDER – Required, Numeric
Length: 2
Description: Need Provider – Indicates whether IHSS recipient needs help to obtain a service provider. The RELA screen field name is NEED.

00 Recipient has own resources to obtain a provider
11 Recipient does need help to obtain a provider

Field H
Untitled: Provider to Recipient Relationship – ***SOC 293 Display Only***
Length: 3
Description: Indicates whether or not the Provider and Recipient have a one-to-one Relationship. If the Recipient is services by a single provider, 1:1 will print in the field right of the NEED PROVIDER FIELD. This indication pulls from the Provider Eligibility (PELG). If the field is blank, the recipient may be served by multiple providers.

On the RELA screen, there are two dates at the bottom of the screen under the FUNCTIONAL section. Format of the following fields is MMDDYYYY.

- DATE LAST CHANGED – The date the last change was made to any of the information that displays on the RELA screen.
- DATE ADDED – The date the 293 was keyed.

Field I1: SHARE OF COST / INDICATOR – Optional, Alphanumeric – The word INDICATOR is not printed in this field on the SOC 293.
Length: 8/1 Format: MMDDYYYY X
Description: **Share of Cost Date** – The effective date of a recipient's share of cost. The date may be mid-month for intake cases, but must be the first of the month thereafter. This date must be greater than or equal to the Share of Cost Benefit

Level Date which coincides with the recipient eligibility segment. See ***Section II-K - Share of Cost Benefit Level Updates*** for valid SOC dates. The RELB screen field name is SOC DATE.

- When a SOC COLA is processed the date will be updated if the case meets all other update conditions.

Indicator – To the right of the date the SOC IND must be entered. As of June 1, 2006 the only value allowed is **D** for any IHSS recipient case with an Aid Code 18, 28 or 68. CMIPS processes an automated share of cost computation when budget data is entered in the Source Income and Benefit Level fields. The RELB screen field name is IND.
Refer to Section V-B, Special Instructions, Share of Cost Computations - SOC 293

Field I2: LINK – Optional, Numeric
Length: 1
Description: Link – Enter the code indicating the recipient's income computation status and spouse/parent(s) linkage to Supplemental Security Income/State Supplemental Program (SSI/SSP) – Aged, Blind and Disabled. This field is required for an automated share of cost computation. The RELB screen field name is LINK.
Refer to Section V-B, Special Instructions, Share of Cost Computations - SOC 293.

1 IHSS Individual
2 IHSS individual/linked spouse – Both members of a couple are blind, disabled, or over 65. Disabled means receiving Social Security, SSI/SSP or Medi-Cal based on disability.
3 IHSS individual/non-linked spouse – Only one member of the couple is aged, blind or disabled.
4 IHSS individual/non-linked parent
5 IHSS individual/non-linked parents

Field I3: DEP – Optional, Numeric
Length: 2
Description: Dependents – The number of minor legal dependents with no income of their own to be considered in the automatic computation of countable income for an adult recipient with a non-linked spouse, or a child recipient whose parent(s) income must be considered. This field is required for automated share of cost computation. The RELB screen field name is #DEP.

The position of Fields I1 through L2 on the RELB screen differs from the SOC 293. However, the field names are consistent.

Field I4, J1, J2, K1, K2: SOURCE/INCOME/DEDUCT – Optional, Numeric
Length: 1, 8, 8 Format: X, XXXXX.XX, XXXXX.XX
Description: Source/Income/Deduct – Source and amount of deductions from income of the recipient, parent, or spouse. This field is required for automated share of cost computation. The RELB screen field names are SOURCE / INCOME / DEDUCT. ***Refer to Section V-B, Special Instructions, Share of Cost Computation – SOC 293.***

Source These codes indicate the source of the recipient's, spouse's, or

parent(s) gross income.

1	Retirement, Survivors, Disability Insurance (RSDI) – Recipient
2	Veteran's administration – Recipient
4	Railroad Retirement – Recipient
5	Other pension – Recipient
6	Other unearned – Recipient
7	Earned – Recipient
8	Unearned – Spouse/parent
9	Earned – Spouse/parent

Income Amount of gross income available to the recipient, spouse or parent.

Deduct Dollar amount of total income deductions other than the income exclusions. The allowable deductions in this category include:

- Any amount that a recipient pays for services that are an alternative to IHSS may be entered in the deduct field. This deduction should not exceed the IHSS cost for the same service(s).
- Impairment related work expenses and expenses for a Plan for Achieving Self-Support (PASS). These are work and training related programs for recipients.
- Standard income exclusions that are included in the automated share of cost computation are:

$20.00	Standard exclusion
$65.00	Earned income exclusion
One half remainder of income – Earned income exclusion	
$337.00	Needs of children/non-linked spouse
$674.00 or $1,011.00	Allowance for parent or parents

Field I5: COUNTABLE INCOME – Optional, Numeric

Length: 8 XXXXX.XX

Description: Countable Income – The sum of all net income available to recipient.

- For those recipients whose share of cost is automated, this field and the countable income will be system generated.
- The amount that has been manually computed (for those recipients whose countable income is not automated) must be entered in this field to enable the correct share of cost information on an automated Notice of Action.
- For a linked couple, both of whom are income eligible IHSS recipients, either divide that countable income by 2 or allocate the countable income in unequal portions, whichever is the most advantageous to the couple. Enter the sum in I5.

The RELB screen field name is CNTBLE INCOME. ***Refer to Section V-B, Special Instructions: Share of cost computation - SOC 293.***

Field J3: BENEFIT CODE/LEVEL – Optional, Numeric

Length: 2,8 Format: XX, XXXXX.XX

Description: Benefit Code/Level – This field indicates the SSI/SSP benefit code and level used to determine the recipient's share of cost. The RELB screen field name is

BNFT LVL allowing entry of a specific Benefit Code from which the Benefit Level will be auto-filled.

- The field includes both recipients who have countable income that is either automatically or manually computed
- For those recipients whose share of cost is automated, this field must have one of the following two digit codes entered.

Benefit Code		Benefit Level
01	Individual aged or disabled, own home	830.40
02	Individual blind, own home	885.40
03	Individual disabled minor, own home	737.40
04	Individual aged or disabled, household of another	609.17
05	Individual blind, household of another	664.17
06	Individual disabled minor, household of another	516.17
07	Individual aged or disabled, independent, living without cooking facilities	914.40
08	Couple aged or disabled, own home	1407.20
09	Couple both blind, own home	1554.20
10	Couple blind/aged or disabled, own home	1498.20
11	Couple aged or disabled, household of another	1075.33
12	Couple both blind, household of another	1222.33
13	Couple blind/aged or disabled, household of another	1166.33
14	Couple aged or disabled, independent, living without cooking facilities	1575.20

- Linked Couple – Both members of a couple are blind, disabled, or over age 65
- If one member of the linked couple is income eligible and the other receives SSI/SSP, is PCSP eligible, or has no need for any services, then use the appropriate code above (08-14) and the couple's income for the remaining member's share of cost computation.
- For a linked couple, both of whom are income eligible and need IHSS, enter the appropriate code below (15-21) for the partially automated share of cost computation, based on the countable income entered in Field I5.

Benefit Code		Benefit Level
15	Couple aged or disabled – own home, per person	703.60
16	Couple both blind – own home, per person	777.10
17	Couple blind/aged or disabled – own home, per person	749.10
18	Couple aged or disabled – without cooking facilities, person	787.60
19	Couple aged or disabled – household of another, per person	537.67
20	Couple blind – household of another, per person	611.17
21	Couple blind, aged or disabled – household of another, per person	583.17

Field K3: SHARE OF COST – System Generated, Numeric

Length: 8 XXXXX.XX

Description: Share of Cost – This field contains both the IHSS and MEDI-CAL Shares of Cost.

- The IHSS Share of Cost is the monthly amount of money to be paid by the recipient before IHSS services are paid. The RELB screen field is IHSS

SOC.

- When a SOC IND of "D" is entered in Field I1 combine with the entries in Fields I5 – COUNTABLE INCOME, and J3 – BENEFIT CODE/LEVEL, CMIPS will automatically calculate the IHSS SOC, displaying the calculated Share of Cost into the eligibility segment, fields M6, N6 or O6,
- If a SOC IND of "E" is entered in the I1, the IHSS SOC amount will not populate to the eligibility segments, Fields M6, N6 or O6.

- The MEDI-CAL Share of Cost is a display only field and is system filled from the MEDS SOC amount indicated on the MEDS Daily Response and Monthly Renewal. The amount shown may be updated each month as the MEDS eligibility and SOC are applied to CMIPS. The RELB screen field is MEDI-CAL SOC.

Field L1, L2: MODE/RATE/HOURS – Required, Alphanumeric
Length: 2,4,4 Format: XX, XX.XX, XXX.X
Description: Mode/Rate/Hours – Indicates service deliver mode, provider's pay rate, and authorized hours of service(s) for the recipient. ***Refer to Section V-B, Special Instructions: Changing Service Delivery Mode, Rate and Hours – SOC 293.***

Delivery Mode – Code indicates the type of service delivery of IHSS. The RELB screen field name is MODE.

IP Individual Provider
CC County contract, either private vendor or inter-agency agreement
HM County-employed homemaker

Hourly Rate of Pay – The rate of pay per authorized service hour for the type of delivery mode**.** The RELB screen field name is RATE.

- If this amount is not entered for individual providers, the system will default to the current county rate.
- If this amount is not entered for contract or county homemaker providers, the system will default to the contract or homemaker base rate.

Hours of Service by Delivery Mode – The hours of authorized service will be system generated unless there is a mixed mode service deliver. The RELB screen field name is HOURS.

- If there are two IP modes with different hourly rates, enter IP twice, the hourly rate and the hours of authorized service for one of them. The balance of the hours will be system generated.
- If there is a mixed mode of service deliver, enter both modes, the hourly rate for each (unless one or both are at the county base rate) and the hours of authorized service for one of them. The balance of hours will be system generated.

Field L3: RECOVERY – System generated, Numeric
Length: 6 Format: $X,XXX.XX
Description: Recovery – Indicates current, balance due by the recipient for prior overpayment(s). This field is system generated from entries on the OVER screen from the SOC 330 IHSS Overpayment Collection Transaction. The

field displays the sum of all A-Active Status OVER screen sequences. The RELB screen field name is RECOVERY.

Field: R STATE HEARING HRS – ***RELB Screen Display Only***
Length:
Description: This field does not currently accept data entry.

The next three lines (M, N and O) are monthly payment segments used when building or updating a recipient's payment eligibility period. The following explanation (M1 through M8) will cover all three eligibility segments. All fields in these segments are system-generated based on entries from the SOC 293. Exceptions may include months that are prorated more than 5 times or recipients who have more than two service delivery modes.

Field:
Untitled SEGMENT SELECT – ***RELB Screen Display Only***
Length: 1
Description: When an eligibility segment (M, N, or O line) displays prorated hours, typically because the cases has been was on L-Leave Status for a period during a month, the user may view the actual eligibility dates and hours by tabbing to the SEGMENT SELECT field and keying one of the following, then press <Enter> to process to the RELC which displays the grid hours and eligibility dates associated to the designated eligibility segment.

- 1 – M Line eligibility
- 2 – N Line eligibility
- 3 – O Line eligibility

If it is necessary to update a prorated segment, see ***Section V-B – Special Instructions, Reason Code 999.***

Fields M1,
N1, and O1: ACT – Optional, Alpha
Length: 1 Format: D
Description: Action – Field used by the service worker to indicate the eligibility segment to be deleted. Circle D next to the eligibility segment to be deleted. The RELB screen field name is ACT and always displays as blank.

Fields M2,
N2, and O2: BEGINNING DATE – System generated, Numeric
Length: 8 Format: MMDDYYYY
Description: Beginning Date – Date on which recipient begins receiving IHSS. System generated from entry in Field ZZ3. The RELB screen field is BEG DATE.

Fields M3,
N3 or O3: ENDING DATE – System generated, Numeric
Length: 8 Format: MMDDYYYY
Description: Ending Date – Date indicating the time-limited service, a reassessment is due, leave status, or a termination of service. System generated from entry in field ZZ4. The RELB screen field name is END DATE.

Fields M4,
N4 or O4: GROSS AMOUNT – System Generated, Numeric
Length: 6 Format: X,XXX.XX
Description: Gross Amount – RATE x HOURS = GROSS. The monthly amount authorized by the county to be paid for a recipient. This amount may be manually changed by the county if there is documented cause in the case record. The RELB screen field name is GROSS AMT.

Fields M5,
N5 or O5: MODE/RATE/HOURS – Optional or System generated, Alphanumeric
Length: 2/4/4 Format: XX/XX.XX/XXX.X
Description: Mode/Rate/Hours – Two service delivery modes, pay rates, and monthly service hours are applied to each segment. The system generated information from fields L1 and L2 may be manually overridden. The RELB screen field name is MODE/RATE/HOURS.

Mode – Indicates the mode of service delivery. The following may be used:

- IP – Individual Provider
- CC – County Contract
- HM - Homemaker

Rate – The hourly rate of pay for the indicated delivery mode

Hours – The monthly hours of service, purchased by the county, to be rendered to the recipient. NOTE: The hours displaying on RELB screen are hours after the 3.6 % reduction.

Fields M6,
N6 or O6: SHARE OF COST – Optional, Numeric
Length: 6 Format: XXXX.XX
Description: Share of Cost – Monthly amount of money determined by the county to be paid directly by the recipient. The RELB screen field name is SHR/COST. Two different share of cost figures, based on the mode, may be identified:

- Where the share of case is automated, these field will be system generated
- Where the share of case cannot be automated, Share of Cost documents must be completed and the results entered in fields M6, N6 or O6.
- For cases with mixed modes of service delivery, or the share of cost is to be paid to someone other than the Individual Provider (IP), Reason Codes 533 and 534 will prohibit Field K3, SHARE OF COST, from being system generated into Field M6.

Refer to Section V-B, Special Instructions, Share of Cost Computations – SOC 293.

Fields M7,
N7 or O7: TYPE – System Generated, Alpha
Length: 1
Description: Type – Designates the recipient's impairment level, determined from the service assessment hours based upon the Individual Assessed Need column of the IHSS needs assessment grid. The RELB screen field name is TYPE.

S A severely impaired recipient is one who has been assessed as

requiring 20 or more hours of (*) services on the Individual Assessed Need column of the IHSS needs assessment grid

N A non-severely impaired recipient is one who has been assessed as requiring less than 20 hours of starred (*) services on the Individual Assessed Need column of the IHSS needs assessment grid

C A "C" prints beneath the S or N, in the TYPE field, on the SOC 293, when a recipient is PCSP eligible. PCSP indication is system generated when a "Y" is entered in "PCP?" field in the ZZ field on the RELC Screen.

Blank PCSP eligible indicator default value "N"

Fields M8, N8 or O8: PAY OPT – System Generated, Alpha
Length: 2
Description: Pay Option – Refers to the way payment is made to either the recipient or the provider. The RELB screen field name is OPT.

P Payee is Provider (Arrears) – System default – occurs when no pay option is indicted in fields ZZ5 or ZZ6 and IP Mode is entered in fields L1 or L2

R Payee is Recipient (Advance) – Displays when a "Y" Yes is entered in field ZZ5 on the RELC screen.

M Restaurant Meal Allowance to Recipient – If Restaurant Meals have been authorized. Field ZZ6 on RELC will indicate "Y".

F Direct Deposit (EFT) – When recipient is Advance Payment and case has been authorized for Electronic Funds Transfer. Field ZZ5 on RELC will indicate "Y".

Field P1: APPLICATION DATE – Required, Numeric
Length: 8 Format: MMDDYYYY
Description: Application Date – The day the recipient requested IHSS. This date also indicates the date from which there has been continuous service activity. If a termination has occurred due to an interruption in service activity, change the application date to reflect the re-application date for IHSS. If a case is terminated or denied in error, the original application date should be used with an applicable 400 series NOA code(s). The RELB screen field name is APPLICATION DATE.

Field P2: REF – Required, Numeric
Length: 2
Description: Referral Source – Indicates the identity of the person or agency which contacted the county to begin a referral. The RELB screen field name is REF.

01	Self	21	Senior Day Care Center
02	Linkage Program	22	Senior Center
03	Multipurpose Senior Services Center	23	Law Enforcement
04	Adult Day Health Care Center	24	Spouse
05	Early Hospital Discharge (Diagnostically Related Group)	25	Adult Son

06	Preadmission Screening (Gatekeeper)	26	Adult Daughter
07	Reported Adult Abuse	27	Mother
08	County Social Service Worker	28	Father
09	County Eligibility Worker	29	Other Relative
10	Medi-Cal Review (AB 3398)	30	Friend
11	Physician	31	Neighbor
12	Mental Health Department	32	Conservator
13	Health Services Department	33	Guardian
14	Rehabilitation Department	34	Religious Organization
15	Regional Center	35	Nutrition Center
16	Hospital Discharge Planner	36	Social Security Administration
17	Skilled Nursing Facility Discharge Planner	37	Other Community Agency
18	Intermediate Care Facility Discharge Planner	38	Other
19	Community Care Facility	39	Unknown
20	Area Agency on Aging	40	Home Health Agency

Field P3: FACE TO FACE DATE – Required, Numeric
Length: 8 Format: MMDDYYYY
Description: Face to Face Date – The date a county worker had face-to-face contact with the recipient. The RELB screen field name is FACE/FACE DATE.

Field P4: COUNTY USE – Optional, Alphanumeric
Length: 25 Format: Free form entry
Description: County Use – For the county's individual use. The RELB screen field name is COUNTY USE.

Field Q1: D/O – Optional, Alphanumeric
Length: 2
Description: District Office – Two digit code indicating the office within a county responsible for the case. System defaults to 01. The RELB screen field name is DO#.

Field Q2: SERVICE WORKER NAME – System generated, Alphanumeric
Length: 20
Description: Service Worker Name – First name or Initial and Last name of service worker responsible for the case. There are two corollary RELB screen fields, F NAME and L NAME. System generated from entry in field Q3.

Field Q3: SW# - Required, Alphanumeric
Length: 4
Description: Service Worker Number – The number assigned, by the county, to the service worker responsible for this case. The RELB screen field name is #.

Field Q4: SERVICE WORKER PHONE # – Required, Numeric
Length: 10
Description: Service Worker Phone # – The telephone name of the service worker identified in fields Q2 and Q3. The RELB screen field name is PH#.

Fields R through T **do not display** on the RELB screen.

Field R: ALERT MESSAGE/NOA MESSAGE – System generated, Numeric
Length: 31
Description: Alert Message/Notice of Action Message – Codes for messages to the service worker and for messages on Notice of Action.

Alert Message	Codes used to transmit messages to the service worker about the recipient. Refer to Codes 001 through 299 for the actual message that conveys an action that may need to be taken by the service worker. ***Refer to Section V-E RELA, RELB and RELC Alerts for alert descriptions*.**
Notice of Action	Codes that reflect those messages printed on the recipient Notice of Action. Codes 300 through 399 are automated (system generate) messages; 400-599 are worker generated messages. ***Refer to Section V-F Notice of Action Message for code descriptions.***

Field S: AUTHORIZATION/DATE/REMARKS, Optional, Alphanumeric
Description: Authorization/Date/Remarks – Optional field for use by county personnel.

Field T: VALIDATION/DATE/REMARKS, Optional, Alphanumeric
Description: Validation/Date/Remarks – Optional field for use by county personnel.

Page 2 IHSS Service Assessment Grid

Top Row Description: LAST NAME & #/SEQ #/Fixed Column Headings
Top Row – Includes both system generated identifiers: Last Name, Recipient Number and Sequence Number, and the fixed column headings: Total Need, Adjustments, Individual Assessed Need, Alternative Resources, Auth To Be Purch, Unmet Need, and County Use. The RELC screen field names are SEQ# and SEG#.

Left Column Field AA through YY: Row Headings
Description: Row Headings – The row headings in the column (AA - YY) include all In-Home Supportive Services, which may be authorized for a recipient. Only those services with asterisks (* or **) are included in the computation of those 20 hours of service needs which determine if a recipient is severely impaired and eligible to receive benefits totaling the higher maximum payment and advance payment. The double asterisk (**) service is included in the 20 hours only when assistance with Feeding, Preparation of Meals, and Meal Cleanup are <u>all</u> required. The computation is based on the Individual Assessed Need hours. The RELC screen field names are AA – YY.

Shaded Areas: System Generated
Description: Shaded Area - The shaded areas of the IHSS assessment grid will be system-generated from those numbers entered in CMIPS. The service worker may

wish to complete preliminary computations by filling in the shaded areas; however, the system-generated totals will be the accepted hours and dollars from which the payment segments Fields M4 and M5, N4 and N5, and O4 and O5 will be computed. There are no corollary RELC fields.

The following descriptions of the top column headings apply to each of the services (AA - YY) listed in the left column.

Heading: TOTAL NEED – Optional, Numeric
Length: 5 Format: XXX.XX
Description: Total Need – Total hours of service needed by the household, rounded to the nearest hundredth. Service needs are weekly with the exception of the following monthly services. The RELC screen header name is NEED.

AA	Domestic Services	UU	Remove Grass, Weeds, Rubbish
GG	Heavy Cleaning	XX	Teaching Demonstration

Heading: ADJUSTMENT – Optional, Numeric
Length: 5 Format: XXX.XX
Description: Adjustments – Hours of service prorated between the recipient and other members of the household, rounded to the nearest hundredth, to be subtracted from Total Need because of a(n)

- Shared living arrangement
- Parent Provider
- Able/Available spouse
- Other IHSS recipient(s)
- Other Protective Supervision Recipient(s) – WW Row only

The RELC screen header name is ADJS.

Heading: INDIVIDUAL ASSESSED NEED – System Generated, Numeric
Length: 5 Format: XXX.XX
Description: Individual Assess Need – The recipient's total need for IHSS minus adjustments equals the Individual Assessed Need. This is considered the recipient's actual need that determines if he/she is severely impaired. The RELC screen field name is IND ND.

Heading: ALTERNATIVE RESOURCES – Optional, Numeric
Length: 5 Format: XXX.XX
Description: Alternative Resources – Hours, rounded to the nearest hundredth, which are not to be considered for purchase with IHSS funds because services are available from another source. Refused services are indicated in this field by preceding the hours with a negative (-) sign. The RELC screen field name is ALT.
Refer to Section V-B, Special Instructions for Refused Services – SOC 293.

Heading: AUTH TO BE PURCH – System Generated, Numeric
Length: 5 Format: XXX.XX
Description: Authorization to be Purchased – The total need for IHSS minus any adjustments, alternative resources, and refused services. The number of IHSS

hours to be authorized to be purchased for the recipient. If the total hours authorized to be purchased exceeds the allowable maximum, the excess hours will be displayed in the unmet need column on the printed 293 document for each service. On the RELC screen, the total excess hours will be displayed in field aa7 UNMET NEED. The RELC screen field name is PURCH.

Heading: UNMET NEED – System Generated, Numeric
Length: 5 Format: XXX.XX
Description: Unmet Need – This field will be system-generated with the service needs exceed the maximum authorized hours. The unmet need must be documented. This number represents the total amount of unmet need, prorated equally for each service authorized, except protective supervision that can have no unmet need. There is no associated RELC screen field name.

Heading: COUNTY USE – Reserved
Length: 5 Format: XXX.XX
Description: County Use – This column is reserved for future use. The RELC screen field name is CNTY USE.

Field ZZ1: NOA – Optional, Alphanumeric
Length: 1
Description: Notice of Action – Circle one to indicate where Notice of Action is to be sent. If an "M" is entered by the changes made are negative and the effective date is not timely, the "M" will be changed to a "C". The system can monitor a timely notice, so as to give the recipient a 13 day notice. Negative changes include a denial or termination, increase in the share of cost amount, or a decrease in total hours to be purchased. The RELC screen field name is NOA.
M – Mail to Recipient
C – Return to County
N – No Notice of Action

- If a C is entered and a NOA code is also entered, the NOA will come back to the service worker to enter added information such as the mailing date, dollar amount, etc
- If a Notice of Action is not timely (13 calendar days from date of entry) due to adverse action and M is circled, the system will print a question mark (?) under M and will print C - Return to County.
- Occasionally an M or C may have been circled, but the system was unable to complete a Notice of Action due to a change of birthdate, address or use of mode. The system will print a question mark (?) under M or C and print an N – No Notice of Action – because the action being taken does not meet the criteria for production of a NOA.

Refer to Section V-B, Special Instructions, Notice of Action Suppression - SOC 293.

Field ZZ2: RSN. CD. – Optional, Numeric
Length: 3/3/3/3 Format: XXX XXX XXX XXX
Description: Reason Codes(s) – Codes for actions described in Notice of Action that must

be generated by a service worker and cannot be automated. This field allows the entry of up to four, three-character, codes. The RELC screen field name is REASON CODE. ***Refer to Section V-F under Worker Generated Message for specific codes 400 through 600.***

Field ZZ3: BEGINNING DATE – Required, Numeric
Length: 8 MMDDYYYY
Description: Beginning Date – Date on which recipient begins receiving IHSS services or when there is a change. This date is system generated to the payment segment, Fields M2, N2 or O2. The RELC screen field name is BEGIN DATE.

Field ZZ4: ENDING DATE – Required, Numeric
Length: 8 MMDDYYYY
Description: Ending Date – Date indicating the last date of any of the following: a time limited service, a reassessment is due, leave, or a termination. This date is system generated to the payment segment fields M3, N3 or O3. The RELC screen field name is END DATE.

Field ZZ5: ADVANCE – Optional, Alpha
Length: 1
Description: Advance – Indicates the payee has requested and is eligible for advance payment. Advance Pay recipients must be Severely Impaired and non-PCSP. Circle Y (Yes) or N (No). If nothing is entered, the system defaults to "N. The RELC screen field name is ADVANCE?

Field ZZ6: MEAL ALLOW – Optional, Alpha
Length: 1
Description: Meal Allowance – Circle Y (Yes) if a restaurant meal allowance is to be paid to the recipient. A "Yes" response will cause the system to deduct BB – Preparation of Meals, CC – Meal Cleanup, and EE – Shopping for Food, and to enter the M indicator in Pay Option fields M8, N8 or O8. If nothing is circled, the system defaults to N (No). The RELC screen name is ALLOW?.

Field ZZ: PCSP INDICATOR – Optional, Alpha - ***RELC field display only***
Length: 1
Description: PCSP Indicator – Designates whether or not the recipient has been flagged as PCSP eligible. RELC field displays immediately to the right of Field ZZ6, ALLOW?. The RELC screen field name is PCP? Valid indicators are:

- N – No – System Default – recipient is not indicated as PCSP eligible. An "N" entry will override other entries on the SOC 293 to ensure the recipient is classified as a Residual IHSS case.
- Y – Yes – Indicates recipient as PCSP eligible. A "C" will print below the TYPE, Field M7, N7 or O7, TYPE, on the SOC 293.

Fields aa1 through aa5, all part of MONTHLY HRS. AUTHORIZED, illustrate how hours of service authorized are computed.

- These fields may be completed by the service worker to determine the hours of service to be authorized and to ascertain if maximums have been exceeded, unmet need exists, eligibility continues, and/or share of cost will exceed needs assessment.
- There will be a system-generated computation reflected in Fields M5, N5, O5, and aa5 or aa6.

Field aa1: WKLY. HRS. – System generated, Numeric
Length: 5 Format: XXX.XX
Description: Weekly Hours – Sum of Authorized to be Purchased weekly hours. This computation does not include AA- Domestic Services, GG – Heavy Cleaning or UU – Removal Grass, Weeds, Rubbish. The RELC screen field name is WEEKLY.

Field aa2: MEAL HRS (BB+CC+EE) – System Generated, Numeric
Length: 1 Format: XXX.XX
Description: Meal Hours (BB+CC+EE) – Sum of BB – Preparation of Meals, CC – Meal Cleanup, and EE – Shopping for Food. This sum will be deducted from Field aa1 if the recipient elects to receive Restaurant Meal Allowance. The RELC screen field name is MEAL. For Field aa2, the total of BB, CC and EE can be manually computed if the service worker wishes. However, there will be an automatic computation to assure BB, CC and EE are subtracted from the total if the recipient elects to receive a Restaurant Meal Allowance.

Field aa3: X 4.33= – System Generated, Numeric
Length: 5
Description: X 4.33= – The system multiplies the total weekly hours by 4.33 to determine the monthly service hours. The RELC screen field appears as *4.33.

Field aa4: MO. HRS. – System Generated, Numeric
Length: 5 Format: XX.XX
Description: Monthly Hours – Total monthly hours including AA – Domestic Services, GG – Heavy Cleaning, and UU – Remove Grass, Weeds, Rubbish. The RELC screen field name is MONTHLY.

Field aa5: TOTAL – System generated, Numeric
Length: 6 Format: XXX.XX
Description: Total – Sum of the converted weekly hours and the monthly hours representing the total IHSS hours for the recipient. The RELC screen field name is TOTAL. NOTE: Assessed hours prior to 3.6% reduction.

Field aa6: AB1612 – System generated, Numeric - ***RELC field display only***
Length: 5 Format: XX.XX
Description: 3.6% Reduction Hours – The number of hours reduced for the mandated reduction beginning February 1, 2011.

Field aa7: NET HRS – System generated, Numeric - ***RELC field display only***
Length: 6 Format: XXX.XX
Description: The total hours after the reduction but before the unmet need calculation.

Field aa8: PURCHASE – System generated, Numeric
Length: 5 Format: XX.XX
Description: Purchase – Monthly IHSS hours minus the unmet need hours (if applicable) authorized for a recipient. These hours display in Fields M5, N5 or O5 (rounded to the nearest tenth). The RELC screen field name is PURCHASE.

Field aa9: UNMET NEED – System Generated, Numeric
Length: 5 Format: XX.XX
Description: Unmet need – Hours of services in excess of IHSS benefit maximums. The RELC screen field name is UNMET NEED.

Special Instructions

This section provides additional and/or special instructions relating to the SOC 293.

Table of Contents

Subject **Page V-B**

Special Instructions 1
I. Producing a Reprint of the Most Recent – SOC 293 2
II. Producing a Reprint of the Most Recent Notice of Action – NOA 3
III. Deletion of a Recipient Case 4
IV. Changing Service Delivery Mode, Rate, and Hours – SOC 293 5
V. Production/Suppression of a Notice of Action – NOA 9
VI. Line WW – Protective Supervision 10
VII. Mixed Mode Eligibility Segments 17
VIII. Share of Cost Computations – SOC 293 19
IX. Refused Services 26
X. IHSS Disaster Preparedness Assessment Plan 27
XI. Address Verification Screen 34
XII. Person List Screen 36
XIII. Service Worker Add/Changes 39
XIV. Reason Code 999 40
XV. CIN Processing Instructions 41
XVI. Inter-County Transfer 45

I. Producing a Reprint of the Most Recent – SOC 293

A. To request a "Reprint" of the most recent SOC 293 access the Recipient Personal Data (RELA) Screen in a change "C" mode. (Accessing the RELA screen is described in this Chapter, Section C.)

B. The first accessible field on the displayed RELA screen; is the REPRINT field. To request a reprint of the document, enter "Y" in the field and press <**Enter**>.

Example:

```
THIS   RELA    C   9999999999
NEXT RELB      C   9999999999

     REPRINT   Y
```

C. Each night CMIPS processes a batch job to print the SOC 293 forms. The SOC 293 Turn-Around Document (TAD) will print the following day.

Reprint Facts:

1. Only the most recent SOC 293 can be reprinted.
2. The reprint field displays an "X" until the nightly batch job runs.
3. The system does not generate a Notice of Action (NOA) for a reprinted SOC 293.
4. If the recipient has a provider coded as a one-to-one provider (1:1), a SOC 311 will also be generated when the SOC 293 is reprinted.
5. If a reprint is requested in error and the "X" still displays in the REPRINT field on the RELA. To cancel a reprint request access the RELA in the "C" mode, enter an "N" in the REPRINT field, then press <**Enter**>.

II. Producing a Reprint of the Most Recent Notice of Action – NOA

The most recent NOA generated may be reprinted by using the REPRINT Field on the RELA screen. Access the RELA Screen as explained in Section V-C of this Manual.

A. NOA Reprint Request

1. Enter "A" in the REPRINT field and press <**Enter**>. The NOA will be reprinted the next day in the regular print cycle. The top of the reprinted NOA will display "NOA REPRINT MM/DD/YY" (the date the reprint request was entered on CMIPS). The REPRINT field will toggle to "N" the next day, ready for the next SOC 293 or NOA reprint request.
2. The NOA reprint request does not block other changes to the RELA, B, or C as is the case when requesting a reprint of the SOC 293. Changes can be made and a 293 and new NOA can be generated in addition to reprint.
3. An on-line error message "NOA NOT FOUND, REPRINT REQ IGNORED" is displayed on RELA if CMIPS does not find a previous NOA. If not displayed, the reprint request was successful.

B. Reprint Requests for Both the SOC 293 (TAD) and NOA

It is possible to request a reprint of both the SOC 293 and the NOA on the same day. The request may be in any sequence since the field does double duty, but the order in which the entry is made will affect the display in the REPRINT field. Either sequence will produce a SOC 293 TAD and a NOA reprint and will prevent changes to the RELA, B, or C until the next day.

1. If the NOA reprint is requested first, enter an "A" in the REPRINT field and press <**Enter**>. The RELA screen will display an "A" in the REPRINT field. Then enter a "Y" for the SOC 293 reprint request and press <**Enter**>. The RELA screen will display a Y in the REPRINT field.
2. If the SOC 293 reprint is requested first, enter a "Y" in the REPRINT field and press <**Enter**>. The RELA screen will display a "Y" in the REPRINT field. Then enter an "A" for the NOA reprint request and press <**Enter**>. A "Y will continue to be displayed in the REPRINT field of the RELA screen.

   A successful NOA reprint request will trigger the following on-line message on RELB: "NOA PRINT O.K.; NO CHANGES ALLOWED". This message informs the user that the reprint request was successful, and because a SOC 293 reprint was also requested, no other changes to RELA, B, or C may be made until the next day.

   To cancel a reprint request access the RELA in the "C" mode, enter an "N" in the REPRINT field, then press <**Enter**>.

III. Deletion of a Recipient Case

CMIPS allows the deletion of a recipient record that was incorrectly added as long as the following criteria are met:

A. The date that the recipient record was added to the system (creation date of sequence #1) is no more than 30 days prior to the deletion date. If the recipient was added more than 30 days prior to the deletion date and no payment or adjustment transactions are associated with any of the recipient's providers (PSUM), contact the State Contractor for assistance.

B. No payments have been made against the case record. The associated provider's PSUM screen has no associated payment or adjustment transactions.

If the above conditions are met, follow the steps listed below to delete the incorrect recipient case:

On the NEXT line, key **RELA**, **D** – Action, followed by the ten digit case number and then press <**F8**>.

```
      THIS RELA D 9999999999       ENTER TO CONFIRM DELETE
      NEXT RELB D 9999999999

  CIN 99999999X9 REPRINT X
A SEQ#  999  AID 99   SSN 999 - 99 - 9999    SEX X      BIRTH DATE 99999999
B LAST NAME XXXXXXXXXXXXXXXXX FIRST XXXXXXXXXXXXX MI X
C ST XXXXXXXXXXXXXXXXXXXXXXXXXXXXX CY XXXXXXXXXXXXXXXXXXX ST CA Z 99999 9999
D PHONE # ( 999 ) 999 - 999 DP XXXX     GUARDIAN
E ST                                CY                      ST    Z

F STATUS INS DATE   CITIZEN  ETHNIC  LANG  OTH/COV  SSNV   HIC./R.R. #    FBU #
    X
G SPOUSE/PARENT   # HH    RCP    RES  L/A  ROOMS  YARD  WASH  DRY  STOVE  REFIG


                   F U N C T I O N A L   L I M I T A T I O N S
H HOUSE  LNDRY  SHOP  MEAL  MOBILITY  BATH  DRESS  BB/M  TRANSFER  EAT  BREATH


                         F U N C T I O N A L
H MEMORY  ORIENT  JUDGE      INDEX     HOURS    W/O IHSS  NEED PROV
                              0.00       0.0
  DATE LAST CHANGED 99/99/9999          DATE ADDED 99/99/9999
F03=EXIT F04=CINV F05=CIN UPDATE F08=NEXT
```

Fig. V-B- 1 – RELA displays when deletion is keyed

The RELA screen displays THIS RELB D 9999999999 (ten digit case number) and the online edit message "ENTER TO CONFIRM DELETE".

To cancel the delete process, press **PF8**

To complete the delete, press <**Enter**>. All fields clear and CMIPS displays the online edit message, "RECIPIENT CASE WAS NOT FOUND".

IV. Changing Service Delivery Mode, Rate, and Hours – SOC 293

The IHSS recipient's mode of service delivery may be changed at the beginning of a month, or mid-month. It may also be necessary to change the service delivery rate and/or hours.

SOC 293 Documentation

The following changes may be indicated on the recipients SOC 293. The service delivery mode, rate, and hours are in Fields L1 and L2. Changing service delivery modes may affect the assessment grid. If it is certain that the changes will not affect the assessment grid, the NOA can be suppressed by circling the N on field ZZ1 of the SOC 293. The BEGINNING DATE for each service delivery mode change should be indicated in Field ZZ3

Updating CMIPS

A. First of the Month Change

Changing a service delivery mode effective the beginning of a month requires changes in Fields L1 on RELB and fields ZZ1 and ZZ3 on RELC.

1. If the recipient will be changed from an "IP" to a "CC" or "HM" mode effective the first of the month:
   a. Access RELB in "C" mode
   b. Enter "CC" or "HM" in Field L1 MODE
   c. Enter appropriate hourly rate of pay in Field L1 RATE
   d. Field L1 HOURS may be left blank, system will generate hours
   e. Press <**Enter**> to process transaction
   f. Enter indicated NOA code in Field ZZ1
   g. Enter the new BEGINNING DATE in Field ZZ3
   h. Verify and update as necessary the ENDING DATE in Field ZZ4
   i. Press <**Enter**> to process the transaction
2. If the recipient changes from an "IP" and "HM" or "CC" mixed mode to an "IP" mode effective the first of the month.
   a. Access RELB in "C" Change mode
   b. Enter "IP" in Field L1 MODE
   c. If the hourly rate is different from County Default Rate, enter it in Field L1 HOURS, otherwise leave blank and system assigns
   d. Clear indication in Field L1 HOURS, generated by system
   e. Enter indicated NOA code in Field ZZ1
   f. Enter the new BEGINNING DATE in Field ZZ3.
   g. Verify and update as necessary the ENDING DATE in Field ZZ4

h. Press <**Enter**> to process the transaction

3. If the recipient will be changed from a "CC" mode to a "CC and "IP" mixed mode effective the first of the month. NOTE – on a Mixed Mode case one of the HOURS fields must be filled. CMIPS will calculate the other modes hours, when one is entered.

   a. Access RELB in "C" Change mode

   b. Verify the rate of pay for CC mode in Field L1 RATE

   c. Enter the "CC" hours in Field L1 HOURS

   d. Enter "IP" in Field L2 MODE

   e. If the hourly rate is different from County Default Rate, enter it in Field L1 HOURS, otherwise leave blank and system assigns

   f. Leave Field L2 HOURS blank, system will generate correct hours

   g. Enter indicated NOA code in Field ZZ1

   h. Enter the new BEGINNING DATE in Field ZZ3.

   i. Verify and update as necessary the ENDING DATE in Field ZZ4

   j. Press <**Enter**> to process the transaction

B. Mid-Month Change

Changing service delivery modes mid-month may require two actions to change a recipient from one service delivery mode to another, effective mid-month:

- For the month in which the mode changes, the case must be treated as a mixed mode.
- The next month must then be changed to reflect a single service delivery mode.

Changing delivery modes mid-month can be done in a one or two-day process. If the assessment grid will be affected, the two-day process must be used to generate a correct Notice of Action.

1. Example # 1 - The recipient was changed from a "CC" to an "IP" mode effective the 10th of the month. The contractor served thirty-two and 3/10 hours during the first nine days of the month.

   <u>First Day</u>

   a. Access RELB in "C" mode

   b. Verify Field L1 MODE is "CC"

   c. Verify Field L1 RATE is correct "CC" rate

   d. Enter 32.3 hours in Field L1 HOURS

   e. Enter Field L2 MODE, enter "IP"

   f. Leave Field L2 RATE blank to default to current County Default Rate. If a different rate is to used, enter rate in Field L2 RATE.

   g. Field L2 HOURS will be system generated.

h. Press <**Enter**> to process transaction.

i. Edit "MODE CHANGE, ENTER NEW RATE" displays

j. Press <**Enter**> to process transaction

k. Edit "PLEASE VERIFY RATE HIT ENTER TO CONTINUE" displays

l. Press <**Enter**> to process to RELC

m. Enter indicated NOA code in Field ZZ1

n. Enter the new BEGINNING DATE in Field ZZ3.

o. Verify and updates as necessary the ENDING DATE in Field ZZ4

p. Press <**Enter**> to process the transaction

Second Day or Same Day if NOA was suppressed

a. Delete Fields L1 MODE, RATE and HOURS

b. Press <**Enter**> to process the changes

c. Edit, "PLEASE VERIFY RATE HIT ENTER TO CONTINUE" displays

d. Press <**Enter**> to process to RELC

e. Enter indicated NOA code in Field ZZ1

f. Enter the new BEGINNING DATE in Field ZZ3.

g. Verify and updates as necessary the ENDING DATE in Field ZZ4

h. Press <**Enter**> to process the transaction

2. Example 2 – The recipient was changed from a straight IP to an IP and 4.0 hours of CC mode effective the January 10, 2002. There was also a change in the grid hours.

First Day

a. Access RELB in "C" Change mode

b. Enter the 4.0 (CC) hours in Field L1 HOURS

c. Enter "IP" in Field L2 MODE

d. Leave Field L2 RATE blank to default to current County Default Rate. If a different rate is to used, enter rate in Field L2 RATE.

e. Field L2 HOURS will be system generated

f. Press <**Enter**> to process transaction.

g. Edit "MODE CHANGE, ENTER NEW RATE" displays

h. Press <**Enter**> to process transaction

i. Edit "PLEASE VERIFY RATE HIT ENTER TO CONTINUE" displays

j. Press <**Enter**> to process to RELC

k. Enter indicated NOA code in Field ZZ1

l. Enter the new BEGINNING DATE in Field ZZ3.

m. Verify and updates as necessary the ENDING DATE in Field ZZ4

n. Press <**Enter**> to process the transaction

If the mixture of hours for the CC and IP modes is to be changed the first of the following month (02/01/02 in this example), follow the instructions described previously in this section.

If a mixed mode case is to be placed on leave or terminated, constant hours for one type of service mode must be manually calculated by the service worker and entered on line L1. The system will default all remaining hours to the other mode.

V. Production/Suppression of a Notice of Action – NOA

At least one of the conditions in each of the two categories below must be true, or no Notice of Action will be produced. If this happens, an "N" for No Notice will be plugged into the Notice Code (Field ZZ2) along with a "?" under the NOA Code selected by the service worker on the SOC 293 TAD.

A. Field ZZ1

If the worker circles the NOA Code "M" or "C", a Notice of Action will be produced and mailed to the recipient (M) or returned to the county (C). The default for the field is "M" if the worker does not make an entry in the field.

B. A Notice of Action will be produced only if:

1. Status (Field F1) is changed.
2. Countable Income (Field I5) is changed.
3. Benefit Level Amount (Field J3) is changed.
4. Total Needs, Adjustments, Alternative Resources, or Refused Services for Fields AA-YY are changed.
5. Purchase Hours in Fields AA-YY are changed on assessment.
6. From and/or To Dates (Fields ZZ3 and ZZ4) are changed on assessment grid.

C. If the changes made are negative and the effective date is not timely, the "M" entered will be changed to "C". The system can monitor a timely notice, which is one that gives the client a 13 day notice. Negative changes include a denial or termination, increase in the share of cost amount, or a decrease in total hours to be purchased.

VI. Line WW – Protective Supervision

- The following instructions allow manually computation of protective supervision authorization.

A. Important Concepts

1. A 24-hour need exists for Protective Supervision – 24 hours x 7 days = 168 hours per week. The total need for Protective Supervision will always be 168 hours per week.
2. The recipient or representative has shown that a 24 hour per day need for Protective Supervision **can** be met. There is **never** an unmet need for Protective Supervision – the Unmet Need column on the SOC 293 is always zero (0).
3. The social worker must ascertain if a recipient is SI or NSI (see ***Section II-F – Glossary*** for definitions) before determining how many Protective Supervision/IHSS hours a recipient is eligible to receive.
4. Total hours authorized for purchase for an **IHSS Plus Waiver** or **Residual** recipient
   a. NSI recipients allowed up to 195 hours (45.03 hours weekly)
   b. SI recipient are allowed up to 283 hours (65.36 hours weekly)
5. Total hours authorized for purchase for a PCSP recipient
   a. PCSP doesn't limit total authorized hours based on impairment level. All PCSP recipients are eligible for up to 283 hours.
   b. A NSI PCSP recipient can only have a total of 195 hours a month (45.03 weekly) of protective supervision
   c. A SI PCSP recipient can have a total of 283 hours a month (65.36 weekly) authorized to be purchased, with as much of the 283 hours as necessary scheduled for Protective Supervision.
6. If a client is the only recipient of IHSS in the household, or lives with another non-Protective Supervision IHSS recipient:
   a. No need for Protective Supervision exists during the time the provider is in the home to provide **other** IHSS services.
   b. The Adjustment column on the SOC 293 will be the total of all other authorized services to the household.
7. When two or more recipients of IHSS services are living together and both require Protective Supervision, the need shall be treated as a common need and prorated accordingly.
8. General strategy for alternative resources
   a. Calculate actual hours of Alternative Resources
   b. Compare to "calculated" amount (amount you would enter in Box D if client did not receive Alternative Resources)
   c. Use the larger of the two figures in Box D

B. Line WW on the SOC 293 – General Process

The following are some calculation guidelines and general "rules" for entries on the WW Protective Supervision line.

ROUNDING

- The SOC 293 requires hours to be entered with two decimal points
- Final output is rounded to one decimal point (lines aa, M, N and O)
- All numbers shown in these instructions are rounded to two decimal points with any numbers beyond two decimals dropped.

IMPORTANT NUMBERS TO REMEMBER

- 195 hours monthly = 45.03 hours weekly
- 283 hours monthly = 65.36 hours weekly
- 283 hours – 195 hours = 88 hours
- 88 hours monthly = 20.32 hours weekly
- 65.36 hours – 45.03 hours = 20.33 hours
- (Which is close to 20.32 hours; the difference is rounding but it means the same thing.)
- 6.00 hours monthly÷4.33 = 1.38 hours weekly
- 5.00 hours monthly÷4.33 = 1.15 hours weekly
- 4.00 hours monthly÷4.33 =0.92 hours weekly
- 3.00 hours monthly÷4.33 =0.69 hours weekly
- 2.00 hours monthly÷4.33 =0.46 hours weekly
- 1.00 hour monthly÷4.33 = 0.23 hours weekly

TO COMPUTE PROTECTIVE SUPERVISION HOURS

If client is NSI and IHSS Plus Waiver or Residual:

- Subtract number in Box B from 45.03

If client is NSI and PCSP:

- And the number in Box B is less than 20.32, put 45.03 in Box E – (Do not subtract number in Box B)
- Or the number in Box B is more than 20.32, compute as if client were SI, that is, subtract number in Box B)

If client is Severely Impaired:

- Subtract number in Box B from 65.36

Specific entries for the WW, Protective Supervision line are as follows:

- Box A, **Total Need** - always 168 hours
- Box B, **Adjustments** – total of all other authorized hours. Convert all monthly authorized hours to weekly hours by dividing by 4.33.
- Box C, **Individual Assessed Needs** – Subtract amount in Box B from amount in Box A (A - B).
- Box D, **Alternative Resources** – Subtract amount in Box E from amount in Box C (C – E)

- ❑ Formal Alternative Resources include:
  - ➢ Adult Day Health Care Centers
  - ➢ School
  - ➢ Sheltered Workshop
  - ➢ Adult Day Care or Adult Day Support Centers
- ❑ Informal Alternative Resources
  - ➢ Voluntary Protective Supervision by an unpaid relative, neighbor or friend

- Box E, **Auth to be Purchased** – Usually (not always) equals
  - ❑ IHSS Plus Waiver or Residual and NSI = 45.03 (195 hours monthly) – B
  - ❑ All SI = 65.36 (283 hours monthly) – B
  - ❑ PCSP and NSI = 195 Protective Supervision hours + all other IHSS hours up to a maximum of 283 hours. If client has more than 88 monthly hours (20.32 weekly hours) of other IHSS services, they will receive maximum of 283 hours (65.36 weekly)
- Box F, **Unmet Need** – Zero (unmet need always equals zero).

	A	B	C	D	E	F	
	Total Need	**Adjust ments**	**Individual Assessed Need**	**Alternative Resources**	**Auth to be Purchased**	**Unmet Need**	**County Use**
WW Protective Supervision	Always 168.00	Sum Weekly Hours	A – B	C – E	45.03 – B or 65.36 – B	Always Zero	

C. Below are the calculations for different situations with only one IHSS client in the home.

1. IHSS Plus Waiver or Residual NSI client is authorized 3.00 hours per month Domestic and 15.00 hours per week of other tasks.
   - Box A = 168.00
   - Box B = 15.69 (15 +.69 [3.00÷4.33 = .69])
   - Box C = 168.00 – 15.69 = 152.31
   - Box D = **<u>152.31 – 29.34 = 122.97</u>**
   - Box E = 45.03 - 15.69 = 29.34
   - Box F = Zero (Unmet Need is always zero)

	A	B	C	D	E	F	
	Total Need	**Adjust ments**	**Individual Assessed Need**	**Alternative Resources**	**Auth to be Purchased**	**Unmet Need**	**County Use**
WW Protective Supervision	168.00	15.69	152.31	122.97	29.34	Zero	

2. SI client is authorized 6.00 hours per month Domestic and 35.00 hours per week of other tasks.
   - Box A = 168.00
   - Box B = 36.38 (35 + 1.38 [6.00 ÷ 4.33 = 1.38])

- Box C = 168 – 36.38 = 131.62
- Box D = **<u>131.62 – 28.98 = 102.64</u>**
- Box E = 65.36 – 36.38 = 28.98 (use 65.36 because client is SI)
- Box F = Zero (Unmet Need is always zero)

	A	B	C	D	E	F	
	Total Need	**Adjust ments**	**Individual Assessed Need**	**Alternative Resources**	**Auth to be Purchased**	**Unmet Need**	**County Use**
WW Protective Supervision	168.00	36.38	131.62	102.64	28.98	Zero	

3. NSI PCSP client is authorized 3.00 hours per month Domestic and 15.00 hours per week of other tasks.

- Box A = 168.00
- Box B = 15.69 (15.00 + .69 [3.00 ÷ 4.33 = 0.69])
- Box C = 168 – 15.69 = 152.31
- Box D = **<u>152.31 – 45.03 = 107.28</u>**
- Box E = 45.03 (The number in box B is less than 20.32 so 45.03 is entered in Box E.)
- Box F = Zero (Unmet Need is always zero)

	A	B	C	D	E	F	
	Total Need	**Adjust ments**	**Individual Assessed Need**	**Alternative Resources**	**Auth to be Purchased**	**Unmet Need**	**County Use**
WW Protective Supervision	168.00	15.69	152.31	107.28	45.03	Zero	

4. NSI PCSP client is authorized 6.00 hours per month Domestic and 19.50 hours per week of other tasks.

- Box A = 168.00
- Box B = 20.88 (19.50 + 1.38 [6.00 ÷ 4.33 = 1.38])
- Box C = 168 – 20.88 = 147.12
- Box D = **<u>147.12 – 44.48 = 102.64</u>**
- Box E = 65.36 – 20.88 = 44.88 (The number in Box B is more than 20.32 so treat like a SI client and subtract the number in Box B from 65.36.)
- Box F = Zero (Unmet Need is always zero)

	A	B	C	D	E	F	
	Total Need	**Adjust ments**	**Individual Assessed Need**	**Alternative Resources**	**Auth to be Purchased**	**Unmet Need**	**County Use**
WW Protective Supervision	168.00	20.88	147.12	102.64	44.48	Zero	

5. NSI PCSP client is authorized 3.00 hours per month Domestic and 11.20 hours per week of other tasks. She attends ADHC 6 hours per day, 3 days per week and is on the ADHC van an additional 45 minutes each way.
   - Box A = 168
   - Box B = 11.89 (11.20 + .69 [3.00 ÷ 4.33 = 0.69])
   - Box C = 168 – 11.89 = 156.11
   - Box D = **156.11 – 45.03 = 111.08**
   - Box E = 45.03
   - Box F = Zero (Unmet Need is always zero)

	A	B	C	D	E	F	
	Total Need	**Adjust ments**	**Individual Assessed Need**	**Alternative Resources**	**Auth to be Purchased**	**Unmet Need**	**County Use**
WW Protective Supervision	168.00	11.89	156.11	111.08	45.03	Zero	

6. NSI PCSP client is authorized 3.00 hours per month Domestic and 11.20 hours per week of other tasks. She lives with her daughter who is willing to provide Protective Supervision voluntarily when she is home from work. She works 6 hours per day, 5 days per week, and commutes an additional 30 minutes (one-way) per day.
   - Box A = 168
   - Box B = 11.89 (11.20 + .69 [3.00 ÷ 4.33 = 0.69])
   - Box C = 168 – 11.89 = 156.11
   - Box D **= 6.00 + .50 + .50 = 7.00 x 5 = 35.00. 168.00 – 35.00 = 133**
   - Box E = 156.11 – 133.00 = 23.11
   - Box F = Zero (Unmet Need is always zero)

	A	B	C	D	E	F	
	Total Need	**Adjust ments**	**Individual Assessed Need**	**Alternative Resources**	**Auth to be Purchased**	**Unmet Need**	**County Use**
WW Protective Supervision	168.00	11.89	156.11	133.00	23.11	Zero	

D. Below are the calculations for different shared living situations

Remember:

- When two or more recipients are living together and both require Protective Supervision, the need shall be treated as a common need and prorated accordingly.
- Authorized IHSS for all housemates is included in the client's adjustments (Box B)
- Use prorated share of any housemate(s)'s Total Need for Protective Supervision instead of other authorized services, if applicable
- If more than two non-related housemates are receiving Protective Supervision, consider the possibility that the situation is really a Board and Care/Residential Care Facility (whether licensed or not)

1. IHSS Plus Waiver or Residual NSI client is authorized 2.00 hours per month Domestic and 5.65 hours per week of other tasks. She has a housemate who receives 2.00 hours per month Domestic and 22.35 hours per week of other tasks. The housemate does not need Protective Supervision.
   - Box A = 168
   - Box B = 28.92 (5.65 + 22.35 + .92[2.00 + 2.00 = 4.00 ÷ 4.33 = .92])
   - Box C = 168 – 28.92 = 139.08
   - Box D = **139.08 – 38.92 = 100.16**
   - Box E = 38.92 (5.65 + .46 [2.00 ÷ 4.33 = .46] = 6.11. 45.03 – 6.11 = 38.92)
   - Box F = Zero (Unmet Need is always zero)

	A	B	C	D	E	F	
	Total Need	**Adjust ments**	**Individual Assessed Need**	**Alternative Resources**	**Auth to be Purchased**	**Unmet Need**	**County Use**
WW Protective Supervision	168.00	28.92	139.08	100.16	38.92	Zero	

2. Two SI clients in the household – both need Protective Supervision. Mrs. Jones is authorized 3.00 hours per month Domestic and 27.33 hours per week of other tasks. Mr. Jones is authorized 3.00 hours per month Domestic and 25.00 hours per week of other tasks.

   Mrs. Jones
   - Box A = 168
   - Box B = 112.02 (27.33 + 84.00 + .69 [3.00 ÷ 4.33 = .69])
   - Box C = 168.00 – 112.02 = 55.98
   - Box D = **55.98 – 37.34 = 18.64**
   - Box E = 37.34 (27.33 + .69 [3.00 ÷ 4.33 = .69] = 28.02. 65.36 – 28.02 = 37.34
   - Box F = Zero (Unmet Need is always zero)

	A	B	C	D	E	F	
	Total Need	**Adjust ments**	**Individual Assessed Need**	**Alternative Resources**	**Auth to be Purchased**	**Unmet Need**	**County Use**
WW Protective Supervision	168	112.02	55.98	18.64	37.34	Zero	

   Mr. Jones
   - Box A = 168
   - Box B = 109.69 (25.00 + 84.00 + .69 [3.00 ÷ 4.33 = .69])
   - Box C = 168.00 – 109.69 = 58.31
   - Box D = **58.31 – 39.67 = 18.64**
   - Box E = 39.67 (25.00 + .69 [3.00 ÷ 4.33 = .69] = 25.69.
   - 65.36 – 25.69 = 39.67)
   - Box F = Zero (Unmet need is always zero)

	A	B	C	D	E	F	
	Total Need	**Adjust ments**	**Individual Assessed Need**	**Alternative Resources**	**Auth to be Purchased**	**Unmet Need**	**County Use**
WW Protective Supervision	168	109.69	58.31	18.64	39.67	Zero	

VII. Mixed Mode Eligibility Segments

For entry purposes on the SOC 293, a case is considered mixed mode when:

- A recipient is receiving services through more than one delivery mode, such as CC and IP.
- A recipient has an IP delivery mode but hours are paid at different rates, such as one IP paid $7.75 per hour and another paid $7.50 per hour.
- A recipient has a service delivery mode change mid-month, such as from IP to HM. (This is considered a mixed mode for one month only.)

Lines M, N, and O (referred to as MNO hereafter) on the SOC 293 will accommodate mixed mode cases. Following are descriptions of how MNO segments may be impacted:

A. Field MNO4, GROSS AMOUNT:

1. Change MNO4, GROSS AMOUNT, only if adjusting for increased payments such as split shift.
2. Manual changes to the gross amount are permitted in the IP and CC modes. Normally IP changes are to account for split shift hours.
3. On the TAD, there will be a third display amount in GROSS AMOUNT that will be the total of the two modes of delivery.

B. Field MNO 5, MODE:

1. Manual entry of a second mode may be made if an additional mode (other than the one originally entered in Field L 1, MODE/RATE/HOURS) was used, or is going to be used.
2. Change MNO5, MODE only if a second mode is being added or changed.

C. Field MNO 5, RATE:

1. Manual entry of a second IP rate (other than the rate originally entered in Field L1, MODE/RATE/HOURS) may be made if an additional rate was used, or is going to be used.

D. Field MNO5, HOURS:

1. Change MNO5 HOURS only if shifting hours between two provider modes.
2. Manual changes to HOURS may be made if delivery mode hours are different, or are going to be different, than the ones originally entered in Fields L1 and L2, MODE/RATE/HOURS.
3. After eligibility has been authorized, subsequent changes to distribution of hours can be made within the MNO fields if the hours equal the hours in Field aa6, PURCHASE.
4. If the total hours for the two modes do not equal the hours in Field aa6, PURCHASE, on the corresponding "grid", there will be a hard edit that will not allow the change.

5. When changes are made to Field MNO5, the system will change the amounts displayed in Field MNO4.

E. Field MNO6, SHARE OF COST:

1. Usually the share of cost from Field K3, SHARE OF COST, is displayed in Field MNO6. NOA Code 533, which instructs recipients to pay the share of cost to the county, suppresses the display in MNO6 in a mixed-mode case. This prevents the printing of the share of cost in the payment eligibility segment and on a provider's timesheet.
2. The worker can, however, manually allocate the share of cost and enter the share of cost information in Field MNO6 for a more complete fiscal picture. This could be useful to document which amounts of a share of cost should be credited to the proper delivery mode.
3. When changes are made that will affect the future assessment of a case, or share of cost, entries must originate from Fields K3, SHARE OF COST, and L1 and L2, MODE/RATE/HOURS.

F. Online Edits

There are online edits to assist in the use of manual changes to Fields MNO. See ***Section V-D – RELA, RELB and RELC Screen Edits***.

VIII. Share of Cost Computations – SOC 293

CMIPS is designed to automatically compute most Share of Cost (SOC) amounts for IHSS income eligible recipients, except when there is more than one IHSS recipient in the household. In this case, the computation can only be partially automated because CMIPS does not cross-reference case records.

Whether using CMIPS to fully or partially automate SOC calculations, entries must be made in the appropriate Share of Cost Fields to ensure that the correct Notice of Action is produced. ***See Section V–A SOC 293 Field-by-Field Description*** for detailed field definitions of all fields included in this section.

A. Share of Cost Benefit Level Updates (Cost of Living Adjustments – COLA)

Functionality exists in CMIPS to automatically calculate IHSS SOC on income eligible recipient cases. These automated calculations are based upon Share of Cost Benefit Level tables, in CMIPS, which are updated each time a mandated COLA is processed. See ***Section II-K – Share of Cost Benefit Level Updates*** for the dates SOC Benefit Level Updates have occurred in CMIPS 2000.

For a recipient case to correctly calculate the IHSS SOC, when a SOC COLA is processed and the SOC DATE on the case must be current. If so, the SOC DATE will be updated and the SOC calculation will be adjusted using the new SOC Benefit Level values.

If the SOC Date is not current, the recipient case will be written to one of the SOC Exceptions reports. The county staff is responsible for working cases on the SOC Exception Report to manually update the case with the correct SOC Date and thereby CMIPS will calculate the correct IHSS SOC amount.

If, when the recipient case is worked and eligibility is evaluated and the recipient case does not have a SOC Date which correctly corresponds with the SOC Benefit Level CMIPS will prevent case update until a correct SOC Date is entered in Field I1 on the RELB screen.

B. Share of Cost Indicators (SOC IND)

Effective June 1, 2006, the only valid Share of Cost indicator, Field I2 allowed in CMIPS is "**D**" when the SOC Date is 06/01/2006 or later.

An "**E**" SOC indicator may be used for periods prior to June 1, 2006 only. If an "**E**" is used for a prior period the associated eligibility should only be extended through 05/31/2006. For eligibility beyond, the SOC DATE should be changed to 06/01/2006, the SOC IND changed to "**D**" and ongoing eligibility built from 06/01/2006 forward.

C. Adult Individual – No Spouse

1. The share of cost will be calculated when the following fields on the SOC 293 are completed and entered in CMIPS:

I1	SHARE OF COST DATE/*Indicator*	For an existing case the date may be the current or a future date. For new case applications, the date must always be the first of the month. Enter the code "**D**" from the Benefit Level Table.
I2	LINK	**1 – IHSS Individual** – Link 1/Benefit Level 3 is not be allowed
I3	DEP	No entry
I4, J1, J2, K1, K2	SOURCE/INCOME/ DEDUCT	Enter source (See ***Section V-A*** for source codes) and gross amount of income(s). DO NOT deduct any of the standard exclusions ($20 general or $65 + 1/2 remainder of earned income). The deduct portion of these fields should rarely be used. It's for unusual income exclusions, i.e., Impairment Related Work Expense (IRWE), Blind Related Work Expense (BWE).
J3	BENEFIT CODE/LEVEL	Enter Benefit Code 01, 02 or 04 through 07, representing the appropriate SSI/SSP Benefit Level.

2. Based on the input from the above fields, the COUNTABLE INCOME (I5) and SHARE OF COST (K3) amounts will be automatically calculated and reflected on the SOC 293 turnaround document (TAD). The dollar amount of the SSI/SSP benefit level used will also be automatically posted in the J3 Field on the TAD.
3. These entries will also automatically initiate the appropriate Share of Cost Notice(s) of Action and post the share of cost amounts into fields M6, N6, or O6, if applicable. For recipients with one-to-one providers, the share of cost will also be automatically posted to the PELG screen (SOC 311), Field F5, G5, or H5.

D. Linked Spouse

Definition: Both members of a couple are blind, disabled, or over 65. Disabled means receiving Social Security, SSI/SSP, or Medi-Cal based on a disability.

CMIPS automation and input varies depending on whether one or both members of the couple need IHSS.

1. If only one member of the couple is income-eligible for Residual IHSS, and the other member receives SSI/SSP, is IHSS Plus Waiver or PCSP eligible, or has no need for services, the following apply:
   a. The share of cost will be calculated when the following fields on the SOC 293 are completed and entered in CMIPS:

I1	SHARE OF COST DATE/Indicator	For an existing case the date may be the current or a future date. For new case applications, the date must always be the first of the month. Enter the code "**D**" from the Benefit Level Table.
I2	LINK	**2 – IHSS Individual – Linked Spouse**
I3	DEP	No Entry
I4, J1, J2, K1, K2	SOURCE/INCOME/ DEDUCT	Enter source and gross amount of income for applicant and spouse. Use source codes 8 or 9 for spouse's income. Do not deduct any of the standard exclusions. The DEDUCT portion of these fields should rarely be used. It's for unusual income exclusions, i.e., IRWE, BWE.
J3	BENEFIT CODE/LEVEL	Enter Benefit Code 08 through 14, representing the appropriate SSI/SSP benefit level.

2. If both members of the couple need IHSS, and are income-eligible for Residual IHSS:
   a. This calculation cannot be fully automated because the records are not linked on CMIPS, and there is the possibility that the couple would each have a different share of cost.
   b. Before making entries on the SOC 293, complete a manual calculation using the SOC 294A to determine the couple's countable income. The countable income will generally be divided equally between the husband and wife, but may be divided unequally to allow for eligibility for both.
   c. For CMIPS to partially automate, complete the following fields on the SOC 293:

I1	SHARE OF COST DATE/ Indicator	For an existing case the date may be the current or a future date. For new case applications, the date must always be the first of the month. Enter the code "**D**" from the Benefit Level Table.
I5	COUNTABLE INCOME	Enter the portion of the countable income from Line A13 of the SOC 294A to be used in determining this couple member's share of cost.
J3	BENEFIT CODE/LEVEL	Enter Benefit Code 15 through 21 representing one-half (½) the appropriate couple SSI/SSP benefit level.

3. Based on the input from the above fields in either couple situation, the IHSS SHARE OF COST (K3) amount will be automatically calculated and reflected on

the 293 TAD. The dollar amount of the SSI/SSP benefit level used will also be automatically posted in the J3 Field on the TAD.

4. In either situation, these entries will automatically initiate the appropriate Share of Cost Notice(s) of Action and post the share of cost amounts into the segment fields M6, N6, or O6, if applicable. For recipients with one-to-one providers, the share of cost will also be automatically posted to the PELG screen (SOC 311), Field F5, G5, or H5.

E. Non-Linked Spouse

Definition: Non-Linked spouse means only one member of the couple is aged, blind, or disabled.

1. CMIPS performs the following three-step comparison
   a. The individual's income minus the individual SSI/SSP benefit level; then,
   b. The couple's income minus allowances for children and the couple's benefit level; and then
   c. Selects the higher share of cost.
2. Generally, if the spouse has little or no income, the share of cost will be based on the recipient's income only, and there will be no allowances for the spouse or children.
3. The share of cost will be calculated when the following fields on the SOC 293 are completed and entered in CMIPS:

I1	SHARE OF COST DATE/Indicator	For an existing case the date may be the current or a future date. For new case applications, the date must always be the first of the month. Enter the code "**D**" from the Benefit Level Table.
I2	LINK	**3 – IHSS Individual/non-linked spouse**
I3	DEP	Enter number of ineligible children living in the home having no income.*
I4, J1, J2, K1, K2	SOURCE/ INCOME/ DEDUCT	Enter the gross income of the recipient (source codes 1-7) and the spouse (source codes 8 or 9). DO NOT deduct any of the standard exclusions. The deduct portion of these fields should rarely be used.
J3	BENEFIT CODE/ LEVEL	Select and enter one of the Benefit Codes, 8 to 14, representing the appropriate SSI/SSP benefit level.**

* If the ineligible child has his/her own income that is less than the child's allowance, the case cannot be fully automated. If the child's income exceeds the allowance, do not count that child in this field.

** When Benefit Codes 8 through 14 are used with the LINK 3, CMIPS automatically uses an assigned individual SSI/SSP benefit level with only the individual's income to complete the comparative calculation. The correlation with the couple Benefit Codes are:

8 = 1	9 and 10 = 2	11 and 12 = 4
13 = 5	14 = 7	

4. Based on the input from the above fields, the COUNTABLE INCOME (I5) and SHARE OF COST (K3) amounts will be automatically calculated and reflected on the 293 TAD. The dollar amount of the individual's or couple's SSI/SSP benefit level used will also be automatically posted in the J3 Field on the TAD.
5. These entries will also automatically initiate the appropriate Share of Cost Notices of Action and post the share of cost amounts into the Fields M6, N6, or O6, if applicable. For recipients with one-to-One providers, the share of cost will also be automatically posted to the PELG screen (SOC 311), Field F5, G5, or H5.

F. Children

1. The share of cost will be calculated when the following fields on the SOC 293 are completed and entered in CMIPS:

I1	SHARE OF COST DATE/Indicator	For an existing case the date may be the current or a future date. For new case applications, the date must always be the first of the month. Enter the code "**D**" from the Benefit Level Table.
I2	LINK	**4 – IHSS Individual/non-linked parent** for one (1) parent households **5 – IHSS Individual/non-linked parents** for two (2) parent households
I3	DEP	Enter number of ineligible children in the household having no income.*
I4, J1, J2, F1, F2	SOURCE/ INCOME/ DEDUCT	Enter source and amount of child's own income (Source Codes 1 through 7) and parent(s)' gross income (Source Codes 8 through 9).
J3	BENEFIT CODE/LEVEL	Enter 03 or 06 for a disabled child; 02 or 05 for a blind child.**

* If the ineligible child has his/her own income that is less than the child's allowance, the case cannot be fully automated. If the child's income exceeds the allowance, do not count that child in this field.

** Benefit Codes 05 and 06 (household of another) would apply only if both the child and parent(s) live in another's household and receive both food and shelter.

2. Based on the input from the above fields, the COUNTABLE INCOME (I5) and SHARE OF COST (K3) amounts will be automatically calculated and reflected on

the 293 TAD. The dollar amount of the SSI/SSP benefit level used will also be automatically posted in the J3 field on the TAD.

3. These entries will also automatically initiate the appropriate Share Of Cost Notice(s) of Action and post the share of cost amounts into the Fields M6, N6 or O6, if applicable. For recipients with one-to-one providers, the share of cost will also be automatically posted to the PELG screen (SOC 311), Field F5, G5, or H5.

G. Parent(s) and Child(ren) or All IHSS Recipients

The following two documents are referred to in this section and are available online at http://www.dss.cahwnet.gov/cdssweb/On-lineFor_298.htm:

SOC 294A – IHSS Income Eligibility Adult

SOC 294C – IHSS Income Eligibility Child

1. This is a partially automated calculation using SOC INDICATOR **D**
2. In these circumstances manually compute the parent(s)' share of cost using the form SOC 294A. As noted on the form, this share of cost will not be paid by the parent(s). Instead, it is treated as part of the child(ren)'s income.
3. After the parent(s)' share of cost has been determined on the 294A, that share of cost amount can be entered on the children's SOC 293 as other income (Source Code 6) along with all the other usual entries. Include any of the children's own income but exclude the parent(s)' actual income (Source Codes 8 or 9).
4. Based on these entries to the children's SOC 293, the COUNTABLE INCOME (I5) and IHSS Share of Cost (K3) will be automatically calculated and reflected on the SOC 293 TAD and in CMIPS. The dollar amount of the SSI/SSP benefit level used will be automatically posted to the Field J3.
5. If the child(ren) are income-eligible for IHSS, the parent(s) would not have any additional share of cost, and the parent(s) SOC 293 would be completed using just the fields indicated in B.2.c above. Enter zero in the COUNTABLE INCOME Field (I5). The BENEFIT CODE (J3) would depend on the status of the parent(s).
6. If the children are not income-eligible because the share of cost exceeds need, the share of cost for the children and parent(s) must be calculated manually using the SOC 294C and the SOC 294A.
   a. Enter the share of cost amount from the 294A, Section C, on the 294C, Line A16, and then carry it forward to Line B1. From there, continue with the usual entries and calculations to arrive at the IHSS Share of Cost on Line B16. This share of cost amount should be divided and the resultant amounts charged against each IHSS income eligible person in the household.
   b. In order to partially automate this situation on CMIPS, first calculate the family's total countable income (Line A13 or B18 on the SOC 294A plus any of the eligible children's own countable income, [excluding any deemed from parents], from Line B14 on the 294C) should be charged to each income eligible person.

c. Complete the fields indicated in B.2.c. with appropriate benefit codes. The sum of the resultant shares of cost calculated by the system should equal the share of cost arrived at in E.6.a. above.

H. Share of Cost Change

1. When changing information regarding Share of Cost Field I1, the Share of Cost Date, must be greater than or equal to the current SOC Benefit Level Effective Date and which will edit against the new case effective date for all fully or partially automated cases, in addition to any other share of cost fields affected. See ***Section II-K - Share of Cost Benefit Level Updates*** for valid dates.
2. When changing a recipient case from an income eligible status, remember to:
   a. Change AID CODE, Field A3, to 10, 20, or 60
   b. Change Field I1, SHARE OF COST DATE, to the effective date of zero share of cost
   c. Delete all other share of cost data from Fields I2, I3, I4, J1, J2, K1, K2, and I5.

I. Miscellaneous

1. When it is necessary to enter the Share of Cost in the eligibility segment Fields M6, N6, or O6, do not enter information in the Share of Cost fields using one of the processes detailed in A-E above. Instead, the Social Worker must:
   a. Complete a manual computation to determine the recipient's Countable Income and Share of Cost using either a SOC 294A or SOC 294C;
   b. The Countable Income will be entered in Field I5 (CNTBLE INCOME) on the SOC 293 and keyed in CMIPS
   c. Complete and mail the correct Notice of Action to the recipient, since no system generated NOAs will be issued.

IX. Refused Services

As part of the Uniformity Assessment process, CMIPS generates an alert message when a need for service is indicated in Field H1, Functional Limitations, but no hours are entered in the Total Need Field on the assessment grid because the IHSS recipient has refused services. Take the following steps to document the need for service and the recipient's refusal of all, or some of the service.

A. If a service need exists, enter that need on the assessment grid completing the Total Need, Adjustments, and Alternative Resource Fields, as appropriate.

B. On the SOC 293 form, enter an "R" preceding the number of service hours in the Alternative Resources Fields will indicate refused services. The Alternative Resources Field is thereby a dual use field.

C. On the RELC screen, enter the hours NEED and ADJ as indicated on the SOC 293. In the ALT – Alternative Resources Field, enter a negative (-) sign followed by the service hours that are being refused.

D. CMIPS does not allow the entry of REFUSED hours greater than the individual assessed need less alternative resources. If such an entry occurs the edit message "REFUSED CANNOT BE > IHSS" displays. The user must correct the entry.

E. When there is an identified service need for protective supervision and the recipient refuses services, Alert Message 224 – "Effective MM/DD/YY functioning rank indicates need for Protective Supervision" will appear on the CMIPS Warning Alert Listing as a reminder that the recipient is potentially at risk.

X. IHSS Disaster Preparedness Assessment Plan

The IHSS Program serves elderly, disabled, and blind persons who could not live safely in their own homes without assistance. The Caseload Disaster Preparedness (DP) Assessment Plan provides a safety check for thousands of elderly and disabled IHSS recipients who might be unable to care for themselves, or even call for help, in the aftermath of a disaster. Therefore, under ideal conditions, all recipients would receive contact after a disaster.

The DP Plan involves some additional un-reimbursed workload for counties, therefore participation is voluntary.

A. Purpose

1. The primary purpose of Disaster Preparedness coding is to provide responding Emergency Personnel with the special conditions or needs of recipients
2. To provide counties with an assessment tool to identify recipients requiring contact in the aftermath of a disaster
3. To provide Service Workers with suggested criteria for considerations when assessing a recipient's post-disaster contact needs
4. To develop and maintain a CMIPS database identifying the need for contact, special impairments, and medical supply needs of recipients in a disaster situation
5. To generate a monthly report listing recipient, by need, for contact in disaster situations. The report indicates the primary language of non-English speaking recipients

B. Intent And Limitations

1. The following guidelines are provided for the use of Service Workers in the assessment of IHSS recipients in their need for contact in a disaster situation.
2. This DP guide does not attempt to cover all possible factors to be considered when predicting a recipient's contact needs in the aftermath of a disaster.
3. Although some criteria refer to the Functional Index, this guide does not use the same assessment approach or principles of the Uniformity Guide. Unlike the Uniformity Guide, determining a recipient's response need after a disaster is not entirely dependent upon functioning level. Instead, the recipient's support network and environment are the primary factors. These include:
   a. The quality and availability of the recipient's support systems
   b. The recipient's access to adequate transportation
   c. Whether or not the recipient lives in a geographically isolated area
4. These factors and other applicable criteria, will determine the recipient's level of contact necessary.
5. Special impairments, such as blindness, deafness and medical supply needs, do not by themselves determine a recipient's DP coding. These are secondary factors the Service Worker must consider with the recipient's environmental and other support needs.

6. A Service Worker's evaluation of a recipient relies heavily upon independent judgment and unique knowledge of the recipient's circumstances. Consequently, this guide does not replace the Service Worker's expertise and role in decision-making; it is merely an aid.

C. **IHSS Caseload Disaster Preparedness (DP) Designations**

The DP field, on the SOC 293 and in CMIPS, accepts one designation for each of the positions indicated below. All three positions must be filled. Indicate the appropriate designations on the SOC 293 for entry in CMIPS.

1. **FIRST POSITION – VULNERABILITY** – Indicates of the recipients' vulnerability during or after a disaster.

A	Critical – recipient authorizes contact
B	Urgent – recipient authorizes contact
C	Moderate – recipient authorizes contact
D	Critical – recipient declines contact by emergency services.
E	Urgent – recipient declines contact by emergency services.
F	Moderate – recipient declines contact by emergency services.
Z	Non-critical

2. **SECOND POSITION – SPECIAL IMPAIRMENT(S) IDENTIFIERS** – Indicates special impairment of the recipient. Enter the letter corresponding to the dominant impairment in Field D2 of the SOC 293.

A	Deaf	D	Wheelchair Bound
B	Blind	E	Mental Disability
C	Bed bound	Z	Recipient does not have any listed special impairment

3. **THIRD POSITION – SUPPLIES** – Indicates the life support supplies used by the recipient. Enter the letter corresponding to the most needed life support supply in Field D2 of the SOC 293.

A	Respirator	B	Oxygen
C	Insulin	D	Life Supporting Medications
E	Dialysis	F	Bowel and/or Bladder
G	Nasal/Gastrointestinal tubes/suctioning	Z	Recipient does not have any listed supply need

FIRST POSITION – VULNERABILITY – EXAMPLES

The following are examples used to determine First Position, VULNERABILITY, designations:

Recipient is vulnerable and needs contact in a major disaster, as adequate support systems for emergencies are not in place (socially isolated, conflicts with family, etc.).

If any of the following situations apply indicate letter A – F in the first position of Field D2 on the SOC 293 and RELA

- Recipient is severely impaired or bedfast with a Uniformity Functional Index (FI) score of 2.75 or higher (SOC 293 Field H2)
- Recipient relies heavily or completely on IHSS for need. Close to or at maximum hours/dollars (SOC 293 Field aa6)
- Recipient has a Functional Limitation of 4 or above for Meal Preparation, Transfer, Eating, or Bowel & Bladder care. (SOC 293, Field H1)
- Recipient is blind or significantly visually impaired. Aid Code 6A, 20, 24, 26 or 28. (SOC 293 Field A3)
- Recipient has a Functional Limitation of 5 or above for Respiration, Memory, Orientation or Judgment. (SOC 293, Field H1)
- Recipient receives Protective Supervision (SOC 293 Field WW)
- Recipient has a current or past Adult Protective Services (APS) case related to abuse, neglect, or abandonment – Not indicated on SOC 293
- Recipient is heavily medicated or a substance abuser – Not indicated on SOC 293
- Recipient is deaf or has a disability limiting communication (i.e., speech impairment)
- Recipient lives in a geographically isolated area inaccessible to community emergency services
- Recipient lacks access to adequate transportation
- Recipient's provider(s) or alternate resources are sometimes unreliable
- Other

Recipient does not need contact in a major disaster, as strong, adequate, and reliable support systems are in place. If any of the following situations apply, indicate a "Z" in the first position of Field D2 on the SOC 293 and RELA

- Recipient functions fairly independently and needs minimal IHSS (low hour recipients).
- Recipient's physical or mental functioning does not affect the ability to cope with a disaster to a great degree (has no Functional Limitations greater than 5 for Memory, Orientation or Judgment).
- Recipient is non-severely impaired with an FI below 2.75.
- Recipient FI is above 2.75, severely impaired, with shared living arrangement, live-in Provider, or dependable, accessible alternate resources.
- Recipient resides in a geographical area accessible to community emergency services.
- Other.

E. Situations

The following situations are guidelines for the assessment of Position One. These criteria are not all inclusive. Determining a recipient's need for contact requires the Service Worker to use their independent judgment as they assess the recipient's vulnerability, special impairment, and life support supply needs.

Code A – Critical – Recipients designated under this category would receive first priority for contact should a major disaster occur. Recipients receiving this priority are bed bound, severely mentally disabled, in need of special life support supplies, and/or have minimal or no social supports. This designation also includes recipients in isolated locations or heavily dependent on IHSS and have problems with continuity of services.

Example 1

Mrs. S is diagnosed with Organic Brain Syndrome with the following characteristics:

- FI score is 2.75 or higher, mentally impaired and bedfast, and has a Functional Limitation of 4 or higher in Mobility.
- Limited communication ability
- Lives in a geographically isolated area, inaccessible to community emergency services, and lacks access to adequate transportation.
- Lacks adequate support systems for emergencies.
- Uses oxygen
- Recipient indicates desire for contact.
- DP Coding = ABB

Example 2

Mr. H is a deaf, quadriplegic with the following characteristics:

- FI score is 2.75 or higher, severely impaired.
- Functional Limitation of 4 or higher in Mobility
- Limited communication ability
- Lacks adequate transportation
- Support systems are inadequate.
- On oxygen and requires tube feeding and suctioning
- Provider(s) is sometimes unreliable.
- Recipient indicates desire for contact.
- DP Coding = AAB

Code B – Urgent – Recipients placed in this second priority category are considered less severe than critical cases and would receive contact after Code A recipients. These recipients have some reliable social supports. Some Code B's may be bed

bound or severely restricted, but not on critical life supports such as oxygen or dialysis.

Example 3

Mr. D is a heart patient on medication and with the following characteristics:

- Depends heavily upon IHSS, but his provider(s) is fairly reliable.
- Functional Limitation of 5 in Memory
- Lacks adequate transportation
- Support systems are somewhat reliable.
- Recipient indicates desire for contact.
- DP Coding = BED

Code C - Moderate – Recipients placed in this category would receive contact after the Critical (A) and Urgent (B) recipients. Typical these recipients may have special impairments (e.g. deafness) but do not have life support supply needs. They may have partially reliable support systems and do not live in geographically isolated areas.

Example 4

Mr. D is a heart patient on medication and with the following characteristics:

- Relies fairly heavily on IHSS
- Functional Limitation of 5 in Memory
- Somewhat visually impaired.
- Functional Limitation of 4 in Mobility
- Does not have access to transportation
- Social supports are good, and he does not live in a geographically isolated area
- Recipient indicates desire for contact
- DP Coding = CEZ

Code D – Critical but consumer declines advance notification of emergency services

Example 5

Mrs. P is diagnosed with chronic obstructive pulmonary disease, using oxygen with the following characteristics:

- FI score is 2.75 or higher, mentally impaired and bedfast, and has a Functional Limitation of 4 or higher in Mobility
- Limited communication ability
- Lives in a geographically isolated area, inaccessible to community emergency services, and lacks access to adequate transportation
- Lacks adequate support systems for emergencies
- Recipient declines contact

- DP Coding = DBB

Code E – Urgent but consumer declines advance notification of emergency services

Example 6

Mrs. E is an emphysema patient on oxygen and has the following characteristics:

- Depends heavily upon IHSS, but her provider(s) is fairly reliable.
- Visually impaired.
- Lives in a geographically isolated area but has somewhat reliable support systems
- Recipient declines contact
- DP Coding: EZB

Despite the apparent need for contact, Mrs. E has not given permission to the county to release her name to designated agencies in advance of an emergency. Although Mrs. E is considered vulnerable and in urgent need of contact, her case is coded using an E because she has not given her permission to be contacted.

Code F – Moderate but consumer declines advance notification of emergency service

Example 7

Mrs. Y is in the first stages of Alzheimer's and with the following characteristics:

- FI score of 2.75 or above, severely impaired, but not bedfast.
- Functional Limitation of 5 in Memory and Judgment.
- Slightly visually impaired.
- Social supports are basically reliable as several family members live with her.
- She has access to transportation
- Recipient declines contact
- DP Coding = FEZ

Despite the apparent need for contact, Mrs. Y has not given permission to the county to release her name to designated agencies in advance of an emergency. Therefore, although Mrs. Y is considered to be vulnerable and in moderate need of advance notification, this field would be coded F because she has not given permission.

Non-Critical Code "Z" - Recipients placed in this category would not require an emergency contact should a major disaster occur, primarily because they have strong or adequate support systems, have access to transportation or they do not live in a geographically isolated area.

Also, these recipients do not have physical or mental conditions that would affect their abilities to cope with a disaster. Their FI scores are low or moderate.

Example 8

Mr. T does not have a major, medical impairment, or any medical supply needs, and has the following characteristics:

- Functions fairly independently and requires minimal IHSS (low hours).
- Physical and mental functioning do not affect ability to cope with a disaster
- FI score is less than 2.75, non-severely impaired
- Residence is not in a geographically isolated area.
- DP Coding = ZZZ

Example 9

Tom is a 12-year-old child diagnosed with cerebral palsy from birth trauma with the following characteristics:

- Relies heavily on IHSS
- FI scores are well over 2.75 and confined to a bed or wheelchair.
- Functional Limitations of 5 in Judgment.
- Nonverbal
- Functional Limitations of 5 in Mobility
- Uses oxygen periodically
- Mother is the primary attendant, father is very helpful, and the family has other supports.
- The family has transportation and does not live in a geographically isolated area
- DP Coding = ZCB – Coding is Z because of the parental and other family support

F. Caseload Disaster Preparedness Assessment Profile

Each county has access to Caseload Disaster Preparedness Assessment through the CMIPS Online Reports website. Access is by County; or by County then Zip Code. Counties may print and distribute these reports as needed to Social Workers and other authorized County Agencies who are responsible as Disaster Responders.

The report lists the recipient's name, address, telephone number, social service worker, and language along with narrative comments about the recipient's degree of risk and any special needs.

It is assumed recipient case files will not be available during an emergency. Counties are urged to integrate the report into a larger countywide emergency response master plan.

G. Implementation and Updates

Implementation for counties adopting the Disaster Preparedness plan will be discretionary. Cases may be phased-in by completing a guide on all new approved applications and/or when ongoing cases are reassessed. Counties may choose to allocate staff resources to implement the plan as soon as possible on a high priority basis. Thereafter, counties may wish to update the disaster preparedness assessment at least annually.

XI. Address Verification Screen

The Address Verification Screen displays the results of the Coding Accuracy Support System (CASS) software verification when an address is entered on the RELA screen. The CASS reviews the address entry, and then displays the corrected address entry according to the United States Postal Service (USPS) address standards.

When the RELA screen is accessed in the A – Add or C – Change mode, data entry in the C1 through C4 or E1 through E4 address fields' triggers the CASS review. The Address Verification screen displays the best match for the address entered. There are a variety of CASS messages that briefly describe the results of the address verification

When an "in care of" address is used, the mailing address must be preceded with the entry of "c/o" and a space for accurate address verification.

Figure V-B-1 displays the Address Verification Screen. Display areas are **bold** font.

```
ADDRESS VERIFICATION

ADDRESS AS ENTERED                    ADDRESS AS CORRECTED


1000 NORTH MAIN ST                    1000 N MAIN ST
RICHMOND, CA 94704                    RICHMOND, CA 94707-1852



RESULTS OF ADDRESS VERIFICATION:        CASS MESSAGE




PF5 - RETURN TO REKEY THE ADDRESS
PF6 - UPDATE CMIPS WITH ADDRESS ENTERED
ENTER - UPDATE CMIPS WITH CORRECTED ADDRESS
```

Fig. V-B- 2 – Address Verification Screen

From the Address Verification screen, the user may choose to:

- Press <**PF5**> – Returns to the RELA screen to correct the address entered
- Press <**PF6**> – Retaining the address keyed on the PELG screen, regardless of the results of the address verification. This process must be applied when an "Out of Country" is used.
- Press <**Enter**> – Uses the CASS matched USPS address

When an appropriate action is accepted the system continues transaction processing.

Updates identified by the USPS Address Management Office (AMO) are applied to CMIPS on a monthly basis as required. Because the USPS is continually updating address information, the monthly updates may "invalidate" previously correct addresses. There is no action taken to alert users of these invalid addresses, but the next action to the recipient record may result in a re-verification of address.

The following CASS edit messages may appear on the Address Verification screen.

Edit Message	Explanation
HOUSE/BOX NBR NOT FOUND ON STREET	The house number does not exist on the street name or the box number does not exist in the city/zip.
INSUFFICIENT ADDRESS MATCH INFO	The street address is incomplete (e.g., street number or street name missing). The street address was keyed incorrectly (e.g., street name misspelled or required space between street number, street name, or street designator omitted). Unnecessary characters appear on the street address (e.g., % or c/o in front of a person's name or address).
MULTIPLE MATCHES WERE FOUND	The address verification resulted in more than one match against the USPS database. Therefore, no corrected address is returned and the verification results in an unmatched address.
STREET NAME NOT FOUND IN ZIP CODE	The street name does not exist in the zip code. or The USPS does not provide street delivery to this address. Typically, mail for this address should be addressed to a PO Box, General Delivery, Highway Contract box, Rural Route box, or a Star Route box. or The address is new in the city/county and is not yet in the CASS system.
ENTER IS INVALID – NO USPS ADDRESS IS FOUND	If the CASS cannot match the address entered on the PELG, the Enter key is not a valid option. PF5 or PF6 must be used.
INVALID FUNCTION KEY	PF5 or PF6 are the only valid function keys used on the Address Verification screen.

Reference materials regarding the CASS and Address Verification screen include:

- IHSS Program Manager letters distributed 11/01/94 and 6/16/95
- EBBs 94-31, 95-02, 95-10, and 95-23
- USPS Publication 28, Postal Addressing Standards.

XII. Person List Screen

The Person List Screen displays and allows updates or additions to the Person Table of individual providers or recipients in CMIPS. The PERSON LIST SCREEN appears when data elements specific to a person (recipient or provider) are added or changed and the SSN already exists in CMIPS or a "similar person file" exists.

The Person List Screen is used to ensure that each recipient or provider has only one person file linked in CMIPS. A person may be associated to multiple cases in multiple counties, but has only a single CMIPS "person file." When the Person List Screen appears, a determination must be made to either add a new person file or update an existing person file.

The Person List Screen displays all person files with matching social security numbers or similar social security numbers with matching or "sounds like" names. If any discrepancies exist, such as the name, birth date, sex or the existing person address, then the appropriate selection must be made.

Figure V-B-2 displays the Person List Screen.

```
                          PERSON LIST SCREEN    SSN              SEX  STATUS
  LAST NAME             FIRST       MI  SSN      STATUS             RCP PRV
  XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X 999-99-9999     99/99/9999 X    X
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX 99999 9999
                                              -  -

                                              -  -

                                              -  -

                                              -  -

                                              -  -

                                              -  -

                                              -  -

                                              -  -
F2 = ADD NEW PERSON                  F4 = UPDT WITH PELG INFO & ADDRESS
F5 = USE PRSN INFO & PELG ADDRESS    F6 = USE PRSN INFO & PRSN ADDRESS
F1=SCREEN HELP F3=RETURN F11=CONT
```

Fig. V-B- 3 – Person List Screen

Field-by-Field Description

Field: LAST NAME
Length: 17
Entry: Last Name – The last name of the individual listed

Field: FIRST
Length: 12
Entry: First Name – The last name of the individual listed

Field: MI
Length: 1
Entry: The Middle Initial of the individual listed

Field: SSN
Length: 9
Entry: The Social Security Number associated with the individual listed

Field: SSN STATUS
Length: 1
Entry: The SSN status associated with the individual listed.
Blank indicates that CMIPS does not have any conflicting Person Table records.
A "?" indicates a conflicting Person Table records exist with the same SSN, but different person information.

Field: SEX
Length: 9
Entry: The gender of the individual listed

Field: STATUS RCP PRV
Length: 1
Entry: The current case status assigned to the RCP – Recipient or PRV Provider case listed. Valid entries are:

Recipient		**Provider**	
E	Eligible	E	Eligible
I	Interim Eligible	T	Terminated
L	Leave of Absence	L	Leave of Absence
R	Record		
D	Deny		
T	Terminated		

Field: ADDRESS
Length: 9
Entry: The address (mailing/street address, City, State, Zip Code) associated with the individual listed.

A. Additions or Updates

When the RELA screen is in the "A" – Add or "C" – Change mode and data entry is made to one of the fields listed below, and a record exists matching the data elements entered, the Person List Screen displays. The following data elements are captured for each individual in CMIPS:

- Social Security Number (RELA field D1)
- Last Name (RELA field B1)
- First Name (RELA field B2)
- Birth Date (RELA field A5)
- Sex (RELA field A4)
- Address (RELA fields C1, C2, C3 and C4)

When the screen appears, the user selects the appropriate individual and applies the appropriate action using one of the Function keys listed. If no person exists in CMIPS, the system creates a new person table record, but does not display the screen.

B. Function Keys

Function keys are listed at the bottom of the person pop-up screen. To select an existing person, place an "X" to the left of the person and select F4, F5 or F6. If the user selects the option to add a new person and the SSN is already in use within CMIPS, an SSN status will be marked with an "?" on the PRSN screen display to indicate this person is using a duplicate SSN.

```
                          CMIPS-2000 Help System                 12:43:58
                            Screen Description                   11-27-2000


  LINES 1 TO 12 OF 16

  F2 - USE THIS KEY FOR ADDING A NEW PERSON TO THE SYSTEM.
  F3 - USE THIS KEY TO RETURN TO THE PELG OR RELA SCREEN.
  F4 - USE THIS KEY TO SELECT AN EXISTING PERSON LISTED ON THE PERSON
       SCREEN IN CONJUNCTION WITH UPDATES KEYED ON THE PELG OR THE RELA.
       UPDATES INCLUDE NAME, SOCIAL SECURITY NUMBER, BIRTHDATE, SEX AND
       ADDRESS.  THE INFORMATION ASSOCIATED WITH THE SELECTED PERSON WILL
       BE UPDATED WITH THE PELG OR THE RELA.
  F5 - USE THIS KEY TO SELECT AN EXISTING PERSON LISTED ON THE PERSON
       SCREEN AND TO UPDATE THE PERSON SCREEN ADDRESS ONLY WITH THE
       CHANGE THAT WAS JUST KEYED ON THE PELG OR THE RELA.  THE PERSON
       NAME AND DATA WILL BE PASSED BACK TO THE PELG OR RELA.
  F6 - USE THIS KEY TO SELECT AN EXISTING PERSON AND ADDRESS AS LISTED


Screen description is displayed.
F01=HELP F03=EXIT F07=PREV F08=NEXT F12=CANCEL
```

Fig. V-B- 4 – HELP Screen Lines 1-12 of 16

```
                          CMIPS-2000 Help System                 12:47:02
                            Screen Description                   11-27-2000



  LINES 13 TO 16 OF 16

       ON THE PERSON SCREEN.  THE PELG AND THE RELA WILL BE UPDATED WITH
       THIS INFORMATION.
  F11- USE THIS KEY TO SCROLL THE SCREEN TO VIEW ADDITIONAL ENTRIES ON THE
       PERSON SCREEN.





F01=HELP F03=EXIT F07=PREV F08=NEXT F12=CANCEL
```

Fig. V-B- 5 – HELP screen Lines 13-16 of 16

XIII. Service Worker Add/Changes

Service Workers are responsible for the management of IHSS cases. Each recipient case in CMIPS is associated to a specific Service Worker within a county. This section explains how to add or change Service Worker information in CMIPS. Service Worker data entry fields are found on the RELB screen fields Q2 – Q4. The information entered in these fields prints in the corresponding fields on the SOC 293.

The SW# prints as a header line on the SOC 311 as well as displays on the A line of the PELG screen.

CMIPS contains a repository or table for Service Worker information. This table stores the First and Last Name, Service Worker Number (SW#) and Telephone Number.

A. Adding a Existing Service Worker to an IHSS case

- To add an existing Service Worker to a case, access the RELB screen in the "A" or "C" mode, tab to the SW# field. Enter the number SW# of the Service Worker, press <**Enter**>.

B. Adding a Service Worker to CMIPS

- To add a new Service Worker to a case, access the RELB screen in the "**A**" or "**C**" mode tab to the SW# field.
- Enter the SW# of the Service Worker to be added, press <**Enter**>. The F Name, L Name and Telephone fields will highlight
- Enter the First Name, Last Name and Telephone Number of the Service Worker being added, press <**Enter**>.
- System processes transaction, either displaying edits or processing to RELC screen. To complete the change press <**Enter**> until RELA screen appears in "I" mode.

C. Changing Service Worker on a case

- To change the Service Worker assigned to an existing case, access the RELB screen in the "**C**" mode.
- Tab to the SW# field, enter the number associated to the new Service Worker, then press <**Enter**>.
- If the Service Worker exists in CMIPS, system will process to the RELC screen. To complete the change press <**Enter**> until RELA screen appears in "I" mode.

D. Changing an existing Service Worker's Information

- To change the First Name, Last Name, or Telephone number for an existing Service Worker, contact the IHSS Payroll Help Desk at 1-866-740-2189.

E. Reassignment of Service Worker caseload

- To reassign either the entire or a partial caseload of one Service Worker to another, a Work Order must be submitted to CDSS.

XIV. Reason Code 999

Notice of Action code 999 is a worker generated code used to adjust or manually change hours rather than accepting the system generated prorated hours in a prorated month. An example would be if the worker wants to approve payment for all the authorized hours for a month that is prorated.

There are two requirements when adjusting/manually changing hours.

- Manual changes or adjustments can only be made on a prorated segment on a case in T or L status
- A manual change or adjustment of hours cannot be more than the total hours displayed in field aa5. For example, if the hours displayed in field aa5 are 50.00, 51.00 hours may not be assigned to the eligibility segment.

A. To change the hours on a T or L Status case with a prorated M line segment:

1. Access the RELC screen in a "**C**" change mode.
2. Tab to field ZZ2, RSN CD, enter Reason Code **999**.
3. Tab to field aa6 and enter the desired hours. For example, if the current hours displayed are 25.00 and 50.00 hours are required, key in 50.00.
4. Press <**Enter**> to process through all screens until RELA presents in "I" mode.
5. The hours in field M5 on the RELB screen will be updated with the adjustment.

B. To change the hours for a prorated N or O line segment:

1. Access RELB screen in the "C" Change mode.
2. Tab to the SEGMENT NUMBER field.
3. Enter 2, to access the N line segment or 3, to access the O line segment, press <**Enter**>. The RELC grid for the N or O segment will be displayed.
4. Tab to field ZZ2 and enter Reason Code **999**.
5. Tab to field aa6 and key in the desired hours, press <**Enter**> until RELA presents in "I" mode.
6. Field N5 or O5 on the RELB screen will be updated with the adjustment.

XV. CIN Processing Instructions

The Client Index Number (CIN) is a ten character alphanumeric indicator required on all recipient cases added to CMIPS. The CIN is used by multiple state agencies to uniquely identify individuals applying for services. The use of the CIN in CMIPS allows interfaces between CMIPS and other agencies to be more efficient.

CMIPS interfaces real-time against the Statewide Client Index for the assignment of the CIN to recipient cases.

If the CIN is known when a case is being added to CMIPS the user may enter the CIN on the Client Index Number Verification (CINV) screen and populate data from SCI to RELA in CMIPS.

A. Adding a recipient case when the CIN is known:

On the NEXT line enter CINV in the A-Add mode with the county determined case number assigned to the recipient, press <**F8**> to process the transaction. The same edits and audits encountered when adding a case using the RELA apply.

```
     THIS CINV A 9999999999
     NEXT RELA A 9999999999




                SCI RECIPIENT CIN VERIFICATION


            CIN









03=EXIT F08=NEXT
```

Fig. V-B- 6 – CINV Screen

When the CINV screen appears the user can enter the CIN associated with the recipient in the CIN field and press <**Enter**>.

If the CIN is found at SCI, CMIPS processes to and populates RELA with the recipient name, Birth Date, Sex and SSN from SCI. The user should examine this populated data to ensure that it matches the data submitted for the recipient case.

If the CIN entered is not found at SCI, CMIPS returns the edit message "CIN NOT FOUND, RELA TO ADD". The user may try the CIN again, or press <**F8**> to process to RELA to enter the recipient data and assign a CIN.

The following edits are associated with the CINV screen

Message	Explanation
CHECK DIGIT REQUIRED	CIN requires check digit
CIN NOT FOUND; RELA TO ADD	Displays when the CIN entered is not found in the Statewide Client Index
CIN REQUIRED	No CIN was entered for the processed transaction
INVALID CHECK DIGIT	Check digit entered CIN check digit at SCI

B. Adding a recipient case when the CIN is unknown:

When the CIN is unknown at the time of recipient case entry, the user will add a case the normal RELA ADD process.

When all recipient information has been entered on RELA, the system will process through the Address Verification and Person Validation Screens before the CIN clearance is performed against SCI.

If a match on SSN, Name, Birth Date and Sex is not found the "CLIENT INDEX FORCE ADD" screen appears.

```
                          CLIENT INDEX FORCE ADD
 SSN 999-99-9999
 NAME LAST XXXXXXXXXXXXXXXXXX FIRST XXXXXXXXXXXX MI X DOB 99/99/9999 SEX


              NO MATCH WAS FOUND FOR CIN
              PLEASE CONFIRM INFORMATION ABOVE AND HIT ENTER
              OR PF3 TO RETURN TO RELA





F03 = RETURN
```

Fig. V-B- 7 – Client Index Force Add Screen

The user should verify the information displayed. If correct, press <**Enter**> to add the individual to SCI. Otherwise, the user may press <**F03**> to return to RELA for corrections.

If a record is found at SCI that matched the information entered, the CLIENT INDEX POTENTIAL MATCH screen appears.

```
                                                          1 TO 1 OF 1
                     CLIENT INDEX POTENTIAL MATCH
SSN 999-99-9999
NAME LAST XXXXXXXXXXXXXXXXXX FIRST XXXXXXXXXXXX MI X DOB 99/99/9999 SEX X

SEL CO#  CIN        SSN        LAST NAME       FIRST NAME  MI    DOB   SEX
 99 99999999X 9 999-99-9999 XXXXXXXXXXXXXXXXX XXXXXXXXXXX X  99/99/9999 X
 99 99999999X 9 999-99-9999 XXXXXXXXXXXXXXXXX XXXXXXXXXXX X  99/99/9999 X




F01=HELP F02=ADD CIN F03=RETURN F07=PREV F11=CONT
```

Fig. V-B- 8 – Client Index Potential Match screen

The screen displays the information entered on the case in the top portion of the screen. The SCI records considered "Potential Matches" are listed in the lower portion of the screen. After examination, the user may select one of the displayed records or press <**F02**> to ADD the record to the SCI or press <**F03**> to return to RELA to correct the original recipient information entered on the case.

If the user selects an existing record, CMIPS will populate the CIN to the CMIPS case and continue the normal ADD processing through RELB and RELC.

If the user chooses to ADD the individual to the SCI, the user will be presented with the "CLIENT INDEX FORCE ADD" screen again to confirm the Add. When the user presses <**Enter**> to process the Add, a final search of the SCI database will occur using a different set of criteria to determine if there are any "Potential Duplicate" records. If duplicate records exist the SCI POTENTIAL DUPLICATE screen displays.

```
                                                          1 TO 1 OF 1
                       SCI POTENTIAL DUPLICATES
SSN 999-99-9999
NAME LAST XXXXXXXXXXXXXXXXXX FIRST XXXXXXXXXXXX MI X DOB 99/99/9999 SEX X

SEL CO#  CIN       SSN       LAST NAME        FIRST NAME  MI    DOB    SEX
  99 99999999X 9 999-99-9999 XXXXXXXXXXXXXXXXX XXXXXXXXXXX X  99/99/9999 X




F01=HELP F02=ADD CIN F03=RETURN F07=PREV F11=CONT
```

Fig. V-B- 9 – SCI Potential Duplicates screen

The "SCI POTENTIAL DUPLICATE" screen has the same appearance as the POTENTIAL MATCH screen. The recipient information entered on RELA will appear in the top section of the screen and all POTENTIAL DUPLICATE records will list in the lower portion of the screen. Again, the user may select for the displayed list, return to RELA to correct data or press <**F02**> to add the individual. When the ADD has been initiated, the SCI will add the record and CMIPS will populate the associated CIN to the RELA processing on to RELB.

Edits, specific to CIN processing may be encountered during CIN clearance from RELA. See ***Section V-D – RELA, RELB and RELC Screen Edits***.

C. Updating the CIN on a Recipient case:

If the counties determine that the CIN associated with an IHSS Recipient case is incorrect, the CIN may be updated by accessing the recipient case RELA in the C-Change Action. With the RELA displayed, press <**F5**> CIN UPDATE. The CLIENT INDEX POTENTIAL MATCH screen displays showing the multiple CIN records from which the user may select.

```
                                                                  1 TO 1 OF 1
                      CLIENT INDEX POTENTIAL MATCH
SSN 9999-99-9999
NAME LAST XXXXXXXXXXXXXXXXXX FIRST XXXXXXXXXXXX MI X DOB 99/99/9999 SEX X

SEL CO#  CIN       SSN       LAST NAME        FIRST NAME  MI    DOB    SEX
  99 99999999X 9 999-99-9999 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX X 99/99/9999
  99 99999999X 9 999-99-9999 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX X 99/99/9999 X









F01=HELP F02=ADD CIN F03=RETURN F07=PREV F11=CONT
```

The user should evaluate each choice presented and select the appropriate record by placing an "X" in the SEL field to the left that record, and then press <**Enter**>. The user will then need to process through the remaining recipient case screen resolving any edits which may be encountered. When the RELA screen displays, the user will notice that the CIN associated with the case has been updated.

The following edits are associated with Client Index Potential Match or SCI Potential Duplicates screens:

Message	Explanation
MAKE A SELECTION	User must place an "X" in the SEL field to the left of the desired record.
NO CIN SELECTED	User returned to RELA without taking an action to select or add a CIN.

XVI. Inter-County Transfer

With changes to the CMIPS-MEDS Interface in late 2006 it became apparent that CMIPS would need additional enhancement in the management of Inter-County Transfer (ICT) case processing.

Therefore, the CMIPS Recipient case has been enhanced to allow counties to more easily manage the data flow of IHSS recipient case information from CMIPS to MEDS. The use of these fields is optional. The following fields were added to the IHSS recipient case:

- ICT TO – Allows the entry of the two digit county code of the Receiving County. This field can be populated when the ICT documentation has been sent by the Transferring County to the Receiving County.
- ICT FROM – Allows the entry of the ten-digit IHSS case number of the Transferring County when the Receiving County sets up the case in R-Record status. This use of this field on ICT cases allow the verification that the Transferring County has been Terminated at least one day prior to the E or I status being assigned to the Receiving County case. This verification will ensure that the special program information in MEDS is processed correctly.

The use of these fields when processing ICT cases will ensure that the appropriate actions occur in the appropriate order on ICT cases.

For policy related to ICT please review MPP 30-701(i).

The CWDA IHSS Inter-County Transfer form may be found in the Publications section of their website at: http://www.cwda.org/publications.htm.

The CDSS IHSS Inter-County Contact list is available at: http://www.dss.cahwnet.gov/pdf/ihss_ict_list.pdf .

The following edits are associated with the ICT fields. **Hard Edits** require resolution before further processing is allowed. **Soft Edits** are informational identifying potential issues, but allow continued processing without resolution by pressing <Enter>.

Edit	Description
CASE STATUS MUST BE R	**Hard Edit** – Displays when an attempt is made to enter and ICT FM case number in a recipient case in a STATUS other than R.
CIN DOES NOT MATCH ICT FM CASE	**Hard Edit –** When the CIN on the current case does not match the CIN on the case indicated in the ICT FM field.
DOB DOES NOT MATCH ICT FM CASE	**Soft Edit –** When the DOB on the current case does not match the DOB on the case indicated in the ICT FM field.
ICT BEGIN DT MUST BE LATER THAN ICT FM END DT	**Hard Edit –** Displays when the BEGIN DATE on a case with an ICT FM case number is before the END DATE on the ICT FM case.
ICT FM MUST BE TERMED 1 DAY PRIOR	**Hard Edit** – The recipient case indicated in ICT FM must be terminated more than one day prior to the date the current case is being set to E or I STATUS to allow the IHSS Special Program indications in MEDS to be processed correct.
ICT TO CO CANNOT BE CURRENT CO	**Hard Edit –** Inter-County Transfer County may not be the same county as the current case.
ICT TO MUST BE 01 THROUGH 58	**Hard Edit** – Inter-County Transfer County must be County 01 – 58.

Edit	Description
INVALID STATUS FOR ICT	**Hard Edit** – Displays when an attempt is made to change the Status of a recipient case from R – Record to D-Deny when the ICT FM field indication is present.
RECIPIENT CASE WAS NOT FOUND	**Hard Edit –** The IHSS recipient case number indicated in the ICT FM fields does not match an existing IHSS recipient case.
SSN DOES NOT MATCH ICT FM CASE	**Hard Edit –** When the SSN on the current case does not match the SSN on the case indicated in the ICT FM field.

Accessing the RELA, RELB, and RELC Screens

There are three screens in CMIPS specific to IHSS recipient demographics and eligibility. These screens are accessible from the MENU or any other screen in CMIPS by entering the screen Recipient Eligibility A **(RELA)**, Recipient Eligibility B **(RELB)** and Recipient Eligibility C **(RELC)** on the NEXT line. The cursor automatically advances to the ACTION field. Enter the desired ACTION **I** – Inquiry, **A** – Add, **C** – Change or **D** – Delete. Again, the cursor advances to the last field were the ten-digit recipient case number is keyed, then press <**F08**>. CMIPS displays the RELA screen for the entered case number.

Pressing <**Enter**> in any ACTION advances through the remaining recipient eligibility screens. CMIPS will continue to cycle through the screens each time <**Enter**> is pressed.

If edits are encountered when adding or updating a screen, pressing <**F08**> will process through the screens, but previous data entered <u>will not be</u> saved.

To delete an IHSS Recipient case, see ***Section V-B – SOC 293 Special Instructions – III – Deleting a Recipient Case*** for specific details.

RELA Screen

```
      THIS RELA I                  INVALID KEY - MUST BE NUMERIC
      NEXT

  CIN            REPRINT   MC CODE    MC DATE
A SEQ#       AID      SSN     -    -         SEX        BIRTH DATE
B LAST NAME                    FIRST               MI   ICT TO    FM
C ST                                CY                   ST    Z
D PHONE # (     )     -      DP         GUARDIAN
E ST                                CY                   ST    Z

F STATUS  MC AID  CITIZEN  ETHNIC  LANG  OTH/COV  SSNV  HIC./R.R. #   FBU #

G SPOUSE/PARENT   # HH    RCP    RES  L/A  ROOMS  YARD  WASH  DRY  STOVE  REFIG


                   F U N C T I O N A L   L I M I T A T I O N S
H HOUSE  LNDRY  SHOP  MEAL  MOBILITY  BATH  DRESS  BB/M  TRANSFER  EAT  BREATH


                          F U N C T I O N A L
H MEMORY  ORIENT  JUDGE      INDEX     HOURS    W/O IHSS  NEED PROV
                              0.00       0.0
  DATE LAST CHANGED                     DATE ADDED
F03=EXIT F04=CINV F05=CIN UPDATE F08=NEXT
```

Fig. V-C-1 – Recipient Eligibility A – RELA

```
      THIS RELB
      NEXT RELC

  SOC DATE  IND  LINK  #DEP
                                SOURCE / INCOME / DEDUCT       MONTHLY TOTALS
I SOURCE / INCOME / DEDUCT   1    $                     CNTBLE INCOME $
J 2   $                      3    $                     BNFT LVL      $     0.00
K 4   $                      5    $                     IHSS SOC      $
L MODE    RATE  HOURS   MODE   RATE   HOURS             MEDI-CAL SOC  $     0.00
        $                    $                        RECOVERY AMOUNT $     0.00
R                                                     STATE HEARING HRS     0.0
   SEGMENT SELECT
  ACT  BEG DATE END DATE  GROSS AMT MODE RATE  HOURS  SHR/COST TYPE OPT MEALS
M                        $
                         $
N                        $
                         $
O                        $
                         $
P   APPLICATION DATE   REF        FACE/FACE DATE          COUNTY USE

                      ************     SERVICE   WORKER   ***********
Q DO#    F NAME              L NAME               #      PH# (     )     -
F03=EXIT F08=NEXT
```

Fig. V-C-2 – Recipient Eligibility B - RELB

```
      THIS RELC
      NEXT RELA

SEQ# 001  SEG# 01            S E R V I C E   A S S E S S M E N T
                                  CNTY                                      CNTY
   NEED   ADJS IND ND ALT   PURCH USE      NEED   ADJS IND ND ALT   PURCH  USE
AA                                       BB
CC                                       DD
EE                                       FF
GG                                       HH
II                                       JJ
KK                                       LL
MM                                       NN
OO                                       PP
QQ                                       RR
SS                                       TT
UU                                       VV
WW                                       XX
YY
ZZ NOA     REASON CODE      BEGIN DATE  END DATE        ADVANCE?  ALLOW?   PCSP?
    M                       00000000   00000000           N        N        N
AA   0.00 -   0.00 * 4.33 +   0.00 =   0.00 -   0.00 =   0.00      0.00
   WEEKLY   MEAL           MONTHLY    TOTAL   AB1612   NET HRS  PURCHASE  UNMET
F03=EXIT F08=NEXT
```

Fig. V-C-3 – Recipient Eligibility C - RELC

RELA, RELB, RELC Screen Edits

Online edits display during data entry to alert the user that data or a combination of data entered is invalid, **Hard Edit**, or potentially incorrect, **Soft Edit**. If the data entry was a keying error, the user can make the correction. Otherwise, the originating Service Worker should review the document for accuracy.

Online edits associated with RELA, RELB, and RELC are listed in alphabetic order followed by a brief explanation and/or resolution. These edits will display in the upper left corner of the screen in CMIPS. See ***Section V-A – SOC 293 Field-by-Field Description*** for valid field entries.

Edit Message	Explanation
ACTION INVALID FOR THIS SCREEN	**Hard Edit** – The Action keyed is not allowed for the screen. The only valid actions are **A**-Add, **C**-Change, **I**-Inquiry, or **D**-Delete.
ADDRESS VERIFICATION UNAVAILABLE	**Hard Edit** – CASS is not available – contact the State contractor. ***Refer to Section V-B-XI-Address Verification Screen for complete instructions.***
ADJS CANNOT BE > NEED	**Hard Edit** – Adjustment hours cannot be greater than the individual assessed need hours.
ALT RESOURCE CAN'T BE GREATER THAN ASSESSMENT	**Hard Edit** – Alternative resource hours cannot be greater than the individual assessed need hours.
APPL DATE CANNOT CHANGE	**Hard Edit** – The APPLICATION DATE cannot change unless the case goes from T or D status to R, I, E or D status. If the case was denied or terminated in error and is being reactivated using reason codes 404 or 408, no change in the APPLICATION DATE is required.
APPL DT CANNOT EXCEED ASSESS DT	**Hard Edit** – APPLICATION DATE, Field P1 must be on or before the recipient's FACE-TO-FACE DATE, Field P3.
APPLICATION DT GREATER CURR DT	**Hard Edit** – The APPLICATION DATE, Field P1 cannot be greater than the current date.
BEGIN DATE CAN'T BE LESS THAN SOC DATE	**Hard Edit** – SOC DATE, Field I1, and BEGIN DATE, Field ZZ3, must be the same.
BENEFIT LEVEL WAS NOT FOUND.	**Hard Edit** – The BNFT LVL, Field J3, entered is not valid. There are no benefit level dollars for the SOC IND keyed in Field I1.
BENEFIT LVL REQUIRED FOR CASE AID CODE	**Hard Edit** – Enter a BNFT LVL in Field J3.
BIRTH DATE > CURRENT DATE	**Hard Edit** – BIRTH DATE, Field A6 cannot be greater than the current date.
BLIND – NO RMA ALLOWED	**Hard Edit** – Client is blind, no meals option allowed.

Edit Message	Explanation
BOTH HOURS FIELDS CAN'T BE ZERO	**Hard Edit** – When the case is mixed mode, hours must be entered in only one L line HOURS field.
CASE MUST BE IN D OR T STATUS	**Hard Edit** – This edit is set when an attempt is made to key a Manual NOA 409, 444 or 445 and the recipient case is not in T-Terminated or D-Denied Status.
CASE STATUS MUST BE I OR E	**Hard Edit** – This edit is set when an attempt is made to key a Manual NOA 408 and the recipient case is not in I-Interim Eligible or E-Eligible Status.
CASE STATUS MUST BE L	**Hard Edit** – This edit is set when an attempt is made to key a Manual NOA 470, 471, 472, or 473 and the recipient case is not in L-Leave Status.
CASE STATUS MUST BE R	**Hard Edit** – Displays when an attempt is made to enter and ICT FM case number in a recipient case in a STATUS other than R.
CASE STATUS MUST BE T OR L	**Hard Edit –** The recipient case must be in Terminated or Leave status for the requested NOA message to be used.
CHANGES NOT ALLOWED ON TAD REPRINT	**Hard Edit** – If a TAD reprint has been requested, changes cannot be made to the case on the same day as the reprint request.
CIN DOES NOT MATCH ICT FM CASE	**Hard Edit –** When the CIN on the current case does not match the CIN on the case indicated in the ICT FM field.
CIN NOT SELECTED	**Hard Edit** – Client Index Number (CIN) has not been assigned to recipient case.
CODE REQUIRED D2	**Hard Edit** – Disaster Preparedness Assessment code must be entered in Field D2 – DP.
CONFIRM THE SOC DATE	**Soft Edit** – When removing the SOC information, make sure the correct date is in field I1.
COUNTY WAS NOT FOUND	**Hard Edit** – The county code entered is incorrect – must be 01 – 58. See ***Section II-D – County Number Table***.
D ACTION MUST BE ON RELA	**Hard Edit** – Cannot key D on RELB or RELC to delete a recipient record. See ***Section V-B – Special Instructions – Deletion of a Recipient Case***.
D IS ONLY VALID ACTION	**Hard Edit** – Only valid entry for Fields M1, N1, or O1 – ACT is **D**-Deletion of segments.
DATE IS NOT REQUIRED	**Hard Edit** – Cannot enter SOC DATE in I1 because Aid Code, Field A3 – AID, entered is not a SOC Aid Code 18, 28 or 68.

Edit Message	Explanation
DATE RANGES CANNOT OVERLAP	**Hard Edit** – Date ranges between eligibility segments cannot overlap.
DAY MUST BE THE LAST DAY OF THE MONTH	**Hard Edit** – When adding a case in E or I STATUS, Field F1, the END DATE, Field ZZ4, must be the last day of the month.
DEDUCT > INCOME	**Hard Edit –** The amount entered in the DEDUCT field may not exceed the amount entered in the corresponding INCOME field.
DELETED ELIG HAS PAYMENTS	**Soft Edit** – The eligibility segment being deleted has associated payments. To complete the transaction and delete segment, press <**Enter**>.
DISCONT DATE MUST BE > = LAST SOC DATE	**Hard Edit** – SOC DATE entered in Field I1 must be equal to or greater than the last current case SOC date.
DISTRICT OFFICE WAS NOT FOUND	**Hard Edit** – The District Office keyed in Field Q1 is not known to CMIPS.
DOB DOES NOT MATCH ICT FM CASE	**Soft Edit –** When the DOB on the current case does not match the DOB on the case indicated in the ICT FM field.
DOCUMENT IS NOT YET PRINTED	**Hard Edit** – A reprint of the current case or NOA has been requested, but not yet printed. Print requests are processed nightly. Additional reprints may be requested the following business day.
DOUBLE CC MODE NOT ALLOWED	**Hard Edit** – Cannot assign two contractors (CC) to a single case.
D-STATUS – NO GRID UPDATES ALLOWED	**Hard Edit** – A case in D STATUS, Field F1, will not allow grid to be updated.
DT RNG > 3 MO W/GG OR XX & UU HR	**Hard Edit** – BEGIN DATE, Field ZZ3 and END DATE, Field ZZ4 cannot be greater than three months for GG, UU, and XX hours.
EATING M/B 6 IF MEAL-PREP IS 6	**Hard Edit** – If meal preparation = 6, eating must also = 6.
EFFECTIVE DATE LESS THAN APPL DATE	**Hard Edit** – The eligibility segment BEGIN DATE, Field ZZ3, cannot be before the APPLICATION DATE.
EFFECTIVE DATE REQUIRED FOR SOC	**Hard Edit** – A SOC DATE, Field I1 is required for Share of Cost.
EFT REJECTION NOA IS INVALID	**Hard Edit** – NOA code 415 is invalid, recipient is eligible for EFT.

Edit Message	Explanation
ELIG CAN'T SPAN PARENT/SPSE PROV CHG DT	**Hard Edit –** Appears when the Medi-Cal Secondary Aid Code has changed from a 2N – IHSS Residual to either a 2L – IHSS Plus Waiver or 2M – PCSP and the recipient Authorized Hours (Field aa6) are less than 283 and the case has unmet need. The eligibility BEGIN Date must be changed to correspond with provider changes.
ELIG CANNOT SPAN FFP CHANGE DATE	**Hard Edit –** Appears when the Medi-Cal Secondary Aid Code has changed from either a 2L – IHSS Plus Waiver or 2M – PCSP to a 2N – IHSS Residual and the recipient is NSI and the Authorized Hours (Field aa6) are greater than 195.
ELIG CANNOT SPAN 3.6% REDUCTION	**Hard Edit** –Appears when the assessment segment contains February 2011 within the date span. Segment must begin with February 1, 2011 or after February 28, 2011.
ELIG TO DATE DAY MUST BE > 01	**Hard Edit** – When changing case from L to E STATUS, Field F1, the END DATE, Field ZZ4 must be greater than the BEGIN DATE, Field ZZ3.
END DATE MUST BE END OF THE SAME MONTH	**Hard Edit** – A Recipient terminated or denied with no need, or SOC greater than need; the ENDING DATE, Field ZZ4 must be in the same month as BEGINNING DATE, Field ZZ3.
ENTER A VALID DATE IN THE FORMAT MMDDYYYY	**Hard Edit** – Date fields require a two-digit month, two-digit day and four-digit year.
ENTER IS INVALID – NO USPS ADDRESS FOUND	**Soft Edit** – The address entered does not match the latest USPS address file. Select either PF5 – RETURN TO REKEY THE ADDRESS or PF6 – UPDATE CMIPS WITH ADDRESS ENTERED.
ENTER MODE HOURS	**Hard Edit** – Mixed Mode case with Meals Allowance and the IP Mode segment HOURS are 0 and GROSS AMT is not $62.
ENTER TO CONFIRM DELETE	**Soft Edit** – Press <**Enter**> to delete the case.
FACE TO FACE DT GREATER THAN CURR DT	**Hard Edit** – The FACE/FACE, Field P3, cannot be greater than the current date.
FIELD CONTAINS INVALID CHARACTER.	**Hard Edit** – RELB, M, N and O field entry for GROSS AMT, RATE, HOURS or SHR/COST must be numeric.
FIELD CONTAINS NON ALPHA CHAR	**Hard Edit** – A numeric character was keyed in the Recipient Name, Fields B1, B2 or B3 or Guardian Name, Field D4.
FIELD IS NOT REQUIRED	**Hard Edit** – Share of cost information is not required because this is not a share of cost case.

Edit Message	Explanation
FIELD MUST BE EITHER Y OR N OR A	**Hard Edit** – REPRINT field entry is limited to **N** – System Default, no reprint, **Y** – Reprint SOC 293, or **A** – Reprint NOA
FIELD MUST BE NUMERIC	**Hard Edit** – FBU, Field F9 or L/A, Field G5 must be numeric values.
FIELD NOT ALLOWED ON 'R' STATUS	**Hard Edit** – Appears when • Grid hours are assigned on RELC and STATUS is R-Record • An attempt is made to change current STATUS of E, L, D, T, or I to R-Record
FUNCTION INDICATES NO AMBULATION SRV	**Hard Edit** – Functioning rank indicates no ambulation service needed.
FUNCTION INDICATES NO B & B SRV	**Hard Edit** – Functioning rank indicates no bowel and bladder care service needed.
FUNCTION INDICATES NO BATHING SRV	**Hard Edit** – Functioning rank indicates no bathing, oral hygiene or grooming services needed.
FUNCTION INDICATES NO BED/BATH SRV	**Hard Edit** – Functioning rank indicates no bed/bath service needed.
FUNCTION INDICATES NO DOMESTIC SRV	**Hard Edit** – Functioning rank indicates no domestic service needed.
FUNCTION INDICATES NO DRESSING SRV	**Hard Edit** – Functioning rank indicates no dressing service needed.
FUNCTION INDICATES NO FEEDING SRV	**Hard Edit** – Functioning rank indicates no feeding services needed.
FUNCTION INDICATES NO LAUNDRY SRV	**Hard Edit** – Functioning rank indicates no laundry service needed.
FUNCTION INDICATES NO MEAL SERVICE	**Hard Edit** – Functioning rank indicates no meal preparation and/or meal clean up needed.
FUNCTION INDICATES NO MOVE IN/OUT SRV	**Hard Edit** – Functioning rank indicates no moving in/out of bed or other transfer service needed.
FUNCTION INDICATES NO PROTECTIVE SUPERVISION	**Hard Edit** – Functioning rank indicates no protective supervision service needed. The ranking in memory, orientation and judgment must equal a total of seven, with a ranking of 5 in at least one of these functional limitations.
FUNCTION INDICATES NO RESPIRATION SRV	**Hard Edit** – Functioning rank indicates no respiration service needed.
FUNCTION INDICATES NO SHOPPING SRV	**Hard Edit** – Functioning rank indicates no shopping and/or errand service needed.

Edit Message	Explanation
GRID HOURS < CONST HOURS, PRESS ENTER TO APPL	**Soft Edit** – Case is Mixed Mode. The total PURCHASE, Field aa6 hours are less than the hours entered on the grid. If this is acceptable, press <**Enter**> to continue. If not, return the case to the service worker for correction.
GRID OR STATUS CHANGE REQUIRED	**Hard Edit** – If TOTAL, Field aa5, is equal to 0, then a grid must be completed for entry into the eligibility segment(s).
HIT ENTER TO CONTINUE	**Soft Edit** – Press <**Enter**> to continue to next screen.
HOURS CANNOT EXCEED STATE MAX	**Hard Edit** – Invalid hours entry in prorated segment, Field aa6. Exceeds the current maximum of 283.0 hours.
ICT BEGIN DT MUST BE LATER THAN ICT FM END DT	**Hard Edit –** Displays when the BEGIN DATE on a case with an ICT FM case number is before the END DATE on the ICT FM case.
ICT FM MUST BE TERMED 1 DAY PRIOR	**Hard Edit** – The recipient case indicated in ICT FM must be terminated more than one day prior to the date the current case is being set to E or I STATUS to allow the IHSS Special Program indications in MEDS to be processed correct.
ICT TO CO CANNOT BE CURRENT CO	**Hard Edit –** Inter-County Transfer County may not be the same county as the current case.
ICT TO MUST BE 01 THROUGH 58	**Hard Edit** – Inter-County Transfer County must be County 01 – 58.
IHSS SOC MUST BE GREATER THAN $0.00	**Hard Edit –** This edit is set when Manual NOA 477 is entered in Field ZZ2 and the IHSS SOC is $0.00.
INCORRECT AID CODE	**Hard Edit** – The AID, Field A3, entered is not a valid aid code. See ***Section V-A – SOC 293 Field-by-Field Description*** for valid codes.
IND/LINK REQS SOURCE INCOME FLD	**Hard Edit** – The LINK, Field I2 and BNFT LVL entered requires entry of source and income codes.
INELIGIBLE SEGMENT MUST BE < ONE MONTH	**Hard Edit** – When a case is being denied or terminated because the share of cost is greater than need or there is no need, the dates entered in fields ZZ3 and ZZ4 can only be one single month, i.e. 10/01/2000 to 10/31/2000.
INS DATE MUST BE >BDAY & < TODAY	**Hard Edit** – Invalid date entered. Date must be after the recipient's birthday and before the current entry date.

Edit Message	Explanation
INV NOTICE CODE FOR REASON	**Hard Edit** – If NOA Code 530 is entered in Field ZZ2, then a "**C**-Return to County" must be entered in Field ZZ1, NOA to generate a NOA which will allow the Social Worker to enter additional information.
INV WOUT IHSS MUST BE 1-5, 7-9	**Hard Edit** – The entry in Field H3, W/OUT IHSS, is invalid.
INVALID ADVANCE PAY TYPE	**Hard Edit** – Recipient must be both an IP mode case and severely impaired.
INVALID AID CODE FOR RECIPIENT AGE	**Hard Edit** – Invalid Aid Code – Recipient is under age 65. The aid code 10 or 18 must be used only for recipients' 65 years of age and over.
INVALID BENEFIT LEVEL	**Hard Edit** – Only benefit levels of 1 through 21 are valid. If entering benefit level 15 through 21, fields I2 through K2 must be blank.
INVALID CENTURY - MUST BE 18/19/20	**Hard Edit** – The recipient's date of birth century must be 18, 19 or 20.
INVALID CHANGE	**Hard Edit** – Cannot change share of cost date in I1 that indicates the last change was from a SOC to a non-SOC case.
INVALID CHECK DIGIT ENTERED	**Hard Edit** – Either the check digit entered is incorrect or only a nine digit case number was entered.
INVALID CODE POSITION 1	**Hard Edit** – Invalid Disaster Preparedness Assessment code entry. Valid codes are A, B, C, D, E, F and Z.
INVALID CODE POSITION 2	**Hard Edit** – Invalid Disaster Preparedness Assessment code entry. Valid codes are A, B, C, D, E, and Z.
INVALID CODE POSITION 3	**Hard Edit** – Invalid Disaster Preparedness Assessment code entry. Valid codes are A, B, C, D, E, F, G, and Z.
INVALID DATE RANGE	**Hard Edit** – The dates entered in BEGIN DATE, Field ZZ3, and END DATE, Field ZZ4, may not span more than 13 months.
INVALID DEL-PAYMENT/PROV EXISTS	**Hard Edit** – A recipient cannot be deleted if a payment to a provider exists against the recipient case.
INVALID ENTRY FOR SOC INDICATOR	**Hard Edit** – Effective June 1, 2006 the only valid SOC IND value is **D** for any recipient case with Aid Code 18, 28 or 68. See ***Section V-A – SOC 293 Field-by-Field Description***.
INVALID FUNCTION KEY	**Hard Edit** – The Function key (PF) keyed used does not have an associated function on the screen.

Edit Message	Explanation
INVALID KEY - MUST BE NUMERIC	**Hard Edit** – Invalid recipient number was entered. Must enter a valid 10 digit numeric case number.
INVALID LIVING CODE	**Hard Edit** – Invalid entry in Field G-5, Living Arrangement. Valid codes are 01-05.
INVALID MANUAL NOA MSG CODE	**Hard Edit** – Entry of a 300 series NOA message is not allowed.
INVALID PAYT OPT UPDATE/PAYMENT MADE	**Hard Edit** – Pay option cannot be changed after payment is made.
INVALID PHONE NUMBER – MUST BE NUMERIC	**Hard Edit** – PHONE, Field D1, must be numeric.
INVALID SEX CODE – MUST BE M OR F	**Hard Edit** – SEX, Field A5 is missing or a value other than M or F.
INVALID SOURCE INCOME	**Hard Edit** – Income SOURCE code is invalid for case.
INVALID STATUS CODE CHANGE	**Hard Edit** – Invalid STATUS change from: • E-Eligible to D-Deny, R-Record or I-Interim • I-Interim to D-Deny, R-Record
INVALID STATUS FOR AID CODE	**Hard Edit** – STATUS "I-Interim" requires an AID Code of "28" or "68" in Field A3.
INVALID STATUS FOR ICT	**Hard Edit** – Displays when an attempt is made to change the Status of a recipient case from R – Record to D-Deny when the ICT FM field indication.
INVALID TRANSACTION CODE ENTERED	**Hard Edit** – The screen identifier entered on the NEXT line is invalid.
INVALID VALUE, REFER TO USER MANUAL	**Hard Edit** – Invalid value or code keyed.
L LINE AND M LINE CANNOT BE CHANGED TOGETHER	**Hard Edit** – Information cannot be changed in L Line, Mode/Rate/Hours, and M Line, Mode/Rate/Hours at the same time.
L LINE CHANGE - REKEY BEGIN DATE	**Soft Edit** – A change was made on the L Line; the BEGIN DATE, Field ZZ3, must be verified. If the existing date is correct, press <**Enter**> to complete the transaction.
LA FBU MUST BE 101	**Hard Edit** – Los Angeles County must always have FBU = "101".
LEAVE STATUS NOT ALLOWED	**Hard Edit –** Cases may not be added in L-Leave Status; nor may a case be changed from T-Terminated or D-Denied to L-Leave Status.
LINK 4 OR 5 – AGE >21 INVALID	**Hard Edit** – Recipient must be less than or equal to 21 years old.
LINK IND/SOURCE INCOME MISMATCH	**Hard Edit** – Cannot have a LINK, Field I2, of 1 combined with an SOURCE/INCOME/ DEDUCT of 8 or 9.

Edit Message	Explanation
MANUAL NOA CODES CONFLICT	**Hard Edit** – NOA codes 529, 530 and/or 531 may not be entered simultaneously
MANUAL NOA NOT FOUND	**Hard Edit** – This edit is set when an attempt is made to use an invalid Manual NOA Message is entered in Field ZZ2.
MAY BE PCSP ELIGIBLE	**Soft Edit** – Case meets criteria for PCSP, but is not indicated as PCSP. If case is PCSP, enter a "Y" to the right of ZZ6 on the SOC 293, enter a "Y" in "PCP?" field on the RELC screen.
MC DATE AND MC CODE REQUIRED	**Hard Edit –** Beginning August 1, 2011, the two Medical Certification Fields are required when authorizing hours for new applicants or for reassessment updates.
MC FIELDS REQUIRED FOR FACE TO FACE CHANGE	**Soft Edit –** Beginning August 1, 2011, updates to RELA will set reminder when the MC Code and MC Date fields are blank. Press enter to continue.
MEAL HOURS REQUIRED FOR MEAL OPTION	**Hard Edit** – Hours are required in BB, CC, or EE for meal option.
MEAL-PREP M/B 6 IF EATING IS 6	**Hard Edit** – Meal preparation must equal 6 when eating equals 6.
MEDI-CAL SECONDARY AID CODE MUST BE 2L	**Hard Edit** – This edit is set when an attempt is made to key a Manual NOA 409 and the Medi-Cal Secondary Aid Code on the recipient case is not 2L (IHSS Plus Waiver).
MEDI-CAL SECONDARY AID CODE MUST BE 2N	**Hard Edit –** This edit is set when Manual NOA 477 is entered in Field ZZ2 and the recipient case Medi-Cal Secondary Aid Code is not 2N.
MID MO CHANGE – MIXED MODE REQ	**Hard Edit** – When changing mode mid-month, it is necessary to create a mixed mode for the month of change.
MM INVALID FOR MALE CODE "M"	**Hard Edit** – Menstrual care, Line MM, is invalid if Field A5, SEX is M.
MODE CHANGE, ENTER NEW RATE	**Hard Edit** – Mode has changed on L line, must enter new rate if a rate other than the current default is desired.
N0A 530 REQUIRED BASED ON SOC IND	**Hard Edit** – If SOC indicator is an "E", Field ZZ1, NOA, must be 530.
NEW APPLICATION DATE REQUIRED	**Hard Edit** – New APPLICATION DATE required if changing from status D or T to status R, I, or E. This edit can be overridden on RELB and RELC if reason codes such as 404 or 408 are entered.

Edit Message	Explanation
NEW DATE NEEDED FOR SOC	**Hard Edit** – When an Aid Code changes from 18, 28 or 68 to 10, 20, or 60, either leave the original SOC date or enter a new one. The SOC DATE, Field I1, may not be blank.
NO CHNG RMA MID MO	**Hard Edit** – Cannot add meal services mid-month.
NO CHNG TO MEAL SERVS MID	**Hard Edit** – Meals Allowance, Field ZZ6 may not be added mid-month.
NO DEPENDENTS ALLOWED FOR LINK 1	**Hard Edit** – Field I3, DEP must be blank if Field I2, LINK is 1.
NO DEPENDENTS ALLOWED FOR LINK 2	**Hard Edit** – Field I3, DEP must be blank if Field I2, LINK is 2.
NO SOURCE/LINK ALLOWED FOR LEVEL	**Hard Edit** – BNFT LVL, Field J3, indications of 15 through 21 do not require a LINK, Field I2 or SOURCE, Field I4 data entry.
NOA MESSAGE MUST BE PCSP	**Hard Edit** – If NOA Code, Field ZZ2, is 530 the PCSP flag, Field "PCP?" on RELC must be "Y-Yes".
NOA NOT FOUND, REPRINT REQ IGNORED	**Hard Edit** – The NOA requested was not found. The reprint request was ignored.
OPEN SEGMENT NOT ALLOWED	**Hard Edit** – An E or I STATUS, Field F1, recipient cannot have a break in eligibility segments. However, there can be a break in eligibility segments if the case went from E or I status to L or T status, and then back to E or I.
PCSP NOT ALLOWED WITH ADVANCE PAY	**Hard Edit** – A case may not be indicated as PCSP, Field PCP?, on RELC if the recipient is advance pay, Field ZZ5, ADVANCE?
PCSP NOT ALLOWED: PCP HOURS < .01	**Hard Edit** – A "Y" cannot be entered into the PCP? field for a recipient with less than .01 of an hour in the following fields: HH, II, JJ, KK, LL, MM, NN, OO, PP, QQ, RR, or YY.
PCSP REQUIRED BASED ON SOC IND	**Hard Edit** – If Field I1, SOC. is "E" the PCPS field on the RELC, PCP? must be Y-Yes.
PERSON WAS NOT FOUND	**Hard Edit** – If PF3 is keyed while the person screen is displayed CMIPS returns to the RELA, indicating the transaction did not complete.
PLEASE ERASE NON CONSTANT	**Hard Edit** – For a mixed mode case, enter HOURS for only one Mode on the L Line.
PLEASE VERIFY RATE HIT ENTER TO CONTINUE	**Soft Edit** – Alerts the worker to the rate entered to avoid keying wrong rates. Verify rate is correct and press <**Enter**> to continue.
RATE LESS THAN MINIMUM WAGE	**Soft Edit** – Verify RATE is correct and press <**Enter**> to continue.

Edit Message	Explanation
RATE TIMES HOURS OVER $9,999.99.	**Hard Edit** – The L line hours times the rate exceeds $9,999.99.
RATE/HOURS WITH NO MODE	**Hard Edit** – A MODE and RATE must be entered.
REASON CODE CAN'T BE SAME	**Hard Edit** – The same NOA Reason Code, may not be entered twice in Field ZZ2.
RECIPIENT ALREADY ACTIVE IN CMIPS	**Soft Edit** – Attempting to add a case for a recipient for whom an Active STATUS case already exists
RECIPIENT CASE ALREADY EXISTS	**Hard Edit** – The case number entered may not be added as a case with the same number already exists.
RECIPIENT CASE WAS NOT FOUND	**Hard Edit** – The recipient number entered is not found in CMIPS.
RECIPIENT CASE WAS NOT FOUND	**Hard Edit –** The IHSS recipient case number indicated in the ICT FM fields does not match an existing IHSS recipient case.
RECIPIENT ELIGIBILITY STATUS INVALID	**Hard Edit** – Case Status is R. Cannot have grid hours, ZZ3 or ZZ4 dates entered on RELC.
RECIPIENT OTHER COVERAGE WAS NOT FOUND	**Hard Edit** – Invalid code for other coverage entered in field F6.
RECIPIENT_293 WAS NOT FOUND	**Hard Edit** – Occurs when there is a linkage issue between the recipient case and one of the associated case tables. *Contact the IHSS Help Desk for assistance.*
REFUSED CAN'T BE > IHSS	**Hard Edit** – Refused services cannot be greater than Individual Assessed Need.
REKEY BEGINNING DATE TO VERIFY	**Hard Edit** – Changes made to the case require re-entering the Beginning Date to verify the entry was correct. If ZZ3 date is correct, press <**Enter**> to continue.
RELB M LINE CHANGES OVERRIDDEN	**Hard Edit** – If changes are made on the M Line as well as the Grid and/or ZZ Line Date(s); RELC (grid and/or ZZ line dates) entries will take precedence over the M Line entries.
REQUIRED FLD IS MISSING	**Hard Edit** – Highlighted field requires data entry.
RSN 999 MUST BE PRORATED SEGMENT	**Hard Edit** – A prorated segment is required when entering Reason Code 999.
RSN 999 NEEDED WITH HOUR CHANGE	**Hard Edit** – If Total Need Hours (aa6) changed, Reason Code 999 is required.
SAME MODE WITH IDENTICAL RATE	**Hard Edit** – There cannot be a mixed mode on the L, M, N, or O lines when the modes are identical and rates are identical.
SCI NOT AVAILABLE, NO CIN ASSIGNED	**Hard Edit** – The Statewide Client Index (SCI) System is down, contact State Contractor.

Edit Message	Explanation
SCI SSN INVALID, SSN REQUIRED	**Hard Edit** – The SSN returned from Statewide Client Index (SCI) does not conform to SSA pattern match criteria. User must enter a valid SSN for recipient.
SCREEN FUNCTION NOT ALLOWED FOR USER	**Hard Edit** – User is not authorized to perform function attempted.
SOC > PROB PROV NET ENTR 536 OR 538 IF APPL	**Soft Edit** – The recipient's share of cost is greater than the individual provider's probable net wage. The county must collect a portion of the share of cost. If necessary enter NOA 536 or 538, otherwise, press <Enter> to override the edit.
SOC DATE CAN'T BE LESS THAN APPLICATION DATE	**Hard Edit** – SOC DATE, Field I1, is invalid because it is prior to the APPLICATION DATE.
SOC DATE NOT CURRENT	**Soft Edit** – When encountered on RELB. Edit may be overridden by pressing <**Enter**>. **Hard Edit** – When encountered on RELC Appears when • SOC Date entered is less than the most recent Cost of Living Adjustment (COLA) Benefit Level Update begin date or • The date range entered on the RELC screen spans Benefit Level Update timeframes Refer to ***Section II-K – Share of Cost Benefit Level Updates*** for current dates.
SOC DATE SPLITS SEG - MUST BE 01	**Hard Edit** – The SOC DATE in Field I1 must be the first of the month unless initially adding a case to CMIPS.
SOC ENTRIES > SOC TOT AMOUNT	**Hard Edit** – The SOC dollars that were manually entered are greater than the total IHSS SOC amount in K3.
SOC INVALID FOR AID CODE ON FILE	**Hard Edit** – The AID Code, Field A3, is not valid for a SOC recipient.
SOC IS GREATER THAN GROSS AMT	**Hard Edit** – Either: • The manual entry of share of cost amount on Field M6, N6, or O6 is greater than the gross dollars. or: • This is a hard edit indicating that, on RELC, the system calculated SOC is greater than the gross dollars derived from multiplying the total purchase hours times the county rate.

Edit Message	Explanation
SOC REQUIRES MODE	**Hard Edit** – A share of cost amount was entered on the M, N or O line but no mode is associated with the eligibility segment.
SOC TABLE IND MUST BE "E"	**Hard Edit** – If NOA REASON CODE, Field ZZ3, is 530 the SOC, Field I1, must be "E".
SOURCE INCOME REQS IND/LINK FLD	**Hard Edit** – Enter a Link Code in Field I2, LINK.
SSN DOES NOT MATCH ICT FM CASE	**Hard Edit –** When the SSN on the current case does not match the SSN on the case indicated in the ICT FM field.
SSN INVALID	**Hard Edit** – SSN entered does not pattern match with values provided by Social Security Administration. ***Refer to Section V-B- Special Instructions – Person List Screen***.
STATUS CHANGED – RELC REQD	**Hard Edit** – Status change. New grid information, NOA codes, reason codes, and ZZ3 and ZZ4 dates may need to be entered on the RELC screen.
SYSTEM ERROR OCCURRED – CONTACT EDS	**Hard Edit** – Interface error occurred between contractor and SCI. User should contact EDS Help Desk.
SYSTEM ERROR OCCURRED – CONTACT SUPPORT	**Hard Edit** – User should contact EDS Help Desk.
The following "function" edits alert the worker that a functioning level of "1" on the H Line of the SOC 293 (RELA) does not support service hours authorized on the SOC 293 grid (RELC).	
TOTAL DEDUCT MUST BE < 100,000.00	**Hard Edit** – The monthly deduct amount may not exceed the 99,999.99 field length.
TOTAL HOURS < PURCHASE HOURS	**Hard Edit** – The total hours manually entered on the RELB M, N or O segments are less than the corresponding hours on the RELC grid's PURCHASE HOURS.
TOTAL HOURS > PURCHASE HOURS	**Hard Edit** – The total hours manually entered on the RELB M, N or O segments are greater than the corresponding hours on the RELC grid's PURCHASE HOURS.
TOTAL HOURS GREATER THAN ALLOWED	**Hard Edit** – Total weekly hours exceed allowable amount of hours per week. Check hours keyed on RELC grid.
TOTAL INCOME MUST BE < 100,000.00	**Hard Edit** – The monthly income amount may not exceed the 99,999.99 field length.
UNABLE TO DELETE LINES, M N AND O	**Hard Edit** – Cannot delete all eligibility lines. Must leave at least one eligibility segment.

Edit Message	Explanation
UNMET NEED – CANNOT CHANGE	**Hard Edit** – Cannot change hours on RELB segment(s) because corresponding RELC grid has unmet need. Any changes must be made by keying new information on the RELC grid.
UPDATE PROV SOC TO ZERO	**Hard Edit** – Displays when a recipient case has been updated with new SOC information and the provider is not designated as a one-to-one provider. Each provider case should be evaluated to determine the provider(s) to whom a SOC will be assigned.
VALID MODES ARE: 'IP', 'CC', OR 'HM'	**Hard Edit** – Manually keyed mode is invalid. Can only enter IP, CC or HM.
VALID VALUES ARE 1-3	**Hard Edit** – The "SEGMENT SELECT" field on the RELB screen only accepts a value of 1-3 corresponding to the grid segments M, N or O.
VALIDATE MANUAL GROSS AMT HIT ENTR TO CONT	**Soft Edit** – Verify that the amount manually entered on Lines M, N, or O is correct. Press <**Enter**> to accept the entry.
VERIFY HOURS	**Soft Edit** – The hours keyed in the Total Need column of the Grid for each service type exceed 10.00. Verify the entries were correct. Can override.
WW HOURS OVER STATE MAX	**Hard Edit** – Hours in "WW" are over the statutory maximum. The total number of hours in the AUTH TO BE PURCHASED column times 4.33 cannot exceed the state maximum. State maximum is 195.0 hours for non-severely impaired and 283.0 for severely impaired. Since no unmet need is allowed for WW services, CMIPS automatically reduces the other purchase hours to accept the WW hours.
WW MUST BE 168	**Hard Edit** – If a recipient is eligible for protective supervision, the only valid entry in the TOTAL NEED column is 168.00 hours.

SOC 293 Warning Alert Messages

Alert messages notify Social Workers that entries on the SOC 293 require review and/or action. Most Alert messages may require some corrective action; however some may be informational only. The following facts relate to Alert Messages:

1. All Alert Messages are assigned a three-character numeric Alert Code value from 001-299
2. Alert Codes print in Field R, Alert Messages on the SOC 293 Turnaround Document
3. Some Alert Codes display on RHSD – See ***Section IV-A – Recipient History Screen***
4. Cases meeting the criteria for an Alert Code will appear on the monthly CMIPS Warning Alert Listing – See ***Section XIV-D – CMIPS Warning Alert Listing***.

Multiple Eligible Cases

Alert Code	Alert Message
001	Recipient {Recipient Case Number} in {Status} status in {County Name} County with Worker {Social Worker Name} at {SW Phone Number}.

Time Limited

Alert Code	Alert Message
003	Application pending over ____ days
004	Provisional approval over _____ days
005	Leave status since MM/DD/CCYY
006	Service (GG, UU, XX) time limited _____ month(s)
008	All services are time-limited. Discontinue case.

Adjustments

Alert Code	Alert Message
011	Shared Living, AA-GG, services not adjusted. Begin {MM/DD/YY} End {MM/DD/YY}.
012	Review UU, VV, WW, XX. Proration required?

Able & Available Spouse

Alert Code	Alert Message
013	A & A spse. AA, BB, CC, DD, EE, FF, GG, UU, VV, XX not allowed
014	A & A spse. Confirm employment, other unavoidable absence status for auth of BB, SS, TT, WW

Parent

Alert Code	Alert Message
015	Parent – AA not allowed
021	Recipient 18 or over, review Spouse/Parent code (G1); Benefit Code (J3).

Aid Code

Alert Code	Alert Message
023	Recipient becomes 18 during {Month}. Update Spouse/Parent (G1) and SOC Benefit Code (J3).

Electronic Funds Transfer

Alert Code	Alert Message
041	The electronic funds transfer (EFTS) is in Hold Status.

Address Change

Alert Code	Alert Message
052	Address change only. Review fields G1 through G8, and AA through YY for changes
053	Guardian/conservator change. Review address
054	Recipient has an out-of-state address

Income Eligibility

Alert Code	Alert Message
060	Share of Cost Date is not current

Overpayment Adjustment

Alert Code	Alert Message
072	Recovery amount, Field L3, generated from SOC 330. Issue manual NOA to recipient.

Functioning

Alert Code	Alert Message
108	Effective MM/DD/CCYY functioning ranks indicate Meal Preparation assessed as Paramedical Service (tube feeding)
119	Effective MM/DD/CCYY functioning rank indicates Feeding assessed as Paramedical Service (tube feeding)
122	Effective MM/DD/CCYY functioning rank indicates Respiration assessed Paramedical Service (suctioning)
200	Did you overlook the need for Domestic and Related Services?
203	Effective MM/DD/CCYY functioning rank indicates need for Domestic Services
204	Effective MM/DD/CCYY functioning rank indicates need for Laundry Services
205	Effective MM/DD/CCYY functioning rank indicates need for Shopping and/or Errands
207	Effective MM/DD/CCYY functioning rank indicates need for Meal Preparation and/or Cleanup
210	Effective MM/DD/CCYY functioning rank indicates Assistance with Ambulation
211	Effective MM/DD/CCYY functioning rank indicates need for Bathing, Oral, Hygiene and Grooming
214	Effective MM/DD/CCYY functioning rank indicates need for assistance with Dressing
215	Effective MM/DD/CCYY functioning rank indicates need for Bowel and Bladder Care
217	Effective MM/DD/CCYY functioning rank indicates need for assistance Moving In/Out of Bed or Other Transfers
218	Effective MM/DD/CCYY functioning rank indicates need for Feeding
221	Effective MM/DD/CCYY functioning rank indicates need for assistance with Respiration
224	Effective MM/DD/CCYY functioning rank indicates need for Protective Supervision

IN-HOME SUPPORTIVE SERVICES
NOTICE OF ACTION-

Note: This notice relates ONLY to your Social Services.
It does NOT affect your receipt of SSI/SSP or Social Security.
KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.

YOUR IHSS OFFICE

IF REQUESTING A STATE HEARING, PLEASE SEND TO:

Case Number

Date Mailed

	NOW	WAS
Your Countable Income:	$	$
Minus SSI/SSP Benefit Level:	$	$
Your Share of Cost:	$	$
Minus Assessed IHSS Cost:	$	$
Income in Excess of Assessed Cost:	$	$

SERVICES	HOURS NOW	PREVIOUS HOURS	(+) INCREASE OR (-) DECREASE
DOMESTIC SERVICES per month: Clean floors, wash kitchen counters, stoves, refrigerators, bathroom; store food, supplies; take out garbage; dust, pick up; bring in fuel; change; make bed and miscellaneous.			
HEAVY CLEANING (one month only):			
RELATED SERVICES per week:			
* Prepare Meals:			
** Meal Cleanup:			
Routine Laundry:			
Shopping for Food:			
Other Shopping Errands:			
NON-MEDICAL PERSONAL SERVICES per week:			
* Respiration Assistance:			
* Bowel, Bladder Care:			
* Feeding:			
* Routine Bed Baths:			
* Dressing:			
* Menstrual Care:			
* Ambulation:			
* Move In/Out of Bed:			
* Bathe, Oral Hygiene/Grooming:			
* Rub Skin, Repositioning, Help On/Off Seats, In/Out of Vehicle:			
* Care/Assistance with Prosthesis:			

SERVICES	HOURS NOW	PREVIOUS HOURS	(+) INCREASE OR (-) DECREASE
ACCOMPANIMENT SERVICES per week:			
Medical Appointment:			
To Alternative Resources:			
YARD HAZARD ABATEMENT:			
Remove Grass, or Weeds, Rubbish (one month only):			
Remove Ice, Snow, per week:			
PROTECTIVE SUPERVISION per week:			
TEACHING/DEMONSTRATION per week: (no more than three months duration)			
* PARAMEDICAL SERVICE per week:			
TOTAL WEEKLY HOURS X 4.33:			
ADD DOMESTIC SERVICE HOURS:			
ADD HEAVY CLEANING:			
ADD REMOVE GRASS, ETC.:			
TOTAL MONTHLY HOURS (rounded to the nearest tenth)			
	NOW	WAS	
Restaurant Meal Allowance:	$	$	

☐ "Since you meet the criteria for 20 hours or more in starred (*) services you can get an advance payment to pay your own provider. If you want to get advance payment, contact your service worker. The double starred (**) service is included in the 20 hours only when assistance with feeding, preparation of meals and meal cleanup are all required."

The above action(s) is supported by Federal Law (Social Security Act), State Law (Welfare and Institutions Code), Federal Regulations (Code of Federal Regulations), State Regulations (California Administrative Code and State Department of Social Services Manual of Policies and Procedures):

You must report immediately any changes that might affect your eligibility or need for In-Home Supportive Services such as change in income, property, living arrangement, medical condition or ability to work. If you have any questions or think additional facts should be considered contact:

District Office: Service Worker: Shift: Telephone:

YOU HAVE THE RIGHT TO FILE A WRITTEN OR ORAL REQUEST FOR A STATE HEARING. PLEASE SEND YOUR WRITTEN REQUEST TO THE COUNTY ADDRESS ON THE TOP RIGHT HAND CORNER OF THIS FORM.

NA 690 (1-01) PLEASE SEE REVERSE SIDE OF THIS NOTICE FOR FURTHER DETAILS

Fig. V-F- 1 – English Language – Notice of Action

Notice of Action Messages NA 690

The Notice of Action (NOA) is used communicate case status, authorization or changes to an IHSS recipient case. IHSS Notices of Action are printed in English or Spanish. The Spanish version is produced when the primary language of the recipient is indicated as Spanish (Field F5 – 1 Spanish). A copy of a blank Spanish NOA can be obtained from the CDSS IHSS/CMIPS Unit upon request.

The following message are either system generated by specific case actions and entries or manually entered by county staff and are used to communicate with the recipient actions associated with the IHSS case.

The Notice of Action field descriptions

Field: **IN-HOME SUPPORTIVE SERVICES NOTICE OF ACTION**

Description: The **TYPE OF ACTION** prints, centered, at the top of the form to the right of the header**.** The message corresponding with the TYPE OF ACTION prints above the HOW/WAS area field E. TYPE of ACTION messages are system generated from SOC 293, Field F1, STATUS and other actions taken on a recipient case.

Type of Action	Message
APPROVAL	YOUR APPLICATION FOR IN-HOME SERVICES DATED MM/DD/YYYY HAS BEEN APPROVED EFFECTIVE MM/DD/YYYY. YOU ARE AUTHORIZED TO RECEIVE SERVICES LISTED BELOW.
DENIAL	YOUR APPLICATION FOR IN-HOME SERVICES DATED MM/DD/YYYY HAS BEEN DENIED.
DISCONTINUANCE	YOUR ELIGIBILITY FOR IN-HOME SERVICES WILL BE DISCONTINUED EFFECTIVE MM/DD/YYYY.
LEAVE	YOUR IN-HOME SERVICES HAVE BEEN TEMPORARILY SUSPENDED EFFECTIVE MM/DD/YYYY.
PROVISIONAL APPROVAL	YOUR APPLICATION FOR IN-HOME SERVICES DATED MM/DD/YYYY HAS BEEN PROVISIONALLY APPROVED EFFECTIVE MM/DD/YYYY. YOU ARE AUTHORIZED TO RECEIVE SERVICES LISTED BELOW.
REASSESSMENT CHANGE	YOUR AUTHORIZATION FOR IN-HOME SERVICES HAS BEEN CHANGED EFFECTIVE MM/DD/YYYY.
REASSESSMENT NO CHANGE	UPON REASSESSMENT WE FIND THERE IS NO CHANGE FROM YOUR PREVIOUS AUTHORIZATION FOR IN-HOME SERVICES EFFECTIVE MM/DD/YYYY.

Field: ADDRESS

Description: The following address fields print on at the top section of the NOA:

- The Recipients IHSS District Office
- The State Hearing Office
- The Recipient or Guardian/conservator's mailing address

Field: CASE NUMBER
Description: The recipient IHSS case number

Field: DATE MAILED
Description: The date the NOA was mailed. This date is system generated if the NOA meets the "Due Process" criteria which requires notification of the recipient within 13 days. The thirteen days are counted from the day of data entry.
If a NOA does not meet the DUE PROCESS criteria, this field will be hand written by the Service Worker, the date the NOA was mailed.

To the right of the date the Medi-Cal Secondary Aid Code will be indicated. This indication (2L, 2M or 2N) assists County Staff in knowing the appropriate NOA 350 insert to include in the mailing.

Field: TYPE OF ACTION MESSAGE
Description: Additional message associated with the TYPE OF ACTION previously indicated at the top center of the NOA.

Field F: THE SHARE OF COST – NOW/WAS
Description: The monies currently (NOW) and previously (WAS) associated with Share of Cost calculations. These fields will appear blank if there is no SOC associated with the recipient case.

Field: THE SERVICES – NOW/WAS
Description: Indicates the hours currently (NOW) and previously (WAS) assessed for services.

Field: ADVANCE PAYMENT NOTIFICATION
Description: A notice of eligibility for advance payment to severely impaired recipients. The box in the lower left section of the document will be checked.

Field: NOA MESSAGES
Description: Verbiage associated with automated and manual NOA code reasons associated to action messages. ***(See NOA Codes below.)***

Field: DISTRICT OFFICE
Description: The District Office within the county responsible for the recipient case.

Field: SERVICE WORKER
Description: The name (Last Name, First Name) of the Service Worker responsible for the recipient case.

Field: SW#
Description: A numeric value associated with the Service Worker.

Field: TELEPHONE
Description: The telephone number of the Service Worker associated to the recipient case.

Field: RIGHT TO REQUEST A STATE HEARING – Reverse side of NOA
Description: The Right to Request a State Hearing definition is printed on the back side of the NOA Form

Due Process

- CMIPS has an automated "Due-Process" notification. The DATE MAILED field on a NOA will only be printed on the Notice if there is a thirteen day lead time. The thirteen days are counted from the day of data entry.
- Whenever a date is not printed in the Date Mailed section, the County Social Worker is responsible for entering the date mailed.

Notice of Action Codes

Notice of Action messages are automated, system generated, or manually generated by an end user. Automated messages are triggered from entries on the RELA, RELB and RELC screens. Manual messages are necessary because data, not entered in CMIPS affects the action(s) taken on a recipient case. Familiarity with the various messages will assist when a manually generated message must be initiated.

Refer to Section V-A SOC 293 Field by Field Description and Section V-B SOC 293- Special Instructions *– Field ZZ1 – ZZ2 for detailed instructions to print NOA messages.*

The Notice of Action messages, listed in this document, are numbered sequentially, but some sequence numbers have been skipped allowing for future assignments.

- Automated Notice of Action codes are numbered 300 through 399. These codes do not need to be keyed in Field ZZ2, Reason Code.
- Manual Notice of Action codes are numbered 400 through 600. They are entered on the SOC 293 in Field ZZ2, RSN. CD, then entered into CMIPS. Up to four codes may be entered. Manually generated codes 550 through 600 are designated as "boiler plate" messages. When used, after the NOA is printed, it is returned to the County Social Worker to fill in the blanks. Therefore, field ZZ1 must always be coded as a C – County.
- Notice of Action codes numbered 600 through 799 is reserved for future use.
- Notice of Action codes numbered 800 through 998 has been reserved for special circumstances such as litigation or mass mailings.
- Code 999 is used when the county adjusts hours rather than accepting the system generated prorated hours in a prorated month; for example, approve payment for total authorized hours in the otherwise prorated month. ***Refer to Section V-B, Special Instructions, Reason Code 999.***

All Notice of Action messages incorporated into CMIPS have been reviewed and approved by CDSS. If an additional Notice of Action message is needed, please contact CDSS. Do not use the existing messages inappropriately.

Pound signs (#) in the following list of messages represent values that are supplied by the system. Items in italics are separate notes to the reader and are not part of the actual NOA messages.

Automated Messages

Eligibility Status

301 Application provisionally approved pending disability determination. MPP 30-759.31

302 Application provisionally approved pending a determination of blindness. MPP 759.32

303 As a result of a new state law your total monthly authorized hours of ###.## have been reduced by 3.6-percent to ###.## (w&ic 12301.06) please see the insert for more information about the new law.

305 Your eligibility was determined under Substantial Gainful Activity Rules. MPP 30-755.114

308 Your hours of service are increased because you receive services in the Personal Care Services Program. MPP 30-780, MPP 30-700; W&IC 14132.95(g)

309 Your hours of service are decreased because you are no longer eligible for the Personal Care Services Program. The IHSS maximum for the non-severely impaired is 195 hours a month. MPP 30-765; W&IC 12303.4(a)(1) & (2), 12303.4(b)(1) & (2)

310 Effective MMDDYYYY your eligibility has been transferred from the IHSS Plus Waiver Program to Personal Care Services Program. You may be eligible to receive additional hours of service per month depending on your assessed need.

311 Effective MMDDYYYY your eligibility has been transferred from the IHSS Plus Waiver Program to the IHSS – Residual Program.

312 Effective MMDDYYYY, your eligibility has been transferred from the Personal Care Services Program to IHSS Plus Waiver Program.

313 Effective MMDDYYYY your eligibility has been transferred from the Personal Care Services Program to the IHSS – Residual Program.

314 Effective MMDDYYYY your eligibility has been transferred from the IHSS - Residual Program to In-Home Services Plus Waiver Program.

315 Effective MMDDYYYY your eligibility has been transferred from the IHSS - Residual Program to Personal Care Services Program. You may be eligible to receive additional hours of service per month depending on your assessed need.

316 Effective MMDDYYYY you have been approved to participate in the IHSS Plus Waiver Program because you receive advance pay or restaurant meal allowance, or you receive services from your spouse or you are under the age of 18 and receive services from a parent.

317 Effective MMDDYYYY you have been approved to participate in the Personal Care Services Program. You may be eligible to receive additional hours of service per month depending on your assessed need.

318 Effective MMDDYYYY you have been approved to participate in the IHSS - Residual Program.

319 Effective MMDDYYYY, you have been provisionally approved for the IHSS – Residual program pending your Medi-Cal Eligibility Determination. If the Medi-Cal Eligibility Determination indicates you are eligible for other programs you will receive an additional Notice of Action.

Living Arrangements

320 You are the only person counted in your household. MPP 30-763

321 There are ## *(from field G2)* people living in your household included in determining your share of services. MPP 30-763

322 You are eligible to receive only the above services because you are a minor child living with your parent provider. MPP 30-763

Advance Payment – Direct Deposit

331 You can no longer get an advance payment to pay your service provider. This is because you no longer meet the criteria of 20 hours or more per week of starred (* and **) services. MPP 30-769.731

335 You receive payment in advance. Ask your Social Service Worker about direct deposit to your bank. W&IC 12304.3

336 Your application request for direct deposit has been processed. W&IC 12304.3

337 You are no longer eligible for an advance payment; therefore your direct deposit payment option has been canceled. W&IC 12304.3

338 You have requested a cancellation of your advance pay/direct deposit option. W&IC 12304.3

339 Your State Hearing request for direct deposit has been processed. W&IC 12304.3

Restaurant Meal Allowance

340 You have chosen to receive a Restaurant Meal Allowance instead of Meal Preparation Services. MPP 30-757.134

341 You will no longer receive a Restaurant Meal Allowance because you have chosen to receive Meal Preparation Services. MPP 30-757.134

342 Your Restaurant Meal Allowance is increased due to an increase to the state maximum payment. MPP 30-757.134

Share of Cost

345 Your Share of Cost is $####.##.

348 A State Law decreased the SSI/SSP benefit levels. Your share of cost of $ ####.## now exceeds the assessed IHSS cost of ####.## Hours X $ ###.## per hour plus the restaurant meal allowance of $ ### which equals $ #####.##. Since your excess income exceeds the cost of IHSS, your services are discontinued. W&IC 12000.015, W&IC 12304.5

349 The change in your IHSS Share of Cost shown above is effective ##/##/## because of cost of living adjustments to the Social Security payments available to you which are $ #####.##, $ #####.##, $ #####.##. If the Social Security amount you receive is different than reported here, contact your service worker within ten calendar days. MPP 30-755.233

352 You no longer have a share of cost because you receive SSI/SSP. Your Medi-Cal card will continue through SSI/SSP. MPP 30-755.111

353 The change in your IHSS Share of Cost shown above is effective ##/##/## because of Cost of Living Adjustments to SSI/SSP benefit levels and to the social security payments available to you which are $ #####.##, $ #####.##, $ #####.##. If the social security amount you receive is different than reported here, contact your service worker within ten calendar days. MPP 30-755.233

354 The change in your share of cost shown above is effective ##/##/##. MPP 30-755.233

Overpayments/Underpayments

356 You have a monthly overpayment adjustment of $ ###.##. MPP 30-768

Proration, Time Limited Authorizations, Presumptive Eligibility & Refused Services

360 Heavy cleaning services are authorized one time only during the month of ##/##/## *(MN02 or ZZ3)*. MPP 30-757.121

361 Removal of Grass, Weeds and Rubbish services are authorized one time only during the month of ##/##/## *(ZZ3)*. MPP 30-757.161

362 You have been receiving IHSS on a provisional basis. Your eligibility has been established because disability has been determined. MPP 30-755

363 You have been receiving IHSS on a provisional basis. Your eligibility has been established because blindness has been determined. MPP 30-755

364 Your services are prorated in the amount of ###.# *(MN05)* authorized hours ##/##/## *(MN02)* through ##/##/## *(MN03)*. Beginning the next month you are authorized to receive the services listed above. MPP 30-759.4 and .5

365 Your services are prorated in the amount of ###.# *(M5)* authorized hours ##/##/## *(M2)* through ##/##/## *(M3)*. MPP 30-759.4 and 5

366 Due to a mid-month reassessment, your total services for ##/## *(ZZ3)* are prorated in the amount of ###.# *(N5)* authorized hours. Beginning the next month you are authorized to receive the service hours listed above. MPP 30-759.4 and .5

368 You have refused your service need for _____, _____,_____, _____. MPP 30-761.2

369 You have refused some help in _____, _____, _____. MPP 30-761.2

Income, Resources, Other Eligibility Factors

370 Your services assessment included consideration of Alternative Resources for _____, _____, _____. MPP 30-763.6

371 Alternative Resources available to you for _____, ____, ____, have been reduced. MPP 30-763.6

372 No change. MPP 30-761.21

373 Your share of cost of $ #####.## *(K3)* exceeds the assessed IHSS – Residual cost of ####.# *(aa6)* hours X $ ###.## *(L1&L2)* per hour which equals $ #####.##. W&IC 12304.5, MPP 30-753(b)(2), MPP 30-764.12 and MPP 30-775

374 Alternative Resources available to you for ____, ____, ____, have been increased. MPP 30-763.6

375 You have been found in need of additional hours of service. MPP 30-763.1

376 Your In-Home Service hours have been reduced. MPP 30-763

377 All of your In-Home Service needs are met by alternative resources available to you for ____, ____, ____. MPP 30-763.6

378 No change has occurred on your total monthly hours, only the above services have changed. MPP 30-761.21

379 Your share of cost of $ ####.## *(K3)* exceeds the assessed IHSS - Residual cost of ####.# hours X $###.## per hour plus the restaurant meal allowance of $ ### which equals $ #####.##. W&IC 12304.5, MPP 30-753(b)(2), MPP 30-764.12, MPP 30-755 and MPP 30-757.134

State Maximums

386 The statutory maximum number of hours of ###.## decreases the number of your authorized hours to ###.##. Therefore, you have an Unmet Need of ###.## service hours. W&IC 12303.4

387 The statutory maximum number of In-Home Service hours is ###.##. Therefore, you have an Unmet Need of ###.## service hours. W&IC 12303.4

Worker Generated Messages

The following NOA messages must be generated by a worker since all of the data is not on a data entry form.

Recipient Request

400 You have requested withdrawal of your application for service. MPP 30-009.213
NOTE TO WORKER: *When using this code, enter status D in Field F1 to clear the recipient file. The code will override denial/termination messages.*

401 You have requested a reduction of service hours. MPP 30-009.213

402 You have requested a change from arrears to advance payment to pay your own provider. MPP-30-769.731

403 You have requested a change from advance to arrears payment. MPP 30-769.731

404 Your services were erroneously discontinued and have been restored. *(No new application date is required.)* MPP 30-755.1

405 Your authorization for all services is time limited and will end on ##/##/##. MPP 30-759.5

406 Emergency services above are authorized subject to a complete needs assessment. MPP 30-759.8

407 You have requested termination of all service hours. MPP 30-009.213

408 Your request for services was erroneously denied and In-Home Services have been approved. *(No new application date is required.)* MPP 30-755.1

409 Because you have elected to terminate your participation in the In-Home Supportive Services Plus Waiver Program, your In-Home Services will be terminated effective MMDDYYYY.

Electronic Funds Transfer

415 Your application for Direct Deposit by Electronic Funds Transfer of your advance payment has been denied because you have not been a recipient of IHSS for at least one year and/or you are not eligible for advance pay. W&IC 12304.3

Residence

421 You are residing in a community care facility. MPP 30-701

422 You are residing in the home of relatives and receiving a board and care payment. MPP 30-701 and MPP 46-140.11(b)

424 You are an alien not lawfully admitted for permanent residence in the U.S. MPP 30-770.4

425 You do not have California State residence. MPP 30-770.4

426 You have been out of the country for a full calendar month or for 30 days in a row. MPP30-770.46

427 You are not living in your own home. MPP 30-701

428 Whereabouts unknown. MPP 30-755.21

429 You are residing in a hospital. MPP 30-701

430 You are residing in an intermediate care facility. MPP 30-701

431 You are residing in a skilled nursing facility. MPP 30-701

Income, Resources and Other Eligibility Factors

440 You are not 65 or older, blind or so disabled that you cannot be expected to be able to work at any job for the next 12 months. MPP 30-771

442 You have not provided sufficient information to establish eligibility or need for service. MPP 30-760.1

443 You have no assessed need for services and you can remain safely in your own home without services and, if applicable, retain your employment. MPP 30-761

444 To the estate of ######################### *(B1):* We have been notified of the death of ############################### (B2) # (B3) ######################### (B1). MPP 30-763.1
NOTE TO WORKER: This code will suppress all other messages.

445 The In-Home Supportive Services Program has been notified that you are not eligible for federally-funded Medi-Cal.

State Hearings

461 To comply with a recent State Hearing order. *(No new application date is required.)* MPP 22-027

462 You have been authorized additional In-Home Services and you have conditionally withdrawn a request for State Hearing. MPP 22-054

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

Leave Codes

470 You are temporarily ineligible for In-Home Services because you are hospitalized. MPP 30-701

471 You are temporarily ineligible for In-Home Services because you are staying in a skilled nursing facility. MPP 30-701

472 You are temporarily ineligible for In-Home Services because you are staying in an intermediate care facility. MPP 30-701

473 You are temporarily ineligible for In-Home Services because you are staying in a community care facility. MPP 30-701

474 You are temporarily suspended from receiving California paid In-Home Services because you have been absent from the State for a period exceeding six months. In-Home Services shall not be resumed until you have returned to California and a reassessment of need has been completed. MPP 30-770.45

477 You are temporarily ineligible for IHSS – Residual because your SOC exceeds assessed needs for IHSS. W&IC 12304.5

Able and Available Spouse

490 Your spouse is able and available to provide domestic, related, heavy cleaning, yard hazard abatement and teaching and demonstration services at no cost to you. MPP 30-763.41

491 Your spouse is able and available to provide domestic services at no cost. MPP 30-763.41

492 Your spouse is able and available to provide related services at no cost. MPP 30-763.41

493 Your spouse is able and available to provide yard hazard abatement services at no cost. MPP 30-763.41

494 Your spouse is able and available to provide teaching and demonstration services at no cost. MPP 30-763.41

495 Your spouse is able and available to provide heavy cleaning services at no cost. MPP 30-763.41

496 Your spouse is able and available to provide partial meal preparation services at no cost. MPP 30-763.41

497 Your spouse is able and available to provide partial transportation services at no cost. MPP 30-763.41

498 Your spouse is able and available to provide partial protective supervision services at no cost. MPP 30-763.41

499 Your spouse is able and available to provide transportation services at no cost. W&IC 12301

500 Your spouse is able and available to provide protective supervision services at no cost. W&IC 12301

Health Care Certification

507 You did not provide the county with a health care certification as required to authorize services (WIC 12309.1). There is an English and Spanish version of this NOA Message.

Change from Advance to Arrears Payment

510 You are changed from advance to arrears payment because you failed to meet your obligation to submit your providers' timesheets within 90 days of payment. MPP 30-767.133

511 You are changed from advance to arrears payment because you failed to meet your obligation to provide timely payment to your providers. MPP 30-767.133

512 You are changed from advance to arrears payment because you failed to meet your obligation by using your payment for other than purchase of authorized IHSS. MPP 30-767.133

Restaurant Meal Allowance

520 You are no longer eligible for a restaurant meal allowance because you have no need for meal preparation services. MPP 30-757.134

521 You are no longer eligible for an In-Home Service restaurant meal allowance because you are eligible to receive that allowance from the Social Security Administration. MPP 30-757.134

522 You have requested discontinuance of the restaurant meal allowance. MPP 30-757.134

523 You are not eligible for a restaurant meal allowance in place of meal preparation services because you are not aged or disabled. MPP 30-757.134

Share of Cost

526 Your request for reimbursement of overpaid share of cost for the period MM/YYYY because you were not included in the State's payment of medically recognized expenses for that period is denied. Contact your IHSS Social Worker for additional details.

527 You are being reimbursed $XXXXX.XX of overpaid share of cost for the period of MM/CCYY because you were not included in the State's payment of medically recognized expenses for that period.

528 The change in your IHSS Share-of-Cost shown above is due to the April1, 2005 Cost of Living Adjustments to your SSI/SSP benefit level. If your provider(s) timesheets for services rendered after April1, 2005 were processed or payment was received before ##/##/##, the previous share-of-cost was used and you may be reimbursed for each

month affected. If your provider(s) timesheets or payments for services rendered after April1, 2005 are processed after ##/##/##, the updated share-of-cost will be used. If you paid a higher share-of-cost to your provider, for these services, you must arrange to be reimbursed from your provider(s). MPP 30-755.233.

532 Pay your share of cost for IHSS – Residual to your individual provider. MPP 30-755.233

533 Pay your share of cost for IHSS – Residual to the County Welfare Department. MPP 30-755.233

534 Pay your share of cost for IHSS – Residual to the agency who provides your services. MPP 30-755.233

535 You are not eligible to receive IHSS – Residual because you have not paid your obligated share of cost for In-Home Services. MPP Section 30-755.233(a)

536 Pay $_____share of cost to your Individual Provider and pay $_____share of cost to the county social services department. MPP Section 30-755.233(b)(2)

537 Pay $_____share of cost to your contract provider and pay $_____share of cost to your county social services department. MPP Section 30-755.233(b)(2)

538 Pay $_____share of cost to your Individual Provider and pay $_____share of cost to your contract provider. MPP Section 30-755.233(b)(2)

539 You are not eligible to receive IHSS – Residual because you stated you will not pay your share of cost for In-Home Services. MPP Section 30-755.233(d)

Time for Task

540 As a result of reassessment of your need for In-Home Services of laundry, food shopping, and other shopping/errands, the changes shown above have been made in your authorization for In-Home Services in accordance with statewide standards. MPP 30-758

Mode of Service Delivery

550 You will be contacted by our contract service agency to schedule the days that services will be provided. MPP 30-767.1

554 Please contact your County Social Worker when you select an individual provider. MPP 30-767.1

555 You will be contacted by a county welfare employee to schedule the days that service will be provided. MPP 30-767.1

Income Eligible to PCSP

561 The recipient, spouse, or recipient's parents may be able to request reimbursement for Medi-Cal services, including PCSP services that were provided and paid for within three months before application for PCSP on _____. This reimbursement is a Medi-Cal decision

Teaching and Demonstration

580 MPP 30-757.18 You will receive the following teaching and demonstration services. These services are limited to no more than three months: _____, _____, _____, _____.

Recipient Request

581 MPP 30-761 You can remain safely in your own home without additional services although you have requested additional service hours for: _____, _____, _____, _____

582 MPP 22-028 To comply with a recent State Hearing order you will be in receipt of a one time payment for the period of _____ to _____ for underassessed hours of the following services:

SSI/SSP Personal and Real Property

583 MPP30-755.113 You have disposed of resources for less than fair market value. This makes you ineligible for IHSS for the period _____ through _____.

584 MPP 30-773 You have personal and/or real property in excess of SSI/SSP standards which are listed below:

Property SSI/SSP Standard

Inter-county Transfer

585 W&IC 11102 You have moved to a different county and will continue to receive services from the county of _____ effective _____.

586 We will continue to authorize services as your eligibility for In-Home Services has been transferred from the county of _____ effective _____. W&IC 11102

California Residence

588 MPP 30-770.4 You are absent from the State of California and it appears you no longer intend to maintain California State residency. You have indicated your intent to reside outside the State of California by _____.

589 MPP 30-770.4 You have been continuously absent from the State of California for more than 60 days and it appears you no longer intend to maintain California State residency. You have indicated your intent to reside outside the State of California by _____.

Personal Care Services Program

593 You are not eligible for IHSS program services because you are eligible for those services under the Personal Care Services Program (PCSP). You are not authorized to receive PCSP services, even though you are eligible, because you have failed to complete the provider enrollment/certification by the due date _____ as required by PCSP. MPP 30-757.1, MPP 30-760.15, CCR 51204 and WIC 14132.95(a)(3)

594 You can no longer receive services under the Personal Care Services Program (PCSP) because you have elected to receive IHSS advance payments. However, you may be eligible for services under the IHSS program. MPP 30-780.4

CMIPS – MEDS Interfaces and Processes

Background

With the implementation of the IHSS Plus Waiver Program it became necessary for IHSS recipient eligibility data to be integrated with Medi-Cal Eligibility System (MEDS) eligibility data to determine whether or not an IHSS recipient was eligible for participation and to determine the correct Share of Cost (SOC) process to be used by CMIPS.

To achieve this end, CMIPS has been modified in the following ways:

1. CMIPS sends IHSS recipient demographic and eligibility data to MEDS indicating eligibility for the IHSS program
2. CMIPS receives from MEDS Medi-Cal eligibility information on IHSS recipients
3. CMIPS processes various provider and recipient payment transactions against MEDS to deduct, from the payment, any outstanding MEDS SOC

CMIPS – MEDS Communication Processing

When an individual applies for the IHSS Program, county workers enter recipient demographic information into CMIPS and set the CMIPS case to "R – Record" status. Through a nightly process CMIPS sends this information to the MEDS and within three business days the associated Medi-Cal eligibility is returned to CMIPS. Once the CMIPS and MEDS cases are "communicating", CMIPS and MEDS will exchange data when eligibility or other demographic changes are made to either the IHSS or the Medi-Cal case.

The following is a list of CMIPS and MEDS data elements which must match exactly before an IHSS case is added as a MEDS Special Program (IHSS):

County Number – Both the MEDS and CMIPS cases must originate in the same county

SSN – The Social Security number of the recipient

CIN – The Client Index Number of the recipient

Date of Birth – The date of birth of the recipient

Name – The recipients name

Because it is vital that these fields match, when a new case is added to CMIPS, cases should be added using the CINV process to ensure that the data carried in the Statewide Client Index is an exact match to that in CMIPS and MEDS. ***See Section V-B – Special Instructions – CIN Processing*** for details of case entry.

If, when a case is sent from CMIPS to MEDS, there is no match between the IHSS Recipient case and an existing MEDS case, the information will be "added" to MEDS and a response will be sent to CMIPS indicating there is currently no MEDS eligibility.

If the MEDS system finds a "partial" match on the CMIPS case data then a MEDS Worker Alert will be generated indicating the discrepancy. This issue must be researched and resolved before

the "communication" between MEDS and CMIPS occurs. When eligibility information is received from MEDS and exceptions are identified, the IHSS recipient case may appear on one of the following reports:

- Daily Response Exception Report – See ***Section XIV-cc*** for detailed information
- Monthly Renewal Exception Report – See ***Section XIV-dd*** for detailed information

Monthly Renewal Processing

This communication between CMIPS and MEDS was established to identify all Medi-Cal recipients who are indicated in MEDS with IHSS as a Special Program. To accomplish this, toward the end of the current eligibility month, MEDS produces a file for the next eligibility month, MEDS Monthly Renewal, which indicates all known IHSS recipients in MEDS and their associated Medi-Cal Eligibility Status and MEDS SOC amount. These records are processed in CMIPS and a Medi-Cal Eligibility Look-up (MELG) record is added to CMIPS for the specific eligibility month. See ***Section V-H – Medi-Cal Eligibility Look Up Screen*** (MELG) for detailed information.

CMIPS assignment of Medi-Cal Secondary Aid Code – IHSS Funding Source

The MEDS eligibility returned to CMIPS is specific to those data elements necessary for Point of Service (POS) processing and Federal Financial Participation (FFP). When received from MEDS, the FFP field indication on an eligibility record determines the Medi-Cal Secondary Aid Code (IHSS Funding Source) to which the recipient case is assigned:

- **2L** – IHSS Plus Waiver – IHSS Recipient is FFP eligible and meets one or more of the following case criteria:
  - ✓ Advance Pay
  - ✓ Restaurant Meals Allocation
  - ✓ IHSS Recipient under 18 years of age with a Parent Provider
  - ✓ IHSS Recipient with a Spouse Provider
- **2M** – PCSP – IHSS Recipient is FFP eligible and does not meet any of the criteria for the IHSS Plus Waiver program
- **2N** – IHSS Residual – IHSS Recipient is not FFP eligible

In addition to the FFP field indicator, the MEDS Eligibility Status will determine whether or not a payment issued against a recipient case will process a POS transaction. IHSS recipient cases which have a Medi-Cal Secondary Aid Code of **2L** – IHSS Plus Waiver or **2M** – PCSP and a MEDS Eligibility Status (MES) beginning with a 5 will process a POS transaction against MEDS. When a MEDS SOC has been "certified" a case with a MEDS eligibility status beginning with a 5 will be changed to an eligibility status beginning with a 3.

IHSS recipients assigned to the **2N** – IHSS Residual Program will deduct IHSS SOC based upon the SOC amount indicated on the corresponding IHSS eligibility segment on the RELB screen.

Point of Service (POS) Processing

POS processing is the method by which MEDS POS Spend-Down transactions are initiated between CMIPS and the Medi-Cal POS system to spend-down Medi-Cal SOC amounts. When IHSS recipients, meeting the criteria above, have a payment (Timesheet or SPEC transaction) keyed, CMIPS will process a POS transaction to determine if there is an outstanding MEDS SOC. If there is an outstanding SOC amount on MEDS CMIPS will allocate up to the warrant net amount and deduct this amount as SOC.

The POS transaction is a real-time transaction against MEDS which processes a spend-down transaction lowering the Medi-Cal SOC amount.

- If the payment being processed has a net amount greater than the outstanding Medi-Cal SOC, the Medi-Cal case will be certified. The remaining warrant amount will be issued as payment. No further SOC deductions will be taken.
- If the warrant net amount is less than the outstanding MEDS SOC amount the entire warrant net amount will be assigned to SOC and a zero dollar warrant will be issued.

This process is the same process by which all Medi-Cal Service Providers process SOC transactions. However, it should be stated that not all Medi-Cal Service providers actually process the spend-down transaction when monies are taken from the Medi-Cal recipient.

For example an IHSS recipient has an outstanding Medi-Cal SOC of $325.00.

1. On the 14th of the month the recipient goes to their physician. The doctor's billing office "looks at MEDS" and see the outstanding Medi-Cal SOC of $325.00. The recipient is charged $75.00 against the Medi-Cal SOC for this visit.
2. Because of the billing practices in the doctor's office, the actual POS transaction <u>is not</u> processed at this time to lower the recipients Medi-Cal SOC by that $75.00. Therefore, although the recipient has "paid" the money, the actual Medi-Cal SOC system does not reflect the SOC payment.
3. The recipient then stops at the pharmacy to pick up his three monthly prescriptions. The pharmacy "looks at MEDS" and sees the outstanding $325.00 Medi-Cal SOC amount. The recipient is charged $178.00 for the prescriptions which to the recipient is reasonable because he knows that he still has an outstanding $250.00 SOC amount ($325.00 – 75.00 = $250.00)
4. The pharmacy processes the real-time POS spend-down transaction for ($178.00) reducing the outstanding Medi-Cal SOC to $147.00. ($325.00 – 178.00 = $147.00)
5. The recipient returns home and calculates that he still has an outstanding Medi-Cal SOC of only $72.00 ($325.00 – 75.00 (MD) – 178.00 (Rx) = $72.00). However, because the doctor's office took the recipient's money, but did not process the real-time spend-down transaction, MEDS reflects an outstanding SOC of $147.00)
6. Two days later, on the 16th of the month, the recipient's IHSS provider submits his Part A timesheet. The timesheet is process and a real-time POS transaction deducts the outstanding $147.00 Medi-Cal SOC from the providers wage and certifies the recipient's Medi-Cal SOC.

The recipient and the provider receive Explanation of IHSS SOC letter indicating that the recipient owes a $147.00 SOC to the provider.

7. Later on the same day, the 16th, the doctor's office processes the POS transaction and finds that the recipient's SOC has been certified and the $75.00 they have collected on the 14th cannot be applied to the recipients Medi-Cal SOC.

8. This money should be returned, by the doctor's office, to the recipient as an overpaid SOC amount.

Since the implementation of POS processing in CMIPS, it has been found that this or similar circumstances are frequently encountered. Although the perception may be that CMIPS "has erroneously deducted SOC", the fact is that another Medi-Cal services providers has collected the money from the recipient, but did not process the real-time POS spend-down transaction at the time the monies were collected. It is the responsibility of the Medi-Cal provider who over-collected to return the money to the IHSS recipient.

Share of Cost Payment Notification

Anytime a SOC is deducted from an IHSS provider payment both the IHSS recipient and provider will receive an Explanation of In-Home Supportive Services (IHSS) Share of Cost. Each letter designates a specific service period for a specific recipient provider case relationship and the SOC amount the recipient is to pay the provider.

Counties may access all Explanation of In-Home Supportive Services (IHSS) Share of Cost letters issued to recipients and providers. Copies of these letters are found in the Group "Payroll", and Document Type "Explanation of IHSS SOC" on the CMIPS Online Reports website.

Medi-Cal Eligibility Look-up Screen (MELG)

Description

The Medi-Cal Eligibility Look-up screen allows users to view the Medi-Cal Eligibility information, from MEDS, associated to a specific recipient case. The information on this screen is not meant to replace or in any other way override Medi-Cal Eligibility information in MEDS, but rather as a display of the most recent data received through the Monthly or Daily MEDS Response file processing. Up to 13 months of data may display. Each line displays the latest eligibility for a specific month only, no history is tracked.

If an eligibility response has not yet been received from MEDS, no eligibility will display on the MELG.

Screen Access

The MELG screen is an I-Inquiry only screen, accessible from the Main Menu or any other CMIPS screen by entering on the NEXT line **MELG**, **I**-Inquiry, followed by the **ten-digit** recipient case number, then press <**Enter**>.

The Share of Cost Detail Screen may be accessed for a specific MEDS eligibility month by placing an "**X**" in the "S" field to the left of a specific eligibility month. Multiple eligibility records may be viewed by placing an "**X**" to the left of multiple months, then press <**Enter**>. See ***Section V-I Share of Cost Detail Screen***.

```
        THIS MELG I 9999999999
        NEXT MELG I 9999999999

                            MEDI-CAL ELIGIBILITY LOOK-UP
S ELIG MO  MEDS ID   CIN        BIC DT   SOC   CASE NBR   FFP MES AID LAST DT   T
_ MMDDCCYY 999999999 99999999X9 MMDDCCYY 99999 999999999X  X  999 9X  MMDDCCYY  X
_ MMDDCCYY 999999999 99999999X9 MMDDCCYY 99999 999999999X  X  999 9X  MMDDCCYY  X
_ MMDDCCYY 999999999 99999999X9 MMDDCCYY 99999 999999999X  X  999 9X  MMDDCCYY  X
_ MMDDCCYY 999999999 99999999X9 MMDDCCYY 99999 999999999X  X  999 9X  MMDDCCYY  X
_ MMDDCCYY 999999999 99999999X9 MMDDCCYY 99999 999999999X  X  999 9X  MMDDCCYY  X
_ MMDDCCYY 999999999 99999999X9 MMDDCCYY 99999 999999999X  X  999 9X  MMDDCCYY  X




 F03=EXIT F08=NEXT
```

Fig. V-H- 1 – MELG Screen – Access using IHSS Recipient Case Number

The MELG screen may also be accessed using the MEDS SOC Case number followed by a specific eligibility month (YYYYMM) to determine if multiple IHSS recipient cases are part of the same Medi-Cal Family Budget Unit (FBU). Example MEDS SOC Case Number **650322523Z** Elig Month **200604**

```
        THIS MELG I 999999999XCCYYMM
        NEXT MELG I 999999999XCCYYMM

                            MEDI-CAL ELIGIBILITY LOOK-UP
S ELIG MO  MEDS ID   CIN        BIC DT   SOC   CASE NBR   FFP MES AID LAST DT   T
_ MMDDCCYY 999999999 99999999X9 MMDDCCYY 99999 9999999999  X  999 9X  MMDDCCYY  X
_ MMDDCCYY 999999999 99999999X9 MMDDCCYY 99999 9999999999  X  999 9X  MMDDCCYY  X
_ MMDDCCYY 999999999 99999999X9 MMDDCCYY 99999 9999999999  X  999 9X  MMDDCCYY  X
_ MMDDCCYY 999999999 99999999X9 MMDDCCYY 99999 9999999999  X  999 9X  MMDDCCYY  X









 F03=EXIT F08=NEXT
```

Fig. V-H- 2 – MELG Screen – Accessed using MEDS SOC Case Number and eligibility month

Field by Field Description

The following fields appear on the Medi-Cal Eligibility Look-up screen:

Field: S
Description: Selection – The selection field is used to access the Share of Cost Detail (SOCD) screen. To view a specific eligibility month Share of Cost Details, place an "**X**" in the S field to the left of the desired eligibility month and press <**Enter**>.

Field: ELIG MO
Description: MEDS ELIGIBILITY MONTH – The month for which the MEDS Eligibility is being reported

Field: MEDS ID
Description: MEDS ID – The Social Security number on MEDS associated with the MEDS eligibility record

Field: CIN
Description: CLIENT INDEX NUMBER – The CIN associated with the MEDS eligibility record

Field: BIC DT
Description: BIC ISSUE DATE – The Beneficiary Identification Card Issue Date associated with the MEDS eligibility record.

Field: SOC
Description: SHARE OF COST – The SOC amount from MEDS against which the Monthly Buy-Out was processed. This value may change on MEDS throughout the month, but the value on the MELG will remain the amount against which the Monthly Buy-Out was processed for the eligibility month.

Field: CASE NBR
Description: **SHARE OF COST CASE ID** – If the MELG screen is accessed using the IHSS Recipient Case Number, the case number appearing will be the Medi-Cal Share of Cost Case Number, which will be used when processing Spend-Down against the recipient case.
IHSS RECIPIENT CASE NUMBER – If the MELG screen is accessed using the Medi-Cal Share of Cost Case ID and an eligibility month, the case number displayed will be the ten-digit IHSS Recipient Case Number.

Field: FFP
Description: Federal Financial Participation – This indicates whether or not (Y-Yes) or (N-No) the recipient is eligible to participate in Medi-Cal Federal Financial Participation. All recipients with FFP = N will be assigned to IHSS Residual Funding Source.

Field: MES
Description: Medi-Cal Eligibility Status – The three-digit Medi-Cal Eligibility Status. See current MEDS documentation for Eligibility Status values and definitions.

Field: AID
Description: Medi-Cal Primary Aid Code – The Medi-Cal Aid Code

Field: LAST DT
Description: The last date the eligibility month information was updated by a MEDS Response update.

Field: T
Description: TYPE – The MEDS Response Record Type last processed by CMIPS. The following values may appear:

- **1** MEDS Monthly Renewal Eligibility Record
- **2** New IHSS/PCSP Application or Eligibility Reported
- **3** Medi-Cal Eligibility Report For Existing IHSS/PCSP Eligibility
- **4** Medi-Cal Case Number change reported on existing IHSS/PCSP eligibility
- **5** Medi-Cal SOC Amount change reported on existing IHSS/PCSP eligibility
- **6** Medi-Cal Denial
- **I** IHSS Force Add of Medi-Cal Eligibility due to no eligibility update sent by through MEDS
- **N** IHSS Force Add of Medi-Cal Eligibility due to no MEDS Monthly Renewal Eligibility Record was received on an eligibility case when a record had been received the prior month.
- **C** Records appearing on the screen were copied from the ICT FM (Inter-County Transfer From) case when the case was set up.

MELG SCREEN EDITS

The following edit message may be encountered on the MELG screen.

Edit Message	Explanation
MEDS ELIGIBILITY NOT FOUND	No MEDS eligibility has been received for this recipient case.
RECIPIENT CASE NOT FOUND	The ten-digit recipient case number entered does not exist on CMIPS.
INVALID KEY – MUST BE NUMERIC	The ten-digit recipient case number must be entered to process the transaction
INVALID SELECTION CHAR, USE X TO SELECT	An "X" is the only valid select indicator allowed on the MELG screen.

Share of Cost Detail Screen (SOCD)

Description

The Share of Cost Detail screen allows users to view CMIPS Medi-Cal Eligibility information and the associated Buy-Out information for a specific recipient case for a specific MEDS eligibility month. The information on this screen is not meant to replace or in any way override Medi-Cal Eligibility information in MEDS.

Screen Access

The SOCD screen is an I-Inquiry only screen, accessible from:

- The MELG screen by placing an "X" in the "S" field, then pressing <Enter>. Multiple eligibility months may be viewed by placing an "X" next to multiple eligibility records then pressing <Enter> to scroll through all indicated records.
- The Main Menu or any other CMIPS screen by entering on the NEXT line **SOCD**, **I**-Inquiry, followed by the **ten-digit** recipient case number followed by a specific eligibility month in (CCYYMM) format, then pressing <**F8**>.

When accessed from the MELG, the user may press <**F12**> to return to the MELG.

```
     THIS SOCD I 9999999999YYYYMM
     NEXT SOCD I 9999999999YYYYMM
                                        SOC DETAIL RECORD X OF X

                          SHARE OF COST DETAIL SCREEN
ELIG MO   MEDS ID  CIN        BIC DT   SOC   CASE NBR   FFP MES AID LAST DT  T
07012006 555555555 99999999Z9 02022005 99999 07X1234567  Y  501 60  07102006 3
MEDI-CAL SECONDARY AID CODE – 2M     NON-REVERSED SOC AMOUNT   99999.99

RELATED     1234567890 12345678980 1234567890 1234567890 1234567890 1234567890
IHSS CASES  1234567890 12345678980 1234567890 1234567890 1234567890 1234567890

INITIAL DATE        REQ AMT  APPLY AMT   MEDS SOC   IHSS SOC  IHSS AUTH  ERROR
BUY-OUT 06272006  99,999.00  99,999.99  99,999.99  99,999.99  99,999.99   1

RECIPIENT REIMBURSEMENT HISTORY                          RECORDS 01 - 06 OF 11
TXN DATE  TRANSACTION                   AMOUNT  OPERATOR  VOID DT   OPERATOR
07132006  RECIPIENT REIMBURSEMENT     99,999.99  XXXXXXXX  MMDDCCYY  XXXXXXXX
07222006  RECIPIENT REIMBURSEMENT     99,999.99  XXXXXXXX  MMDDCCYY  XXXXXXXX
07132006  RECIPIENT REIMBURSEMENT     99,999.99  XXXXXXXX  MMDDCCYY  XXXXXXXX
07132006  RECIPIENT REIMBURSEMENT     99,999.99  XXXXXXXX  MMDDCCYY  XXXXXXXX
07132006  RECIPIENT REIMBURSEMENT     99,999.99  XXXXXXXX  MMDDCCYY  XXXXXXXX
07132006  RECIPIENT REIMBURSEMENT     99,999.99  XXXXXXXX  MMDDCCYY  XXXXXXXX

F03=EXIT F07=BWD F08=NEXT F10=BACK F11=CONT                F12=RETURN TO MELG
```

Fig. IV-E- 1 – Share of Cost Detail Screen

Field by Field Description

Description of the Share of Cost Detail screen will be defined by dividing the screen into the following four sections:

- RECORD SELECTION INDICATION
- MEDS ELIGIBILITY

- RELATED IHSS CASES
- INITIAL BUY-OUT

RECORD SELECTION INDICATION

Field: SOC DETAIL RECORD X OF X
Description: Indicates the number of eligibility month records which were selected for display. The first X indicated the record being viewed. The second X indicates the total number of records selected for viewing.

MEDS ELIGIBILITY

Field: ELIG MO
Description: MEDS ELIGIBILITY MONTH – The month for which the MEDS Eligibility is being reported

Field: MEDS ID
Description: MEDS ID – The Social Security number on MEDS associated with the MEDS eligibility record

Field: CIN
Description: CLIENT INDEX NUMBER – The CIN associated with the MEDS eligibility record

Field: BIC DT
Description: BIC ISSUE DATE – The Beneficiary Identification Card Issue Date associated with the MEDS eligibility record.

Field: SOC
Description: SHARE OF COST – The SOC amount from MEDS against which the Monthly Buy-Out was processed. This value may change on MEDS throughout the month, but the value on the MELG will remain the amount against which the Monthly Buy-Out was processed for the eligibility month.

Field: CASE NBR
Description: SHARE OF COST CASE ID – If the MELG screen is accessed using the IHSS Recipient Case Number, the case number appearing will be the Medi-Cal Share of Cost Case Number, which will be used when processing Spend-Down against the recipient case.

Field: FFP
Description: Federal Financial Participation – This field indicates whether or not (Y-Yes) or (N-No) the recipient is eligible for Federal Financial Participation. All recipients with FFP = N will be assigned to IHSS Residual Funding Source.

Field: MES
Description: Medi-Cal Eligibility Status – The three-digit Medi-Cal Eligibility Status. See current MEDS documentation for Eligibility Status values and definitions.

Field: AID
Description: Medi-Cal Primary Aid Code – The Medi-Cal Aid Code

Field: LAST DT
Description: The last date the eligibility month information was updated by a MEDS Response update.

Field: T
Description: TYPE – The MEDS Response Record Type last processed by CMIPS. The following values may appear:

- **1** MEDS Monthly Renewal Eligibility Record
- **2** New IHSS/PCSP Application or Eligibility Reported
- **3** Medi-Cal Eligibility Report For Existing IHSS/PCSP Eligibility
- **4** Medi-Cal Case Number change reported on existing IHSS/PCSP eligibility
- **5** Medi-Cal SOC Amount change reported on existing IHSS/PCSP eligibility
- **6** Medi-Cal Denial
- **I** IHSS Force Add of Medi-Cal Eligibility due to no eligibility update sent by through MEDS
- **N** IHSS Force Add of Medi-Cal Eligibility due to no MEDS Monthly Renewal Eligibility Record was received on an eligibility case when a record had been received the prior month.

Field: MEDI-CAL SECONDARY AID CODE
Description: The Medi-Cal Secondary Aid Code (IHSS Funding Source) to which payment for the month are attributed. Indications will be **2L** – Waiver, **2M** – PCSP, **2N** – IHSS Residual

Field: NON-REVERSED SOC AMOUNT
Description: The SOC amount which could not be reversed in MEDS when an IHSS payment was either voided or deleted and the MEDS SOC had been certified. This SOC amount will be deducted from the next payment issued.

RELATED IHSS CASES

Field: RELATED IHSS CASES
Description: Displays all eligible IHSS recipient cases which are associated with a single MEDS case number in the eligibility month. The IHSS SOC and GROSS amounts are aggregated on related cases when evaluating, then calculating Buy-Out.

INITIAL BUY-OUT – The following fields are associated with the CMIPS system generated Initial Buy-Out processed from the MEDS Monthly Renewal file which provides MEDS eligibility and SOC information for the next Medi-Cal eligibility month.

Field: DATE
Description: The date the initial Buy-Out for the eligibility month was processed. If this field is blank the case was not included in Buy-Out.

Field: REQ AMT
Description: The Buy-Out amount requested this and all related IHSS cases for the eligibility month. If there are "Related IHSS Cases" then the "Requested Amount" based upon difference between the MEDS SOC and the aggregated IHSS SOC from the Related IHSS Cases.

Field: APPLY AMT
Description: The Buy-Out amount applied, by MEDS, to this and all related IHSS cases for the eligibility month.

Field: MEDS SOC
Description: The MEDS SOC used in calculating the Initial Buy-Out. If there are "Related IHSS Cases" this amount will be the MEDS SOC for all IHSS cases with the indicated MEDS Case Number

Field: IHSS SOC
Description: The IHSS SOC used in calculating the Initial Buy-Out. If there are related cases, this amount will be the aggregated IHSS SOC for all related cases.

Field: IHSS AUTH
Description: The IHSS AUTH (Gross) used in calculating the Initial Buy-Out. If there are related cases, this amount will be the aggregated IHSS AUTH for all related cases.

Field: ERROR
Description: If the Buy-Out amount calculated by CMIPS (MEDS SOC – IHSS SOC) was not applied in MEDS then one of the following ERROR messages will indicate the reason the entire amount was not applied:

- **Blank** – Entire Buy-Out amount calculated was applied in MEDS
- **1** – No Matching SOC Database Record – Between the time the MEDS Monthly Renewal was sent to CMIPS and the IHSS Buy-Out was processed the MEDS case had been changed to a non-SOC case.
- **2** – Buy-Out Amount Exceeded Remaining Balance – Between the time the MEDS Monthly Renewal was sent to CMIPS and the IHSS Buy-Out was processed the MEDS SOC balance had decreased to an amount which did not allow the application of the entire calculate Buy-Out amount.
- **P** – Pending – The indication will display for an interim period between the time the Buy-Out file is created in CMIPS and Buy-Out Response file, from MEDS is processed in CMIPS. A case may have a **P** Error Code for up to three days.

RECIPIENT REIMBURSEMENT HISTORY – The following fields are associated with the Recipient Reimbursement History section of this Share of Cost Detail screen. This section will be populated with all Emergency X-27 transactions keyed against a Recipient case for the specific eligibility month being viewed.

Field: RECORDS XX – XX OF XX
Description: Indicates the number of X-27 transaction which have been keyed against the

recipient case for the displayed eligibility month. To page forward, press <F11>. To page backward, press <F10>

Field: TXN DATE
Description: The date the X-27 transaction was keyed in CMIPS. This date will be updated with the Warrant Number is assigned after the processing of STO warrant wrap-back is processed.

Field: TRANSACTION
Description: All X-27 transactions will be indicated at "RECIPIENT REIMBURSEMENT"

Field: AMOUNT
Description: The dollar amount associated with the X-27 transaction.

Field: OPERATOR
Description: The EDSNET ID of the individual who keyed the X-27 transactions

Field: VOID DT
Description: The date the X-27 transaction was voided in CMIPS

Field: OPERATOR
Description: The EDSNET ID of the individual who keyed the Void transaction.

SOCD SCREEN EDITS

The following edit message may be encountered on the SOCD screen.

Edit Message	Explanation
NO BUY-OUT FOR ELIG MONTH	Displays when a SOCD screen is accessed and there was no Buy-Out processed for the IHSS recipient for the eligibility month
RECIPIENT CASE NOT FOUND	The ten-digit recipient case number entered does not exist on CMIPS.
INVALID KEY – MUST BE NUMERIC	The ten-digit recipient case number and eligibility month must be entered to process the transaction

SOCD Screen Function Keys

The following function keys apply to the SOCD screen.

Function Key	Explanation
F03	Exit the CMIPS application
F07	Allow scrolling back through multiple SOCD eligibility months
F08	Initials the command indicated on the NEXT line
F10	Allows scrolling back through RECIPIENT REIMBURSEMENT HISTORY records
F11	Allows scrolling forward when greater than six (06) RECIPIENT REIMBURSEMENT HISTORY records exits

F12 Returns the user to the MELG screen from which the SOCD was accessed

Section VI
Provider Eligibility Update, SOC 311

Provider Eligibility (PELG) Screen

The Provider eligibility (PELG) screen is an electronic record of the provider's current service eligibility and history for a particular recipient. A provider working for multiple recipients will have multiple PELG records in CMIPS.

The provider information on the PELG is important in the correct processing of payments as well as tax calculations and reporting. Therefore, it is very important that provider specific information such as Name, DOB and SSN be accurately entered to ensure that each provider receives accurate payments for services provided and complete tax benefits associated with the wages paid.

```
      THIS PELG X 9999999999999999
      NEXT PELG X 9999999999999999


   SEQ# 999  REPRINT X          RECIP XXXXXXXXXXXXXXXX, XXXXXXXXXXX    SW# XXXX
 B LAST NAME XXXXXXXXXXXXXXXXX  FIRST XXXXXXXXXXXX MI X  STAT X  ETH X LANG X
 C STR XXXXXXXXXXXXXXXXXXXXXXXXXX    CY XXXXXXXXXXXXXXXXXXXX ST XX Z 99999 9999
 D SSN 999 99 9999 DED X PH# 999 999 9999 SX X DOB MMDDCCYY W5 X YYYY MMDDYYYY X
 E CNY USE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX REL 99    #PROV 9     WC X

    ACTION   BEG DATE   END DATE   HOURS    SHR/COST    RATE       SDI BEG DATE
 F    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99       X  MMDDCCYY
 G    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99      SDI END DATE
 H    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99       X  MMDDCCYY

 H1 FIT W4 X 99  FIT WHOLD 9999.99  SIT W4 X 99 SIT WHOLD 9999.99 RCVY $9,999.99
    FIT W4 ENTRY DATE MMDDCCYY      SIT W4 ENTRY DATE MMDDCCYY

 H2 TIMESHEET X   START DT MMDDCCYY  STOP DT MMDDCCYY   RECIP AIDE# XXXX  PCSP X
 H3 UPDATE ALL PELG? Y/N = X                                              SSNV X
 H4 EFT X

LAST CHANGE DATE  MM/DD/CCYY  PO EXEMPT X  CURRENT DATE MM/DD/CCYY TIME HH:MM
ENT=ENTER F03=EXIT F08=NEXT F11=PCAW
```

Fig. VI-A- 1 – PELG Screen

PELG Screen Access

Because the PELG screen is used to add, update and inquire into provider information ACTION MODES are as following:

A	Add	C	Change/Update
I	Inquiry	D	Delete

The user may access PELG from the main MENU or any CMIPS screen by entering the following three data elements on the NEXT line:

1. **Screen Name** – PELG
2. **Mode** – I, A, C or D
3. **Case Number** – 16 digit case number (10 character recipient case number + 6 digit provider number

Example: **NEXT PELG I 9999999999999999**

Once entered, press <**PF8**> to process the transaction and display the indicated PELG screen.

To access a blank PELG screen, enter only PELG and the desired mode, then press <**PF8**> to display a blank PELG screen. The user may then enter the case number, then press <**PF8**> to process the transaction and display the requested PELG screen.

For detailed field-by-field descriptions see ***Section VI-B – SOC 311 Field-by-Field Description***.

Edit messages associated with the PELG, are found in ***Section VI-D- PELG Screen Edits***.

Provider Eligibility Update, SOC 311

State of California-Health & Welfare Agency-
Department of Social Services

IN-HOME SUPPORTIVE SERVICES — PROVIDER ELIGIBILITY UPDATE

A	COUNTY (1)	RECIPIENT #	CD.	PROVIDER NUMBER (2)	SEQ. # (3)	RECIPIENT NAME (4)
B	LAST NAME (1)	FIRST NAME (2)	MI. (3)	STATUS (4) E L D X	ETHNIC (5)	LANG. (6)
C	STREET (1)	CITY (2)	STATE (3)	ZIP CODE/CT (4)		
D	SOCIAL SECURITY # (1)	DED./EXEMPT (2) P S C B O	TELEPHONE # (3)	SEX (4) M F	BIRTHDATE MONTH (5) DAY YEAR	W-5 (6) / W-4 (7)
E	COUNTY USE (1)	REL. OF PROV. (2)	# OF PROV. (3)	RECOVERY (4)		

	ACTION	BEGINNING DATE	ENDING DATE	HOURS	SHARE/COST	RATE	SPLIT SHIFT	
F	(1) DEL	(2)	(3)	(4)	(5)	(6)	(7)	(8)
G	(1) DEL	(2)	(3)	(4)	(5)	(6)	(7)	(8)
H	(1) DEL	(2)	(3)	(4)	(5)	(6)	(7)	(8)

A	PROVIDER NUMBER (2)					
B	LAST NAME (1)	FIRST NAME (2)	MI. (3)	STATUS (4) E L D X	ETHNIC (5)	LANG. (6)
C	STREET (1)	CITY (2)	STATE (3)	ZIP CODE/CT (4)		
D	SOCIAL SECURITY # (1)	DED./EXEMPT (2) P S C B O	TELEPHONE # (3)	SEX (4) M F	BIRTHDATE MONTH (5) DAY YEAR	W-5 (6) / W-4 (7)
E	COUNTY USE (1)	REL. OF PROV. (1)	# OF PROV. (3)	RECOVERY (4)		

	ACTION	BEGINNING DATE	ENDING DATE	HOURS	SHARE/COST	RATE	SPLIT SHIFT	
F	(1) DEL	(2)	(3)	(4)	(5)	(6)	(7)	(8)
G	(1) DEL	(2)	(3)	(4)	(5)	(6)	(7)	(8)
H	(1) DEL	(2)	(3)	(4)	(5)	(6)	(7)	(8)

	COUNTY VALIDATION		
I	AUTHORIZATION	DATE	REMARKS
J	VALIDATION	DATE	REMARKS

SOC 311 10/85

Provider Eligibility Update Form (SOC 311)

Field-by-Field Description

The SOC 311 form and Provider Eligibility (PELG) screen are used to add new or update existing records for In-Home Supportive Services (IHSS) providers. The PELG screen displays IHSS provider information previously keyed from an SOC 311. When a PELG is added or updated a system generated turnaround document (TAD) is produced. This document should be kept in the recipient case file.

Data Entry/Display Fields

On the SOC 311 TAD, the district office number (DO), service worker number (SW), and print date are displayed in the top margin, above the A line.

Fields A2 and B1 through H8 are repeated on the SOC 311 for data entry purposes only. The field duplication permits the processing of two separate transactions with separate TADs for either one provider, or individual transactions for two providers working for the same recipient.

The information found on the SOC 311 is listed below. Sometimes the data elements are found under a different name or in a different field on the PELG screen. Where there are differences, the name/location is specified in the field.

Fields A1 through A4 appear as numbered fields on only the SOC 311. The related PELG screen fields are unnumbered fields above Line B.

Field A1: COUNTY/RECIPIENT #/CD – Required, Numeric
Length: 10 Format: X(10)
Description: County/Recipient Number/Check Digit – The first two digits designate the county, the next seven digits represent the recipient case number, and the 10th digit is a system generated check digit. On the PELG screen, this number is entered on the NEXT line and displays on the THIS line.

Field A2: PROVIDER NUMBER – Required, Numeric
Length: 6 Format: 999999
Description: The provider number is a six-digit number used by the county to identify the provider, usually the last six digits of the provider's social security number. On the PELG screen, this number is entered on the NEXT Line and displayed on the THIS Line after the recipient number.

Field A3: SEQ # – System generated, Numeric
Length: 3 Format: 999
Description: Sequence Number - A chronological number generated by the system indicating the most recent TAD. The PELG screen field name is SEQ#.

Field: REPRINT – Optional, Alpha – ***PELG Screen display only***
Length: 1 Format: X
Description: Reprint – Allows the reprint of the most recent SOC 311. The PELG screen

field name is REPRINT. Valid field entry:
Blank – System default
Y – Yes
See ***Section VI-C-III - Special Instructions – Producing a Reprint of the most recent SOC 311.***

Field A4: RECIPIENT NAME – System generated, Alphanumeric
Length: 30 Format: X(30)
Description: Recipient Name – Identifies the IHSS recipient with whom the provider is associated. The PELG screen field name is RECIP.

Field Untitled: SW# – System generated, Alphanumeric – ***PELG Screen display only***
Length: 4 Format: XXXX
Description: Service Worker Number – The number of the service worker assigned to this case. The PELG screen field name is SW#.

The information found in fields B1 through H8 appears on both the SOC 311 and the PELG screen, but not necessarily in the same field order.

Field B1: LAST NAME – Required, Alphanumeric
Length: 17 Format: X(17)
Description: Last Name – The provider's last name, or the single name for those of Samoan descent where culturally only a single name is used. The PELG screen field name is LAST NAME

Field B2: FIRST NAME – Required, Alpha
Length: 12 Format: X(12)
Description: First Name – The provider's first name. When code M, Samoan, is entered in Field B (5), a first name is not required because culturally those of Samoan descent only have a single name. The PELG screen field name is FIRST.

Field B3: MI – Optional, Alpha
Length: 1 Format: X
Description: Middle Initial – The provider's middle initial. The PELG screen field name is MI.

Field B4: STATUS – Required, Alpha
Length: 1 Format: X
Description: Status – On the SOC 311, circle the code which indicates the provider's eligibility to render services to a recipient. The PELG screen field name is STAT.

E **Eligible**
L **Leave of absence**
P **Pending – Provider Demographic Information only**
D **Discontinued – No longer a valid code**. To discontinue a case enter a "T" on the SOC 311 and key a "T" on the PELG.
X **Delete** – When a provider is to be deleted from the system, circle the X on

the SOC 311. Key a D on the PELG screen, followed by the 16 digit case number and press <**Enter**>. The system will **not** allow a delete entry by the county or the State Contractor if any payment activity occurred in the previous 16 months prior to the delete entry. The State Contractor can delete a provider if he/she was enrolled 30 days or more prior to the delete entry, if there is no payment activity in the past 16 months.

T **Terminated** – May be manually entered on the SOC 311 and the PELG screen to indicate the termination (discontinuance) of the provider's eligibility.

Field B5: ETHNIC – Optional, Alphanumeric
Length: 1 Format: X
Description: Ethnic – The codes listed below identify the provider's national origin or ethnicity. The PELG screen field name is ETH.

1	White	J	Japanese
2	Hispanic	K	Korean
3	Black	M	Samoan
4	Other Asian or Pacific Islander	N	Asian Indian
5	American Indian or Alaskan Native	P	Hawaiian
7	Filipino	R	Guamanian
C	Chinese	T	Laotian
H	Cambodian	V	Vietnamese

Field B6: LANG – Optional, Alphanumeric
Length: 1 Format: X
Description: Language – The codes listed below identify the primary language of the provider. The PELG screen field name is LANG.

0	American Sign Language (AMISLAN or ASL)	F	Ilocano
1	Spanish – NOA will be issued in Spanish	G	Mien
2	Cantonese	H	Hmong
3	Japanese	I	Lao
4	Korean	J	Turkish
5	Tagalog	K	Hebrew
6	Other non-English	L	French
7	English	M	Polish
8	Unassigned code	N	Russian
9	Spanish – NOA will be issued in English	Q	Italian
A	Other Sign Language	R	Arabic
B	Mandarin	S	Samoan
C	Other Chinese Languages	T	Thai
D	Cambodian	U	Farsi
E	Armenian	V	Vietnamese

Address fields C1 through C4 are reviewed by a United States Postal Service (USPS) approved Coding Accuracy Support System (CASS) software. See ***Section VI-C Special Instructions, Address Verification Screen,*** for detailed explanation regarding the function of the screen.

Field C1: STREET – Required, Alphanumeric
Length: 28 Format: X(28)
Description: Street – Provider's residence street address or P.O. Box used for mail delivery. Any mail to be delivered "in care of" must have the address preceded with the entry of c/o and a space for an accurate address verification. All other "in care-of" formats are read as part of the address and may result in erroneous address verification. The PELG screen field name is STR.

Field C2: CITY – Required, Alphanumeric
Length: 17 Format: X(10)
Description: City – Provider's city of residence. The PELG screen field name is CY.

Field C3: STATE – Required, Alpha
Length: 2 Format: XX
Description: State – Provider's state of residence. The PELG screen field name is ST.

Field C4: ZIP CODE/CT – Required, Numeric
Length: 9 Format: 99999 9999
Description: Zip Code/Census Tract – The nine-digit ZIP+4 code associated with the providers mailing address. The PELG screen field name is Z.

Field D1: SOCIAL SECURITY # – Required, Numeric
Length: 9 Format: 999 99 9999
Description: Social Security Number – The number assigned by the federal Social Security Administration (SSA) to identify an individual's account number. The PELG screen field name is SSN. See ***Section VI-C – Special Instructions – Person List Screen.***

Field D2: DED/EXEMPT – Required, Alpha
Length: 1 Format: X
Description: Deduction/Exempt – Indicates the provider's tax status, based on a familial relationship to the recipient, for Social Security and State Disability Insurance only. The PELG screen field name is DED.
Note – The code "B", although it still appears on the SOC 311 form, is no longer a valid code. **Do not mark B on the SOC 311**. Valid Codes are:
P Parent
S Spouse
C Recipient's child, regardless of his/her age
O Other

Field D3: TELEPHONE # – Optional, Numeric
Length: 10 Format: 999 999 9999
Description: Telephone Number - The provider's area code and phone number. The PELG screen field name is PH#.

Field D4: SEX – Optional, Alpha
Length: 1 Format X
Description: Sex –The provider's gender. The PELG screen field name is SX.
M Male F Female

Field D5: BIRTHDATE – Required, Numeric
Length: 8 Format: MMDDYYYY
Description: Birthdate – The provider's birth date. The PELG screen field name is DOB.

Field D6: W-5 – Optional, Alphanumeric – ***State Contractor Access Only***
Length: 5 Format: X YY/YY
Description: W-5 – Earned Income Credit (EIC) Advance Payment Certificate.
On the SOC 311, when a W-5 has been processed for a provider, the corresponding information prints on the SOC 311 in the following format, X YY/YY.
First character (X) – Display the providers W5 Status

- Blank – System default – W-5 not submitted
- S – Single
- M – Married

Next four characters (YY/YY) – The first year (YY) provider submitted a W5. The second year (YY) indicates the year that the current W-5 expires. If the provider has not submitted a W5 the SOC 311 will print with 00/00.

On the PELG screen the field name is W5. When a W5 has been entered for a provider the PELG displays in four sections: X CCYY MMDDCCYY X
First character (X) – Marital Status - Displays the provider's W5 marital status.

- Blank – System Default – W-5 not submitted
- S – Single
- M – Married

Next four characters (CCYY) – Displays the first year the provider submitted a W5 (System Generated)
Next eight characters (MMDDCCYY) – Displays the date on which the EIC expires (User Entered). Generally, the date is the end of the calendar year. Example: 12312008
Last character (X) – Spouse Certification Flag - Displays an indicator to show whether the provider's spouse has a Form W5 on file with their employer.

- Blank – Provider's spouse does not have a form W5 in effect for the year with their employer (System Default)
- N – Provider's spouse does not have a form W5 in effect for the year with their employer.
- Y – Provider's spouse does have a Form W5 in effect for the year with their employer.

See ***Section XIII-E, W-5 Earned Income Credit.***

Field D7: W-4 – System Generated, Alphanumeric
Length: 3 Format: X 99
Description: W-4 – The provider's federal withholding allowances from the Federal Withholding Allowance Certificate form (W4). When a provider submits a W-4 to the designations appear on Line H1 of the PELG screen. Only the Federal Withholding Allowance specified on the W-4 will be displayed in Field D7 on the SOC 311. The following are valid indications

First Character – Marital Status

- Blank – Exempt – System Default
- E – Exempt – Indicates a provider has submitted a W-4 claiming "Exempt" status after having had taxes withheld under another status.
- S – Single
- M – Married

See ***Section XIII-C, Employee's Withholding Allowance Certificate.***

Field E1: COUNTY USE – Optional, Alphanumeric
Length: 40
Description: County Use – Used by county for case notations. The PELG screen field name is CNY USE.

Field E2: REL. OF PROV – Optional, Numeric
Length: 2
Description: Relationship Of Provider - This code identifies the relationship of the provider to the recipient. The PELG screen field name is REL. Values are:

01	Spouse	08	Neighbor
02	Parent of minor child	09	Landlord
03	Parent of adult child	10	Housemate
04	Minor child	11	Live-in Provider
05	Adult Child	12	Home Health Agency
06	Other relative	13	Other business
07	Friend	14	Other

Field E3: # OF PROV – Optional, Numeric
Length: 1 Format: 9
Description: Number Of Providers – The only code/entry allowed is a "1" indicating the provider as the only "E" Eligible status provider for the recipient case. Provider records indicated with a "1" are referred to as 1:1 providers. When entered, the system updates the provider's eligibility using the assessment data from the recipient's SOC 293. The PELG screen field name is #PROV. See ***Section VI-C Special Instructions,*** for detailed explanation of the "one-to-one" provider entries.

Field E4: RECOVERY – System Generated, Numeric
Length: 6 Format: $9,999.99
Description: Recovery – The existing balance to be recovered from the provider for prior overpayments. The PELG screen field name is RCVY and is located on the H1 line Field 7 on the far right. See ***Section XII-C-III – Add an Arrears Pay Provider for Recovery of an Overpayment.***

Field Untitled: WC – Optional, Alphanumeric – ***PELG Screen only***
Length: 1 Format: X
Description: Worker Compensation Physician Indicator – This indicator allows counties to indicate the provider's intention to use their Personal Physician rather than a Worker's Compensation Physician if an injury should occur on the job. Valid values are:

- Blank – System Default – Worker Compensation Physician
- P – Provider's Personal Physician – Indicates provider has completed and returned to the county SCIF Form 15036 or the county's approved version of the form indicating his/her decision to use their personal physician.
- W – Indicates the provider has decided to change from their personal physician to a Workers' Comp Physician.

Fields F1 through F7, on both the SOC 311 form and the PELG screen, are monthly payment segments which are used when building or updating a provider's payment eligibility period. The same descriptions are repeated for fields 1 through 7 on lines F, G and H.

Field F1, G1 and H1: ACTION – Optional, Alpha
Length: 1 Format: X
Description: Action – Circle the DEL on the SOC 311 to indicate an eligibility segment to be deleted. The PELG screen field name is ACTION. To delete the eligibility segment, enter a "**D**" in the Action field of the corresponding eligibility segment and press <**Enter**>.

Field F2, G2 and H2: BEGINNING DATE – Required, Numeric
Length: 8 Format: MMDDYYYY
Description: Beginning Date - The Month/Day/Year on which a provider will begin receiving payment according to the eligibility segment entered. The PELG screen field name is BEG DATE.

Field F3, G3 and H3: ENDING DATE – Required, Numeric
Length: 8 Format: MMDDYYYY
Description: Ending Date – The Month/Day/Year after which a provider will no longer be eligible for payment for the corresponding recipient case. If no eligibility end date is entered, the provider continues to be eligible and the ENDING DATE of the most current eligibility segment, Field F3, must be blank (zeroes are not accepted). An ending date is only required when:

- The provider is to be placed in "L" (leave) or "T" (terminated) status
- A rate change occurs
- Hours are changed for a pay period

The PELG screen field name is END DATE.

Field F4, G4 and H4: HOURS – Required, Numeric
Length: 8 Format: 999.99
Description: Hours – The portion of the county authorized monthly hours for the recipient that the provider may work. If the provider is a 1:1 provider, the system will automatically assign the hours from the recipient case. The PELG screen field name is HOURS.

Field F5, G5 and H5: SHARE/COST – Optional, Numeric
Length: 6 Format: $9,999.99
Description: Share of Cost – The monthly amount of money the county determines the recipient must pay directly to the provider as their share-of-cost for services. Amount displayed on PELG is data from associated recipient case. The PELG screen field name is SHR/COST.

Field F6, G6 and H6: RATE – Optional, Numeric
Length: 5 Format: $99.99
Description: Rate – The hourly wage rate paid to the provider. When no entry is made on a new segment, the field defaults to the county's lowest hourly rate for the time period entered. The PELG screen field name is RATE.

Field F7, G7 and H7: SPLIT SHIFT – SOC 311 Only – ***For Future Use***
Length:
Description: Split Shift - This title only appears on the SOC 311 form. There is no corollary PELG screen field.

Fields F8, G8, and H8 are untitled fields on the SOC 311.

Field F8: SDI IND/SDI BEG DATE – Optional, Alpha – ***PELG Screen Only***
Length: 1/8 Format: X MMDDCCYY
Description: State Disability Insurance Beginning Date – The recipient must complete and submit to the county a SOC 409 – IHSS/CMIPS ELECTIVE STATE DISABILITY INSURANCE (SDI) FORM to enroll the provider in elective SDI. Valid field entries are:

- Y – Begin Elective SDI withholding.

When a "Y" has been entered, the date of entry will display in the SDI BEG DATE field in MMDDCCYY format.
No SDI information prints on the SOC 311 TAD.
See ***Section XIII-G – State Disability Insurance*** for complete information regarding Elective State Disability Insurance**.**

Field G8: SDI END DATE – Optional, Alpha – ***PELG Screen Only***
Length: 8 Format: MMDDCCYY
Description: State Disability Insurance Ending Date – The date elective SDI contributions will stop. If the provider is a minor child, the SDI END DATE will display as the date of their 18th birthday in MMDDYYYY format.
No SDI information prints on the SOC 311 TAD.

Federal and State Tax indications

When added to CMIPS all provider records default to "EXEMPT" for Federal Income Tax (FIT) and State Income Tax (SIT) withholding, therefore the PELG fields default to blank. When a W-4 and/or DE-4 has been processed for a provider the results display as indicated.

Lines H1, H2, H3 and H4 displays on PELG only. When indicated this information prints to the SOC 311 in the designated area. ***These fields are accessible by State Contractor only***. All other users have inquiry access only.

Line H1:
Field 1 & 2 FIT W4 – Optional, Alphanumeric – ***PELG Screen Only***
Length: 1/2 Format: X 99
Description: Federal Income Tax W-4 – The Federal withholding allowances claimed by the provider. The following may display:
First Character – Marital Status claimed by provider

- Blank – Exempt – System Default
- E – Exempt – Indicates a provider has submitted a W-4 claiming "Exempt" status after having had taxes withheld under another status.
- S – Single
- M – Married

Last two characters – The number of allowances claimed by the provider. Valid entry is 00 to 99. See ***Section XIII-D – Employee's Withholding Allowance Certificate*** for W-4 and DE-4 processing information.
Information from field prints in field D7 on the SOC 311.

Line H1:
Field 3 FIT WHOLD – Optional, Numeric – ***PELG Screen Only***
Length: 5 Format: 999.99
Description: Federal Income Tax Withholding – The additional amount of tax dollars the provider has indicated to withhold over that withheld based upon indications in FIT W4.

Line H1:
Field 4 & 5 SIT W4 – Optional, Alphanumeric – ***PELG Screen Only***
Length: 1/2 Format: X 99
Description: State Income Tax W4 or DE-4 – The State withholding allowances claimed by the provider. If the provider submits a W4, but no DE-4, the allowances indicated on the W4 will be applied to State withholding. If a DE-4 is submitted with a different status or withholding allowances than the W4, then the FIT and SIT withholding fields may be different. The following information may display:
First Character – Marital Status claimed by provider

- Blank – Exempt – System Default
- E – Exempt – Indicates a provider has submitted a W-4 claiming "Exempt" status after having had taxes withheld under another status.
- S – Single
- M – Married

Last two characters – The number of allowances claimed by the provider. Valid entry is 00 to 99.

Line H1:
Field 6: SIT WHOLD – Optional, Numeric – ***PELG Screen Only***
Length: 5 Format: XXX.XX
Description: State Income Tax Withholding W-4 or DE-4 – The State withholding claimed by the provider. If the provider submits a W4, but no DE-4, the withholding indicated on the W4 will be applied to the State. If a DE-4 is submitted, Federal and State withholdings fields may be different.

Line H1:
Field 7: RCVY – System Generated, Numeric – ***PELG Screen Only***
Length: 6 Format: $X,XXX.XX
Description: Recovery – The amount being recovered from the provider for prior overpayments. This field displays the remaining outstanding balance due of all SOC 330 processed. This information prints in Field E4 on the SOC 311.

Line H1:
Field 8: FIT W4 ENTRY DATE – System generated, Numeric – ***PELG Screen Only***
Length: 8 Format: MMDDYYYY
Description: Indicates the date the W-4 information was entered.

Line H1:
Field 9: SIT W4 ENTRY DATE – System generated, Numeric – ***PELG Screen Only***
Length: 8 Format: MMDDYYYY
Description: Indicates the date the DE-4 information was entered.

Line H2:
Field 1: TIMESHEET – Optional, Alpha – ***PELG Screen Only***
Length: 1
Description: Timesheet – Request the pre-printed timesheet for the provider. This information prints below the H Fields in the TIMESHEET field on the SOC 311 TAD. Valid values are:

- Blank
- N – No – System Default
- Y – Yes

Up to four timesheets may be requested. The requested pay period and three pay periods in the future. ***See Section VII-B – Initial and Replacement Timesheet instructions.***

Line H2:
Field 2: START DT – Optional, Numeric – ***PELG Screen Only***
Length: 8 MMDDYYYY
Description: Start Date – The first date of the pay period for the timesheet being requested. This date will appear on the timesheet.

Line H2:
Field 3: STOP DT – Optional, Numeric – ***PELG Screen Only***
Length: 8 MMDDYYYY
Description: Stop Date – The last date of the pay period for the timesheet being requested. This date will appear on the timesheet.

Line H2:
Field 4: RECIP AIDE # – Optional, Alphanumeric – ***Future Use***
Length: 4
Description: Recipient Aide Number – ***Currently not used***

Line H2:
Field 5: PCSP ELIG – Required, Alpha – ***PELG Screen Only***
Length: 1 Format: X
Description: Personal Care Services Program (PCSP) Eligibility – Indicates if the provider is enrolled as Personal Care Services Program provider. Valid entry values are:

- N – No – System Default – Provider is not PCSP eligible
- Y – Yes – Provider is PCSP eligible

This information prints below the H Fields in the PCP ELG field on the SOC 311. The PELG screen field name is PCSP.

Line H3:
Field 1: UPDATE ALL PELG – Optional, Alpha – ***PELG Screen Only***
Length: 1 Format: X
Description: Update All PELG – Allows the automatic update of all PELG associated with current provider, regardless of status, within the initiating county. Action updates the address and/or phone number on all SOC 311 forms and PELG screens with the same social security number. Valid field entry is:

- N – No – Do not update other PELG screens
- Y – Yes – System Default

This information prints below the H Fields in the UPDATE ALL PELG field on the SOC 311 TAD.

Line H3:
Field 2: SSNV – System Generated, Alphanumeric – ***PELG Screen Only***
Length: 1 Format: X
Description: Social Security Number Verification – This field, on the far right side, displays one of the following indications reflecting the status of the Provider SSN as confirmed by the Social Security Administration (SSA).

Blank Social Security Number has not yet been sent for verification.

- Once verified this field will be reset to blank if changes are keyed to PELG fields NAME (B1-B3), SSN (D1) , SX (D3), or DOB (D4)
- Provider records with verification indications other than S or V will be written to the SSN VERIFICATION REPORT. See ***Section XIV-Y – SSN VERIFICATION REPORT*** for information regarding processing.

S Submitted for verification, no response yet received
V Verified – SSA confirms Name, SSN, DOB and Gender
D Person indicate by SSA to be deceased
1 SSN submitted is not on file with the SSA
2 Name and DOB match; Gender code does not match SSA records
3 Name and Gender code match; DOB does not match SSA records
4 Name match; Gender code and DOB do not match SSA records
5 DOB and Gender code match; Name does not match SSA records
6 Contact SSA

Line H4:
Field 1: EFT – System Generated, Alpha – ***PELG Screen Only***
Length: 1 Format: X
Description: Electronic Funds Transfer indicator for Direct Deposit:

- N – No Active Direct Deposit
- Y – Active Direct Deposit

Line H4: PO EXEMPT – Override Required if using PO Box in Address– ***PELG Screen Only***
Field 2:
Length: 1 Format: X
Description: This field allows counties to continue using PO Box in the Provider Address field when the Provider meets the exception criteria provided by the CDSS Policy Group.

- X – Override PO Box edit.

Fields I and J appear at the bottom of the SOC 311 form only. The PELG screen does not display these fields.

Field I: AUTHORIZATION/DATE/REMARKS – Optional – ***SOC 311 Only***
Description: Authorization/Date/Remarks – Enter the county authorization signature, the date of the signature and any remarks pertinent to the case provider in the designated fields.

Field J: VALIDATION/DATE/REMARKS – Optional – ***SOC 311 Only***
Description: Validation/Date/Remarks – Enter the county validation signature, the date of the signature and any remarks which pertinent to the case provider in the designated fields.

Special Instructions

This Chapter provides additional and/or special instructions on the following processes as they apply to IHSS Providers or the use of the PELG screen.

Subject		Page VI-C
I.	Address Verification Screen	2
II.	One Provider To One Recipient Segment Computation	4
III.	Producing a Reprint of the Most Recent SOC 311	8
IV.	Update All PELG Screens and SOC 311 TADs for a Provider	9
V.	Person List Screen	11
VI.	Additions or Updates	13
VII.	Help Screens	14
VIII.	Deletion of a Provider	15
IX.	Correction of a Social Security Number on the PELG	17
X.	Social Security Number Verification (SSNV)	19
XI.	Provider Enrollment Screen	20
XII.	Provider Conviction and Waiver Tracking Screen	24

I. Address Verification Screen

The Address Verification Screen displays the results of the Coding Accuracy Support System (CASS) software verification when an address is entered on the PELG screen. The CASS reviews the address entry, and then displays the corrected address entry according to the United States Postal Service (USPS) address standards.

When the PELG screen is accessed in the A – Add or C – Change mode, data entry in the C1 through C4 address fields' triggers the CASS review. The Address Verification screen displays the best match for the address entered. There are a variety of CASS messages that briefly describe the results of the address verification.

When an "in care of" address is used, the mailing address must be preceded with the entry of "c/o" and a space for accurate address verification.

The example Address Verification screen below is displaying address verification. The display areas are shown in **bold underline**.

```
                          ADDRESS VERIFICATION

     ADDRESS AS ENTERED                  ADDRESS AS CORRECTED


     1000 NORTH MAIN ST                  1000 N MAIN ST
     RICHMOND, CA 94704                  RICHMOND, CA 94707-1852



    RESULTS OF ADDRESS VERIFICATION:     CASS Message


    PF5 - RETURN TO REKEY THE ADDRESS
    PF6 - UPDATE CMIPS WITH ADDRESS ENTERED
  ENTER - UPDATE CMIPS WITH CORRECTED ADDRESS
```

From the Address Verification screen, the user may choose to:

- Press <**PF5**> – To return to the PELG screen to correct the address entered
- Press <**PF6**> – Which retains the address keyed on the PELG screen, regardless of the results of the address verification. This process must be applied when an "Out of Country" is used.
- Press <**Enter**> – Use the CASS matched USPS address

When an appropriate action is accepted the system continues the transaction process.

Updates identified by the USPS Address Management Office (AMO) are applied to CMIPS on a monthly basis as required. Because the USPS is continually updating address information, the monthly updates may "invalidate" previously correct addresses. There is no action taken to alert users of these invalid addresses, but the next action to the provider record may result in a re-verification of address.

The following CASS edit messages may appear on the Address Verification screen.

Edit Message	Explanation
HOUSE/BOX NBR NOT FOUND ON STREET	The house number does not exist on the street name or the box number does not exist in the city/zip.
INSUFFICIENT ADDRESS MATCH INFO	The street address is incomplete (e.g., street number or street name missing). The street address was keyed incorrectly (e.g., street name misspelled or required space between street number, street name, or street designator omitted). Unnecessary characters appear on the street address (e.g., % or c/o in front of a person's name or address).
MULTIPLE MATCHES WERE FOUND	The address verification resulted in more than one match against the USPS database. Therefore, no corrected address is returned and the verification results in an unmatched address.
STREET NAME NOT FOUND IN ZIP CODE	The street name does not exist in the zip code. or The USPS does not provide street delivery to this address. Typically, mail for this address should be addressed to a PO Box, General Delivery, Highway Contract box, Rural Route box, or a Star Route box. or The address is new in the city/county and is not yet in the CASS system.
ENTER IS INVALID – NO USPS ADDRESS IS FOUND	If the CASS cannot match the address entered on the PELG, the Enter key is not a valid option. **PF5** or **PF6** must be used.
INVALID FUNCTION KEY	**PF5** or **PF6** are the only valid function keys used on the Address Verification screen.

Reference materials regarding the CASS and Address Verification screen include:

- IHSS Program Manager letters distributed 11/1/94 and 6/16/95
- EBBs 94-31, 95-02, 95-10, and 95-23
- USPS Publication 28, Postal Addressing Standards.

II. One Provider To One Recipient Segment Computation

CMIPS can automatically build the provider's SOC 311/PELG eligibility segments using input from the recipient's SOC 293 assessment document. This automated option is only available when there is one eligible (E) status provider working all authorized service hours for a recipient. This provider is referred to as a 1:1 (one-to-one) provider. CMIPS updates the PELG screen segments and generate a new SOC 311 TAD each time a change is made to the recipient's eligibility.

To establish a provider as a 1:1 provider for a recipient:

- Access the PELG screen in either the A – Add or C – Change mode using the 16 digit case #
- Enter a "1" in the # PROV field
- Press <Enter>
- System processes transaction, displaying a "1" in the # PROV field.

The automated functionality may be established regardless of the match between the beginning date of the 1:1 provider and the beginning date of the recipient's current eligibility segment on the M Line of the SOC 293. However, when the beginning date does not match the recipient's SOC 293, the PELG screen eligibility segments may need to be initially "built" in order to establish a match for the one to one provider function.

Below are two descriptions of how to establish the eligibility segment matches between the SOC 293 and the SOC 311 for the 1:1 provider function.

<u>Example 1</u>

<u>Matching Beginning Date</u>

The following entries in the SOC 311/PELG screen are used when the recipient and provider have a matching beginning date for their initial eligibility segments, e.g., a provider is hired effective the same day that the recipient's eligibility is established or renewed.

Field E3: # OF PROV (SOC 311), # PROV (PELG)
Length: 1 Format: 9
Entry: Number of Provider – Enter a "1" indicating that this is the only eligible status provider for the recipient case.

Field F2: BEGINNING DATE (SOC 311), BEG DATE (PELG)
Length: 8 Format: MMDDYYYY
Entry Beginning Date – The date on which a provider may begin receiving payment according to the eligibility segment entered.

Field F3: ENDING DATE (SOC 311), END DATE (PELG)
Length: 8 Format: MMDDYYYY
Entry: Ending Date – Leave this field blank

Field F4: HOURS
Length: 4 Format: XXX.X
Entry: Hours – Leave this field blank

Field F5: SHARE/COST (SOC 311), SHR/COST (PELG)
Length: 5 Format: XXX.XX
Entry: Share of Cost – Leave this field blank
The PELG screen example below displays the applicable data entry fields in **bold underline** when the recipient and the provider have a matching beginning date for their initial eligibility segment.

```
      THIS PELG X 9999999999999999
      NEXT PELG X 9999999999999999


  SEQ# 999  REPRINT X          RECIP XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   SW# XXXX
B LAST NAME XXXXXXXXXXXXXXXXX  FIRST XXXXXXXXXXXX MI X  STAT X  ETH X LANG X
C STR XXXXXXXXXXXXXXXXXXXXXXXXXXXXX CY XXXXXXXXXXXXXXXXXXXX ST XX Z 99999 9999
D SSN 999 99 9999 DED X PH# 999 999 9999 SX X DOB MMDDCCYY W5 X YYYY MMDDYYYY X
E CNY USE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX REL 99    #PROV 9     WC X

   ACTION   BEG DATE   END DATE   HOURS    SHR/COST    RATE       SDI BEG DATE
F    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99       X  MMDDCCYY
G    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99      SDI END DATE
H    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99       X  MMDDCCYY

H1 FIT W4  X 99 FIT WHOLD 9999.99  SIT W4 X 99 SIT WHOLD 9999.99 RCVY $9,999.99
   FIT W4 ENTRY DATE MMDDCCYY      SIT W4 ENTRY DATE MMDDCCYY

H2 TIMESHEET X   START DT MMDDCCYY  STOP DT MMDDCCYY   RECIP AIDE# XXXX  PCSP X
H3 UPDATE ALL PELG? Y/N = X                                              SSNV X
H4 EFT X

LAST CHANGE DATE  MM/DD/CCYY  PO EXEMPT X  CURRENT DATE MM/DD/CCYY TIME HH:MM
ENT=ENTER F03=EXIT F08=NEXT F11=PCAW
```

Example #2

Different Beginning Dates

The following entries in the SOC 311/PELG screen Fields are used when the provider's initial eligibility segment is not the same as the recipient's, e.g., the recipient hires a new provider effective in the middle of the month. The entries "build" a match between the provider and recipient eligibility segments.

Field E3: # OF PROV (SOC 311), # PROV (PELG)
Length: 1 Format: 9
Entry: Number of Provider – Enter a "1" indicating that this is the sole eligible status provider for the recipient case.

Field F2: BEGINNING DATE (SOC 311), BEG DATE (PELG)
Length: 8 Format: MMDDYYYY
Entry Beginning Date – Enter the date, mid-month that is the provider's start date as the one-to-one provider.

Field F3: ENDING DATE (SOC 311), END DATE (PELG)
Length: 8 Format: MMDDYYYY
Entry: Ending Date - Enter the date for the initial partial month that the provider is the one-to-one provider.

Field F4: HOURS
Length: 4 Format: 999.99
Entry: Hours - Enter the prorated hours for the initial partial month that the provider was authorized to work as the one-to-one provider.

Field F5: SHARE/COST (SOC 311), SHR/COST (PELG)
Length: 5 Format: $9,999.99
Entry: Share of Cost - Enter the prorated share of cost (SOC) obligation that the recipient pays directly to the provider. The SOC entry cannot be greater than the gross dollar amount for the prorated hours.

Field F6: RATE
Length: 4 Format: $99.99
Entry: Rate - Enter the hourly rate paid to the provider

Field G2: BEGINNING DATE (SOC 311), BEG DATE (PELG)
Length: 8 Format: MMDDYYYY
Entry: Beginning Date - Enter the beginning date of the next full month of on-going one-to-one eligibility that matches the recipient's eligibility shown on the SOC 293/RELB.

Field G3: ENDING DATE (SOC 311), END DATE (PELG)
Length: 8 Format: MMDDYYYY
Entry: Ending Date – Leave the field blank

Field G4: HOURS
Length: 4 Format: 999.99
Entry: Hours – Leave the field blank.

Field G5: SHARE/COST (SOC 311), SHR/COST (PELG)
Length: 5 Format: $9,999.99
Entry: Share of Cost – Leave the field blank.

Field G6: RATE
Length: 4 Format: $99.99
Entry: Rate – Leave the field blank

The PELG screen example below displays the applicable data entry fields in **bold underline** when the provider's initial eligibility segment is not the same as the recipient's.

```
      THIS PELG X 9999999999999999
      NEXT PELG X 9999999999999999


  SEQ# 999  REPRINT X          RECIP XXXXXXXXXXXXXXXX, XXXXXXXXXXXX   SW# XXXX
B LAST NAME XXXXXXXXXXXXXXXX  FIRST XXXXXXXXXXXX MI X  STAT X  ETH X LANG X
C STR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CY XXXXXXXXXXXXXXXXXXXX ST XX Z 99999 9999
D SSN 999 99 9999 DED X PH# 999 999 9999 SX X DOB MMDDCCYY W5 X YYYY MMDDYYYY X
E CNY USE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX REL 99    #PROV 9     WC X

   ACTION   BEG DATE   END DATE   HOURS    SHR/COST    RATE       SDI BEG DATE
F    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99       X  MMDDCCYY
G    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99      SDI END DATE
H    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99       X  MMDDCCYY

H1 FIT W4  X 99 FIT WHOLD 9999.99  SIT W4 X 99 SIT WHOLD 9999.99 RCVY $9,999.99
   FIT W4 ENTRY DATE MMDDCCYY      SIT W4 ENTRY DATE MMDDCCYY

H2 TIMESHEET X   START DT MMDDCCYY  STOP DT MMDDCCYY   RECIP AIDE# XXXX  PCSP X
H3 UPDATE ALL PELG? Y/N = X                                               SSNV X
H4 EFT X

LAST CHANGE DATE  MM/DD/CCYY  PO EXEMPT X  CURRENT DATE MM/DD/CCYY TIME HH:MM
ENT=ENTER F03=EXIT F08=NEXT F11=PCAW
```

III. Producing a Reprint of the Most Recent SOC 311

Through the PELG screen, the CMIPS has the capability to generate a replacement reprint of the most recent SOC 311 TAD only.

In order to generate the reprint, enter PELG, a C (change mode), and the recipient case number and provider number in the three fields of the NEXT line and enter a "Y" in the REPRINT field. The REPRINT field is located on the PELG screen immediately below the NEXT line and next to the SEQ# field. Press **Enter** and the system will generate a SOC 311 TAD on the next print date.

The PELG screen example below indicates in **Bold Underline** the fields that are applicable for the data entry of a SOC 311 reprint request.

```
      THIS PELG X 9999999999999999
      NEXT PELG X 9999999999999999

   SEQ# 999  REPRINT Y          RECIP XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   SW# XXXX
 B LAST NAME XXXXXXXXXXXXXXXXX  FIRST XXXXXXXXXXXX MI X  STAT X  ETH X LANG X
 C STR XXXXXXXXXXXXXXXXXXXXXXXXX    CY XXXXXXXXXXXXXXXXXXXX ST XX Z 99999 9999
 D SSN 999 99 9999 DED X PH# 999 999 9999 SX X DOB MMDDCCYY W5 X YYYY MMDDYYYY X
 E CNY USE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX REL 99    #PROV 9     WC X

    ACTION   BEG DATE   END DATE   HOURS    SHR/COST    RATE       SDI BEG DATE
 F    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99       X  MMDDCCYY
 G    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99      SDI END DATE
 H    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99       X  MMDDCCYY

 H1 FIT W4  X 99 FIT WHOLD 9999.99  SIT W4 X 99 SIT WHOLD 9999.99 RCVY $9,999.99
    FIT W4 ENTRY DATE MMDDCCYY      SIT W4 ENTRY DATE MMDDCCYY

 H2 TIMESHEET X   START DT MMDDCCYY  STOP DT MMDDCCYY   RECIP AIDE# XXXX  PCSP X
 H3 UPDATE ALL PELG? Y/N = X                                               SSNV X
 H4 EFT X

LAST CHANGE DATE  MM/DD/CCYY  PO EXEMPT X  CURRENT DATE MM/DD/CCYY TIME HH:MM
ENT=ENTER F03=EXIT F08=NEXT F11=PCAW
```

IV. Update All PELG Screens and SOC 311 TADs for a Provider

CMIPS has the capability to make address and phone number changes on all PELG screens and SOC 311 TADs when a provider is working for multiple recipients. Without this capability, each individual SOC 311 TAD and PELG screen would have to be accessed separately and the same information changed on each one. Instead of using the recipient case number to locate only a single record, the provider's social security number is used to locate all of the records when the function is triggered by an entry in the H3 field - UPDATE ALL PELG?

SOC 311 TAD

When making an address or phone number change to all of the records for a provider who is working for multiple recipients, select one SOC 311 TAD to make the changes. On the SOC 311 TAD, enter the requested address and/or phone number change(s). Then, in the blank space between the two provider information areas, add the entry UPDATE ALL PELG, a space, and a Y for Yes or N for No. The entry should be made next to the second A2 PROVIDER NUMBER field as the bottom line in that space. The entry in the blank space on the SOC 311 is necessary because a designated H3 Field is found only on the PELG screen.

PELG Screen

Access the provider's PELG screen in either the Add (A) or Change (C) mode. Make the same changes to the address and/or phone number. In Field H3, UPDATE ALL PELG?, enter either a Y or an N. A Y entry will cause the CMIPS to update all of the PELG records and generate SOC 311 TADs on the next print date after the **Enter** key is used.

The letter entered in the H3 Field will be displayed on the PELG screen. The SOC 311 TAD will have the heading UPDATE ALL PELG? and a Y or N printed out.

Regardless of the display in the field, each time an address or phone number change is made, it will be necessary to re-enter an N in the field to prevent the update of all the PELG screens and SOC 311's. The entry of an N is necessary because the system's default and the PELG screen reset is to a Y.

The PELG screen example below shows, in **Bold** **Underline,** the fields and displays that are applicable when using the update procedure.

```
      THIS PELG C 9999999999999999
      NEXT PELG C 9999999999999999

   SEQ# 999  REPRINT X          RECIP XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   SW# XXXX
 B LAST NAME XXXXXXXXXXXXXXXXX  FIRST XXXXXXXXXXXX MI X  STAT E  ETH   LANG X
 C STR XXXXXXXXXXXXXXXXXXXXXXXXXXX    CY XXXXXXXXXXXXXXXXXXX  ST XX Z 99999 9999
 D SSN 999 99 9999 DED X PH# 999 999 9999 SX X DOB MMDDCCYY W5 X YYYY MMDDCCYY X
 E CNY USE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX REL 99    #PROV 9     WC X

    ACTION   BEG DATE   END DATE   HOURS    SHR/COST   RATE         SDI BEG DT
 F    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99   99.99        X MMDDCCYY
 G    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99   99.99        SDI END DT
 H    X      MMDDCCYY   MMDDCCYY    999.9   9.999.99   99.99          MMDDCCYY

 H1 FIT W4 X 99  FIT WHOLD 9999.99  SIT W4 X 99 SIT WHOLD 9999.99 RCVY $9,999.99
    FIT W4 ENTRY DATE MMDDCCYY      SIT W4 ENTRY DATE MMDDCCYY

 H2 TIMESHEET X   START DT MMDDCCYY  STOP DT MMDDCCYY   RECIP AIDE# XXXX  PCSP X
 H3 UPDATE ALL PELG? Y/N = X                                               SSNV X
 H4 EFT X

LAST CHANGE DATE  MM/DD/CCYY  PO EXEMPT X  CURRENT DATE MM/DD/CCYY TIME HH:MM
ENT=ENTER F03=EXIT F08=NEXT F11=PCAW
```

V. Person List Screen

The Person List Screen displays and allows updates or additions to the Person Table of individual who are either providers or recipients in CMIPS. The PERSON LIST SCREEN appears when data elements specific to a person (recipient or provider) is added or changed **and** the SSN already exists in CMIPS **or** a "similar person file" exists.

The Person List Screen is used to ensure that each recipient or provider has only one person file **linked** in CMIPS. A person may be associated to multiple cases in multiple counties, but have only a single CMIPS "person file." When the Person List Screen appears, a determination must be **made** to either add a new person file or update an existing person file.

The Person List Screen displays all person files with matching social security numbers **or** similar social security numbers with matching or "sounds like" names. If any discrepancies exist, such as the name, birth date, sex or the existing person address, then the appropriate selection must be made. See item C below for details.

The PRSN Screen is displayed below.

```
                            PERSON LIST SCREEN     SSN              SEX  STATUS
    LAST NAME             FIRST       MI  SSN      STATUS                RCP PRV
    XXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X 999-99-9999      MM/DD/CCYY X   X   X
      XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX XX 99999 9999
    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X 999-99-9999      MM/DD/CCYY X   X   X
      XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX XX 99999 9999
    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X 999-99-9999      MM/DD/CCYY X   X   X
      XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX XX 99999 9999
    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X 999-99-9999      MM/DD/CCYY X   X   X
      XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX XX 99999 9999
    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X 999-99-9999      MM/DD/CCYY X   X   X
      XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX XX 99999 9999
    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X 999-99-9999      MM/DD/CCYY X   X   X
      XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX XX 99999 9999
    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X 999-99-9999      MM/DD/CCYY X   X   X
      XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX XX 99999 9999
    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X 999-99-9999      MM/DD/CCYY X   X   X
      XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX XX 99999 9999
    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X 999-99-9999      MM/DD/CCYY X   X   X
      XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX XX 99999 9999
F2 = ADD NEW PERSON                 F4 = UPDT WITH PELG INFO & ADDRESS
F5 = USE PRSN INFO & PELG ADDRESS   F6 = USE PRSN INFO & PRSN ADDRESS
F1=SCREEN HELP F3=RETURN F11=CONT
```

Field-by-Field Description

Field: LAST NAME
Length: 17 Format: X(17)
Entry: Last Name – The last name of the individual listed

Field: FIRST
Length: 12 Format: X(12)
Entry: First Name – The last name of the individual listed

Field: MI
Length: 1 Format: X
Entry: The Middle Initial of the individual listed

Field: SSN
Length: 9 Format: 999 99 9999
Entry: The Social Security Number associated with the individual listed

Field: SSN STATUS
Length: 1 Format: X
Entry: The SSN status associated with the individual listed.

- Blank indicates that CMIPS does not have any conflicting Person Table records.
- ? indicates a conflicting Person Table records exist with the same SSN, but different person information.

Field: SEX
Length: 1 Format: X
Entry: The gender of the individual listed

Field: STATUS RCP PRV
Length: 1 Format: X
Entry: The current case status assigned to the RCP – Recipient or PRV Provider case listed.
Valid entries are:
Recipient:

- E – Eligible
- I – Interim Eligible
- L – Leave of absence
- R – Record
- D – Deny
- T – Terminated

Provider

- E – Eligible
- T – Terminated
- L – Leave of absence
- P – Pending

Field: STREET ADDRESS
Length: 29 Format X(29)
Entry: The mailing/street address associated with the individual listed.

Field: CITY
Length: 20 Format: X(20)
Entry: The city associated with the individual listed.

Field: STATE
Length: 2 Format: XX
Entry: The State Code associated with the individual listed.

Field: ZIP
Length: 9
Entry: The Zip Code associated with the individual listed.

VI. Additions or Updates

When the PELG screen is in the A – Add or C – Change mode and data entry is made to one of the fields listed below, and an record exists matching the data elements entered, the Person List Screen displays. The following data elements are captured for each individual in CMIPS:

- Social Security Number (field D1)
- Last Name (PELG field B1)
- First Name (PELG field B2)
- Birth Date (PELG field D5)
- Sex (PELG field D4)
- Address (PELG fields C1, C2, C3 and C4)

When the screen appears, the user selects the appropriate individual and applies the appropriate action using one of the Function keys listed. If no person exists in CMIPS, the system creates a new person table record, but does not display the screen.

A. Function Keys

Function keys are listed at the bottom of the person pop-up screen. To select an existing person, place an "x" to the left of the person and select F4, F5 or F6. If the user selects the option to add a new person and the SSN is already in use within CMIPS, an SSN status will be marked with an "?" on the PRSN screen display to indicate this person is using a duplicate SSN.

VII. Help Screens

```
 HLPA                        CMIPS-2000 Help System                    HH:MM:SS
                               Screen Description                      MM-DD-CCYY


  LINES 1 TO 12 OF 16

    F2 - USE THIS KEY FOR ADDING A NEW PERSON TO THE SYSTEM.
    F3 - USE THIS KEY TO RETURN TO THE PELG OR RELA SCREEN.
    F4 - USE THIS KEY TO SELECT AN EXISTING PERSON LISTED ON THE PERSON
         SCREEN IN CONJUNCTION WITH UPDATES KEYED ON THE PELG OR THE RELA.
         UPDATES INCLUDE NAME, SOCIAL SECURITY NUMBER, BIRTHDATE, SEX AND
         ADDRESS.  THE INFORMATION ASSOCIATED WITH THE SELECTED PERSON WILL
         BE UPDATED WITH THE PELG OR THE RELA.
    F5 - USE THIS KEY TO SELECT AN EXISTING PERSON LISTED ON THE PERSON
         SCREEN AND TO UPDATE THE PERSON SCREEN ADDRESS ONLY WITH THE
         CHANGE THAT WAS JUST KEYED ON THE PELG OR THE RELA.  THE PERSON
         NAME AND DATA WILL BE PASSED BACK TO THE PELG OR RELA.
    F6 - USE THIS KEY TO SELECT AN EXISTING PERSON AND ADDRESS AS LISTED


Screen description is displayed.
F01=HELP F03=EXIT F07=PREV F08=NEXT F12=CANCEL
```

```
 HLPA                        CMIPS-2000 Help System                    HH:MM:SS
                               Screen Description                      MM-DD-CCYY



  LINES 13 TO 16 OF 16

         ON THE PERSON SCREEN.  THE PELG AND THE RELA WILL BE UPDATED WITH
         THIS INFORMATION.
    F11- USE THIS KEY TO SCROLL THE SCREEN TO VIEW ADDITIONAL ENTRIES ON THE
         PERSON SCREEN.









F01=HELP F03=EXIT F07=PREV F08=NEXT F12=CANCEL
```

VIII. Deletion of a Provider

CMIPS allows the deletion of a PELG record that was incorrectly added as long as the following criteria are met:

A. No payments have been made against the provider record. The PSUM screen cannot display any payment or adjustment transactions.

B. The date that the provider record was added to the system (creation date of sequence #1) is no more than 30 days from the deletion date. If the provider was added more than 30 days prior to the proposed deletion date and no payment or adjustment transactions display on the PSUM, contact the State Contractor for assistance.

If the above criteria are met, follow the steps listed below to delete a PELG screen that was added incorrectly:

On the NEXT line, key PELG, "D" for delete, and the sixteen digit case number and press <**Enter**>.

```
      THIS PELG X 9999999999999999
      NEXT PELG D 9999999999999999

   SEQ# 999  REPRINT X          RECIP XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   SW# XXXX
 B LAST NAME XXXXXXXXXXXXXXXXX  FIRST XXXXXXXXXXXX MI X  STAT X  ETH X LANG X
 C STR XXXXXXXXXXXXXXXXXXXXXXXXXXX    CY XXXXXXXXXXXXXXXXXXXX ST XX Z 99999 9999
 D SSN 999 99 9999 DED X PH# 999 999 9999 SX X DOB MMDDCCYY W5 X YYYY MMDDYYYY X
 E CNY USE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX REL 99    #PROV 9     WC X

    ACTION   BEG DATE   END DATE   HOURS    SHR/COST    RATE       SDI BEG DATE
 F    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99       X  MMDDCCYY
 G    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99      SDI END DATE
 H    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99       X  MMDDCCYY

 H1 FIT W4  X 99 FIT WHOLD 9999.99  SIT W4 X 99 SIT WHOLD 9999.99 RCVY $9,999.99
    FIT W4 ENTRY DATE MMDDCCYY      SIT W4 ENTRY DATE MMDDCCYY

 H2 TIMESHEET X   START DT MMDDCCYY  STOP DT MMDDCCYY   RECIP AIDE# XXXX  PCSP X
 H3 UPDATE ALL PELG? Y/N = X                                               SSNV X
 H4 EFT X

LAST CHANGE DATE  MM/DD/CCYY  PO EXEMPT X  CURRENT DATE MM/DD/CCYY TIME HH:MM
ENT=ENTER F03=EXIT F08=NEXT F11=PCAW
```

The PELG screen displays THIS PELG D 9999999999999999 (sixteen digit case number) and the online message ENTER TO CONFIRM DELETE.

```
      THIS PELG D 9999999999999999 ENTER TO CONFIRM DELETE
      NEXT PELG D 9999999999999999

   SEQ# 999  REPRINT X          RECIP XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   SW# XXXX
 B LAST NAME XXXXXXXXXXXXXXXXX  FIRST XXXXXXXXXXXX MI X  STAT X  ETH X LANG X
 C STR XXXXXXXXXXXXXXXXXXXXXXXXXXX    CY XXXXXXXXXXXXXXXXXXXX ST XX Z 99999 9999
 D SSN 999 99 9999 DED X PH# 999 999 9999 SX X DOB MMDDCCYY W5 X YYYY MMDDYYYY X
 E CNY USE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX REL 99    #PROV 9     WC X

    ACTION   BEG DATE   END DATE   HOURS    SHR/COST    RATE       SDI BEG DATE
 F    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99       X  MMDDCCYY
 G    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99      SDI END DATE
 H    X      MMDDCCYY   MMDDCCYY    999.9   9,999.99    99.99       X  MMDDCCYY

 H1 FIT W4  X 99 FIT WHOLD 9999.99  SIT W4 X 99 SIT WHOLD 9999.99 RCVY $9,999.99
    FIT W4 ENTRY DATE MMDDCCYY      SIT W4 ENTRY DATE MMDDCCYY

 H2 TIMESHEET X   START DT MMDDCCYY  STOP DT MMDDCCYY   RECIP AIDE# XXXX  PCSP X
 H3 UPDATE ALL PELG? Y/N = X                                              SSNV X
 H4 EFT X

LAST CHANGE DATE  MM/DD/CCYY  PO EXEMPT X  CURRENT DATE MM/DD/CCYY TIME HH:MM
ENT=ENTER F03=EXIT F08=NEXT F11=PCAW
```

If the decision is **not** to delete the case, press **PF8**

If the decision is to delete the case, press <**Enter**>. The PELG screen displays THIS PELG D 9999999999 (10-digit recipient case number) with all data fields blank. The provider record has been successfully deleted.

```
      THIS PELG D 9999999999
      NEXT PELG D 9999999999

   SEQ#      REPRINT            RECIP                                    SW#
 B LAST NAME                    FIRST              MI    STAT    ETH   LANG
 C STR                               CY                        ST    Z
 D SSN             DED X PH#              SX   DOB          W5
 E CNY USE                                         REL       #PROV       WC

    ACTION   BEG DATE   END DATE   HOURS    SHR/COST    RATE       SDI BEG DATE
 F
 G                                                                  SDI END DATE
 H

 H1 FIT W4       FIT WHOLD          SIT W4      SIT WHOLD         RCVY     $0.00
    FIT W4 ENTRY DATE               SIT W4 ENTRY DATE

 H2 TIMESHEET     START DT           STOP DT            RECIP AIDE#       PCSP
 H3 UPDATE ALL PELG? Y/N =                                                 SSNV
 H4 EFT

LAST CHANGE DATE  MM/DD/CCYY  PO EXEMPT X  CURRENT DATE MM/DD/CCYY TIME HH:MM
ENT=ENTER F03=EXIT F08=NEXT F11=PCAW
```

IX. Correction of a Social Security Number on the PELG

When it is determined an incorrect social security number (SSN) has been entered on the PELG, the SSN must be corrected. If it is not **corrected**, a W2 will be produced with the incorrect SSN for the current tax year.

Because provider numbers are linked to the last six digits of the provider's SSN, if an incorrect number is one or more of these six digits, any correction to the SSN will cause a difference between the SSN and the provider number. Although it is not necessary for the provider number match the SSN, matching is recommended so provider information is consistently linked.

If a new PELG is entered with the corrected SSN, then the SSN on the initial PELG must be corrected. If the initial PELG is not corrected the provider will receive two W2 forms. One will have the correct SSN and the other, the incorrect SSN, thus causing tax filing issues for the provider.

The process for correcting the SSN and the provider number is as follows:

A. If one or more of the first three digits of the SSN are incorrect, or if one or more of the last six digits are incorrect but the County has determined that it is not necessary to correct the provider number to be consistent with the SSN, use the following procedures.

   1. Access the PELG screen in the "C " Change mode, using the ten character recipient and six character provider numbers
   2. When the PELG screen displays in the Change mode, tab to the SSN field, D1, and enter the correct SSN
   3. If any other changes are necessary, enter those as well. Press <**Enter**> to process the transaction
   4. The Person List Screen displays
   5. Place an "X" in the field to the left of the correct provider, press <**PF4**> to update the person list with the corrected information
   6. The system displays the PELG screen with the edit, "PROV NUMB DOES NOT MATCH SSN". Press <**Enter**> to clear the edit and complete the transaction.

   ***NOTE: If this provider is currently working for more than one recipient, the SSN will have to be corrected on each active PELG screen.

B. If one or more of the last six digits of the SSN are incorrect and the County has determined that it is necessary to correct the provider number to be consistent with the SSN, use the following procedures.

   1. Access the PELG screen in the "C " Change mode, using the ten character recipient and six character provider numbers
   2. When the PELG screen displays in the Change mode, tab to the STATUS field and change to "T" Terminate
   3. Tab to the SSN field, D1, and enter the correct SSN

4. Tab to the END DATE field for the current eligibility segment and enter the current date. Press <**Enter**>.
5. The system displays the PELG screen with the edit, "PROV NUMB DOES NOT MATCH SSN". Press <**Enter**> to clear the edit and complete the transaction.
6. Add a new PELG for this provider with both the correct six digit provider number (along with the 10 digit recipient number) and SSN.
7. Both provider records reflect the same, correct SSN, ensuring the current year tax information will be reflected on a single W2.

***NOTE: The current PELG **must** be terminated and a new PELG entered in order to correct the **provider number**.

The County must submit an Amended W2C form to the State Contractor if the SSN for a provider was incorrect in a prior year. If the erroneous SSN is corrected within the same (current) calendar year, no W2C request is necessary. ***Refer to Section XIII-B – Request for Duplicate or Amended W-2.***

X. Social Security Number Verification (SSNV)

A Social Security Number Verification process has been added to CMIPS. The Provider Eligibility (PELG) record has been updated with an SSNV field to display the current SSN verification information from SSA. The SSNV field displays on the far right of the H3 line of the PELG.

One of the following values will be indicated:

Blank	Record has not yet been sent to SSA for processing
S	Submitted to SSA for verification, but a response has not yet been received
V	Verified – SSA confirms Name, SSN, DOB and Gender
D	Person indicated by SSA to be deceased
1	SSN submitted is not on file with the SSA
2	Name and DOB match; Gender code does not match SSA records
3	Name and Gender code match; DOB does not match SSA records
4	Name match; Gender code and DOB do not match SSA records
5	Name does not match SSA record; DOB and Gender not checked
6	SSN did not verify; Other Reason

The SSNV process is run twice a week during the nightly batch cycle. SSA will send responses to the submission within a week. When received the response file will be processed against provider records in CMIPS.

Records submitted which fail verification, resulting in a SSNV indication of 1 through 5 and D will be written to the SSN Verification Report. See ***Section XIV-Y–Provider SSN Verification Report***.

Once a provider SSN has been verified if any of the following fields are changed, the SSNV field will reset to a "**Blank"** and the record will again be sent to SSA for verification.

- Provider Name (Last Name, First Name or Middle Initial) – Field B1 – B3
- Provider SSN – Field D1
- Provider Sex (Gender) – Field D4
- Provider DOB – Field D5

XI. Provider Enrollment Screen

The Provider Enrollment Screen was developed to support the legislative requirements as ordered in W&I Code, Section 12306.6.

```
      THIS ENRL X 999999999
      NEXT ENRL X 999999999

                          IHSS PROVIDER ENROLLMENT

      LAST NAME: XXXXXXXXXXXXXXXXX        FIRST NAME: XXXXXXXXXXXX  MI: X

      ENROLLMENT STATUS: X                STATUS EFFECTIVE DATE: MM/DD/CCYY
      TERMINATION REASON: XX              APPEALS: X       DATE: MMDDCCYY
                                          ADMIN HEARING: X DATE: MMDDCCYY

      426 ENROLLMENT FORM:     X
      846 PROV AGREEMENT FORM: X
      ORIENTATION:             X
      FINGERPRINTS/BI:         X          DOJ COUNTY: XX

        CORI      CONVICTION      TIER       GENERAL          G/E
        DATE         DATE                   EXCEPTION       TERM DATE

       XXXXXXXX    XXXXXXXX        XX       XXXXXXXX         XXXXXXXX
       XXXXXXXX    XXXXXXXX        XX       XXXXXXXX         XXXXXXXX
       XXXXXXXX    XXXXXXXX        XX       XXXXXXXX         XXXXXXXX
       XXXXXXXX    XXXXXXXX        XX       XXXXXXXX         XXXXXXXX

      OPERATOR ID: XXXXXX        LAST UPDATING COUNTY: 99 XXXXXXXXXXXXXXXX

ENT=ENTER F03=EXIT F08=NEXT
```

Please Note: Counties may not delete an ENRL Screen. A request must be made through the CMIPS Help Desk.

Field: LAST NAME
Length: 17 Format: Optional Data Entry – Alphanumeric
Entry: The provider's last name.

Field: FIRST NAME
Length: 12 Format: Optional Data Entry– Alphanumeric
Entry: The provider's first name.

Field: MIDDLE INITIAL
Length: 1 Format: Optional Data Entry – Alphanumeric
Entry: The provider's middle initial.

Field: ENROLLMENT STATUS
Length: 1 Format: Required
Entry: Upon adding a new enrollment screen, the Enrollment Status will default to a 'P' status. User may update accordingly. Values: P (Pending) E (Eligible) I (Ineligible) NOTE: Effective January 3, 2011 the Enrollment Status will automatically update to 'E' when all of the activity flags have the value of 'Y' and the termination reason code field does not contain a value.

Field: STATUS EFFECTIVE DATE
Length: 8 Format: System Generated – MM/DD/CCYY
Entry: The Status Effective Date is system generated when the Enrollment Status field is updated.

Field: TERMINATION (Ineligible) REASON
Length: 2 Format: Required for 'I' Status
Entry: This field is used to enter a reason a provider was determined to be ineligible. Allowed Values are as follows:

01 – SSN Unverified	05 – Subsequent Tier I Conviction
02 – On Suspended and Ineligible List	06 – Subsequent Tier II Conviction
03 – TIER I Conviction	07 – Future Use
04 – TIER II Conviction	08 – Death

Field: APPEALS
Length: 1 Format: Optional
Entry: This field is used to track an Appeal filed by the Provider. Allowed Values are: Blank, P (Pending), O (Overturned) or U (Upheld)

Field: APPEALS DATE
Length: 8 Format: Required MMDDCCYY
Entry: This field reflects the date of Appeals.

Field: ADMIN HEARING
Length: 1 Format: Optional
Entry: This field is used to track Administrative Hearing requests filed by the Provider. Allowed Values are: Blank, Y or N.

Field: ADMIN HEARING DATE
Length: 8 Format: Optional MMDDCCYY
Entry: This field is used to track Administrative Hearing requests filed by the Provider. Allowed Values are: Blank, Y or N.

Field: 426 ENROLLMENT FORM
Length: 1 Format: Required
Entry: Upon adding a new ENRL Screen, the flag will default to an 'N' (No). Allowed Values are: N (No) or Y (Yes)

Field: 846 PROVIDER AGREEMENT FORM
Length: 1 Format: Required
Entry: Upon adding a new ENRL Screen, the flag will default to an 'N' (No). Allowed Values are: N (No) or Y (Yes)

Field: ORIENTATION
Length: 1 Format: Required
Entry: Upon adding a new ENRL Screen, the flag will default to an 'N' (No).
Allowed Values are: N (No) or Y (Yes)

Field: FINGERPRINTS/BI
Length: 1 Format: Required
Entry: Upon adding a new ENRL Screen, the flag will default to an 'N' (No).
Allowed Values are: N (No) or Y (Yes)
Please Note: This field is to record if the fingerprint/background investigation has been completed. This field should not be used to record if a fingerprint/background is a pass or fail. The termination reason code field should be used to record a failed fingerprint/background investigation.

Field: DOJ COUNTY
Length: 3 Format: Numeric
Entry: Field value is defaulted from the OPERATOR ID associated with the User Updating the Fingerprint flag from N to Y.

Field: CORI DATE
Length: 8 Format: MMDDCCYY
Entry: Required when using TERM REASON 03, 04, 05 or 06. Date of the most recent Criminal Offender Record Information received by processing County. Note: CORI Information cannot be removed by County – Contact CMIPS Help Desk or DSS.

Field: CONVICTION DATE
Length: 8 Format: MMDDCCYY
Entry: Required field when a CORI DATE is entered.

Field: TIER
Length: 2 Format: Numeric – Values are 01 (Tier I) or 02 (Tier II)
Entry: Required field when a CORI and CONV DATE is entered.

Field: GENERAL EXCEPTION DATE – State Use Only
Length: 8 Format: MMDDCCYY
Entry: Entered by DSS when a General Exception has been granted on Tier II Conviction. ENRL Status will be updated to "E when an exception is granted.

Field: G/E TERM DATE – State Use Only
Length: 8 Format: MMDDCCYY
Entry: Entered by DSS when a General Exception has been revoked on Tier II Conviction. ENRL Status will be updated to an 'I' with appropriate conviction reason code.

Field: OPERATOR ID
Length: 6 Format: System Generated
Entry: The ID of the last Operator to update the ENRL Screen.

Field: LAST UPDATING COUNTY NUMBER
Length: 2 Format: System Generated
Entry: The County number associated to the Operator making the most recent update to ENRL Screen.

Field: LAST UPDATING COUNTY NAME
Length: 16 Format: System Generated
Entry: The County name associated to the Operator making the most recent update to ENRL Screen.

Edit Message	Explanation
ACTION INVALID FOR SCREEN	Allowed actions for ENRL Screen are A, C or I.
DUPLICATE ENRL SCREEN	User is trying to add an ENRL screen using SSN that already has an associated ENRL screen.
SSN NOT FOUND	ENRL Screen has not yet been created for SSN.
SSN INVALID	Less than 9 numeric or a special character is contained in the SSN key field
INVALID VALUE, REFER TO USER MANUAL	Edit will display if an invalid value is entered into one of the fields. See individual field's description for allowed values.
INVALID REQUEST	Edit will display if an E is entered in the Enrollment Status field but one or more of the required enrollment activities are still an 'N' (No).
INVALID STATUS W/TERM REASON	Edit will display if an 'E' is entered in the Enrollment Status field and a term reason was entered or not removed from Term Reason field.
INVALID TIER W/REASON CODE	Edit will display when the TIER entry and the TERM REASON entry are in conflict.
TERMINATION REASON REQUIRED	Edit will display if an 'I' is entered in the Enrollment Status field and the Term Reason field is blank.
STATUS REQUIRES ACTIVITY UPDT	Edit shall display when a user attempts to update the ENRL screen status from E to P when all four of the activity flags have a value of 'Y'. A status update of E to P requires at least one enrollment activity flag to be an 'N'. Status field and the Term Reason field is blank.
UPDATE NOT ALLOWED	Hard Edit – displays when operator is attempting to change the fingerprint flag to 'N' and a value exists in the termination reason code field.

XII. Provider Conviction and Waiver Tracking Screen

The Provider Conviction and Waiver Tracking Screen was developed to support the legislative requirements as ordered in W&I Code, Section 12306.6.

```
THIS PCAW X XXXXXXXXXXXXXXXX
NEXT ENRL X XXXXXXXXXXXXXXXX

              PROVIDER CONVICTION AND WAIVER TRACKING

LAST NAME: XXXXXXXXXXXXXXXXX      FIRST NAME: XXXXXXXXXXXX  MI: X

CORI    CONVICTION       GENERAL      G/E      WAIVER    WAIVER    TERM
DATE       DATE    TIER EXCEPTION  TERM DATE    DATE   TERM DATE  REASON

XXXXXXXX  XXXXXXXX  XX   XXXXXXXX   XXXXXXXX  XXXXXXXX  XXXXXXXX    XX
XXXXXXXX  XXXXXXXX  XX   XXXXXXXX   XXXXXXXX  XXXXXXXX  XXXXXXXX    XX
XXXXXXXX  XXXXXXXX  XX   XXXXXXXX   XXXXXXXX  XXXXXXXX  XXXXXXXX    XX
XXXXXXXX  XXXXXXXX  XX   XXXXXXXX   XXXXXXXX  XXXXXXXX  XXXXXXXX    XX




ENT=ENTER F03=EXIT F08=NEXT F11=PELG
```

Field:	CORI DATE
Length:	8 Format: System Generated from associated ENRL Screen
Entry:	No data entry from PCAW screen.

Field:	CONVICTION DATE
Length:	8 Format: System Generated from associated ENRL Screen
Entry:	No data entry from PCAW screen.

Field:	TIER
Length:	2 Format: System Generated from associated ENRL Screen
Entry:	No data entry from PCAW screen.

Field:	GENERAL EXCEPTION
Length:	8 Format: System Generated from associated ENRL Screen
Entry:	No data entry from PCAW screen.

Field:	G/E TERM DATE
Length:	8 Format: System Generated from associated ENRL Screen
Entry:	No data entry from PCAW screen.

Field:	WAIVER DATE
Length:	8 Format: MMDDCCYY
Entry:	Waiver date is only allowed on Tier II convictions.

Field:	WAIVER TERM DATE
Length:	8 Format: MMDDCCYY – Required when entering a TERM REASON
Entry:	Entering a Waiver Term Date will automatically terminate associated PELG.

Field:	TERM REASON
Length:	02 Format: Numeric – Required when entering a WAIVER TERM DATE
Entry	Values are: 01 – Recipient Request 02 – System Generated for G/E Termination or New Conviction entered on ENRL Screen. 03 – Terminated Provider 04 – Inactive Provider 05 – Recipient Deceased

Edit Message	Explanation
ACTION INVALID FOR SCREEN	Allowed actions for ENRL Screen are C or I.
ENTER A VALID DATE IN FORMAT MMDDCCYY	Edit will display if a non calendar month, day or year is entered in the date fields.
DATE CANNOT BE IN THE FUTURE	Dates on PCAW cannot be greater than the current date.
INVALID DATE RANGE	GE Term Date cannot be less than Waiver Date.
INVALID VALUE, REFER TO USER MANUAL	Edit will display if an invalid value is entered into one of the fields. See individual field's description for allowed values.
REQUIRED FIELD MISSING	Edit will display when a required field is not entered on screen.
WAIVER NOT ALLOWED	A Waiver cannot be entered for a Tier I conviction.

PELG Screen Edits

On-line edits occur during data entry to inform the user that the data entered is incorrect (a hard edit) or potentially incorrect (a soft edit). If the edit results from a key entry mistake only, the user may make the correction. When the edit results from an error in the submitted data, the social service worker may need to review the problem and make a correction.

To expedite corrections, the user may make a screen print displaying the on-line edit message for illustration. On-line edits are listed alphabetically with a brief explanation of issue or resolution.

Message	Explanation
ACTION INVALID FOR THIS SCREEN	Invalid action code entered. Only A, C, I or D are valid codes.
ADDRESS VERIFICATION UNAVAILABLE	CASS is not available. Contact the State Contractor. Press **<ENTER>** to continue.
ASSESSMENT SERVICE MODE NOT IP	Recipient's current eligibility is CC, HM or Restaurant Meals
CANNOT DELETE ALL 3 ELIGIBILITY	Cannot delete all of the eligibility segments. PELG screen must have at least on eligibility segment that displays past history.
CASE ASSESSMENT WAS NOT FOUND	There is no matching eligibility segment(s) for the recipient.
CASE PROVIDER ALREADY EXISTS	The action to add a provider is invalid because the provider already exists in the system.
CASE PROVIDER CHILD OLDER THAN RECIPIENT	Date of birth entered indicates that the child provider is older than the recipient.
CASE PROVIDER WAS NOT FOUND	The provider number entered is not in the system.
CHANGE MAY DISENROLL PROV	Warning message – displays when a change is made to one of the SSN Verification fields (Name, SSN, Gender, DOB). Can override.
CHANGES NOT ALLOWED ON TAD REPRINT	Cannot key both a request for reprint (Y) and a change on the same day. If change must be made that day, change the Y to an N. Otherwise, wait until the next day to make the change.
CLOSE ACTIVE WAIVER ON PCAW	Edit will display when a T is entered in the PELG Status and an active waiver exists on PCAW.
DATE RANGES CANNOT OVERLAP	More than one eligibility segment displays a date or period of time that is the same.

Message	Explanation
DEL ELIG HAS PAYMENTS HIT ENTER TO CONTINUE	This is a reminder or warning that the eligibility segment being deleted has outstanding warrants/payments. Can override.
DEL INVALID WHEN PAYMENTS EXIST	A provider cannot be deleted if there are any outstanding warrants. Call CMIPS contractor for assistance.
DOB MUST BE < CURRENT DATE	The birthdate entered is incorrect. The birthdate must be prior to the date of data entry.
ELIG SEG SPANS RATE EFF DATES	The beginning and ending dates in a PELG eligibility segment cannot span more than a single rate effective date.
ENTER A VALID DATE IN THE FORMAT MMDDYYYY	A valid date must be keyed in a valid format - two digits each for the month and day and four digits for the year.
ENTER TO CONFIRM DELETE	Soft edit warning. An entry was made to delete a case. If the deletion entry is correct, proceed by hitting enter.
ENTRY MUST BE N	Entry must be "N" for no - elective SDI formally terminated.
ENTRY MUST BE Y	Entry must be "Y" for yes - elective SDI formally requested.
HOURS INVALID FOR 1 TO 1	Data entry criteria for one-to-one provider process done incorrectly.
INV ONE TO ONE- RECIP HRS – 0	The information entered does not follow the special instructions for entry of a one to one provider. See ***Section VI-C – Special Instructions – One to One Provider***.
INV TAX STATUS/RELATIONSHIP COMBINATION	The deduction code (parent, spouse, child, etc.) and relationship combination are invalid. Check the manual for the correct values.
INVALID CHARACTER ENTERED	An alpha character was keyed in a numeric field.
INVALID COMMAND ENTERED	Invalid PF key hit/pressed.
INVALID DATE RANGE	The field in error has an invalid range based on the beginning and/or ending date(s) entered. The timesheet start date is later than the timesheet stop date.

Message	Explanation
INVALID ELIG DATES FOR 1 TO 1 PROVIDER	PELG BEG DATE on RELB starts before the earliest or after the most current ending date for the recipient.
INVALID ELIG SEG ACTION. MUST BE "D"	The eligibility action code must be A, C, or D.
INVALID KEY - MUST BE NUMERIC	Entered invalid recipient or provider number.
INVALID SOC AMT - IS > THAN AUTHORIZED AMT	The share of cost cannot be greater than the monthly amount authorized to be paid by a recipient.
INVALID VALUE, REFER TO USER MANUAL	The entry made in this field not one of the valid entries specified in the manual.
INVALID WC MD MUST BE P OR W	The Worker Comp Physician indication entered must be W – Worker Comp or P – Provider's Personal Physician.
INVALID WC SELECTION, MUST BE BLANK OR P	The Worker Compensation indication when adding a case must be left blank or a P – Provider's Personal Physician.
INVALID WC SELECTION, MUST BE P	When only valid indication when updating the Worker Compensation indication from BLANK is P – Provider's Personal Physician.
INVALID ENRL STATUS FOR CHANGE	PELG can only be changed to E status when the SSNV field contains a value of 'V' and the ENRL Screen is an E Status.
MORE THAN ONE ONLY PROVIDER	Only one eligible provider allowed for cases with a "one-to-one" provider.
MUST HAVE ELIG SEGMENT	Must have entries in the BEGINNING DATE, ENDING DATE and HOURS fields.
NOT PCSP ELIG, PROVIDER IS PARENT OF MINOR	Parent providers of recipients under the age of 18 are not PCSP eligible.
NOT PCSP ELIG, PROVIDER IS SPOUSE	Spouse providers are not PCSP eligible.
P STATUS REQUIRED	A status of 'E' is not allowed for PELG with SSNV field value of blank, S, D, or 1-6; or an ERNL Screen status of blank, P or I.
PARENT/PROV YOUNGER THAN RECIPIENT	The parent provider's birthdate is after the child recipient's birthdate. Enter the correct birthdate for either the parent provider or child recipient.
PLEASE VERIFY RATE HIT ENTER TO CONTINUE	This is intended to alert the worker to the rate entered to avoid keying wrong rates. Verify rate is correct, press <**Enter**> to continue.

Message	Explanation
PO BOX ENTERED	Per W&I Code Section 12305.85 physical address' are required. County may place an 'X' in PO Box field to denote PO Box is exempt.
PRO. SEG-HOURS CHG REQUIRED? HIT ENTER TO CONT.	End date used for T, D, or L status is less than the end of the month. Verify the segment hours and/or share of cost and enter prorated amounts, if necessary. Press <**ENTER**> key to continue.
PROV AUTH HOURS 0 OR > AUTH REC HOURS	The hours entered for the provider were either 0 or were greater than the recipient's authorized hours displayed on RELB.
PROV NUM DOES NOT MATCH SSN	The provider number entered does not match the last six digits of the provider's Social Security Number.
PROV SSN MAY NOT BE SAME AS REC	The provider SSN entered is an exact match with the recipient SSN. Provider SSN may not match case recipient SSN.
PROV/REC SAME DOB, PLEASE VERIFY	The provider and recipient have the same date of birth. If correct, press <ENTER> to complete transaction processing. If incorrect, update with correct DOB and press <ENTER> to process.
PROVIDER ELIG END DATE REQUIRED FOR STATUS	Must enter an end date in field F3 a T or L status PELG.
PROVIDER ELIG NOT UPDATED	This soft-edit will display when a provider record has been changed from T status to E and the eligibility has not been updated.
PROVIDER MAY NOT BE 1:1 IN T OR L STATUS	Provider cases cannot be indicated as 1:1 (PELG Field E3) when a provider case is in T or L status.
RATE IS GREATER THAN COUNTY MAXIMUM	A rate was entered in field F6 that is 20% or more of the county IP maximum rate. Check rate and reenter.

Message	Explanation
REC ELIG REQUIRES UPDATE	The recipient case eligibility for which the timesheet is being requested must be updated. The recipient's Medi-Cal Secondary Aid Code has changed due to changes keyed against a Provider case or by MEDS updates and the AUTH HOURS must be updated to coincide with Statutory Maximums. The recipient case is 2L or 2N, NSI and Auth Hours exceed 195 or the case is 2M, NSI and Auth Hours are less than 283 with UNMET NEED.
REQUIRED FLD IS MISSING	Required field is missing - must have entry.
SCREEN FUNCTION NOT ALLOWED FOR USER	The user is not authorized to make entries on this screen.
SDI MUST BE P, S, OR C < 18 YRS	Must be status P (Parent); S (Spouse); or C (Child), less than 18 years, for the provider to be eligible for elective SDI.
SHARE OF COST INVALID FOR 1 TO 1	The information entered does not follow special instructions for entry of a one to one provider (Manual Section VI-C-5-II).
SSN ENTERED IS NOT VALID	An invalid value was keyed in this field. This is a nine-character numeric field.
SSN INVALID	The provider's SSN has not passed the system edit. A provider cannot be added to CMIPS without a valid SSN.
STAT MAX DECREASE, UPDATE REC ELIG	Edit appears when an NSI recipient's Medi-Cal Secondary Aid Code changes from 2M – PCSP to 2L – IHSS Plus Waiver due to the addition of a Parent or Spouse provider and the statutory maximum hours associated with the case have been decreased. The recipient eligibility segment must be updated to coincide with the addition of the Provider record.
STAT MAX INCREASE, UPDATE REC ELIG	Edit appears when an NSI recipient's Medi-Cal Secondary Aid Code changes from 2L – IHSS Plus Waiver to 2M – PCSP due to the termination of a Parent or Spouse provider and the statutory maximum hours associated with the case have been increase. The recipient eligibility segment must be updated to coincide with the termination of the Provider record.

Message	Explanation
STATUS UPDATE NOT ALLOWED	Edit will display when the PELG status is updated from an active status (E or L) to P status.
T/S FLAG MUST BE 'Y' IF DATE ENTERED	The TIMESHEET field must be "Y" if an entry has been made in the timesheet start date and timesheet stop date fields.
T/S REQUEST INV, NOT WITHIN PROV ELIG SEGMENTS	The timesheet start date and stop date range is not covered by any of the provider's eligibility segments.
TIMESHEET REQUEST > THAN 4 PAY PERIODS	The timesheet stop date cannot be more than 4 semi-monthly pay periods in the future from the calendar day the timesheet request is entered.

Section VII
Time Sheets and Payments

H THE TREASURER OF THE STATE WILL PAY OUT OF THE
IDENTIFICATION NO.
0000000000

FUND NO. 0001 FUND NAME

5180 MO. 09 DAY 26 YR. 2003

90-1342/1211
78676911

DOLLARS CENTS
$******20.00

--- STATE CONTROLLER'S OFFICE-IHSS
DUES DEDUCTED-FOR DEPOSIT
--- P. O. BOX 942850
SACRAMENTO, CA

Steve Westly
STEVE WESTLY
CALIFORNIA STATE CONTROLLER

↑DETACH CHECK HERE
KEEP THIS STUB FOR YOUR RECORDS
Separe el cheque aquí
Guarde este talón para su archivo

STATEMENT OF EARNINGS AND DEDUCTIONS

CURRENT YTD

RECIPIENT:

PROVIDER:

FROM:
TO: HOURS:

IHSS PROGRAM INFORMATION

Detach here and complete for your next payment request — Separe aquí y complete para su siguiente solicitud de pago

RECIPIENT NUMBER
Address change YES ☐ Write new address on reverse side

PROVIDER NUMBER
Address change YES ☐ Write new address on reverse side

DAY OF MONTH																	
HOURS WORKED																	

FILL IN HOURS FOR EACH DAY WORKED AND PLACE TOTAL HERE
LLENE LAS HORAS PARA CADA DIA QUE TRABAJO Y APUNTE EL TOTAL AQUÍ

SHARE OF COST LIABILITY | OTHER LIABILITY | PROVIDER OVERPAYMENT

RECIPIENT SIGNATURE DATE
X

PROVIDER SIGNATURE DATE
X

After work has been completed, sign, date and mail to this address:
Una vez que se haya completado el trabajo, firmese y enviese a esta dirección:
"Do not sign unless you have read and understand instructions on reverse side"
"No firme hasta que haya leído y entendido las instrucciones al dorso"

THIS IS TO CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE, ACCURATE AND COMPLETE, AND THAT THE PROVIDER AND RECIPIENT HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY AND COMPLY WITH THE STATEMENTS, AFFIRMATIONS AND CONDITIONS CONTAINED ON THE BACK OF THIS FORM.

POR MEDIO DE LA PRESENTE CERTIFICO QUE LA INFORMACIÓN QUE CONTIENE ESTA FORMA ES VERDADERA, CORRECTA Y COMPLETA, Y QUE EL PROVEEDOR Y LA PERSONA QUE RECIBE LOS BENEFICIOS HAN LEÍDO, ENTIENDEN Y ESTÁN DE ACUERDO EN SOMETERSE A, Y CUMPLIR CON LAS DECLARACIONES, AFIRMACIONES Y CONDICIONES QUE CONTIENE EL DORSO DE ESTA FORMA.

SOC 361 (bi) (3/97) STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY - DEPARTMENT OF SOCIAL SERVICES

Fig. VII-A- 1 – SOC 361 – Payment Warrant and Timesheet

Arrears Timesheet

SOC 361

The SOC 361 Arrears Timesheet is used by enrolled, on-going providers to record the hours worked during a pay period. When completed and signed by both the recipient and provider, the timesheet form is sent to a specific county office for verification and processing. Each arrears timesheet processed results in a payment warrant to which is attached a statement of earnings and a turnaround arrears timesheet for the next pay period.

The counties have **10 calendar days** from the date the timesheet is received to generate and issue a warrant. Once a timesheet is entered by the county, a minimum of **three (3) business days** are required for CMIPS processing. Weekends and State holidays extend CMIPS processing time beyond the three (3) day standard but do not extend the 10 calendar day requirement. (Example: The timesheet was received on 5/22/06. A warrant must be issued by the State Controller's Office on or before 5/31/06. To accomplish this, the county must enter the timesheet no later than 5/26/06.) In order to insure timely issuance of warrants, adequate plans for entry of the timesheets must be made that take into account any holidays or weekends. The date the timesheet was received in the county office should always be stamped on the document to alleviate any questions regarding receipt and timely entry of the timesheets.

Field by Field Description

Most fields are generated by the system and display information. If data can be entered in a field, the field description states "Required" or "Optional".

Warrant Section

Field: FUND NO. – System Generated, Numeric
Length: 3
Description: Fund Number – Identifies the fund used to pay IHSS providers and recipients. The fund number for IHSS warrants is 001. Any warrant with a Fund Number of 696 is considered Stale Dated.

Field: FUND NAME - Not Used.
Length:
Description:

Field: IDENTIFICATION NO. – System Generated, Numeric
Length: 10
Description: Identification Number – The ten digit recipient case number assigned by the county.

Field: MO|DAY|YR – System Generated, Date
Length: 6
Description: Month|Day|Year – The date the warrant is issued. Format is MM|DD|YY. A reissued warrant has the same issue date as an original warrant.

Field: WARRANT NUMBER – System Generated, Numeric
Length: 8
Description: Warrant Number - An 8 digit number used to identify a warrant issued by the State Controller's Office (SCO) to a provider or recipient.
Replacement Warrants – Warrants that are replaced by the SCO are reissued on replacement stock with the bank number micro encoded on the bottom of the warrant. The warrant number is not micro encoded. The replacement warrant displays the original warrant number in the upper right corner of the warrant. The replacement number appears beneath the original warrant number. The replacement number is different than the original warrant number. If a "Request for Duplicate Controller's Warrant" form (STD 435) has been processed, the replacement warrant number begins with the alpha letter R, followed by 6 digits. If the warrant is replaced due to damage in processing, the replacement warrant number begins with the alpha letter I, followed by 6 digits.

Field: TO – System Generated, Alphanumeric
Length: Four lines – 30 characters each
Description: To – Identifies the warrant payee and the payee's mailing address.

Field: DOLLARS|CENTS – System Generated, Numeric
Length: 12
Description: Dollars|Cents – The amount of money paid to a provider or recipient during a pay period. Asterisks may appear in this field on a zero balance warrant when the share of cost and/or overpayment adjustment equals or exceeds the amount due to the provider for the pay period.

Statement Of Earnings And Deductions Section

Field: WARRANT NUMBER – System Generated, Numeric
Length: 8
Description: Warrant Number – A number used to identify a warrant issued by the State Controller's Office (SCO) to a provider or recipient

Field: ISSUE DATE – System Generated, Date
Length: 8
Description: Issue Date – A system generated date that is printed directly below the heading STATEMENT OF EARNINGS AND DEDUCTIONS; this is the issue date of the warrant detailed in the Statement of Earnings and Deductions. The format is MM/DD/YY.

Field: RECIPIENT – System Generated, Alphanumeric
Length: First line – 11 characters; three additional lines – 30 characters each
Description: Recipient – The IHSS recipient's case number appears on the first line; the recipient's name and address appear on the next three lines.

Field: PROVIDER – System Generated, Alphanumeric
Length: First line – 11 characters; three additional lines – 30 characters each

Description: Provider – The provider's Social Security number appears on the first line; the provider's name and address appear on the next three lines.

Field: FROM – System Generated, Date
Length: 8
Description: From – The begin date of the pay period. The format is MM/DD/YY.

Field: TO – System Generated, Date
Length: 8
Description: To – The end date of the pay period. The format is MM/DD/YY.

Field: HOURS – System Generated, Numeric
Length: 5
Description: Hours

- Represents the total hours paid to a provider for service to a recipient during this pay period; or
- Total service hours authorized for an advance pay recipient.

Field: IHSS PROGRAM INFORMATION – System Generated, Alphanumeric
Length: First line – 49 characters; Two (2) additional lines – 60 characters each
Description: IHSS Program Information – This space is allocated for special messages to be printed by CMIPS. Also, the system enters "ARREARS" in the top right corner.

The gross and net earnings, and deductions are listed in the box on the right side of the page. Each of the following items is reported in the Current column (earnings and deductions for the current pay period) and again in the YTD (year to date) column (cumulative earnings and deductions for the current tax year).

Field: GROSS – System Generated, Numeric
Length: 9
Description: Gross

- Total amount earned by a provider

or

- Restaurant meal allowance paid to a recipient.

Field: NET PAYMENT – System Generated, Numeric
Length: 9
Description: Net Payment – The gross payment minus applicable liens, overpayment adjustments, other liability adjustments, federal income tax, State income tax, FICA, Medicare, State Disability Insurance, and Share of Cost. Earned Income Credit for eligible providers is included in the net payment.

Field: FICA – System Generated, Numeric
Length: 9
Description: Federal Insurance Contributions Act – Amount deducted for Social Security tax for providers who are eligible.

Field: MEDICARE – System Generated, Numeric
Length: 9
Description: Medicare – Amount deducted for Medicare tax for providers who are eligible.

Field: SDI – System Generated, Numeric
Length: 9
Description: State Disability Insurance – Amount deducted for State Disability Insurance for providers who are eligible.

Field: FIT – System Generated, Numeric
Length: 9
Description: Federal Income Tax – Amount of federal income tax deducted if a Form W-4 is on file for a provider.

Field: SIT – System Generated, Numeric
Length: 9
Description: State Income Tax – Amount of State income tax withheld if a Form W-4 is on file for a provider.

Field: EIC – System Generated, Numeric
Length: 9
Description: Earned Income Credit – An amount added to an eligible provider's net income for an anticipated earned income credit in advance of income tax filing. The provider must annually complete and submit a Form W-5, Earned Income Credit Advance Payment Certificate. See ***Section XIII-E – W-5 Earned Income Credit*** for detailed enrollment information.

Field: SOC – System Generated, Numeric
Length: 9
Description: Share of Cost – An amount deducted from the gross payment that a recipient is responsible for paying out of his/her monthly income to the provider. If the share of cost amount is greater than the gross amount, a zero balance warrant will be issued.

Field: LIEN – System Generated, Numeric
Length: 9
Description: Lien – An amount deducted for a lien or levy on a provider's income for payment of a debt, i.e., child support or Internal Revenue Service.

Field: OVER PAY – System Generated, Numeric
Length: 9
Description: Overpayment – An amount deducted from net wages for an overpayment owed by the provider; the amount of this deduction was entered through a SOC 330 transaction.

Field: OTHER LIAB – System Generated, Numeric
Length: 9

Description: Other Liability – An amount deducted from gross wages due to a recipient overpayment; the provider must collect this amount from the recipient. The overpayment amount was entered into the system through a SOC 330 transaction.

Field: UNION DUES – System Generated, Numeric
Length: 5
Description: Union Dues – Amount of money deducted from the gross wages of providers who belong to the union for payment of union dues.

IHSS Timesheet Section

Field: RECIPIENT NUMBER – System Generated, Alphanumeric
Length: 11 – 1 Line; 30 – 3 Lines
Description: Recipient Number – The recipient's case number appears on the first line; the recipient's name and address appear on the next three lines.

Field: ADDRESS CHANGE - Optional
Length:
Description: Address Change – A box to be checked if there is a change of address for the recipient. Space is included on the reverse side of the timesheet to enter the new address. The county must verify the correct address and complete a SOC 293, IN-HOME SUPPORTIVE SERVICES ASSESSMENT, to update the recipient's address.

Field: PROVIDER NUMBER – System Generated, Alphanumeric
Length: 6 – 1 Line; 30 – 3 Lines
Description: Provider Number – The provider number appears on the first line; the provider's name and address appear on the next three lines.

Field: ADDRESS CHANGE – Optional
Length:
Description: Address Change – A box to be checked if there is a change of address for the provider. Space is included on the reverse side of the timesheet to enter the new address. The county must verify the correct address and complete a SOC 311, PROVIDER ELIGIBILITY UPDATE, to update the provider's address.

Field: BLANK – System Generated, Alphanumeric
Length: 62 – 3 Lines
Description: Blank Space – This area is used for a system-generated statement to the payee advising him/her of one of the following conditions:

- The total number of authorized hours for the month.
- The number of authorized hours remaining for the second half of the month.
- The total dollar balance for the month or the remaining dollar balance for the month for meal allowance.
- If appropriate, instructions not to use the timesheet as it is not an authorized timesheet. This message is printed on timesheets attached to warrants

issued for reasons other than payroll, such as a lien installment.

Field: DAY OF MONTH – System Generated, Numeric
Length: 2
Description: Day of Month – Represents the days of the month in a pay period. The system prints numbers 1 through 15 for the first half of the month and 16 through 31 for the second half of the month.

Field: HOURS WORKED – Required, Numeric
Length: 4
Description: Hours Worked – Spaces are designated to record hours worked on a daily basis. The provider must fill in the spaces and enter the total hours worked during a specific pay period in the far right field of this line. On the following line, the system prints an 8-digit timesheet code that the county may use to enter hours on the TIME screen. (Refer to Section VII-E for information on the timesheet code). Instructions are also printed on this line reminding providers to complete the HOURS WORKED field.

Field: SHARE OF COST LIABILITY
Length:
Description: Share of Cost Liability – Effective June 1, 2006, CMIPS shall no longer print a Share of Cost Liability amount on arrears pay provider timesheets. Outstanding Share of Cost liabilities will be determined when timesheets are keyed in CMIPS by a real-time POS interface between CMIPS and MEDS.

Field: OTHER LIABILITY – System Generated, Numeric
Length: 8
Description: Other Liability – An amount to be deducted from gross wages during this pay period due to a recipient overpayment; the provider must collect this amount from the recipient. The overpayment amount was entered into the system through a SOC 330 transaction.

Field: PROVIDER OVERPAYMENT – System Generated, Numeric
Length: 8
Description: Provider Overpayment – An amount to be deducted from net wages for an overpayment owed by the provider. The overpayment amount was entered into the system through a SOC 330 transaction. The amount shown in this field is the total overpayment amount to be collected in the pay period. A smaller amount may have been deducted from the net wages if the overpayment amount was greater than the net wages; if this occurred, the actual deduction would appear in the OVER PAY field on the Statement of Earnings and Deductions.

Field: BLANK
Length: 5 – Lines
Description: Blank Space – This area is used for information generated by the system. The first four lines contain the name and address of the county to which the

timesheet is to be mailed. The fifth line contains the postal barcode of the county return address.

Field: RECIPIENT SIGNATURE AND DATE – Required
Length: 1 Line
Description: Recipient Signature and Date – The recipient or his/her guardian or conservator must sign and date on this line to verify that the reported services were performed and that the share of cost and/or other liability amount has been paid to the provider. The system prints the recipient's case number at the top of this field.

Field: PROVIDER SIGNATURE AND DATE – Required
Length: 1 Line
Description: Provider Signature and Date – The provider must sign and date on this line to verify that the reported services were performed and that the share of cost and/or other liability amount was received. The system prints the provider's number at the top of this field.

Field: AFTER WORK HAS BEEN COMPLETED
Length: 30 – 2 Lines – Alpha/Numeric
Description: After Work Has Been Completed – Instructions indicating the timesheet must be mailed to the system-generated address indicated for processing. The instructions are printed in English and Spanish.

Field: DO NOT SIGN
Length: 1 line English; 1 line Spanish
Description: Do Not Sign – A message that advises recipients and providers not to sign the timesheet unless they have read and understand the instructions on the reverse side. On a blank line following this message, the system prints the two-digit number identifying the district office within the county and the county service worker number.

Field: AFFIRMATION
Length: 3 lines English; 3 lines Spanish
Description: Affirmation – A statement affirming that the time reported as worked is correct and that any share of cost or other liability has been paid by the recipient for the pay period.

Reverse Side Of Timesheet

EXPLANATION:
SHARE OF COST LIABILITY: THE AMOUNT THE RECIPIENT IS TO PAY FOR HIS/HER OWN CARE.
OTHER LIABILITY: THE AMOUNT TO BE COLLECTED BY THE PROVIDER FROM THE RECIPIENT TO PAY FOR HIS/HER OWN CARE.
PROVIDER OVERPAYMENT: THE AMOUNT OF OVERPAYMENT YOU OWE WHICH WILL BE DEDUCTED FROM YOUR CHECK.
LIEN: A CLAIM ON YOUR INCOME FOR PAYMENT OF A DEBT.
EARNED INCOME CREDIT: THE AMOUNT OF THE ADVANCE PAYMENT OF YOUR EARNED INCOME CREDIT.

EXPLICACIÓN:
RESPONSABILIDAD POR LA PARTE DEL COSTO: LA CANTIDAD QUE EL RECIPIENTE DEBE PAGAR POR SU PROPIO CUIDADO.
OTRAS RESPONSABILIDADES: LA CANTIDAD QUE EL PROVEEDOR DEBE COBRARLE AL RECIPIENTE PARA PAGAR POR SU PROPIO CUIDADO.
PAGO EXCESIVO DEL PROVEEDOR: LA CANTIDAD DEL PAGO EXCESIVO QUE USTED DEBE, QUE SERÁ REDUCIDA DE SU CHEQUE.
GRAVÁMEN: UN RECLAMO CONTRA SUS INGRESOS PARA PAGAR UNA DEUDA.
CRÉDITO POR INGRESOS GANADOS: LA CANTIDAD DEL PAGO POR ADELANTADO DE SU CRÉDITO POR INGRESOS GANADOS.

NOTE: THE DISCLOSURE OF INFORMATION WHICH IDENTIFIES YOUR EMPLOYER AS AN IHSS RECIPIENT IS PROHIBITED BY LAW. (REF. WELFARE AND INSTITUTIONS CODE SECTION 10850 AND DEPARTMENT OF SOCIAL SERVICES MANUAL OF POLICIES AND PROCEDURES, DIVISION 19.)

NOTA: LA DIVULGACIÓN DE INFORMACIÓN QUE IDENTIFIQUE A SU EMPLEADOR COMO RECIPIENTE DE IHSS SE PROHIBE POR LEY. (VEA LA SECCIÓN 10850 DEL CÓDIGO DE BIENESTAR E INSTITUCIONES Y LA DIVISIÓN 19 DEL MANUAL DE PRÁCTICAS Y PROCEDIMIENTOS DEL DEPARTAMENTO DE SERVICIOS SOCIALES.)

PLEASE CHECK THE "HOURS WORKED" BOXES AND "TOTAL HOURS WORKED" BOX TO BE SURE THEY ARE MATHEMATICALLY ACCURATE AND THAT THE HOURS YOU WORKED DO NOT EXCEED THE HOURS AUTHORIZED.

POR FOVOR REVISE LAS CASILLAS "HOURS WORKED" ("HORAS TRABAJADAS) Y "TOTAL HOURS WORKED" (TOTAL DE HORAS TRABAJADAS) PARA ASEGURARSE QUE LAS HORAS QUE USTED TRABAJÓ NO EXCEDIERON LAS HORAS AUTORIZADAS.

AFFIRMATIONS-READ BEFORE SIGNING TIMESHEET

WE AFFIRM THAT THE SHARE OF COST AND/OR OTHER LIABILITY AMOUNT SHOWN ON THE OTHER SIDE HAS BEEN PAID BY THE RECIPIENT FOR THIS PERIOD. WE UNDERSTAND THAT PAYMENT OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSIFICATION, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER FEDERAL AND STATE LAW.

AFIRMACIONES-LÉALAS ANTES DE FIRMAR LA HOJA DE TIEMPO

AFIRMAMOS QUE LA PERSONA QUE RECIBE LOS BENEFICIOS, HA PAGADO LA PARTE DEL COSTO Y/U OTRAS RESPONSABILIDADES QUE SE MUESTRAN AL OTRO LADO. ENTENDEMOS QUE LOS FONDOS PARA PAGAR ESTE RECLAMO PROVIENEN DE LOS GOBIERNOS FEDERAL Y ESTATAL, Y QUE CUALQUIER FALSIFICACIÓN U OCULTAMIENTO DE LA INFORMACIÓN PUEDEN OCASIONAR ENJUICIAMIENTO EN CONFORMIDAD CON LAS LEYES FEDERALES Y ESTATALES.

WRITE NEW ADDRESS IN THIS BOX:

ESCRIBA SU NUEVA DIRECCIÓN EN ESTA CASILLA:

WRITE NEW TELEPHONE NUMBER IN THIS BOX:

ESCRIBA SU NUEVA NUMERO DE TELÉFONO EN ESTA CASILLA:

FOR COUNTY REVIEW PURPOSES ONLY - SÓLO PARA FINES DE REVISIÓN POR EL CONDADO

REVIEW DATE AND INITIALS	COMMENTS:

Field: EXPLANATION
Length: 5 lines English; 7 lines Spanish
Description: Explanation: – A brief statement which explains to the payee the deductions shown on the front of the Statement of Earnings and Deductions.

Field: NOTE: DISCLOSURE OF INFORMATION ----------.
Length: 3 lines English; 3 lines Spanish
Description: Note: Disclosure of Information ----------. – A message which advises providers that the disclosure of any information identifying their employer as an IHSS recipient is prohibited by law.

Field: PLEASE CHECK THE "HOURS WORKED" ----------.
Length: 2 lines English; 2 lines Spanish
Description: Please Check the "Hours Worked" ----------. – A notice to recipients and providers which advises them to check the total hours worked to ensure the total is correct and does not exceed the number of service hours authorized for the month.

Field: AFFIRMATIONS – READ BEFORE SIGNING TIMESHEET
Length: 4 lines English; 4 lines Spanish
Description: Affirmations---------- – A statement affirming that the time reported as worked is correct and that any share of cost or other liability has been paid by the recipient for the pay period.

Field: WRITE NEW ADDRESS IN THIS BOX
Length: 1 line English; 1 line Spanish
Description: Write New Address In This Box: – Space is allocated for the recipient or provider to indicate a new address.

Field: WRITE NEW TELEPHONE NUMBER IN THIS BOX:
Length: 1 line English; 1 line Spanish
Description: Write New Telephone Number In This Box: – Space is allocated for the recipient or provider to indicate a new telephone number.

Field: FOR COUNTY REVIEW PURPOSES ONLY
Length: 1 line English; 1 line Spanish
Description: For County Review Purposes Only – Identifies that the section is reserved for use by county employees.

Field: REVIEW DATE AND INITIALS
Length: 1 printed line; 4 blank lines
Description: Review Date and Initials – Space designated to enter the date the timesheet is verified and the initials of the county employee performing the verification.

Field: COMMENTS
Length: 1 printed line; 4 blank lines
Description: Comments – Space designated for the county employee verifying the timesheet to make any necessary remarks.

Front Side of SOC 361 IR

IN HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER INITIAL/REPLACEMENT TIMESHEET

Your IHSS Office

Vea el reverso el cual contiene la traducción de instrucciónes importantes.

Important Instructions

- The person you work for is an IHSS **recipient** and shall be referred to as your **employer** in these instructions and on the timesheet.
- You are referred to as a **provider** and are considered the **employee** of this recipient.
- This timesheet is only for one pay period and includes those days you may have worked for an IHSS recipient.

4. Your employer may have other providers working for him/her.
5. It is your employer's responsibility to tell you how many hours you may work during a pay period and what days you are to work.
6. If there is a share of cost liability or other liability shown on the attached timesheet, your employer is responsible for paying yo that amount.
7. Be sure to enter the **hours you worked each day** and enter the **total hours** where indicated on the timesheet.
8. Be sure **both** you and your employer have **signed** and **dated** the timesheet.
9. **After you have worked** all of your hours for the pay period, **promptly return the attached timesheet** to the county address printed on the timesheet.
10. **Mail** the timesheet in the return envelope that was included with the timesheet.
11. Your next timesheet will be attached to the paycheck you receive in the mail.

DETACH ON DOTTED LINE (SAVE THE TOP PART FOR YOUR INFORMATION)

E TIMESHEET MUST BE COMPLETED WITH THE HOURS YOU WORKED AND RETURNED TO THE COUNTY IHSS ADDRESS LISTED BELO
HOJA DE HORAS TRABAJADAS TIENE QUE SER COMPLETADA CON LAS HORAS QUE USTED TRABAJÓ Y DEBE SER REGRESADA A LA DIRECCIÓN DEL CONDADO PARA IH

IHSS Timesheet

Recipient Number	Provider Number
Address Change Yes ☐ Write new address on reverse side	Address Change Yes ☐ Write new address on reverse side

Day of Month																	
Hours Worked																	

Fill in hours for each day worked and place total here _____
Llene las horas para cada día que trabajó y apunte el total aquí

Share of Cost Liability	Other Liability	Provider Overpayment

"Do not sign unless you have read and understand instructions above."
"No firme hasta que haya leido y entendido las instrucciones al dorso."

Recipient Signature Date
X

Provider Signature Date
X

← After work has been completed, sign, date and mail to this address:
Una vez que se haya completado el trabajo, firmese y enviese a esta dirección:

This is to certify that the information contained in this form is true, accurate and complete, and that the provider and recipient have read, understand and agree to be bound by and comply with the statements, affirmations and conditions contained on the back of this form.
Por medio de la presente certifico que la información que contiene esta forma es verdadera, correcta y completa, y que el proveedor y la persona que recibe los beneficios han leido, entienden y están de acuerdo en someterse a, y cumplir con las declaraciones, afirmaciones y condiciones que contiene el dorso de esta forma.

SOC 361 IR (1/98) STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY - DEPARTMENT OF SOCIAL SERVICES

Reverse Side of SOC 361 IR

Instrucciones Importantes

1. La persona para la cual usted trabaja recibe IHSS y en estas instrucciones asi como en la hoja de horas trabajadas, nos referiremos a el/ella como su patrono.
2. Nos referiremos a usted como el proveedor y se le considerá el empleado de esta persona.
3. Esta hoja de horas trabajadas es para un periodo de pago solamente, e incluye los días que pudo haber trabajado para una persona que recibe IHSS.
4. Es posible que su patrono tenga otros proveedores trabajando para el/ella.
5. Su patrono tiene la responsabilidad de decirle cuantas horas puede trabajar usted en un periodo de pago, y los días que trabajará.
6. Si hay la obligación de pagar la parte del costo u otra obligación que se muestre en la hoja de horas trabajadas que se adjunta, su patrono tiene la responsabilidad de pagar esa contidad.
7. Asegurese de anotar cada día, la horas que trabajó, y anote el total de horas trabajadas donde se le indica en la hoja.
8. Asegurese que tanto usted como su patrono firmen y le pongan la fecha a la hoja de horas trabajadas.
9. Después que haya trabajado todas sus horas correspondientes a ese periodo de pago, regrese de inmediato la hoja que se adjunta, a la dirección del condado que se encuentra impresa en la hoja de horas trabajadas.
10. Envie la hoja de horas trabajadas en el sobre que se incluye con la misma.
11. Su hoja de horas trabajadas próxima, será incluida con el cheque que reciba en el correo.

SEPARE EN LA LÍNEA PUNTEADA (CONSERVE LA PARTE SUPERIOR PARA SU INFORMACIÓN)

EXPLANATION:
SHARE OF COST LIABILITY: The amount the recipient is to pay for his/her own care.
OTHER LIABILITY: The amount to be collected by the provider from the recipient to pay for his/her own care.
PROVIDER OVERPAYMENT: The amount of overpayment you owe which will be deducted from your check.
EARNED INCOME CREDIT: The amount of the advance payment of your earned income credit.
EXPLICACION:
RESPONSABILIDAD POR LA PARTE DEL COSTO: La cantidad que el recipiente debe pagar por su propio cuidado.
OTRAS RESPONSABILIDADES: La cantidad que el proveedor debe cobrarle al recipiente para pagar por su propio cuidado.
PAGO EXCESIVO DEL PROVEEDOR: La cantidad del pago excesivo que usted debe, que será reducida de su cheque.
CRÉDITO POR INGRESOS GANADOS: La cantidad del pago por adelantado de su crédito por ingresos ganados.

NOTE: The disclosure of information which identifies your employer as an IHSS recipient is prohibited by law. (Ref. Welfare and Institutions Code Section 10850 and Department of Social Services Manual of Policies and Procedures, Division 19.)

NOTA: La ley prohibe la divulgación de información que identifique a su patrono como persona que recibe beneficios del IHSS. (Veá la Seccion 10850 del Codigo de Bienestar e Instituciones y la Division 19 del Manual de Prácticas y Procedimientos del Departamento de Servicios Sociales.)

Please check the "Hours Worked" boxes and "Total Hours Worked" box to be sure they are mathematically accurate and that the hours you worked do not exceed the hours authorized.

Por favor revise las casilla "Hours Worked" (Horas Trabajadas) y "Total Hours Worked" (Total De Horas Trabajadas) para asegurarse que las horas que usted trabajó no excedieron las horas autorizadas.

AFFIRMATIONS - READ BEFORE SIGNING TIMESHEET

We affirm that the share of cost and/or other liability amount shown on other side has been paid by the recipient for this period. We understand that payment of this claim will be from federal and state funds, and that any falsification, or concealment of a material fact, may be prosecuted under federal and state law.

AFIRMACIONES - LÉALAS ANTES DE FIRMAR LA HOJA DE TIEMPO

Afirmamos que la persona que recibe los beneficios, ha pagado la parte del costo y/u otras responsabilidades que se muestran al otro lado. Entendemos que los fondos para pagar este reclamo provienen de los gobiernos federal y estatal, y que cualquier falsificación u ocultamiento de la información pueden ocasionar enjuiciamiento en conformidad con las leyes federales y estatales.

Write new address in this box:
Escriba su nueva dirección en esta casilla:

Write new telephone number in this box:
Escriba su nuevo número de teléphono en esta casilla:

For County Review Purposes Only

Review Date and Initials	Comments

IHSS Individual Provider Initial/Replacement Time Sheet

SOC 361 IR

Field-by-Field Description

When a new provider is added to CMIPS, county staff must issue an initial timesheet to the provider to use for the first eligible pay period. The provider fills in the hours worked for each day, totals the hours, and returns the timesheet to the county for processing. Subsequent timesheets will be system-generated and arrive attached to the payment warrant when the previous timesheet is processed.

The top half of the Initial /Replacement Timesheet form has general information and instructions that can be retained by the provider for future reference. The bottom half is a time sheet to record the hours for the first pay period. This form is perforated for easy detachment. All counties can use the paper stock Initial/Replacement Time Sheet form, regardless of whether time sheets are printed in the county, printed by the State Contractor and returned to the county, or completed by hand.

Most fields are system generated and display information. If data should or may be entered into a field, the "Field" designation will indicate "Required" or "Optional" respectively.

Provider Information Section

Field: YOUR IHSS OFFICE – Alphanumeric
Length: Four (4) 30 character lines
Description: The mailing address for the county's IHSS office.

Field: PROVIDER NAME AND MAILING ADDRESS – Alphanumeric
Length: Four (4) 30 character lines
Description: The provider's name and mailing address.

Field: IMPORTANT INSTRUCTIONS
Description: Important Instructions – Instructions to the provider regarding employment and timesheet procedures. These instructions are also printed on the back of the time sheet in Spanish.

Initial/Replacement IHSS Time Sheet Section

Field: IHSS TIMESHEET HEADER LINE – Alpha
Description: IHSS TIMESHEET HEADER LINE – This line will indicate, on the extreme left, either "INITIAL" or "REPLACEMENT"

Field: RECIPIENT NUMBER – Alphanumeric
Length: One (1) ten (10) character line; three (3) 29 character lines
Description: Recipient Number – The ten-digit recipient number appears on the first line; the recipient's name and address appear on the following three lines.

Field: ADDRESS CHANGE – Optional
Length: Checkbox

Description: Address Change –The county must verify the correct address and complete a SOC 293, IN-HOME SUPPORTIVE SERVICES ASSESSMENT, to update the recipient's address.

Field: PROVIDER NUMBER – Alphanumeric
Length: One – six character line; three – 29 character lines
Description: Provider Number – The six-digit provider number appears on the first line; the provider's name and address appear on the next three lines.

Field: ADDRESS CHANGE – Optional
Description: Address Change - A check box to indicate the provider's change of address. Space is provided on the reverse side of the timesheet to enter the new address. The county must verify the correct address and complete a SOC 311, PROVIDER ELIGIBILITY UPDATE, to update the provider's address.

Field: BLANK AREA – Alphanumeric
Length: Three – 62 character lines
Description: Blank Space – This area is used for a system-generated messages to the payee advising him/her of one of the following conditions:

- The total number of authorized hours for the month.
- The number of authorized hours remaining for the second half of the month.
- The total dollar balance for the month or the remaining dollar balance for the month for meal allowance.
- If appropriate, instructs the payee <u>to not use the timesheet</u> as it is not an authorized time sheet. This message is printed on timesheets attached to warrants issued for reasons other than payroll, such as a lien repayment.

Field: DAY OF MONTH – Numeric
Description: Day of Month – Represents the days of the month in a pay period. The system prints numbers 1 through 15 for the first half of the month and 16 through 31 for the second half of the month.

Field: HOURS WORKED – Required, Numeric
Description: Hours Worked – Spaces to record hours worked on a daily basis. The provider must fill in the daily hours as well as the total hours worked during a specific pay period as indicated in instructions.

Field: SHARE OF COST LIABILITY – Numeric
Description: Share of Cost Liability – The amount indicated is the share of cost amount that will be deducted from wages. The recipient is responsible to pay the Share of Cost out of his/her monthly income to the provider.

Field: OTHER LIABILITY – **NOT USED**
Description: This field is not used on an Initial or Replacement timesheet.

Field: PROVIDER OVERPAYMENT – **NOT USED**
Description: This field is not used on an Initial or Replacement timesheet.

Field: DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTOOD….
Length: 1 line – Prints in English or Spanish
Description: Do Not Sign – A message advising recipients and providers not to sign the time sheet unless they have read and understand the instructions locate above (in English) and on the reverse side (in Spanish).

Field: BLANK
Description: Blank Space – This area is the system generated. The first line will indicate the SW NO (Service Worker Number) and DO District Office number. The remaining lines will indicate the name and address of the county office to which the timesheet is to be mailed.

Field: RECIPIENT SIGNATURE AND DATE – Required
Description: Recipient Signature and Date – The recipient or his/her guardian or conservator must sign and date on this line to verify that the reported services were performed and that the share of cost and/or other liability amount has been paid to the provider. The system prints the recipient's case number at the top of this field.

Field: PROVIDER SIGNATURE AND DATE – Required
Description: Provider Signature and Date – The provider must sign and date on this line to verify that the reported services were performed and that the share of cost and/or other liability amount was received. The system prints the provider's number at the top of this field.

Field: AFTER WORK HAS BEEN COMPLETED
Description: After Work Has Been Completed – Instructions indicating the timesheet must be mailed to the system-generated address. Instructions are printed in English and Spanish.

Field: AFFIRMATION
Description: Affirmation – A statement affirming that the time reported is correct and that any share of cost or other liability has been paid by the recipient for the pay period.

Reverse Side of Time Sheet

All information on the back of a timesheet is part of the Form and will not contain any system generated recipient or provider indications.

Field: INSTRUCCIONES IMPORTANTES
Description: Instrucciones Importantes – Instructions in Spanish to the provider regarding employment and timesheet procedures.

Field: EXPLANATION
Description: Explanation – Brief statements explaining to the payee the deductions shown on the front of the Statement of Earnings and Deductions.

Field: NOTE: THIS DISCLOSURE OF INFORMATION----------.
Description: Note – This Disclosure of Information ----------. A message which advises providers that the disclosure of any information identifying their employer as an IHSS recipient is prohibited by law.

Field: PLEASE CHECK THE "HOURS WORKED" ----------.
Description: Please Check the "Hours Worked" ----------. – A notice to recipients and providers advising them to check the total hours worked to ensure it is correct and does not exceed the number of service hours authorized for the month.

Field: AFFIRMATIONS----------.
Description: Affirmations----------. – A statement affirming that the time reported as worked is correct and that any share of cost or other liability has been paid by the recipient for the pay period.

Field: WRITE NEW ADDRESS IN THIS BOX:
Description: Write New Address In This Box – Space allocated for the recipient and/or provider to indicate a new address.

Field: WRITE NEW TELEPHONE NUMBER IN THIS BOX:
Description: Write New Telephone Number In This Box – Space allocated for the recipient and/or provider to indicate a new telephone number.

Field: FOR COUNTY REVIEW PURPOSES ONLY
Description: For County Review Purposes Only – The section is reserved for use by county employees.

Field: REVIEW DATE AND INITIALS
Description: Review Date and Initials – Space reserved for entry of the date and initials of the county employee performing the verification.

Field: COMMENTS
Description: Comments – Space reserved for comments regarding timesheet processing.

Advance IHSS Time Sheet and Statement of Earnings and Deductions

SOC 361A

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES

STATEMENT OF EARNINGS AND DEDUCTIONS

RECIPIENT NO.	PROVIDER NO.		LAST TIME SHEET DATE	FROM	TO	COUNTY	OFFICE

	HOURS	GROSS	FIT	SIT	FICA	SDI	SHARE OF COST	NET PAYMENT
LAST TIME SHEET								
YEAR TO DATE								

IHSS PROGRAM INFORMATION

RECIPIENT NAME/ADDRESS

Guarde este talon para su archivo

Detache aqui y complete

KEEP THIS STUB FOR YOUR RECORDS
DETACH HERE AND COMPLETE

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES

IHSS TIME SHEET

COUNTY OF:
OFFICE:

RECIPIENT NUMBER				PROVIDER NUMBER			
LAST NAME		MI		LAST NAME	FIRST		MI
ADDRESS				ADDRESS			
CITY	STATE	ZIP	ADDR. CHANGE YES ☐ NO ☐	CITY	STATE	ZIP	ADDR. CHANGE YES ☐ NO ☐

HOURS WORKED																	
HOURS WORKED																	

FILL IN HOURS FOR EACH DAY WORKED AND PLACE TOTAL HOURS HERE
Llene las horas trabajadas cada dia apunte el total aqui

WE AFFIRM THAT THIS TIME SHEET IS A TRUE AND CORRECT STATEMENT OF TIME WORKED, FOR WHICH WAGES WERE PAID, UNDER THE IHSS PROGRAM AND THE SHARE OF COST LIABILITY FOR THE PERIOD HAS BEEN MET. WILLFUL MISSTATEMENTS COULD RESULT IN PROSECUTION FOR FRAUD.

AFIRMAMOS QUE ESTE HORARIO ES CUENTA CORRECTA DE HORAS TRABAJADAS BAJO EL PROGRAMA DE IHSS PARA LAS CUALES SE PAGARON SUELDOS Y QUE LA PARTE DEL COSTO QUE PAGAMOS NOSOTROS POR ESTE PERIODO YA ESTA PAGADA. LAS DECLARACIONES INTENCIONALMENTE INCORRECTAS PUEDEN CAUSAR SU PROSECUCION POR FRAUDE.

RECIPIENT SIGNATURE	DATE	PROVIDER SIGNATURE	DATE
X		X	

SIGN AND MAIL TIMESHEET IMMEDIATELY AFTER THE END OF THE MONTH TO THIS ADDRESS: →

FIRME Y MANDE ESTA CUENTA DE HORAS TRABAJADAS IMMEDIATAMENTE DESPUES DEL FIN DEL MES A ESTA DIRRECCION: →

FOR COUNTY REVIEW PURPOSES ONLY

SOC WORKER NO	REVIEW DATE AND INITIALS	COMMENTS

Advance IHSS Timesheet /Statement Of Earnings And Deductions

SOC 361A

Field-By-Field Description

An advance pay recipient receives payment in advance and in turn pays his/her provider(s) when services are rendered. At the end of each month an advance pay timesheet is submitted to the county, by the provider, to reconcile the payment and services. The State contractor mails a SOC 361A to each provider every month. In contrast to the semi-monthly arrears timesheet, the advance pay timesheet contains a full calendar month for recording days and hours worked by the provider.

A recipient is eligible for advance pay if s/he is severely disabled and is a Residual recipient, or a IHSS Plus Waiver program (IPW) recipient. PCSP recipients are not eligible for advanced pay.

The advance pay timesheet is in two parts. The top portion is a statement of earnings and deductions; the bottom portion is the timesheet for the current month.

Most fields are system generated, displaying information. If data can be entered "Required" or "Optional" will be indicated.

Statement of Earnings and Deductions Section

Field: RECIPIENT NUMBER – System generated, Numeric
Length: 10
Description: Recipient Number – A Case number designated by the county to represent a specific recipient

Field: PROVIDER NUMBER – System generated, Numeric
Length: 6
Description: Provider Number – A number designated by the county to represent a specific provider.

Field: LAST TIMESHEET DATE – System generated, Numeric
Length: 6 Format: MM/DD/YY
Description: Last Timesheet Date – Indicates the date the last timesheet was processed.

Field: FROM – System generated, Numeric
Length: 6 Format: MM/DD/YY
Description: From Date – The beginning of a pay period

Field: TO – System generated, Numeric
Length: 6 Format: MM/DD/YY
Description: To Date – The end of a pay period

Field: COUNTY – System generated, Numeric
Length: 2
Description: County – A two-digit number identifying the county that has authorized eligibility for a recipient and a provider.

Field: OFFICE – System generated, Numeric
Length: 2
Description: District Office – A two-digit number identifying a specific district office within a county.

"LAST TIMESHEET" is the title of the line of information that displays payment and withholding for the last timesheet submitted.

Field: HOURS – System generated, Numeric
Length: 5
Description: Hours – Represents the total hours the provider has provided service to the recipient during a pay period.

Field: GROSS – System generated, Numeric
Length: 8
Description: Gross – Total amount earned by the provider for the last pay period according to the processed timesheet.

Field: FIT – System generated, Numeric
Description: Federal Income Tax – Field not used

Field: SIT – System generated, Numeric
Description: State Income Tax – Field not used

Field: FICA – System generated, Numeric
Length: 7
Description: Federal Insurance Contributions Act – Amount of money deducted from the advance pay warrant for Social Security tax during this pay period and credited for any of the providers who are eligible for Social Security.

Field: SDI – System generated, Numeric
Length: 7
Description: State Disability Insurance – Amount of money deducted from the advance pay warrant for State Disability Insurance during this pay period and credited for providers who are eligible for State Disability Insurance.

Field: SHARE OF COST – System generated, Numeric
Length: 7
Description: Share of Cost – An amount deducted from the gross pay that the recipient is responsible for paying to the provider out of his/her monthly income.

Field: NET PAYMENT – System generated, Numeric
Length: 8
Description: Net Payment – The gross payment during this pay period, minus FICA, SDI, and Share of Cost.

"YEAR TO DATE" is the title of the line of information that identifies the year-to-date totals of gross payments and deductions for FICA and SDI.

Field: GROSS – System generated, Numeric
Length: 9
Description: Gross Earnings – Total amount earned by a provider for the year-to-date.

Field: FIT – System generated, Numeric
Description: Federal Income Tax – Field not used

Field: SIT – System generated, Numeric
Description: State Income Tax – Field not used

Field: FICA – System generated, Numeric
Length: 7
Description: Federal Insurance Contributions Act – Total amount credited for Social Security tax for the year-to-date for providers who are eligible for FICA.

Field: SDI – System generated, Numeric
Length: 7
Description: State Disability Insurance – Total amount of money credited for State Disability Insurance for the year-to-date for providers who are eligible for SDI.

Field: IHSS PROGRAM INFORMATION – System generated, Alphanumeric
Length: 62 3 Lines
Description: IHSS Program Information – This space is allocated for special messages printed by CMIPS.

Field: RECIPIENT NAME/ADDRESS – System generated, Alphanumeric
Length: 95 3 Lines
Description: Recipient Name and Address – Identifies the name and address of the recipient.

IHSS Timesheet Section

Field: COUNTY OF – System generated, Alpha
Length: 20
Description: County of – The county that has authorized eligibility for a recipient and provider

Field: OFFICE – System generated, Numeric
Length: 2
Description: Office – A two-digit numeric identifying a specific district office within a county.

Field: RECIPIENT NUMBER – System generated, Numeric
Length: 10
Description: Recipient Number – A case number that represents a specific recipient

Field: LAST NAME, MI – System generated, Alphanumeric
Length: 29

Description: Last Name – The Last Name, First Name and Middle Initial associated with the recipient number

Field: ADDRESS – System generated, Alphanumeric
Length: 29
Description: Address – The address associated with the recipient number

Field: CITY, STATE ZIP – System generated, Alphanumeric
Length: 29
Description: City, State, Zip – The City, State and Zip Code associated with the recipient number

Field: ADDR. CHANGE – Optional
Length: 1
Description: Address Change – A box to be checked if there is a change of address for the recipient. The county must verify the correct address and complete a SOC 293, to update the recipient's address.

Field: PROVIDER NUMBER – System generated, Numeric
Length: 6
Description: Provider Number - A number designated by the county to represent a specific provider.

Field: LAST NAME/FIRST/MI – System generated, Alphanumeric
Length: 29
Description: Last Name – The Last Name, First Name and Middle Initial associated with the provider number

Field: ADDRESS – System generated, Alphanumeric
Length: 29
Description: Address – The address associated with the provider number.

Field: CITY, STATE ZIP – System generated, Alphanumeric
Length: 29
Description: City, State, Zip – The City, State and Zip Code associated with the provider number.

Field: ADDR. CHANGE – Optional
Length: 1
Description: Address Change – A box to be checked if there is a change of address for the provider. The county must verify the correct address and complete a SOC 311, to update the provider's address.

Field: TEXT SPACE – System generated, Alphanumeric
Description: Blank Space – Contains a system-generated statement indicating the month associated with the timesheet and number of service hours for that month.

Field: DAY OF MONTH/TOTAL – System generated/Required, Numeric
Length: 2 Lines – First line Days 1-15 with Total; Second line 16-last day of month with Total
Description: Day of Month – Represents the days of the month in each pay period. In the area above the spaces for hours, the system prints numbers 1 through 15 for the first half of the month on the first line and 16 through the end of the month for the second half of the month on the second line.
Hours Worked – Provider indicates the hours worked below the associated date.
Total – The sum of all hours of service worked during each pay period. The provider must total each pay periods hours or timesheet will be rejected.

Field: AFFIRMATION – System generated, Alphanumeric
Description: Affirmation – A statement affirming that the time reported as worked is correct and that any share of cost liability has been paid by the recipient for the specified pay period. If there is a share of cost, the amount will be entered in the space provided. The message is printed in English and Spanish.

Field: RECIPIENT SIGNATURE AND DATE – Required
Length: 1 Line
Description: Recipient Signature and Date – The recipient or his/her guardian or conservator must sign and date the timesheet verifying the reported services were performed and the share of cost and/or other liability amount has been paid to the provider. The system generated recipient's number prints at the top of this field.

Field: PROVIDER SIGNATURE AND DATE – Required
Length: 1 Line
Description: Provider Signature and Date – The provider must sign and date the timesheet verifying the reported services were performed and that the share of cost and/or other liability amount was received from the recipient. The system generated provider number prints at the top of this field.

Field: SIGN AND MAIL TIMESHEET IMMEDIATELY AFTER THE END OF THE MONTH TO THIS ADDRESS – System generated, Alphanumeric
Length: 30 - 4 lines
Description: Sign and Mail Timesheet - Instructions indicating the timesheet must be mailed to the system generated address for processing. The instruction is printed in English and Spanish.

Field: SOC. WORKER NO – System generated, Alphanumeric
Length: 4
Description: Service Worker Number. - An identifying number assigned by a county to a service worker. The print date of the timesheet is also shown in this field.

Field: REVIEW DATE AND INITIALS – Optional
Length: 1 Line

Description: Review Date and Initials - The date the timesheet is verified and the initials of the county employee performing the verification.

Field: COMMENTS - Optional
Length: 1 Line
Description: Comments - Space designated for the county employee verifying the timesheet to make any necessary remarks.

IHSS Timesheet Entry (TIME) Screen

General Description

The TIME screen is used by Counties to enter timesheet data into CMIPS for payment. Timesheets may be keyed for any valid assessment period up to 12 months prior to the current month.

When an Arrears Pay timesheet is keyed, a warrant request is generated, computing all appropriate deductions, except Union Dues. The actual payment wage and deduction details can be viewed on the WARD screen immediately.

When an Advance Pay timesheet is keyed, the hours worked by the provider are reconciled against the authorized hours paid on the Advance Payment. Provider Advance Pay payment details have limited viewing on the PSUM screen. The Advance Pay warrant details may be viewed on the WARR screen associated to the recipient.

All associated edits and audits will appear real-time as timesheets are keyed. See ***Section XII-D – TIME Screen Edits*** for edit message associated with timesheet entry.

Accessing the TIME screen

The TIME screen can be accessed from either the MENU or any other CMIPS screen by entering TIME on the NEXT line and pressing **PF8**. A blank TIME screen displays.

```
      THIS TIME
      NEXT TIME
                      I H S S  T I M E S H E E T  E N T R Y

 COUNTY   DETAILS     HOURS 1-15         HOURS 16-31         MONTH
 TS# OR
 RECIPIENT CD PROVIDER   HOURS A      HOURS B    ACTION          REMARKS



ENT=ENTER F03=EXIT F08=NEXT
```

Fig. VII-D- 1 – Blank TIME screen

Up to 15 lines of timesheet entries may be made on the TIME screen. When all data has been entered, press <**Enter**> to process the transaction.

If all timesheets entered are accepted, the screen will return blank. If some of the timesheets keyed complete processing and others encounter edits, the REMARKS field on the TIME screen will display, either 'PROCESSED' or the associated edit in the REMARKS field.

Field by Field Description

The following fields appear on the TIME screen:

Field:	COUNTY – System Generated, Numeric
Length:	2
Description:	County – The County Number associated with user's Logon ID. County Codes are 01-58.

Field:	Details – Optional, Numeric
Length:	2
Description:	Details – The number of timesheets in the batch. This field is optional and is used only if batch processing less than 15 timesheets. Valid values are 01-15.

Field:	HOURS 1-15 – Optional, Numeric
Length:	5
Description:	Hours – The total number of hours for all the timesheets in a batch, for the time period of the 1st through the 15th of the month. Valid entries are 10 - 99999. A decimal point is added by the system; to input 1.5 hours, enter 15 and the system will add the decimal point. To enter less than one hour, for example – one half hour – enter 05 in the field without a decimal.

Field:	HOURS 16-31 – Optional, Numeric
Length:	5
Description:	Hours – The total number of hours for all timesheets in the batch, for the time period of the 16th through the end of the month. Valid entries are 10 - 99999. As an option, the hours entered in the HOURS A field are moved to the HOURS B column if the batch total is entered in this field. As a second option, if "1" is entered in this field, hours may be entered in the field HOURS A and the system will move the hours to the HOURS B field. Both options eliminate tabbing over to the HOURS B field which decreases keystrokes for the data entry clerk.

Field:	MONTH – Required, Numeric
Length:	2
Description:	Month – The month for which the timesheets are being entered. Valid entries are 01-12.

Each Timesheet generated from CMIPS contains an Timesheet Number (TS#) printed on the line following the DAY OF MONTH and HOURS WORKED fields. The Timesheet Number is eight numeric characters, a seven digit timesheet number followed by a check-digit.

Field:	TS # or RECIPIENT – Required, Numeric
Length:	7

Description:	Timesheet # or Recipient – Timesheets entry may be accomplished through the entry of the eight-digit recipient case number **or** the seven-digit timesheet code unique to the specific timesheet.
Field:	CD – Required, Numeric
Length:	1
Description:	Check digit – This is the last number of the ten-digit recipient case number or the eighth digit of the Timesheet Number. Valid entries are 0 – 9.

Field:	PROVIDER – Optional, Numeric
Length:	6
Description:	Provider – A number assigned by the county to represent a specific provider. This number is the last six digits of the provider's social security number. The PROVIDER number is **only required** if the **recipient number** is entered in the RECIPIENT field.

HOURS A and HOURS B note – Only Advance Pay timesheets may be keyed as a single line entry. When processing Arrears Pay timesheets the HOURS A and HOURS B **cannot** be entered on the same data entry line, even if both timesheets are in hand. Because each pay period is a separate payroll event each timesheet **must be** keyed separately.

Field:	HOURS A – Optional, Numeric
Length:	4
Description:	Hours A – Represents the number of hours a provider has worked for a recipient during the period of the 1st to the 15th, in tenths of hours. The system adds the decimal point; to input 1.5 hours enter 15.

Field:	HOURS B – Optional, Numeric
Length:	4
Description:	Hours B – Represents the number of hours a provider has for a recipient during the period of the 16th to the end of the month, in tenths of hours. The system adds the decimal point; to input 1.5 hours enter 15.

Field:	ACTION – Required, Alpha or Special character
Length:	1
Description:	This is the area used to override system edits. Enter one of three codes to override edits. Valid entries are X, *, and D. • **X** – Used to override a **Soft Edit**. • * – Overlooks the displayed edit and eliminates the timesheet from processing • **D** – Used to delete an erroneously keyed timesheet. **Timesheet deletions must occur the same day as original keying occurs.**

Field:	REMARKS – System Generated
Description:	Remarks – Displays system generated edits for the specified timesheet.

TIME Screen Edits

CMIPS validates timesheet entries during processing. When a timesheet does not meet the validation criteria an edit will display. The following is a list of edits associated with the TIME Screen.

A **Soft Edit** is an informational edit which alerts the user to conflicts in the timesheet data and the recipient or provider case. Soft Edits may be overridden by placing an "X" in the Action field, and pressing <Enter>.

A **Hard Edit** displays when the conflict between the recipient or provider case is one that must be corrected before processing can occur.

To eliminate a particular timesheet from processing, key an asterisk ***** in the Action field, then press <Enter>.

Edit Message	Explanation
$ > RECIPIENT AUTH	**Soft Edit** – Dollars greater than recipient is authorized. Computed dollars plus month-to-date is greater than recipient authorized. The system will cut the amount back to the amount the recipient has authorized. Verify the total dollar amount paid to all providers for the pay month on the PSUM. Check the RSUM to verify that the correct dollar amount was paid. Also verify that the month and pay period are correct and the timesheet was batched in the correct pay period.
2ND RECON PAY PER	**Soft Edit** – This occurs when a second reconciling timesheet is entered for the same pay period that has been processed on a previous calendar day. This is a soft edit serving as an alert that the additional entry may fail reconciliation. If making entries to balance an advance pay, override the edit.
60% OF T/S HOURS	**Soft Edit** – The hours being entered are more than 60% of the total hours the provider is authorized for the month. It is issued on an HOURS-A timesheet only.
ADVANCE NOT FOUND	**Hard Edit** – No advance payment is on the recipient's record for this month. **Cannot override**. Check the most current Recipient/Provider Eligibility Report and the Advance Payment Voucher to verify that the recipient was eligible to receive payment for the month. If the recipient was eligible and was added to CMIPS after the Advance Checkwrite, complete an Emergency action on the SOC 312 form to pay the recipient and resubmit the provider's timesheet.
DATA ERROR – CALL EDS	**Hard Edit** – Indicates there is a data error issue between CMIPS and MEDS. Contact the IHSS Help Desk for assistance.

Edit Message	Explanation
DETAILS CROSS-FOOT ERROR	**Hard Edit –** The number entered in the "DETAILS" Field does not equal the total number of timesheets entered. Verify the number entered and the total number of timesheets keyed.
DUPE RECON PERIOD	**Hard Edit –** A reconciling timesheet has already been entered on the same calendar day for the same pay period. Only one timesheet can be entered in a calendar day. If the hours entered on the first timesheet are not correct, either delete the first entry and enter the correct total or enter the additional hours needed to correct the total on a subsequent day.
DUPLICATE TIME SHEET	**Hard Edit –** An arrears timesheet has already been entered for this period. An entry with the same hours for the same time period has been previously processed. If the case number is wrong, correct the number and resubmit the timesheet. Check the payment voucher to verify previous payments for this time period. If the month and pay period are not correct, contact the recipient/provider to obtain correct information. Also verify that the timesheet was batched in the correct pay period.
DUPLICATE TIME SHEET	**Hard Edit –** This timesheet code has previously been entered. Verify the timesheet code.
FUTURE TIME PERIOD	**Hard Edit –** Timesheet being entered is for a future time period. Verify the timesheet is being keyed for the correct period. If it is for a future pay period, inform the recipient and provider not to submit timesheets prior to the end of the pay period.
HOURS > PROV AUTH	**Soft Edit –** Dollars greater than advance paid. Computed dollars plus month-to-date is greater than recipient paid. The system will cut the amount back to the recipient's authorized amount. Verify the total dollar amount credited to all providers for the pay month on the provider summary screen (PSUM). Check the recipient's summary screen (RSUM) and verify that the correct dollar amount was paid to the recipient.
HOURS > PROV AUTH	**Soft Edit –** Hours greater than provider authorized. The hours entered plus month-to-date is greater than the provider is authorized. Verify with the recipient and provider that the hours submitted are correct for the provider. Will pay hours claimed by provider up to the amount authorized.
HOURS-A CROSS-FOOT ERROR	**Hard Edit –** The number in the HOURS A field does not equal the total number on timesheets entered. Verify that the timesheet hours were entered correctly.
HOURS-B CROSS-FOOT ERROR	**Hard Edit –** The number in the HOURS-B field does not equal the total number on the timesheets entered. Verify that the timesheet hours were entered correctly.
INVALID ACTION CODE	**Hard Edit –** The code entered is not valid, must be X or D.

Edit Message	Explanation
INVALID BIC ISSUE DT	**Hard Edit –** The BIC ISSUE DATE used for processing POS transaction does not match the BIC ISSUE DATE indicated on MEDS.
INVALID CHECK DIGIT	**Hard Edit –** The provider is not in the system under the number entered. Check the provider on the RSUM screen to verify the correct provider number. Often this error message is the result of an incorrectly handwritten timesheet. If the number is wrong, resubmit the timesheet with the correct number.
INVALID CHECK DIGIT	**Hard Edit –** The recipient is not on file under the number given. Verify the number on the Office Caseload Listing or the cross-reference screens. Often this message is a result of an incorrectly handwritten timesheet. Resubmit when the number is corrected.
INVALID CIN	**Hard Edit –** The CIN used for processing POS transaction does not match the CIN indicated on MEDS.
INVALID COUNTY CODE (HEADER)	**Hard Edit –** The code entered is not valid, must be 1 through 58.
INVALID MEDS CASE #	**Hard Edit –** The MEDS CASE # used for processing POS transaction does not match the MEDS CASE # indicated on MEDS.
MEDS ELIG UPDT PEND	**Hard Edit –** The recipient's MEDS Eligibility Status has been updated, but the update has not yet been received by CMIPS.
MONTH BALANCED	**Hard Edit –** The timesheet being entered is for a month that is already balanced. Check the RSUM screen to verify the balanced pay month. Also verify that the month was balanced and that the timesheet is batched in the correct pay period.
NO HOURS A ON FILE	**Soft Edit –** There are no hours entered in the HOURS A field. This message appears when the provider start date is in the first half of the month and hours are entered only in the HOURS B field. Verify if there is a timesheet for HOURS A (first half of the month) and, if so, enter those hours.
NO MEDS ELIGIBILITY	**Hard Edit –** Indicates that there is no MELG record for the payment period. Verify recipient Medi-Cal eligibility for the payment period on MEDS against the eligibility information on the MELG screen. Contact the IHSS Help Desk for assistance.
NO PROV ELIG SEGMNT	**Hard Edit –** No provider eligibility segment. There is no provider eligibility segment on file for this time period. Verify the provider's eligibility for the time period on the PELG screen. If there should be an eligible segment, update the SOC 311 eligibility segments and resubmit the timesheet.

Edit Message	Explanation
NO RECIP ELIG SEGMNT	**Hard Edit –** No recipient eligibility segment. There is no recipient eligibility segment on file for this time period. Check the recipient eligibility on the RELB screen to verify that the recipient is eligible for that particular pay period. If the recipient should be eligible, update the SOC 293 with the correct information and resubmit the timesheet.
NOT ADVANCE PAY	**Hard Edit –** The timesheet entered is for an arrears pay case, not advance pay. Enter HOURS-A on a separate line from HOURS-B. Check the RSUM/PSUM screens to verify that the recipient was issued an advance warrant. If the recipient was issued a warrant, check the RELB screen to verify the pay option is in the eligibility segment.
PAID WITH EMERGENCY	**Hard Edit –** This time period has already been paid with an emergency check. Check the PSUM screen to verify a warrant was processed. Verify that the month and pay period are correct and that the timesheet being keyed is batched in the correct pay period.
POS BIC DATE MISSING	**Hard Edit** – Displays when an attempt is made to process a MEDS POS transaction and the BIC Issue Date is missing from the MELG record – Contact EDS Help Desk for assistance.
POS BIRTHDATE ERROR	**Hard Edit** – Displays when an attempt is made to process a MEDS POS transaction and the recipients birth date is invalid or missing associated from the MELG record – Contact EDS Help Desk for assistance.
POS DOWN, TRY AGAIN	**Hard Edit –** The MEDS Point of Service (POS) processing is not currently functioning. If this error occurs, wait a few minutes then attempt to process again.
POS T/S DATE ERROR	**Hard Edit** – Displays when an attempt is made to process a timesheet requiring a MEDS/POS transaction for a time period greater than 13 months in the past. – Contact EDS Help Desk for assistance.
PROV NOT PCSP ENROLLED	**Hard Edit –** This is a PCSP case, but the provider is coded as "other" and is not PCSP enrolled.
PROVIDER INELIGIBLE	**Hard Edit –** Provider is ineligible for this time period. Verify the provider's eligibility on the PELG screen. Check particularly for status 'L', 'T' or 'P' (Purge - a system generated status). If the status is 'P', change to reflect correct status. CMIPS will default a provider's status to 'P' if there is no timesheet activity for 90 days.

Edit Message	Explanation
RECIPIENT INELIGIBLE	**Hard Edit –** The recipient is ineligible for the pay period indicated. Check the recipient's eligibility on the RELB screen. If the recipient should be eligible, submit or update a SOC 293 to make her/him eligible. If the form was batched in the incorrect pay period, resubmit.
RESIDUAL 195 HRS MAX	**Hard Edit –** An attempt was made to key a timesheet with hours which exceeded the 195 hour maximum for the payment period for a recipient case with a Medi-Cal Secondary Aid Code of 2N – IHSS Residual.
SECOND TIME SHEET	**Hard Edit –** A timesheet has already been submitted for this time period. Check the case number on the TIME SHEET screen. If the case number is wrong, correct the number. Also verify that the timesheet was batched in the correct pay period. If the case number does agree, verify previous payments and, if necessary, pay the difference via a SOC 312.
SOC ERROR – CALL EDS	**Hard Edit** – Displays when the MEDS SOC amount deducted from a warrant is greater than the warrant NET AMOUNT. Contact EDS Help Desk for assistance.
THE MONTH IS NOT BETWEEN 1 AND 12	**Hard Edit –** The month entered is not valid, must be 1 through 12.
TIMESHEET REQUEST WAS NOT FOUND	**Hard Edit –** Not enough lines/space, contact EDS Help Desk for assistance.
TS# COUNTY MISMATCH	**Hard Edit –** County number assigned to timesheet code does not correspond with the county number entered at the screen header. Verify the county number on header and timesheet code and correct.
TS# INVALID RANGE	**Hard Edit –** Timesheet code is entered incorrectly or the recipient number is entered without the provider number. Verify the timesheet code if using the timesheet code option. If using the recipient number to enter a timesheet, also enter the provider number.
TS# NOT FOR MONTH	**Hard Edit –** The month assigned to the timesheet code does not correspond with the month entered at the screen header. Verify the timesheet code or the month entered.
TS#>90 DAYS	**Hard Edit –** This message appears when the timesheet code entered is for a pay period older than 90 days.
WAIVER 195 HRS MAX	**Hard Edit –** An attempt was made to key a timesheet with hours which exceeded the 195 hour maximum for the payment period for a recipient case with a Medi-Cal Secondary Aid Code 2L - Waiver.

Timesheet Batch Processing

IHSS Timesheets may be keyed in CMIPS through batch processing. When batch processing occurs the SOC 317 – In-Home Supportive Services Batch Cover Sheet may be used to more easily identify timesheets by Month and Year and date keyed. The form is available as a PDF at: http://www.dss.cahwnet.gov/pdf/SOC317.pdf.

Using the In-Home Supportive Services Batch Cover Sheet, SOC 317

IHSS Arrears and Advance Pay Reconciliation Timesheets, must be sorted by month and year into the following three categories for Batch Processing:

- Arrears – Pay period days 1 – 15
- Arrears – Pay period days 16 – 31 or end of month
- Advance Pay Reconciliation Timesheets

1. Bundle timesheets with a maximum of 15 per bundle
2. On the SOC 317:
   a. In the **MONTH AND YEAR** field indicate the Month and Year associated with the timesheets
   b. In the **BATCH TYPE** section, check the box labeled "TIMESHEETS"
   c. In the **TIMESHEET HOURS A (1-15)** section, enter the total hours worked in the first half of the month from all the timesheets in the batch
   d. In the **TIMESHEET HOURS B (16-31)**, enter the total hours worked in the second half of the month from all the timesheets in the batch
   e. In the **NUMBER OF FORMS IN BATCH** field enter the total number of timesheets in the batch
   f. In the **COUNTY CODE** box
      1. Enter the two digit **COUNTY CODE** to which the timesheets are associated
      2. In the **DATE** field enter the date the timesheets were sorted
      3. The **SIGNATURE** line should be signed by the person sorting the timesheets
   g. When the timesheets are actually keyed in CMIPS the remaining areas should be completed
      1. In the **AFTER ENTRY CHECK ONE OF THE FOLLOWING** box, indicate the statement which describes the timesheet processing
      2. The individual keying the timesheets should complete the **DATE ENTERED** field, then sign the form on the associated **SIGNATURE** line
   h. Attach the SOC 317 to the batched timesheets

SOC 317

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES BATCH COVER SHEET

MONTH AND YEAR ____/____ (MM YY)

BATCH SEQUENCE # _____

TIMESHEET HOURS A (1-15) _____

TIMESHEET HOURS B (16-31) _____

NUMBER OF FORMS IN BATCH _____

BATCH TYPE

- ☐ DIRECT DEPOSIT REQ.
- ☐ UPDATE FORMS
- ☐ TIMESHEETS
- ☐ SPECIAL PRE-AUTHORIZED TRANSACTIONS
- ☐ LIEN/RECOVERY

COUNTY CODE _____

DATE ____/____/____

SIGNATURE:

AFTER ENTRY CHECK ONE OF THE FOLLOWING:

- ☐ ALL FORMS ACCEPTED
- ☐ FORMS FAILED EDITS

DATE ENTERED ____/____/____

SIGNATURE:

SOC 317 (4/00)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES BATCH COVER SHEET

MONTH AND YEAR ____/____ (MM YY)

BATCH SEQUENCE # _____

TIMESHEET HOURS A (1-15) _____

TIMESHEET HOURS B (16-31) _____

NUMBER OF FORMS IN BATCH _____

BATCH TYPE

- ☐ DIRECT DEPOSIT REQ.
- ☐ UPDATE FORMS
- ☐ TIMESHEETS
- ☐ SPECIAL PRE-AUTHORIZED TRANSACTIONS
- ☐ LIEN/RECOVERY

COUNTY CODE _____

DATE ____/____/____

SIGNATURE:

AFTER ENTRY CHECK ONE OF THE FOLLOWING:

- ☐ ALL FORMS ACCEPTED
- ☐ FORMS FAILED EDITS

DATE ENTERED ____/____/____

SIGNATURE:

SOC 317 (4/00)

Special Instructions

This Section provides additional and/or special instructions on the following subjects:

Subject **Page VII-G**

I. Timely Timesheet Processing 2

II. Initial and Replacement Timesheets 3

III. Deleting an erroneously keyed Timesheet 6

IV. Deceased Provider's Timesheets and Warrants 7

V. Deceased Recipient – Timesheets 8

VI. Forged Endorsement on Warrant 9

VII. Stale Dated Warrants 13

VIII. Damaged Warrants 14

I. Timely Timesheet Processing

Timesheets may be processed through the CMIPS TIME screen for up to 12 months from the current service month.

If an Arrears Pay timesheet submitted is for a period more than 12 months prior to the current date, the county must process the payment using a SPEC Transaction. See ***Section XI-B – SOC 312 Field-by-Field Description*** of the CMIPS User's Manual for detailed description.

CMIPS currently does not allow the processing of an Advance Pay Reconciling Timesheet older than 12 months.

Timesheets are to be processed to ensure a provider's warrant is mailed by the State Controller's Office no later than ten (10) days from the date a timesheet is received by the County. Once a timesheet has been keyed in CMIPS, there is a three day time period required for processing by SCO and the physical mailing of a warrant. Counties are responsible to maintain sufficient staff to ensure timesheets are reviewed and entered in a timely manner.

Timely processing of timesheets extends to those timesheets received by the county prior to the end of the pay period but after the last day the provider worked with a recipient. For example, if a provider terminates employment their timesheet must be processed immediately.

Conversely, if the county receives a timesheet that includes days that have not yet been worked, e.g., a timesheet received on the 10th that includes days from the 10th to the 15th, the counties should return the timesheet for correction or the information shall be otherwise verified. The county should advise the provider that the hours will not be paid until the end of the pay period. The county should also remind the recipient of their responsibilities to review and sign the timesheet AFTER the time has been worked. This is specified in the IHSS/CMIPS User's Manual, Sections VII-A and VII-C.

If a provider submits a timesheet for hours worked, but the pay period has not ended, the timesheet must be processed. (Example: Provider works August 1st – August 10th, then submits the timesheet on August 11th. The 10 day processing time period begins on August 11th and the county must ensure the provider payment is processed in a timely manner.)

Counties are also responsible to respond to payment inquires from providers or recipients in a timely manner as required by Manual of Policies and Procedures, Section 30-769.241. Counties may contact their Operations and Technical Assistance Unit or Systems Unit Analyst if unable to resolve the problem. However, counties are reminded not to give the CDSS Adult Programs Systems Unit or HP Help Desk telephone numbers to providers or recipients for resolution of their individual problems. Provider and recipient telephone inquiries received by the State will be redirected to the county payroll or CMIPS Supervisor.

II. Initial and Replacement Timesheets

A. Initial Timesheet: Adding A Provider to CMIPS

Complete a SOC 311 form and enter the provider information into CMIPS via the PELG Screen. CMIPS defaults to a "Y" on the H2 line to print an initial timesheet for all new providers, unless an "N" is entered in the Timesheet field on the PELG Screen. To generate the Initial Timesheet enter a Timesheet Start Date and Stop Date. If the county wants to create more than one timesheet, enter the Timesheet Start Date (date of first pay period) and Timesheet Stop Date (first day in the final pay period), not to exceed four pay periods at a time. (i.e. Timesheet Start Date 07012003 Stop Date 08162003) To determine a stop date consider when the county believes the provider will receive his/her first paycheck which will include a new timesheet.

1. Single Timesheet Only

When adding a new provider to CMIPS, the PELG Screen will display a "Y" in the Timesheet field. If only one initial timesheet is needed, enter dates into the Timesheet Start Date and Timesheet Stop Date fields. The start date on the provider's timesheet will be the earliest Beginning Date of employment eligibility (SOC 311, Field F2, G2, or H2).

2. Multiple Timesheets

If the county wants more than an initial timesheet, or a starting date displayed on the timesheet that is other than the earliest Beginning Date (SOC 311, Field F2, G2, or H2), enter the Timesheet Start Date (date of first pay period) and Timesheet Stop Date (first day in the final pay period), not to exceed four pay periods at a time. (i.e. Timesheet Start Date 07012003 Stop Date 08162003).

B. Replacement Timesheets

For Replacement Timesheets the county must also enter a Timesheet Start Date and Timesheet Stop Date. If the provider's information has previously been entered the PELG Screen displays an "N" in the Timesheet field. The county must enter a Timesheet Start Date and Timesheet Stop Date, not to exceed four pay periods to create a replacement timesheet.

C. Advance Pay Timesheets

The county may also create Initial/Replacement Timesheets for providers of Advance Pay recipients. Advance Pay Timesheets have the same 15/16 day calendar grid as Arrears timesheets. The system will automatically create 2 timesheets. The first timesheet will be generated for the pay period in which the earliest Beginning Date (SOC 311, Field F2, G2, or H2) falls. The second timesheet will cover the next full pay period after the first timesheet's dates. For example, if the earliest Beginning Date is the 5th of the month, the system creates a timesheet for the date ranges of the 5th through the 15th and an additional timesheet for the 16th through the 31st. If the earliest Beginning Date is the 25th, the system creates a timesheet with the date ranges of the 25th through the 31st and an additional timesheet for the 1st through the 15th. The county can also enter a Timesheet

Start Date and Timesheet Stop Date to create a different date range than CMIPS would automatically create.

D. Printing and Mailing Timesheets

Timesheets are printed the day after the request is keyed in CMIPS. All initial or replacement timesheets must have a timesheet return envelope included when the timesheet is mailed to the provider. The timesheet return envelope is easily identified by the red stripe across the top of the envelope.

1. If a county has a CMIPS printer(s), the automated timesheets will be printed on the printer the day after the timesheet data was entered into CMIPS.

2. If a county does not have a CMIPS printer(s), the requested timesheets will be printed the State Contractor and mailed to the county for mailing.

E. Initial and Replacement Timesheet Reminders

1. The Timesheet Start Date and Stop Date fields are in the format of MM = month, DD = day, and YYYY = year.

2. If data is entered into the Timesheet Start Date field the cursor automatically moves to the Timesheet Stop Date field.

3. The Timesheet Stop Date cannot be more than four semi-monthly pay periods (one current and three additional pay periods) into the future from the date it is entered into CMIPS.

4. The stop date is usually the ending date of a semi-monthly pay period, e.g., the 15th for the first half of the month and the 30th or 31st for the last half of the month. In some circumstances, it may be necessary to have the stop date on another date.

5. The Timesheet Stop Date cannot be later than the Ending Date (SOC 311-Field F3, G3, or H3).

6. The Timesheet Start Date cannot be earlier than the Beginning Date (SOC 311-Field F2, G2, or H2).

7. CMIPS edits the Timesheet Start Date and Timesheet Stop Date to insure that the entered dates are within the acceptable date ranges of the eligibility segments.

8. When a timesheet is printed, only the days within the selected date range are displayed on the provider's timesheet.

9. The system prints an "X" in any calendar grid square that is outside of the timesheet date ranges. If the requested date range is the 5th through the 15th, CMIPS will print an "X" in the grid squares for the 1st through the 4th.

10. Every automated timesheet has the following messages printed in the IHSS Program Information field on the Statement of Earning and Deductions:

    "SIGN, DATE AND MAIL TIME SHEET AFTER ALL WORK COMPLETED IN PAY PERIOD."

"MONTH/YEAR/EMPLOYER SERVICE HOURS ARE _____."

These messages are printed by CMIPS on initial timesheets; the system determines and enters the month, year, and hours. The messages are printed by CMIPS on replacement and generic timesheets. However, the county must determine the appropriate month, year and authorized service hours and **write this information on the provider's timesheet.**

11. CMIPS prints the share of cost, if applicable, on initial timesheets only. For replacement timesheets the county must determine any share of cost, overpayment amounts, and other liability and **write in the amount on the provider's timesheets**.

12. A SOC 311 turn around document is created whenever a timesheet is produced by CMIPS.

F. PELG Screen edit messages

Edit Message	Explanation
INVALID DATE RANGE	The provider's Timesheet Start Date is later than the provider's Timesheet Stop Date.
INVALID VALUE, REFER TO USER MANUAL	The Timesheet field must be either "Y" or "N". A "Y" indicates that an automated Timesheet will be created, while an "N" means that a Timesheet will not be created.
REQUIRED FLD IS MISSING	One of the following issues needs resolution: • The Timesheet Start Date field must be MMDDYYY format. • The Timesheet Stop Date field must be MMDDYYY format. • The Timesheet Start Date and Timesheet Stop Date are required to create a replacement Timesheet.
TIMESHEET REQUEST FLAG MUST BE 'Y' IF DATE IS ENTERED	The Timesheet field must be "Y" if an entry has been made in the Timesheet Start Date and Timesheet Stop Date fields.

Edit Message	Explanation
TIMESHEET REQUEST INVALID – NOT WITHIN PROVID	One of the following date issues must be corrected before a timesheet request may be processed. • The Timesheet Start Date and Timesheet Stop Date do not fall within the provider's Beginning Date and the Ending Date. There is a break in eligibility. • The Timesheet Start Date does not fall within the provider's Beginning Date and the Ending Date. • The Timesheet Stop Date does not fall within the provider's Beginning Date and the Ending Date. • The Timesheet Start Date is prior to the earliest provider's Beginning Date. • The provider's Timesheet Start Date is later than the provider's End Date. • The provider's Timesheet Stop Date is later than the provider's Ending Date.
TIMESHEET REQUESTS > 4 PAY PERIODS	The provider's Timesheet Stop Date cannot be more than 4 semi-monthly pay periods (1 current and 3 additional pay periods) in the future from the day the Timesheet request is entered.

III. Deleting an erroneously keyed Timesheet

If a timesheet is keyed for the incorrect hours or against an incorrect recipient/provider case, the timesheet may be deleted the same day it is keyed by:

1. On the TIME screen, key the same MONTH, RECIPIENT, CD, PROVIDER, and HOURS A or HOURS B originally keyed. Then tab to the ACTION field and key a D, and then press <Enter>.
2. Verify the timesheet is deleted by accessing the PSUM screen for the provider.
3. When it has been verified that the erroneously timesheet has been deleted, re-key the timesheet with the correct information.

IV. Deceased Provider's Timesheets and Warrants

Timesheets

If the provider dies before signing the last timesheet, the recipient's signature is sufficient authorization to process the timesheet.

Warrants

County staff may advise survivors of deceased providers that an uncashed warrant payable to the deceased provider cannot be reissued under his/her survivor's name because:

- There is no process in CMIPS for reissuing warrants to a non-provider;
- The State and county will not assume responsibility to ensure that any reissued warrants are made payable to the correct survivor (disputed claims of survivorship).
- Reissuing the warrant under another name will hinder the proper reporting of wage and tax information in the deceased provider's name.

Counties may advise the survivor to attempt to deposit the warrant in the deceased provider's bank account. In most cases a bank will accept the warrant for deposit if the survivor is the deceased provider's spouse. If the survivor is someone other than the spouse, the survivor should contact the deceased provider's bank and inquire about procedures for depositing the warrant. If the bank refuses to deposit the warrant, the survivor may wish to seek legal counsel, e.g., an attorney or Legal Aid Society.

V. Deceased Recipient – Timesheets

If the recipient dies before signing the last timesheet(s), the social worker can sign on the recipient's behalf if it can be verified to his/her satisfaction that the hours of services were actually rendered and any share of cost was paid.

VI. Forged Endorsement on Warrant

When a payee is issued a warrant and reports to the county that s/he did not receive the warrant, the county staff will verify whether or not the warrant in question has been cashed. If it has been cashed, a discussion between the county staff and the payee is held to verify that the payee did not cash the check and try to determine what happened. The county must order a photocopy of the warrant in question by completing a PAY 963. When this photocopy has been received by the county, they must obtain examples of the payee's signature along with a handwritten letter detailing any known facts about the forged warrant.

If it appears that the issued warrant was cashed with a forged signature, the county can initiate a Forged Endorsement Affidavit – STO-CA-0034. The payee must sign the completed STO-CA-0034.

The PDF of this form is available at http://www.dss.cahwnet.gov/Forms/English/stoca0034.pdf.

The county sends the completed Forged Endorsement Affidavit, the photocopied warrant, signature examples, and letter to HP for processing. The county should be sure to include the Case # against which the warrant was issued and the CO/DO numbers. See Fig.VII-G-1 as an example of the affidavits.

HP payroll staff review the form and attachments. If there is any missing information, a Forged Endorsement Affidavit Return Form – PAY 980 is completed and returned to the county with the STO-CA-0034 with all submitted attachments.

If the package is complete, HP forwards all information to the State Controller's Office (SCO) for processing. When the replacement warrant has been issued, the State Controller's Office will notify HP of the replacement warrant information.

CMIPS is not updated with the replacement warrant information.

Note: If a survivor of a **deceased** provider states that a warrant issued to the provider before death was cashed with a forged signature, the county can initiate the reissuance of the forged warrant by completing and having the **survivor** sign the Forged Endorsement Affidavit. As above, the county must complete a PAY 963 and obtain several examples of the deceased provider's signature. The county should send the Forged Endorsement Affidavit, a photocopy of the warrant, **a copy of the death certificate**, and signature examples to HP, who will review and forward them to the SCO.

Forgery Request Time Limits

Forgery requests for warrants issued more than three years in the past will not be honored by the Forgery Unit of the State Controllers Office. Requests older than three years must be directed to:

Crime Victims Compensation & Government Claims Board – Government Claims Division
PO Box 3035
Sacramento, CA 95812-3035
(800) 955-0045

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CASE# 1901234567890125

FORGED ENDORSEMENT AFFIDAVIT 19/19 = CO/DO

STO-CA-0034 (Rev. 4/04)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FOR TREASURER'S USE ONLY
Posted
C/B

INSTRUCTIONS

1. Prepare in triplicate. Forward all three copies to the address noted.
2. PRINT or TYPE all matter entered on this form.
3. All three copies are to be signed by affiant in ink.
4. Two disinterested parties must sign all three copies in ink unless Notarial Acknowledgement is made.
5. If Notarial Acknowledgement is made in lieu of witnesses, only one copy of this form need be notarized.

RETURN COMPLETED FORMS TO:

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
IHSS/CMIPS UNIT
P.O. Box 700
Rancho Cordova, CA 95741-0700

1. DESCRIPTION OF WARRANT/CHECK

NAME OF PAYEE (PRINT OR TYPE)	NAME OF CO-PAYEE(S) IF ANY (PRINT OR TYPE)		
George R. Brown			
ADDRESS			DATE PAID BY STATE TREASURER
1234 Ambrose, Los Angeles, CA 94545			5/14/04
SERIAL NUMBER	FUND/ACCOUNT NUMBER	AMOUNT	DATED
33445566	001	$572.36	5/02/04

2. STATEMENT OF FACTS

I, THE UNDERSIGNED, DO HEREBY SET FORTH THE FOLLOWING FACTS IN CONNECTION WITH THE ABOVE DESCRIBED WARRANT OR CHECK:

THAT I am the owner of the above described item.

THAT the endorsement purporting to be my endorsement is a forgery and was not authorized or written for me, nor written at my direction.

THAT I have never ratified said endorsement.

THAT no part of the money paid on the item described above was received by me directly or indirectly or was applied to any use or purpose on my behalf.

THAT I am making this statement in order that the State Treasurer may effect reimbursement through the bank(s) which guaranteed the endorsement of the above described item.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

3. AFFIANT-CO-PAYEE(S) IF APPLICABLE (ALL THREE COPIES TO BE SIGNED)

AFFIANT'S NAME - FIRST, MIDDLE, LAST (PRINT OR TYPE)		CO-PAYEE(S) NAME(S) - FIRST, MIDDLE, LAST (PRINT OR TYPE)	
George R. Brown			
AFFIANT'S SIGNATURE (SIGN IN INK - REMAIN WITHIN BORDERS)		CO-PAYEE(S) SIGNATURE(S) (SIGN IN INK - REMAIN WITHIN BORDERS)	
George R Brown			
ADDRESS (PRINT OR TYPE)		ADDRESS (PRINT OR TYPE)	
1234 Ambrose Los Angeles, CA 94545			
DATE	TELEPHONE	DATE	TELEPHONE
6/13/04	(213) 333-6666		( )

THIS AFFIDAVIT MUST BE EITHER WITNESSED (BY TWO DISINTERESTED PARTIES) OR NOTARIZED.

4. TWO WITNESSES (ALL THREE COPIES TO BE SIGNED)

WITNESS' NAME (PRINT OR TYPE)	SIGNATURE OF WITNESS (SIGN IN INK)	
James Joyce	▶ James Joyce	
ADDRESS		DATE
1234 Ambrose, Los Angeles, CA 94545		6/13/04
WITNESS' NAME (PRINT OR TYPE)	SIGNATURE OF WITNESS (SIGN IN INK)	
Rebecca Brown	▶ Rebecca Brown	
ADDRESS		DATE
1234 Ambrose, Los Angeles, CA 94545		6/13/04

5. NOTARIAL ACKNOWLEDGEMENT (ONLY ONE COPY NEED BE NOTARIZED)

STAMP	SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, YEAR _____
	NOTARY'S SIGNATURE ▶
	ADDRESS

Fig. VII-G- 1 – Example of Forged Endorsement Affidavit

PAY 963 Form **REQUEST FOR PHOTOCOPIES OF IHSS WARRANT(S)**

MAIL TO:
HP/IHSS
P.O. BOX 940
ROSEVILLE, CA 95678-0901

DATE REQUESTED: _____

REQUESTING COUNTY: _____

DISTRICT OFFICE: _____

FOR FORWARDING TO:
STATE CONTROLLER'S OFFICE
DIVISION OF DISBURSEMENTS
ATTN: MICROFILM UNIT

REQUESTOR'S NAME: _____

REQUEST FOR PHOTOCOPIES OF IHSS WARRANT(S)

Original Warrant #	Original ISSUE DATE	Net Amount	Payee	FOR SCO USE ONLY Status Of Warrant

PAY 963 – Revised 06/2010 HP

FORGED ENDORSEMENT AFFIDAVIT RETURN

The attached forged endorsement affidavit is being returned for the following reason(s):

_____ Section 1 – Description of Warrant/Check must be completed

_✓_____ No photocopy of warrant attached.

_____ No statement in payee's handwriting.

_____ No recipient/Provider number at top of affidavit.

_____ Does not have all original signatures (payee and/or witnesses)

_____ Other

Issues should be directed to the HP IHSS Payroll Department

PAY 980 – Revised 06/10 HP

Fig. VII-G- 2 – PAY 980 – Forged Endorsement Affidavit Return

VII. Stale Dated Warrants

Chapter 920, Statutes of 1997 (Assembly Bill 874) reduced the period of negotiability of **state** warrants issued after January 1, 1998 from four years to one year. The law also provides that a state agency that issues a warrant that is cancelled because it is unpaid for one year may issue a replacement warrant for **two years following the cancellation of the original warrant**. On January 1, 1998, the State Controllers Office (SCO) implemented this law by reducing the time allowed to cash a SCO warrant from four years to one year. All warrants issued on or after January 1, 1998 must be cashed within one year of the issue date or they will be considered stale dated warrants. The warrant issue date is considered the issue date of the original warrant, not any subsequent replacement warrant issue date.

IHSS payment warrants are negotiable for **one year** from the original issue date. Warrants are considered **stale dated one year and one day** after the original issue date. To request a replacement of a stale dated warrant send an email request to the CMIPS Help Desk Payroll Staff. The Payroll Clerk will contact the SCO to determine if the warrant was redeposited or cashed.

If the warrant was redeposited, the payroll staff will complete a VO5 (redeposit) transaction and direct the requesting county to reissue the warrant.

If the warrant was cashed, the payroll staff will direct the requesting county to contact the payee to determine whether the cashed warrant is a forgery. If so, the county must begin the forgery process by ordering a photocopy of the cashed warrant. If it is not a forgery, a VO5 transaction will be completed.

The RSUM/PSUM screen only displays warrant information for thirteen (13) months. After 13 months, the warrant is removed from the RSUM/PSUM screen and can only be viewed on the WARR and WARD screens. In order to do the replacement transaction on a stale dated warrant, the WARD screen must be accessed to obtain all the information required to complete the SOC 312. Once the WARD information has been obtained, a SPEC transaction can be keyed as usual. See ***Section XI-C – SPEC Special Instructions*** for details for keying SPEC transactions.

If **more than 2 years has passed since a warrant was stale dated**, the payee must submit an equity claim to the Crime Victims Compensation and Government Claims Board. The Crime Victims Compensation and Government Claims Board will not accept an "Equity Claim" until after the two-year time period. A payee with a stale dated warrant that was unpaid for one year, and two years or more have elapsed since this stale dated warrant was cancelled, must complete and submit an equity claim to the Crime Victims Compensation and Government Claims Board using a Government Claim form.

Details for filing claims to the Crime Victims Compensation and Government Claims Board may be found at http://www.victimcompensation.ca.gov/.

A PDF version of the Government Claim form may be found in English and Spanish at "How to File a Claim Against the State" on the California Victim Compensation and Government Claims Board Web site: http://www.boc.ca.gov/claims/howtofile.aspx.

VIII Damaged Warrants

If the SCO damages a warrant in production, a replacement warrant will be produced. The replacement warrant is printed on replacement warrant stock that differs from normal warrant stock. A normal warrant has micro encoded numbers at the bottom of the warrant that include the bank number and the warrant number. A replacement warrant only has the bank number micro encoded at the bottom.

From time to time a bank has refused to cash a replacement warrant because only half the micro encoded number is printed on the check. If a provider reports this problem, advise the bank that the warrant is valid. County or bank personnel may call the SCO for further verification.

Please do not give the SCO staff phone numbers to recipients or providers.

Timesheet Verification

I. Timesheet Verification Requirements

A. The Manual of Policies and Procedures (MPP) Section 30-769.241 requires counties to review all timesheets prior to entry into CMIPS to ensure consistency between the number of hours authorized and those reported. Any discrepancies between authorized and reported hours must be corrected. Counties are authorized to change data as necessary to ensure the correct payment.

B. For audit purposes, counties must retain the completed timesheets for at least five and one half (5.5) years from the last date of service; see MPP Section 23-353. In some cases, a longer retention is necessary due to a court or fraud case. CDSS will notify the counties of the required retention period for a court case.

C. The MPP Section 30-769.723 requires that the recipient sign and date the timesheet. The recipient's signature verifies that the authorized services were performed. Timesheets without signatures are returned to the recipient with instructions for completion.

D. If the county receives a timesheet before the end of the pay period showing hours worked beyond the current date, the timesheet shall be returned for correction or the information shall be otherwise verified.

II. Guidelines for Signatures

A. If the recipient is unable to sign the timesheet, an authorized person can sign on his/her behalf. A reasonable course of action is to seek someone who is knowledgeable of the recipient's situation to sign on his/her behalf. Two conditions of this provision are:

1. Authorization for someone other than a legal guardian or conservator to sign the timesheet must be at the recipient's request and,

2. The authorization must be documented in the case record.

B. While recipients can designate anyone they wish to sign the timesheet, it is the position of CDSS that the provider is not authorized to sign the timesheet for the recipient unless the provider is a legal guardian or conservator of the recipient.

C. If the recipient requests that the social worker sign as the authorized person, the approval of the social worker's supervisor should be documented in the case record each time such a request occurs.

D. If the recipient has not provided authorization for an alternate signature and the recipient's death precludes completion of the timesheet, the administrator of the recipient's estate or a relative who is not the provider will be considered authorized to sign the timesheet. A parent provider of a minor child recipient may sign the timesheet. For intestate recipients, the county should place incomplete timesheets in a pending file until the probate court appoints an administrator of the estate.

E. For internal control purposes, counties should maintain a separate central record of persons authorized to sign on behalf of individual recipients in addition to documentation in each case record. If possible, the recipient should provide an affidavit of authorization to the county.

F. Timesheets that lack the provider's signature should be returned with instructions for completion. For Advance Pay cases, if the provider cannot be located, the recipient may be required to sign a separate affidavit affirming that the provider worked the appropriate hours and is unavailable. The county should closely monitor those advance pay cases where the recipient repeatedly fails to obtain the provider's signature. The county should consider the appropriateness of placing the recipient on an arrears pay cycle.

III. Guidelines For Verification Procedures

A. Reductions of addition errors on timesheets reduce program costs and improve compliance with IHSS regulations. Counties are not permitted to pay hours in excess of the authorized hours. Payments for excess hours resulting from timesheet errors are subject to the overpayment recovery regulations in MPP Sections 30-768 and 769.92.

B. Examples of existing verification procedures which counties may implement include but are not limited to:

1. A random sample of individual provider timesheets to verify that the timesheets are routinely being totaled correctly.

2. Payroll clerk or social worker reviews of each individual timesheet to verify the arithmetical accuracy of provider timesheets.

3. Supervisor/social worker reviews of a sample of the timesheets for arithmetical accuracy.

4. In contract counties, monitoring reviews of the contractor can include random reviews of the providers' timesheets to verify accuracy.

C. Examples of procedures which counties may implement to verify signatures include but are not limited to:

1. A random sample of individual and contract provider timesheets to compare the signature on the timesheets to the most recent recipient signature in the case file.

2. A random sample of individual and contract provider timesheets to compare the signature on the timesheets with the signature on a signature card.

References: ACL No. 82-105, ACL No. 87-96, and ACL No. 92-27

Time Sheet Verification

I. Time Sheet Verification Requirements

A. Manual of Policies and Procedures (MPP) Section 30-769.241 requires that counties review all time sheets prior to entry into CMIPS to ensure consistency between the number of hours authorized and reported. Any discrepancies between authorized and reported hours must be corrected. Counties are authorized to change data as necessary to ensure the correct payment.

B. In general, counties must retain the completed time sheets for at least five and one half (5.5) years from the last date of service for audit purposes; see MPP Section 23-353. If some cases, a longer retention is needed due to a court or fraud case. CDSS will notify the counties of the required retention period for a court case.

C. The MPP Section 30-769.723 requires that the recipient sign and date the time sheet. The recipient's signature verifies that the authorized services were performed. Time sheets without signatures are returned to the recipient with instructions for completion.

D. If the county receives a time sheet before the end of the pay period showing hours worked beyond the current date, the time sheet shall be returned for correction or the information shall be otherwise verified.

II. Guidelines For Signatures

A. If the recipient is unable to sign the time sheet, an authorized person can sign on his/her behalf. A reasonable course of action is to seek someone who is knowledgeable of the recipient's situation to sign on his/her behalf. Two conditions of this provision are:

1. Authorization for someone other than a legal guardian or conservator to sign the time sheet must be at the recipient's request and,

2. The authorization must be documented in the case record.

B. While recipients can designate anyone they wish to sign the time sheet, it is the position of CDSS that the provider is **not** authorized to sign the time sheet for the recipient unless the provider is a legal guardian or conservator of the recipient.

C. If the recipient requests that the social worker sign as the authorized person, the approval of the social worker's supervisor should be documented in the case record each time such a request occurs.

D. If the recipient has not provided authorization for an alternate signature and the recipient's death precludes completion of the time sheet, the administrator of the recipient's estate or a relative who is not the provider will be considered authorized to sign the time sheet. A parent provider of a minor child may also sign the time sheet. For intestate recipients, the county should place incomplete time sheets in a pending file until the probate court appoints an administrator of the estate.

E. For internal control purposes, counties should maintain a separate central record of persons authorized to sign on behalf of individual recipients in addition to documentation in each case record. If possible, the recipient should provide an affidavit of authorization to the county.

F. Time sheets that lack the provider's signature should be returned with instructions for completion. For advance pay cases, if the provider cannot be located, the recipient may be required to sign a separate affidavit affirming that the provider worked the appropriate hours and is unavailable. The county should closely monitor those advance pay cases where the recipient repeatedly fails to obtain the provider's signature. The county should consider the appropriateness of placing the recipient on an arrears pay cycle.

III. Guidelines For Verification Procedures

A. Reductions of addition errors on time sheets reduce program costs and improve compliance with IHSS regulations. Counties are not permitted to pay hours in excess of the authorized hours. Payments for excess hours resulting from time sheet errors are subject to the overpayment recovery regulations in MPP Sections 30-768 and 769.92.

B. Examples of existing verification procedures which counties may implement include but are not limited to:

1. A random sample of individual provider time sheets to verify that the time sheets are routinely being totaled correctly.

2. Payroll clerk or social worker reviews of each individual time sheet to verify the arithmetical accuracy of provider time sheets.

3. Supervisor/social worker reviews of a sample of the time sheets for arithmetical accuracy.

4. In contract counties, monitoring reviews of the contractor can include random reviews of the providers' time sheets to verify accuracy.

C. Examples of procedures which counties may implement to verify signatures include but are not limited to:

1. A random sample of individual and contract provider time sheets to compare the signature on the time sheets to the most recent recipient signature in the case file.

2. A random sample of individual and contract provider time sheets to compare the signature on the time sheets with the signature on a signature card.

References: ACL No. 82-105, ACL No. 87-96, and ACL No. 92-27

Electronic Funds Transfer

General Description

The IHSS program allows qualified recipients to have their IHSS funds directly deposited to their bank account through Electronic Funds Transfer (EFT). This process eliminates the need for a recipient to take a paper warrant to the bank to be deposited or cashed.

In addition to the qualification to become eligible for Advance Pay, the recipient must have been an IHSS recipient for one year or more to qualify for direct deposit through EFT. In addition the recipient must have all services provided by an Individual Provider (IP) to be eligible for direct deposit.

To request EFT the recipient must complete the SOC 404, In-Home Supportive Services Program Direct Deposit Enrollment/Change /Cancellation Form. Counties may obtain the NCR SOC 404 from the CDSS Warehouse at no charge to the County. See ***Section II-B – Ordering CMIPS Forms*** for ordering details. An PDF version of the form is also available at: http://www.dss.cahwnet.gov/pdf/SOC404.pdf.

If the form is printed from the web, the recipient must make a copy and keep it for his/her own records.

The SOC 404, is a three pages, one form page and two pages of instructions. The recipient must completed the form, retain a copy for his/her personal records and then submit the original form, to the County Welfare Department for processing. A voided personal check must accompany the SOC 404 when the initial NEW EFTS is being requested.

SOC 404 – Direct Deposit Enrollment/Change/Cancellation Form

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES PROGRAM
DIRECT DEPOSIT
ENROLLMENT/CHANGE/CANCELLATION FORM

To elect, change or cancel Direct Deposit, please read the attached instructions and complete all of the information requested.

A separate form must be completed for each type of enrollment action.

PLEASE TYPE OR PRINT CLEARLY USING A BALL POINT PEN.

TYPE OF ACTION
1. ☐ NEW
2. ☐ CHANGE
3. ☐ CANCEL

(TO BE COMPLETED BY THE RECIPIENT/GUARDIAN/CONSERVATOR)

A. RECIPIENT NUMBER

B. NAME OF PAYEE (LAST, FIRST, MIDDLE) | TELEPHONE # ( )

ADDRESS (STREET, ROUTE, P.O. BOX) | CITY | STATE | ZIP CODE

C. NAME OF GUARDIAN/CONSERVATOR (LAST, FIRST, MIDDLE) | TELEPHONE # ( )

ADDRESS (STREET, ROUTE, P.O. BOX) | CITY | STATE | ZIP CODE

D. PAYEE SOCIAL SECURITY #

E. TYPE OF DEPOSITOR ACCOUNT (CHECK ONE) ☐ Checking ☐ Savings

F. NAME AND ADDRESS OF FINANCIAL INSTITUTION

G. ROUTING #

H. DEPOSITOR ACCOUNT #

I. BRANCH NAME & NUMBER

J. CHECK APPROPRIATE BOX

☐ I hereby authorize the County Welfare office to directly deposit my monthly advance payments.

☐ I hereby authorize the County Welfare office to change my Direct Deposit.

☐ I hereby cancel my Direct Deposit authorization.

K. SIGNATURE OF PAYEE/GUARDIAN/CONSERVATOR | DATE

White - County copy Yellow - Payee copy

SOC 404 (8/00)

Fig. VII-I- 1 – SOC 404

Field By Field Description

The SOC 404 is used by Advance Pay recipients to enroll in, make changes to, or cancel the EFT direct deposit of their IHSS Advance payment. The payee/guardian/conservator completes the form, retains a copy for his/her records, and submits the original to the county welfare department for processing. A voided personal check is also required when the initial NEW EFTS is being requested.

Field: TYPE OF ACTION – Required
Description: Type of Action – One of three types of action will be used on this form. Recipient checks one of the following:

NEW	Used for new enrollment
CHANGE	Used for a change in enrollment
CANCEL	Used for cancellation of an enrollment

Field A: RECIPIENT NUMBER – Required
Description: Recipient Number - A case number designated by the county to represent a specific recipient.

Field B: NAME OF PAYEE – Required
Description: Name of Payee – The last name, first name, and middle initial of the recipient.

Field B: TELEPHONE # – Optional
Description: Telephone Number – The telephone number of the advance pay recipient (including the area code).

Field B: ADDRESS (STREET, ROUTE, P.O. BOX) – Required
Description: Address (Street, Route, P.O. Box) – The mailing address of the advance pay recipient.

Field B: CITY – Required
Length: 20 – Alpha
Description: City – The city of the mailing address of the advance pay recipient.

Field B: STATE – Required
Description: State – The state of the mailing address of the advance pay recipient.

Field B: ZIP CODE – Required
Description: Zip Code – The zip code assigned to the advance pay recipient's mailing address.

Field C: NAME OF GUARDIAN/CONSERVATOR – Optional
Description: Name of the Guardian/Conservator – The person legally responsible for the recipient.

Field C: TELEPHONE # – Optional
Description: Telephone Number – The telephone number of the

guardian/conservator.

Field C: ADDRESS (STREET, ROUTE, P.O. BOX) – Optional
Description: Address (Street, Route, P.O. Box) – The mailing address of the guardian/conservator.

Field C: CITY – Optional
Description: City – The city of the mailing address of the guardian/conservator.

Field C: STATE – Optional
Description: State – The state of the mailing address of the guardian/conservator.

Field C: ZIP CODE – Optional
Description: Zip Code – The zip code assigned to the guardian/conservator's mailing address.

Field D: PAYEE SOCIAL SECURITY # – Required
Description: Payee Social Security Number – The advance pay recipient's SSN.

Field E: TYPE OF DEPOSITOR ACCOUNT – Required
Description: Type of Depositor Account – There are two types of accounts that are used for this purpose. Recipient checks one of the following:

- Checking
- Savings

Field F: NAME AND ADDRESS OF FINANCIAL INSTITUTION – Required
Description: Name and Address of Financial Institution – The complete name and address of the financial institution to which the payment is to be deposited.

Field G: ROUTING # – Required
Description: Routing Number – The number assigned for routing the recipient's payment through the clearing house to the financial institution; see SOC 404 instructions.

Field H: DEPOSITOR ACCOUNT # – Required
Description: Depositor Account Number – The specific account number to which the payment is to be deposited. The account number will vary in length from 6 to 10 digits. DO NOT include the check number in the account number.

Field I: BRANCH NAME & NUMBER – Required
Description: Branch Name and Number – The name and number of the branch of the financial institution to which the payment is to be deposited; see SOC 404 instructions.

Field J: CHECK APPROPRIATE BOX – Required

Description: Check Appropriate Box – This is the authorization of the payee for the county to take action on this request. There are three appropriate authorizations:

- I hereby authorize the County Welfare Office to directly deposit my monthly advance payment.
- I hereby authorize the County Welfare Office to change my direct deposit.
- I hereby cancel my direct deposit authorization.

Field K: SIGNATURE OF PAYEE/GUARDIAN/CONSERVATOR – Required
Description: Signature of Payee/Guardian/Conservator – The payee /guardian/ conservator must sign here.

Field K: DATE – Required
Description: Date – The date the form is signed.

Electronic Funds Transfer Process

Step by Step Processes for Electronic Funds Transfer

I. Enrollment Forms and Process

A. Recipient completes the SOC 404 form submitting it to the appropriate County staff.

B. County staff verifies the recipient's eligibility for direct deposit. The recipient must be Severely Impaired (RELB – Field M7 = S) and the recipient has been eligible for IHSS one year or more.

C. County staff verify routing and account number indicated on the SOC 404 with the account information indicated on the voided check

D. MPP Section 30-769.732 states "In direct payment cases, where a recipient is incapable of handling his/her financial and legal affairs and has a legal guardian or conservator, direct payment shall be made to the recipient's guardian or conservator at such person's request."

1. A recipient eligible for EFT can designate the financial account of his/her legal guardian or conservator to receive his/her direct deposit. County staff are responsible for insuring that direct deposit payments are not made to the financial account of anyone other than the recipient or the guardian/conservator of the recipient.

E. If there are any errors on the SOC 404, the form is returned to the recipient with a note identifying the error(s) and instructions for correction and re-submission.

1. If the recipient fails either of the above stated requirements for eligibility the SOC 404 information is not entered in CMIPS. But rather, a Notice Of Action (NOA) using NOA code 415, is generated and sent to the recipient.

   "415 – Your application for Direct Deposit by Electronic Funds Transfer of your advance payment has been denied because you have not been a recipient of In-Home

Supportive Services for at least one year and/or you are not eligible for advance pay. W&IC 12304.3"

2. If the recipient meets the eligibility criteria and the SOC 404 completed correctly, the information is entered on the first segment of the Electronic Funds Transfer Screen (EFTS). The SOC 404 should be filed with other documents in the recipient's case file.

   a. County staff should request NOA 336 to notify the recipient of the processing of their Direct Deposit request:

      "336 – Your application request for direct deposit has been processed. W&IC 12304.3"

II. Direct Deposit and Pre-Note Processing

A. When a new Direct Deposit enrollment form is processed or when changes are applied to an existing direct deposit enrollment on the EFTS, these records must clear through the Pre-Note process. The EFTS screen is assigned a "P-Pre-note" status.

B. CMIPS processes advance payment direct deposit payments once a month. The direct deposit process also looks for recipient cases which have EFTS in a "P-Pre-note" status for processing.

C. The "P-Pre-note" process submits the recipients account information through the State Controller's Office then on to the recipient's banking institution to verify that deposits are directed correctly. Once the information is submitted, receiving banks have up to 10 business days to respond to erroneous information. If no response comes from the receiving bank it is assumed that the account information entered in CMIPS is correct. Recipient direct deposit through EFTS will begin the following month.

III. Pre-Note Process

A. The Pre-note status indicates that the case is ready for processing testing against the recipient's financial institution to ensure correct funds transfer.

B. If a recipient case becomes ineligible for Advance Payment prior to the pre-note processing CMIPS will automatically cancel the direct deposit payment. The county is responsible to generate NOA 337 notifying the recipient of the changes:

   "337 - You are no longer eligible for an advance payment; therefore your Direct Deposit payment option has been canceled. W&IC 12304.3"

C. If the recipient cancels direct deposit prior to the pre-note tape process the county is responsible for changing the EFT STATUS to C–Closed. Closing an EFTS segment does not affect the recipient's advance pay status. The county is responsible for generating NOA 338 informing the recipient of the cancellation request:

   *338 - You have requested a cancellation of your advance pay/direct deposit option. W&IC 12304.3"

D. Prior to the end of each month the State contractor processes a tape of all recipient cases P–Pre-note status EFT screens. When the process completes CMIPS automatically changes the EFTS STATUS from P-Pre-note to F-Final. Pre-Note cases are sent to the State Controller's Office for processing against the recipients bank to ensure correct funds transfer.

   1. If an issue is identified during the Pre-note process the State contractor will be notified and will in turn notify the county of the issue to be resolved.

E. County staff is responsible to verify the information on the SOC 404 with the EFT screen. If the discrepancy is due to county error, county staff must correct the EFT Screen with the SOC 404 information. The status will revert to P–Pre-note and the case will process again at the end of the current month. The county is responsible to notify the recipient that direct deposit has been delayed, but that the recipient will be issued advance pay warrants.

F. If the discrepancy is due to misinformation on the SOC 404, county staff must change the EFT Screen STATUS to "H-Hold" and then send a photocopy of the original SOC 404 and a new SOC 404 to the recipient with a note explaining the reason for the delay using the DIRECT DEPOSIT REJECTION/DELAY form.

   Until the new SOC 404 is submitted and entered into CMIPS, the recipient will be issued advance pay warrants.

   When the SOC 404 is returned, the County will enter the information on the EFT Screen and the Pre-note process begins again.

G. If no issues are encountered in pre-note process, the recipient will receive the next advance payment through EFT. If the pre-note process is initiated in January, and no issues are encountered the first EFT payment will occur in March.

H. There are two identical sections (segments) on the EFTS screen for data input. Initial data entry is entered in the first section in P-Pre-note STATUS; the first section will then show the current status and information. Subsequent changes to the case are entered in the second section. However, changes should be entered in the second section only if there is data in the first section.

   Both EFTS segments cannot be assigned the same STATUS such as **F-**Active, **P**-Pre-note or **H**-Hold. Both EFTS section may be in **C**-Closed STATUS. To assign a **P**-Pre-note STATUS to a segment, any other existing segments must have a **C**-Closed STATUS.

IV. Electronic Funds Transfer Payment Process

A. Prior to the end of each month, the State contractor processed all recipient cases with EFTS STATUS of F-Active.

B. The posting date of EFTS payments is the first day of the month, unless it is a weekend or holiday; then the posting date is the first working day following the weekend or holiday. The RSUM Screen has a posting date of the first of each month; the payment status is "C" (cashed).

C. The recipient receives, by US Mail, a Direct Deposit Advice with a Statement of Earnings and Deductions.

D. The State contractor is responsible for the distribution and mailing of the monthly Advance Pay Reconciling timesheets to the providers associated with the Advance Pay Recipient case.

E. Payments by EFT continue until the recipient requests cancellation of EFT or until the recipient is no longer eligible for advance pay.

V. Electronic Funds Transfer Errors Process

A. If, after a recipient has been successfully receiving EFT payments, something changes in the bank account information EFT payment may be disrupted. The State Contracted Financial Institution will notify CDSS of these errors. CDSS in turn notifies the State Contractor who will then notify the county of the issue.

B. For recipients cases where funds transfer have been returned by the recipient's banking institution, the funds will be redeposited by the SCO and the county is responsible to update the EFTS segment of the recipient case and issue a warrant for the advance pay funds.

1. Access recipients EFTS segment in the "**C**-Change" Action, tab to and enter an **H**-Hold in the EFTS STATUS field, and then press <**Enter**> to complete the transaction. The EFTS in now in "Hold" status and EFT to the recipient will be discontinued. The county contacts the recipient for resolution to the issue.

   a. When the CMIPS EFTS is left in "H" status, Alert Code 041 will appear on the monthly CMIPS Warning Alert Listing as a reminder that action is required on the recipient EFT segment. (See ***Section V-E – SOC 293 Warning Alert Messages*** and ***Section XIV-E – CMIPS Warning Alert Listing***)

2. The initial EFT payment transaction to the recipient must be VOIDED using the appropriate SPEC transaction. Complete the SOC 312 for a Void SPEC Transaction using Reason Code 17. See ***Section XI-B – SOC 312 Field by Field Description*** for detailed information for SPEC Transactions

3. To issue an emergency warrant for the advance payment, complete the SOC 312 Emergency/Supplemental SPEC Transaction using Reason Code 17. The Emergency warrant is mailed to the payee at the address shown on the RELA.

C. County staff send a photocopy of the original SOC 404 and a new SOC 404 to the recipient using the DIRECT DEPOSIT REJECTION/DELAY form indicating the issue.

1. Until the new SOC 404 is submitted and entered into CMIPS, and the Pre-Note completed, advance pay warrants will be issued to the recipient.

PAY 920 DIRECT DEPOSIT REJECTION/DELAY NOTICE

Recipient Name _____

Recipient Number _____

Your request for direct deposit by electronic fund transfer was rejected during the _____Pre-note/_____EFT process for the following pay period and reason(s):

Pay Period _____

1.____ Account closed
2.____ Unable to locate account
3.____ Invalid account number
4.____ Branch sold to another Financial Institution
5.____ Delayed due to processing error
6.____ Other_____

The indicated issue(s) have delayed your direct deposit payment option. If you wish to have your Advance Payment by Direct Deposit, please complete and submit the attached new SOC 404 with your correct banking information.

If item #5 is indicated there is no need to complete or submit the SOC 404.

If you have any questions, please contact your County Social Service Worker.

ENCLOSURE

Revised: PAY 920 – 06/05 EDS

Fig. VII-I- 2 – PAY 920 – Direct Deposit Rejection/Delay Notice

Electronic Funds Transfer Screen

```
      THIS EFTS                     ACTION INVALID FOR THIS SCREEN
      NEXT EFTS

 PAYEE                                        TELEPHONE
 ADDRESS                                      CITY
 PAYEE SSN                                    ST    ZIP
 GUARDIAN
 ADDRESS                                      CITY
                                              ST    ZIP
 STATUS    STATUS DATE
 FINANCIAL INSTITUTION                                 TYPE OF ACCOUNT
 ADDRESS
 CITY                                             ST    ZIP
 ROUTING #                          DEPOSITOR ACCOUNT NUMBER
 BRANCH NAME                                 BRANCH NUMBER

 STATUS    STATUS DATE
 FINANCIAL INSTITUTION                                 TYPE OF ACCOUNT
 ADDRESS
 CITY                                             ST    ZIP
 ROUTING #                          DEPOSITOR ACCOUNT NUMBER
 BRANCH NAME                                 BRANCH NUMBER
                                           DATE LAST CHANGED
F03=EXIT F08=NEXT
```

Field-By-Field Description

The CMIPS EFTS screen is used in conjunction with the SOC 404 to enroll, make changes to or cancel Electronic Funds Transfer (EFT) or Direct Deposit for an IHSS Advance Pay recipient.

The following recipient case conditions must exist to ADD an EFTS segment:

- Recipient case Status I or E
- Recipient must be an IHSS recipient for one year or longer
- Recipient must have only IP providers (RELB Fields L1 and L2 = IP)
- Recipient case must be Advance Pay (RELC Field ZZ5 = Y)

The EFTS screen is accessible from the MENU or any other CMIPS screen by entering EFTS on the NEXT line followed by the desired Action, the 10-digit recipient case number and then press <**F08**>.

The EFTS screen is accessible in the following ACTIONS: **A** – Add, **C** – Change or **I** – Inquiry

The following EFTS fields are populated from the recipient case when the screen is accessed:

Field: PAYEE – System Generated
Length: 30 – Alpha
Description: Payee – The recipient's name LAST NAME, FIRST NAME MI (RELA Fields B1-B3)

Field: TELEPHONE – System Generated
Length: 10 – Numeric
Description: Telephone – The recipient's telephone number (RELA Field D1)

Field: ADDRESS – System Generated
Length: 30 – Alphanumeric
Description: Address – The recipient's street address (RELA Field C1)

Field: CITY – System Generated
Length: 20 – Alpha
Description: City – The city associated to the street address (RELA Field C2)

Field: PAYEE SSN – System Generated
Length: 9 – Numeric
Description: Payee SSN - The recipient's Social Security Number (RELA Field A4)

Field: ST – System Generated
Length: 2 – Alpha
Description: State – The state associated to the street address (RELA Field C3)

Field: ZIP – System Generated
Length: 9 – Numeric
Description: Zip Code – The zip code associated to the street address (RELA Field C4)

Field: GUARDIAN – System Generated
Length: 30 – Alphanumeric
Description: Guardian – The name of the guardian/conservator (RELA Field D4)

Field: ADDRESS – System Generated
Length: 20 – Alphanumeric
Description: Address – The recipients mailing address or the guardian/conservator address (RELA Field E1)

Field: CITY – System Generated
Length: 20 – Alpha
Description: City – The city associated to the mailing or the guardian/conservator address (RELA Field E2)

Field: ST – System Generated
Length: 2 – Alpha
Description: State – The state associated to the the mailing or address of the guardian/conservator (RELA Field E3)

Field: ZIP – System Generated
Length: 9 – Numeric
Description: Zip Code – The zip code associated to the the mailing or the guardian/conservator address (RELA Field E4)

There are two identical segment (sections) on the screen. The segment directly below the PAYEE address information contains the current status of the EFT. Subsequent changes to the case are entered in the second segment and will overlay the first segment accordingly.

Field: STATUS – Required
Length: 1 – Alpha
Description: Status – Codes indication the status of the recipient's EFT request.
Valid codes are:

P	Pre-Note	F	Active (System Generated)
H	Hold	C	Cancel

Field: STATUS DATE – System Generated
Length: 6 – Numeric
Description: Status Date – The date the last change was made to the EFT status.

Field: FINANCIAL INSTITUTION – Required
Length: 30 – Alphanumeric
Description: Financial Institution – The complete name of the financial institution assigned to receive the recipient's direct deposit.

Field: TYPE OF ACCOUNT – Required
Length: 1 – Numeric
Description: Type of Depositor Account – Valid values:
1 Checking
2 Savings

Field: ADDRESS – Required
Length: 60 – Alphanumeric
Description: Address – The business address of the financial institution assigned to receive the recipient's direct deposit.

Field: CITY – Required
Length: 20 – Alpha
Description: City – The city associated to the financial institution assigned to receive the recipient's direct deposit is located.

Field: ST – Required
Length: 2 – Alpha
Description: State – The state associated to the financial institution assigned to receive the recipient's direct deposit is located.

Field: ZIP – Required
Length: 9 – Numeric
Description: Zip Code – The zip code associated to the financial institution assigned to receive the recipient's direct deposit.

Field: ROUTING # – Required
Length: 9 – Numeric

Description: Routing Number – A number used to identify the specific financial institution assigned to receive the recipient's direct deposit.

Field: DEPOSITOR ACCOUNT NUMBER – Required
Length: 17 – Numeric
Description: Depositor Account Number – The number assigned to a specific financial account where the direct deposit will be electronically transferred. The account number will vary in length from 6 to 10 digits. DO NOT include the check number in the account number.

Field: BRANCH NAME – Required
Length: 27 – Alpha
Description: Branch Name – The branch name of the financial institution to which the direct deposit will be electronically transferred.

Field: BRANCH NUMBER - Required
Length: 17 – Numeric
Description: Branch Number – The branch number of the financial institution to which the direct deposit will be electronically transferred.

EFTS Edits

Edits may occur during data entry to notify the CMIPS user that the data entered is incorrect or contains potential conflicts.

A **Hard Edit** occurs when incorrect data is entered. **Hard Edits** must be corrected before the transactions will process.

A **Soft Edit** occurs when potentially incorrect data is entered. **Soft Edits** may be overridden by pressing <**Enter**>.

The following edits are associated with the EFT screen.

Edit Message	Explanation
CANCEL SEG – UPDATE NOT ALLOWED	**Hard Edit** – If a segment status is C – Cancel , updates to the segment are not allowed.
INVALID ACCOUNT TYPE	**Hard Edit** – Invalid account – Valid Codes are **1** – Checking or **2** – Savings
INVALID STATUS CODE	**Hard Edit** – Invalid EFT status code – Valid codes are **P** – Pre-note, **H** – Hold, and **C** – Cancel. The **F** –Active status is system generated and there for not allowed to be keyed by the user.
INVALID TO GO FROM C TO H OR F	**Hard Edit** – Segment STATUS cannot be changed from **C** to **H** or **F**.
INVALID TO GO FROM F TO P	**Hard Edit** – Status change from **F** to **P** not allowed

Edit Message	Explanation
INVALID TO GO FROM H TO F	**Hard Edit** – Status change from **H** to **F** not allowed
INVALID TO GO FROM P TO F	**Hard Edit** – Status from **P** to **F** not allowed
RECIP ELIG STATUS INVALID	**Hard Edit** – Recipient case eligibility STATUS must be I – Interim or E – Eligible
RECIPIENT LESS THAN 1 YEAR	**Soft Edit** – Recipient has not received IHSS for at least one year or the Application date has been changed to be less than one year from the date the EFTS is being added. Override by pressing <**Enter**>.
RECIP NOT ADV PAY STAT	**Hard Edit** – Recipient is not in Advance Pay status – SOC 293 Field M8 must = Y.
RECIP NOT IN IP MODE ONLY	**Hard Edit** – Recipient case indicates provider mode other than IP (RELB L1 or L2)
RECIP NUMBER NOT ON FILE	**Hard Edit** – Recipient case number does not exist
REQ FLD IS MISSING	**Hard Edit** – Required field is missing
SEGMENT 1 MUST BE CLOSED FIRST	**Hard Edit** – Displays when an attempt is made to Add an EFTS segment when an EFTS segment in P or F STATUS already exists

Section VIII
Payment Inquiry Screens

The Recipient Summary (RSUM) Screen

The Recipient Summary (RSUM) screen displays Individual Provider and County Contractor Month-To-Date summary information associated with a specific recipient case. Also displayed on the RSUM is a listing of warrants which have been paid directly to the recipient if the s/he receives Advance Pay or Meals Allocations.

RSUM Access

The RSUM is an I-Inquiry only screen, which may be access from the MENU or any other screen in CMIPS by entering **RSUM** on the NEXT line followed by **I**-Inquiry ACTION, then the **ten (10) digits recipient case number**, then press <**F08**>. The RSUM displays.

```
      THIS RSUM I 9999999999
      NEXT PSUM I 9999999999

     IHSS RECIPIENT SUMMARY         NAME    XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
 X 999999     X 999999     X 999999     X 999999     X 999999     X 999999
 X 999999     X 999999     X 999999     X 999999     X 999999     X 999999
                           MONTH-TO-DATE-TOTALS
  YR  MO CC HRS IP HRS   IP $     SOC     YR  MO CC HRS IP HRS   IP $     SOC
 9999 99  999.9  999.9  9999.99   999.99 9999 99  999.9  999.9  9999.99   999.99
 9999 99  999.9  999.9  9999.99   999.99 9999 99  999.9  999.9  9999.99   999.99
 ** YTD **  HRS= 999999.99  WAGES= 9999999.99   FICA= 9999999.99  SDI= 999999.99
                                                  TXNS 1 TO 10 OF 23
 TP  S FRM DT TO DT  WAR DT WAR NUM   HOURS   GROSS    WARR NET RS X V AUTH  EFT
 X   X 999999 999999 999999 99999999  999.9   9999.99   9999.99 XX X X 9999   X
 X   X 999999 999999 999999 99999999  999.9   9999.99   9999.99 XX X X 9999   X
 X   X 999999 999999 999999 99999999  999.9   9999.99   9999.99 XX X X 9999   X
 X   X 999999 999999 999999 99999999  999.9   9999.99   9999.99 XX X X 9999   X
 X   X 999999 999999 999999 99999999  999.9   9999.99   9999.99 XX X X 9999   X
 X   X 999999 999999 999999 99999999  999.9   9999.99   9999.99 XX X X 9999   X
 X   X 999999 999999 999999 99999999  999.9   9999.99   9999.99 XX X X 9999   X
 X   X 999999 999999 999999 99999999  999.9   9999.99   9999.99 XX X X 9999   X
 X   X 999999 999999 999999 99999999  999.9   9999.99   9999.99 XX X X 9999   X
 X   X 999999 999999 999999 99999999  999.9   9999.99   9999.99 XX X X 9999   X
 X   X 999999 999999 999999 99999999  999.9   9999.99   9999.99 XX X X 9999   X
F07=BWD  F11=CONT
```

Fig. VIII-A- 1 – RSUM Screen

Recipients served exclusively by a County Homemaker the RSUM screen will be blank. If the recipient is served by a combination of County Homemaker and either Individual (IP) or County Contract (CC) Providers, the associated IP or CC displays in the designated fields.

```
     THIS RSUM I 9999999999
     NEXT PSUM I 9999999999

    IHSS RECIPIENT SUMMARY         NAME    XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
X 999999     X 999999     X 999999     X 999999     X 999999     X 999999
X 999999     X 999999     X 999999     X 999999     X 999999     X 999999
                          MONTH-TO-DATE-TOTALS
 YR  MO CC HRS IP HRS   IP $     SOC     YR  MO CC HRS IP HRS   IP $     SOC
9999 99  999.9  999.9  9999.99   999.99 9999 99  999.9  999.9  9999.99   999.99
9999 99  999.9  999.9  9999.99   999.99 9999 99  999.9  999.9  9999.99   999.99
** YTD **  HRS=  99999.99  WAGES=  999999.99   FICA=  999999.99  SDI=  99999.99

TP  S FRM DT TO DT  WAR DT WAR NUM   HOURS   GROSS    WARR NET RS X V AUTH  EFT




F07=BWD  F11=CONT
```

Fig. VIII-A- 2 – Recipient Summary – Homemaker and Individual Provider

If the recipient is Advance pay, the screen displays the advance payment warrant information and the associated hours and dollars.

```
     THIS RSUM I 9999999999
     NEXT PSUM I 9999999999

    IHSS RECIPIENT SUMMARY         NAME    XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
X 999999     X 999999     X 999999     X 999999     X 999999     X 999999
X 999999     X 999999     X 999999     X 999999     X 999999     X 999999
                          MONTH-TO-DATE-TOTALS
 YR  MO CC HRS IP HRS   IP $     SOC     YR  MO CC HRS IP HRS   IP $     SOC
2005 02    0.0  175.8  1670.10   164.50 2005 01    0.0  175.8  1670.10   164.50
2004 12    0.0  175.8  1670.10   164.50 2004 11    0.0  175.8  1670.10   164.50
** YTD **  HRS=      0.00  WAGES=       0.00   FICA=       0.00  SDI=      0.00
                                                   TXNS 1 TO 10 OF 23
TP  S FRM DT TO DT  WAR DT WAR NUM   HOURS   GROSS    WARR NET RS X V AUTH  EFT
A   C 020105 022805 020105 00000000  175.8   1670.10   1359.79    O          F
A   C 010105 013105 010105 00000000  175.8   1670.10   1359.79    O          F
A   C 120104 123104 120104 00000000  175.8   1670.10   1358.12    O          F
A   B 110104 113004 110104 00000000  175.8   1670.10   1358.12    O          F
A   B 100104 103104 100104 00000000  175.8   1670.10   1358.12    O          F
A   B 090104 093004 090104 00000000  166.0   1577.00   1273.25    O          F
A   B 080104 083104 080104 00000000  166.0   1577.00   1273.25    O          F
A   C 070104 073104 070104 00000000  166.0   1577.00   1273.25    O          F
A   C 060104 063004 060104 00000000  166.0   1577.00   1273.25    O          F
A   C 050104 053104 050104 00000000  166.0   1577.00   1273.25    O          F
F07=BWD  F11=CONT
```

Fig. VIII-A- 3– Recipient Summary – Advance Pay Recipient

If the recipient is served by a County Contractor, the screen displays the payment information associated with the submission and payment of County Contractor billings. Only the total hours paid display in the CC HRS field.

```
      THIS RSUM I 9999999999
      NEXT PSUM I 9999999999

     IHSS RECIPIENT SUMMARY         NAME    XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
 X 999999     X 999999     X 999999     X 999999     X 999999     X 999999
 X 999999     X 999999     X 999999     X 999999     X 999999     X 999999
                           MONTH-TO-DATE-TOTALS
  YR  MO CC HRS IP HRS   IP $     SOC     YR  MO CC HRS IP HRS   IP $     SOC
 2005 02    0.0    0.0     0.00     0.00 2005 01  118.4    0.0     0.00     0.00
 2004 12  120.0    0.0     0.00     0.00 2004 11  120.0    0.0     0.00     0.00
 ** YTD **  HRS=      0.00  WAGES=       0.00   FICA=       0.00  SDI=      0.00
                                                  TXNS 1 TO 10 OF 13
 TP  S FRM DT TO DT  WAR DT WAR NUM   HOURS   GROSS    WARR NET RS X V AUTH  EFT
 C   P 010105 013105 021105 00000000  118.4   1482.37   1482.37    O
 C   P 120104 123104 011205 00000000  120.0   1502.40   1502.40    O
 C   P 110104 113004 121504 00000000  120.0   1502.40   1502.40    O
 C   P 100104 103104 111604 00000000  120.0   1502.40   1502.40    O
 C   P 090104 093004 102004 00000000  120.0   1502.40   1502.40    O
 C   P 080104 083104 092204 00000000  120.0   1502.40   1502.40    O
 C   P 070104 073104 081804 00000000  118.7   1486.12   1486.12    O
 C   P 060104 063004 071604 00000000  118.8   1487.38   1487.38    O
 C   P 050104 053104 070204 00000000  111.7   1398.48   1398.48    O
 C   P 040104 043004 052604 00000000  110.5   1383.46   1383.46    O
F07=BWD  F11=CONT
```

Fig. VIII-A- 4– Recipient Summary – County Contractor Provider

If the recipient is served by an Individual Provider who is paid in Arrears, when the timesheet is submitted, there will be no individual warrant information displayed. The associated Hours and Dollars will be displayed in the IP Hours and IP $ fields.

If the recipient received a Meals Allocation, the warrants issued to the recipient will be listed on the RSUM screen.

```
      THIS RSUM I 9999999999
      NEXT PSUM I 9999999999

     IHSS RECIPIENT SUMMARY         NAME    XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
 X 999999     X 999999     X 999999     X 999999     X 999999     X 999999
 X 999999     X 999999     X 999999     X 999999     X 999999     X 999999
                           MONTH-TO-DATE-TOTALS
  YR  MO CC HRS IP HRS   IP $     SOC     YR  MO CC HRS IP HRS   IP $     SOC
 2005 02    0.0    0.0    62.00     0.00 2005 01    0.0   46.0   499.00     0.00
 2004 12    0.0   46.0   499.00     0.00 2004 11    0.0   46.0   499.00     0.00
 ** YTD **  HRS=     69.00  WAGES=     655.50   FICA=      50.16  SDI=      7.08
                                                  TXNS 1 TO 10 OF 26
 TP  S FRM DT TO DT  WAR DT WAR NUM   HOURS   GROSS    WARR NET RS X V AUTH  EFT
 M   P 021605 022805 021105 99608918    0.0     31.00     31.00
 M   C 020105 021505 020105 99267188    0.0     31.00     31.00
 M   C 011605 013105 011405 99920336    0.0     31.00     31.00
 M   C 010105 011505 010305 99577264    0.0     31.00     31.00
 M   C 121604 123104 121504 99231194    0.0     31.00     31.00
 M   C 120104 121504 120104 99785251    0.0     31.00     31.00
 M   C 111604 113004 111504 99481135    0.0     31.00     31.00
 M   C 110104 111504 110104 99126313    0.0     31.00     31.00
 M   C 101604 103104 101404 99785876    0.0     31.00     31.00
 M   C 100104 101504 100104 99447191    0.0     31.00     31.00
F07=BWD  F11=CONT
```

Fig. VIII-A- 5 – Recipient Summary – Individual Provider with Restaurant Meals payments

RSUM Field by Field Description

When accessed the NEXT line displays as PSUM, rather than RSUM. This allows for ease of access to associated provider payment information. The following fields display on the RSUM screen. All fields on the RSUM are system generated.

Field: NAME – Alpha
Description: Name – Last name, first name, and middle initial of the recipient

The two lines below the IHSS RECIPIENT SUMMARY NAME field display up to twelve PROVIDER STATUS and PROVIDER NUMBER. If a recipient has more than twelve (12) providers associated with a recipient case all providers may be viewed using the SSNR command. See ***Section III-D – SSNR Screen*** for detailed description.

Field: PROVIDER STATUS – Alpha
Description: Provider Status – Status of provider(s) on file for this recipient. Valid status codes are:

E	Eligible
L	Leave of Absence
T	Terminated
0	One-to-One provider

Field: PROVIDER NUMBER – Numeric
Description: Provider Number – The six-digit provider number

MONTH-TO-DATE-TOTALS – This section of the screen displays the month to date totals paid to IP and CC providers. The following fields display for the current and three prior months.

Field: YR – Numeric
Description: Year – The year for which the month-to-date figures are displayed

Field: MO – Numeric
Description: Month – The month for which the month-to-date figures are displayed

Field: CC HRS – Numeric
Description: Contractor Hours – Reflects the total hours paid for the month to the contractor for service

Field: IP HRS – Numeric
Description: Individual Provider Hours – Reflects total hours paid to all Individual Provider's working for the recipient in month whether the recipient is Advance or Arrears pay

Field: IP $ – Numeric
Description: Individual Provider Dollars – Reflects the total dollars paid for the month to all Individual Provider's working for the recipient in the month whether the recipient is Advance or Arrears pay

Field: SOC – Numeric
Description: Share of Cost – Reflects total SOC collected from the recipient for the month.

**YTD ** – The Year-To-Date fields display values associated with payments made to Individual Provider's only from January 1 through December 31 of the current year. If an arrears pay provider has not submitted a timesheet for hours worked, those hours will not be included in this display. If the recipient is served by a County Contractor or a Homemaker only the YTD fields will be blank.

Field: HRS – Numeric
Description: Hours – Total hours paid year-to-date

Field: WAGES – Numeric
Description: Wages – Gross dollar amount paid year-to-date

Field: FICA – Numeric
Description: Federal Insurance Contributions Act – The FICA field represents the Total Social Security and Total Medicare taxes credited year-to-date

Field: SDI – Numeric
Description: State Disability Insurance – Total SDI withheld year-to-date

The bottom portion of the screen, below the YTD information, lists warrants issued to the recipient. The TXN X of X display indicates the total number of transactions available for viewing. If more than 10 lines of payment history exit, press <**F11**> key scrolls to the next 10 lines. Once forward scrolling has occurred, pressing <**F7**> returns the previously viewed payments.

This payment history reflects payments, adjustments, refunds, meal checks or advance paychecks paid to the recipient, as well as contractor payments credited to the recipient. Payment history is viewable on the RSUM for thirteen (13) months. After that time warrant information is viewable using the WARR screen. See ***Section VIII-C – WARR Screen*** for detailed instructions for accessing warrant information.

The following fields display in the payment history section of the screen.

Field: TP – Alpha
Description: Type – A one or two character display describing the type of transaction. The first character displays below the TP heading. The second character displays, if used, in the untitled space between the TP and the S fields.

Valid codes for the **FIRST** character are:

X	Adjustment transaction
E	Emergency payment issued from an SOC 312 SPEC transaction
A	Monthly Advance Payment to recipient
C	Contractor payment or adjustment
R	Replacement warrant issued from an SOC 312 SPEC transaction
M	Meals Allocation

Valid codes for the **SECOND** character are:

C	Refund to the recipient for any of the following: FICA, SDI, SOC, Federal Taxes or State Taxes
N	Negative adjustment of dollars and/or hour
P	Positive adjustment of dollars and/or hours
R	Recoupment from recipient for any refund transactions entered

U Under crediting reconciliation for FICA, SDI and/or SOC or a reversal by the State Contractor of a county void/stop payment entry (when the SCO informs the Contractor that the original warrant was cashed prior to the void/stop payment action)

Field: S – Alpha
Description: Status - The status of the warrant. Valid displays are:
P Posted/paid Warrant has been posted/paid or contractor billing has been processed
V Voided. Warrant has been voided.
C Cashed. Warrant has cleared the State Treasurer's Office.
B Balanced. The original warrant dollars paid to the Advance Pay recipient for this month and year have been totally reconciled by time sheet and/or SOC 312 reconciling transaction entries. These pay segments can be overlaid by current payroll transactions

Field: FRM DT – Numeric
Description: From Date - The beginning date of the pay period for advance pay, or the beginning date of the pay period for which an adjustment was entered, in MMDDYY format.

Field: TO DT – Numeric
Description: To Date - The ending date of the pay period for advance pay, or the ending date of the pay period for which an adjustment was entered, in MMDDYY format.

Field: WAR DT – Numeric
Description: Warrant Date - Date on which the warrant was issued by the State Controllers Office (SCO). Adjustment transactions will display the date the adjustment was entered. Warrants in "P" status will display the date-of-entry until a warrant is issued by the SCO. Format is MMDDYY.

Field: WAR NUM – Numeric
Description: Warrant Number - The number of the original or replacement warrant issued by the State Controller's Office (SCO) to the recipient. The display will be all zeros for the original or replacement warrant until the SCO issues the actual warrant. The display will be and remain all zeros for adjustment transactions, EFT warrant transactions, and contractor billing credited to the recipient

Field: HOURS – Numeric
Description: Hours - Total number of hours paid or adjusted

Field: GROSS – Numeric
Description: Gross - Total amount of money earned or adjusted.

Field: WARR NET – Numeric
Description: Warrant Net - Net amount of money paid or adjusted.

Field: RS – Numeric

Description: Reason - The reason code corresponding to the type of transaction entered on the SOC 312 form. Some of the codes listed below are used in conjunction with the TP (Type) and S (Status) fields. The different combinations of the alpha TP and S codes and the numeric RS codes will indicate what type of transaction and which one of the four areas of the SPEC screen was used. For example, if reason code 01 is displayed with an E in the TP field, it indicates a fair hearing payment was processed in the SUPPLEMENTAL/EMERGENCY area of the SPEC screen. However, if reason code 01 is displayed with a V in the TP field, it indicates a VOID/STOP (S) was entered in the VOID WARRANT area of the SPEC screen.

01 E01 - Fair Hearing
V01 - Void

02 V02 - Void
C02 - Refund SDI, FICA, SOC
E02 - Emergency warrant, prior underpayment

03 E03 - Initial warrant for advance payment
V03 - Void
R03 - Recipient has refunded share of cost, FICA or SDI not properly deducted from original payment

05 P/N05 - Positive or negative recipient transaction
V05 - HP transaction for redeposit

06 E06 - Emergency warrant - can go over recipient eligibility up to State maximum

07 N/P07 - HP transaction only

08 U-08 Reversal of straight void – State Contractor use only
V08- State Contractor transaction for void reversal

09 N09 - Force balance, write off
E09 - No withholdings, Senate Bill paycheck

10 R10 - Refund, original check had no withholdings

11 R11 - Refund, original check, FICA only withheld

12 R12 - Refund, original check, SDI only withheld

13 R13 - Refund, original check FICA and SDI withheld

14 X14 - Meals payment

15 15 – Law change

17 V17 - Void EFT credit
E17 - Replace voided EFT warrant

18 P/N18 - Positive/Negative adjustment of contractor payment history

20 Recovery transaction from OVER Screen

21 P/N21 - Positive/Negative PCSP/Residual adjustment for IP

22 P/N22 - Positive/Negative PCSP/Residual adjustment for CC

23 P/N23 - Positive/Negative PCSP/Residual adjustment for HM

25 W/X – Emergency warrant to pay provider for hours in excess of 195 hour Statutory Maximum for 2L (IHSS+ Waiver) or 2N (Residual) for the payment period.

27 X27 – Share of Cost pay back – creates a warrant
N/P27 – Buy out adjustment transaction

Field: X – Alphanumeric
Description: Tax Status - Identifies eligibility for FICA and SDI tax withholding. Valid displays are:
P Provider is parent (Exempt from FICA, SDI is elective)
S Provider is spouse (Effective 1/1/89 FICA only withheld, SDI is elective)
C Provider is recipient's child (If under 18, exempt from FICA, SDI is elective)
O Other

Field: V – Alpha
Description: Void - Depicts the type of void, if applicable. Valid displays are:
V Void only
R Voided and reissued

Field: AUTH – Numeric
Description: Authorization - County or State contractor assigned authorization number used on the SOC 312 form. AUTH number 99999, or a variation of this number, indicates the State Contractor Payroll department has keyed VOID – V05 SPEC Transaction against the warrant because the warrant was returned to the State Controller Office (SCO) as undeliverable and the funds have been re-deposited.

Field: EFT – Alpha
Description: Electronic Funds Transfer (EFT) – An "F" displays in this field if an advance pay has been paid to the recipient through the monthly direct deposit through EFT. An "F" is the only valid display for this field.

The Provider Summary (PSUM) Screen

The PSUM screens are display screens that reflect a month-to-date summary of payments and adjustments made to the provider. If the recipient receives advance pay, the screen will show zeroes for warrant numbers so the RSUM screen will have to be reviewed to get the warrant information.

PSUM Access

The PSUM is an I-Inquiry only screen, which may be access from the MENU or any other screen in CMIPS by entering P**SUM** on the NEXT line followed by **I**-Inquiry ACTION, then the **sixteen (16) digits case number**, then press <**F8**>. The PSUM displays.

```
     THIS PSUM I 9999999999999999
     NEXT PSUM I 9999999999

    IHSS PROVIDER SUMMARY          NAME    XXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
E 999999     E 999999     T 999999

                           MONTH-TO-DATE-TOTALS
 YR  MO   PD HOURS   GROSS      SOC       YR  MO   PD HOURS   GROSS      SOC
2002 03       0.0       0.00      0.00   2002 02       0.0       0.00      0.00
2002 01       0.0       0 00      0.00   2001 12       0.0       0.00      0.00
HRS=      0.00 WAGES=       0.00 FICA=       0.00   SDI=     0.00 EIC=     0.00
                                                   TXNS 1 TO 10 OF 16
TP  S FRM DT TO DT  WAR DT WAR NUM   HOURS   GROSS    WARR NET RS X V AUTH  UD E
H   C 091601 093001 100901 99999999  999.9 99,999.99 99,999.99    0          Q F
H   C 090101 091501 092001 99999999  999.9 99,999.99 99,999.99    O          P
H   C 081601 083101 090601 99999999  999.9 99,999.99 99,999.99    O          Q
H   C 080101 081501 082101 99999999  999.9 99,999.99 99,999.99    O          P
H   C 071601 073101 080801 99999999  999.9 99,999.99 99,999.99    O          Q
H   C 070101 071501 072501 99999999  999.9 99,999.99 99,999.99    O          P
H   C 061601 063001 070901 99999999  999.9 99,999.99 99,999.99    O          Q
H   C 060101 061501 062101 99999999  999.9 99,999.99 99,999.99    O          P
H   C 051601 053101 060801 99999999  999.9 99,999.99 99,999.99    O          P
H   C 050101 051501 052201 99999999  999.9 99,999.99 99,999.99    O          P
F07=BWD  F11=CONT
```

Fig. VIII-B- 1 – PSUM Screen

PSUM Field by Field Description

The following system generated fields display on the PSUM screen.

Field: NAME – Alpha

Description: Name – Last name, first name, and middle initial of the recipient

The two lines below the IHSS PROVIDER SUMMARY NAME field display up to twelve PROVIDER STATUS and PROVIDER NUMBER. If a recipient has more than twelve (12) providers associated with a recipient case all providers may be viewed using the SSNR command. See Section III-D – SSNR Screen for detailed description.

Field: PROVIDER STATUS – Alpha

Description: Provider Status – Status of provider(s) on file for this recipient. Valid status codes are:

E Eligible

L Leave of Absence

T Terminated

0 One-to-One provider

Field: PROVIDER NUMBER – Numeric
Description: Provider Number – The six-digit provider number

MONTH-TO-DATE-TOTALS

This section of the screen displays the month to date totals paid to providers. If the recipient receives Advance Pay, the total amounts credited to the provider, after timesheet processing, will be reflected. For arrears pay cases, the actual amounts paid to the provider will be reflected. The following fields display for the current and three prior months.

Field: YR – System Generated, Numeric
Description: Year – The year for which the month-to-date figures are displayed

Field: MO – System Generated, Numeric
Description: Month – The month for which the month-to-date figures are displayed

Field: PD HOURS – System Generated, Numeric
Description: Paid Hours – Reflects the total hours paid or credited to the provider for the month.

Field: SOC – System Generated, Numeric
Description: Share of Cost – The total amount withheld or credited for Share of Cost for the month.

The untitled section which displays directly below the MONTH-TO-DATE TOTALS are Year-to Date totals for hours and wages earned by the provider as well as FICA and SDI deductions.

Field: HRS – System Generated, Numeric
Description: Hours – The total hours paid or credited to the provider for the current tax year.

Field: WAGES – System Generated, Numeric
Description: Wages – The total gross wage amount paid or credited to the provider for the current tax year.

Field: FICA – System Generated, Numeric
Description: Federal Insurance Contributions Act – The total Social Security and Medicare taxes withheld or credited to the provider for the current tax year.

Field: SDI – System Generated, Numeric
Description: State Disability Insurance – The total SDI withheld or credited to an eligible provider for the current tax year.

Field: EIC – System Generated, Numeric
Description: Earned Income Credit – The total EIC credited to an eligible provider for the current tax year. EIC is not available to provider working for Advance Pay recipients.

The bottom portion of the screen lists warrants issued to the provider. The TXN X of X, on the right side of the screen, indicates the total number of transactions available for viewing. If more than 10 lines of payment history exit, press <**F11**> to scroll to the next 10 lines. Press <**F7**> to return the previously viewed payments.

This payment history reflects payments, adjustments, or refunds paid to the provider. Payment history is viewable on the RSUM for thirteen (13) months. After that time warrant information is viewable using the WARR screen. See ***Section VIII-C – WARR Screen*** for detailed instructions for accessing warrant information.

The following fields display in the payment history section of the screen.

Field: TP – System Generated, Alpha

Description: Type – A one or two character display describing the type of transaction. The first character displays below the TP heading. The second character displays, if used, in the untitled space between the TP and the S fields.

Valid codes for the **FIRST** character are:

- A Advance Payment provider timesheet entry
- E Emergency payment issued from an SOC 312 SPEC transaction
- H Hourly arrears payment to provider
- R Replacement warrant issued from an SOC 312 SPEC transaction
- X Adjustment transaction

Valid codes for the **SECOND** character are:

- C Refund to the provider for any of the following: FICA, SDI, SOC, Federal Taxes or State Taxes
- H History correction on the month or year for an arrears pay time period previously entered.
- N Negative adjustment of dollars and/or hour
- O Over crediting reconciled for FICA, SDI and/or SOC
- P Positive adjustment of dollars and/or hours
- R Recoupment from provider for any refund transactions entered
- U Under crediting reconciliation for FICA, SDI and/or SOC or a reversal by the State Contractor of a county void/stop payment entry (when the SCO informs the Contractor that the original warrant was cashed prior to the void/stop payment action)

Field: S – System Generated, Alpha

Description: Status – The status of the warrant. One of the following indications will appear:

- B Balanced – Reconciling timesheet entries and/or SOC 312 reconciling transaction has been entered for a provider for a specific month and year. These segments cannot be overlaid by current payroll transactions until they are change to B(Balanced) status
- C Cashed – Warrant has been cashed and cleared the State Treasurer's Office
- P Paid – Payment has been posted
- R Reconciliation – Advance Pay timesheet entry or SOC 312 reconciling transaction has been entered for a provider for a specific month and year. These segments cannot be overlaid by current payroll transactions until they are changed to a B-Balance status.
- V Void – The warrant has been voided

Field: FRM DT – Numeric

Description: From Date – The beginning date of the pay period to which the payment applies; MMDDYY format.

Field: TO DT – Numeric
Description: To Date – The ending date of the pay period to which payment applies; MMDDYY format.

Field: WAR DT – Numeric
Description: Warrant Date – The date the warrant was issued by the State Controllers Office (SCO). Adjustment transactions will display the date the adjustment was entered. Warrants in "P" status will display the date-of-entry until the warrant number and SCO issue date are posted in CMIPS; MMDDYY format/

Field: WAR NUM – Numeric
Description: Warrant Number – The original or replacement warrant number issued by the State Controller's Office (SCO) to the provider. The WAR NUM will be all zeros when one of the following conditions applies:

- When the original or replacement payment has been keyed, but the warrant number and SCO issue date have not yet been posted to CMIPS
- When a reconciling Advance Pay timesheet has be submitted and keyed
- When an adjustment transaction has been keyed

When an overpayment transaction has been keyed, this field will display the original warrant number issued to the provider.

Field: HOURS – Numeric
Description: Hours – Total number of hours paid or adjusted

Field: GROSS – Numeric
Description: Gross – Total amount of money earned or adjusted.

Field: WARR NET – Numeric
Description: Warrant Net – Net amount of money paid or adjusted, including deduction for union dues.

Field: RS – Numeric
Description: Reason – The reason code corresponding to the type of transaction entered from a SOC 312 form. Some of the codes listed below are used in conjunction with the TP (Type) and S (Status) fields. The different combinations of the alpha TP and S codes and the numeric RS codes will indicate what type of transaction and which one of the four areas of the SPEC screen was used. For example, if reason code 01 is displayed with an X H in the TP field, it indicates an arrears timesheet adjustment was keyed through the ADJUSTMENT section of the SPEC screen. However, if reason code 01 is displayed with an H in the TP field and a V is in the S field, it indicates a VOID/STOP (S) was entered in the VOID WARRANT area of the SPEC screen.

01 H01 – History Adjustment
V01 – Void

02 V02 – Void
C02 – Refund SDI, FICA, SOC
E02 – Emergency warrant, prior underpayment

03	V03 - Void R03 - Recipient has refunded share of cost, FICA or SDI not properly deducted from original payment
04	E04 – Emergency warrant, overtime
05	P/N05 – Positive or negative recipient transaction V05 – State Contractor transaction for redeposit
06	E06 – Emergency warrant - can go over recipient eligibility up to State maximum O06 – Negative FICA/SDI/SOC/Medicare reconciling adjusting P/N06 – Positive or negative provider dollars and hours transaction U06 – Positive FICA/SDI/SOC/Medicare reconciling adjusting
07	E07 – Reimburse county for payment from county monies N/P07 – State Contractor transaction only
08	U08 – Reversal transaction for a cashed warrant that had a Void/Stop pay keyed against it – State Contractor use only V08 – State Contractor transaction for void reversal
10	R10 – Refund, original check had no withholdings
11	R11 – Refund, original check, FICA only withheld
12	R12 – Refund, original check, SDI only withheld
13	R13 – Refund, original check FICA and SDI withheld
14	X14 – Meals payment
15	15 – Law change
17	V17 – Void EFT credit E17 – Replace voided EFT warrant
18	P/N18 – Positive/Negative adjustment of contractor payment history
20	Recovery transaction from OVER Screen
21	P/N21 - Positive/Negative PCSP/Residual adjustment for IP
22	P/N22 - Positive/Negative PCSP/Residual adjustment for CC
23	P/N23 - Positive/Negative PCSP/Residual adjustment for HM
25	W/X – Emergency warrant to pay provider for hours in excess of 195 hour Statutory Maximum for 2L (IHSS+ Waiver) or 2N (Residual) for the payment period.
27	X27 – Share of Cost pay back – creates a warrant N/P27 – Buy out adjustment transaction
31	R31 – Medi-Cal SOC Reimbursement. ***State Contractor Only***

Field:	X – Alphanumeric
Description:	Tax Status - Identifies eligibility for FICA and SDI tax withholding. Valid displays are:
P	Provider is parent (Exempt from FICA, SDI is elective)
S	Provider is spouse (Effective 1/1/89 FICA only withheld, SDI is elective)
C	Provider is recipient's child (If under 18, exempt from FICA, SDI is elective)
O	Other

Field: V – Alpha
Description: Void - Depicts the type of void, if applicable. Valid displays are:
V Void only
R Voided and reissued

Field: AUTH – Numeric
Description: Authorization - County or State contractor assigned authorization number used on the SOC 312 form. AUTH number 99999, or a variation of this number, indicates the State Contractor Payroll department has keyed VOID – V05 SPEC Transaction against the warrant because the warrant was returned to the State Controller Office (SCO) as undeliverable and the funds have been re-deposited.

Field: UD – System Generated, Alpha
Description: Union Dues – Code indicates both the pre-authorized deduction for union dues and the Funding Source for the provider's wages

Blank	No union dues, Residual IHSS funding
U	Union dues, Residual IHSS funding
P	No union dues, PCSP funding
Q	Union dues, PCSP funding
S	Union Dues, WPCS funding
W	No Union Dues, WPCS funding
Y	Union dues, split funding between PCSP hours and Residual IHSS for Protective Supervision hours.
Z	No union dues, split funding between PCSP hours and Residual IHSS for Protective Supervision hours.

Field: E – System Generated, Alpha
Description: Electronic Funds Transfer (EFT) – Indicates whether the provider payment was issued on paper warrant or through EFT

Blank	Paper Warrants
F	EFT

Warrant Summary (WARR) Screen

Field-By-Field Description

The WARR screen provides online inquiry for IHSS warrant related information and payment history. This screen in "I" Inquiry only access.

WARR Screen

```
     THIS WARR I
     NEXT WARR I
WARR PAID YEAR                            WARRANTS 1 TO 1 OF 1
SEL         LAST NAME  WARR DATE        GROSS                           TYPE
   WARR NBR          STAT      PAY FM DT           NET    CASE NUMBER




F03=EXIT F07=BWD F11=CONT
```

Display Fields

Field: WARR PAID YEAR – Optional, Numeric
Description: Warrant Paid Year – Default to blank. User may enter a year (YY) to display warrants issued for the designated year.

Field: SEL – Optional, Alpha
Description: Selection – The Selection field is used to access the Warrant Detail (WARD)screen. To view a particular warrants detail, place an "**X**" in the SEL field to the left of the desired warrant and press <**Enter**>.

Field: WARR NBR – Numeric
Description: Warrant Number – A unique 8-digit identifier for each IHSS warrant issued. Duplicate/replacement warrant information is accessible only through the original warrant number.

Field: LAST NAME, Alpha
Description: Last Name – The last name of the payee for each warrant displayed.

Field: STAT – Alpha
Description: Status – A code which identifies the status of each warrant displayed.

- C Cashed
- P Paid – Issued by not cashed
- R Replaced (SOC 312 Replacement Transaction)
- V Void/Stop Payment (SOC 312 Void/Stop Payment Transaction)
- H Timesheet or SPEC transactions keyed, warrant not yet issued, warrant number not yet posed

Field: WARR DT – Numeric
Description: Warrant Date – The date the warrant was issued, displayed in MMDDYY format. This field may change with changes in STAT display

- STAT C, P or R – Date warrant was issued by SCO
- STAT V or H – Date qualifying transaction was keyed in CMIPS. Date will change when STAT updated.

Field: PAY FM DT – Numeric
Description: Pay From Date – The beginning date of the pay period for which the warrant was issued, in MMDDYY format.

Field: GROSS – Numeric
Description: Gross – For each warrant, one of three figures described below is displayed:
- Total moneys earned by a provider during the pay period before deductions
- Cost of authorized service hours for an advance pay recipient during the pay period
- Restaurant meal allowance paid to a recipient during the pay period

Field: NET – Numeric
Description: Net – The dollar amount paid for the pay period minus any applicable lien(s), overpayment adjustment(s), other liability adjustment(s), Federal Income Tax, State Income Tax, FICA (Social Security and Medicare), State Disability Insurance, union dues, and the recipient's share of cost. Earned Income Credit for eligible providers is included in the net amount.

Field: CASE NUMBER – Numeric
Description: Case Number – Either the 10-digit recipient number or the 16 digit case number will be displayed, whichever is applicable.

Field: TYPE – Alpha
Description: Type – A code which describes the warrant type or payment and specifies if union dues were deducted from the gross dollar amount. If the field is blank, the payment is Residual IHSS only.

U Union Dues
P PCSP Payment only
Q Both Union Dues and PCSP
S Union Dues, WPCS funding
W No Union Dues, WPCS funding
Y Union dues and PCSP/Residual IHSS split payment
Z PCSP/Residual IHSS split payment

Accessing the WARR Screen

The WARR screen may be accessed from the MENU or from any screen by entering WARR on the NEXT line, "I", Inquiry and one of the numbers formats below.

1. Enter the ten-digit recipient number or the 16-digit case number (the 10 digit recipient number and the 6-digit provider number) and press <**PF8**>. The current year warrants will display on the WARR screen.

   Prior year warrants for the provider or recipient may be accessed by entering the last two digits of the year (YY format) in the WARR PAID YEAR field and press <**Enter**>.

2. Enter the provider or recipient social security number and press <**PF8**>. All the warrants and warrant years for that recipient or provider will be displayed. Enter the two digit year in the WARR PAID YEAR field (YY format) to view warrants for the indicated year.

If the number of warrants associated with the transaction exceed the screen line display, 17, the alert, "WARRANTS 1 TO XX OF XX" appears at the top of the screen. Press <**F11>** to scroll to the next screen. To scroll backward, press <**F7>**.

WARR Screen using SSN

```
      THIS WARR I 125556859
      NEXT WARR I 125556859
WARR PAID YEAR                              WARRANTS 1 TO 18 OF 22
SEL         LAST NAME  WARR DATE         GROSS                          TYPE
   WARR NBR          STAT      PAY FM DT             NET     CASE NUMBER
   00000000 SELDON     H 082003 080103     260.63    238.34 6324562245292966  P
   71596584 SELDON     C 080803 071603     208.50    190.67 6342562245292966  P
   71111111 SELDON     C 072303 070103     208.50    190.67 6342562245292966  P
   72222222 SELDON     C 070803 061603     208.50    169.67 6342562245292966  Q
   73333333 SELDON     C 062003 060103     208.50    190.67 6342562245292966  P
   70011111 SELDON     C 060903 051603     215.45    197.03 6342562245292966  P
   79856985 SELDON     C 052703 050103     201.55    184.32 6342562245292966  P
   73562588 SELDON     C 051503 041603     208.50    190.67 6342562245292966  P
   73333333 SELDON     C 042403 040103     208.50    190.67 6342562245292966  P
   74444444 SELDON     C 041403 031603     218.92    200.21 6342562245292966  P
   75555555 SELDON     C 032803 030103     198.08    181.15 6342562245292966  P
   00000000 SELDON     H 082003 080103      48.65     48.65 6342563534292966
   76666666 SELDON     C 080403 071603      50.04     39.04 6342563534292966  U
   77777777 SELDON     C 072303 070103      41.70     41.70 6342563534292966
   78888888 SELDON     C 070703 061603      46.56     46.56 6342563534292966
   79999999 SELDON     C 062003 060103      45.18     45.18 6342563534292966
   70000000 SELDON     C 060603 051603      50.74     50.74 6342563534292966
   71212121 SELDON     C 052703 050103      40.31     40.31 6342563534292966
F03=EXIT F07=BWD F11=CONT
```

To display detailed information on a particular warrant, enter an "X" in the "SEL" field to the left of the warrant number and press <**Enter**>. The WARD screen display with a complete breakdown of all the information on the specified warrant. ***Refer to Section VIII-D – Warrant Detail (WARD) Screen.***

Warrant Detail (WARD) Screen

Field-by-Field Description

The WARD screens provide a listing of all information specific to an individual warrant. The WARD screen is display only and is therefore accessible in I-Inquiry Action only.

Accessing the WARD Screen

The WARD screen is accessed from the MENU or from any other screen by entering on the NEXT line WARD, I-Inquiry, the eight digit warrant number followed by warrant issue date in (MMDDYY format) and then press <F8> or <Enter>. The WARD screen can also be accessed from the WARR screen by placing an "X" next to the specific warrant number and press <Enter>.

The WARD screen is actually two screens, although most of the information on the first screen is the most often accessed. To access the second WARD screen containing additional warrant information press <F11>. To return to the previous screen press <F7>.

If the WARD screen was accessed from the WARR screen, press <F12> to return to the WARR screen.

WARD Screens

```
      THIS WARD I 00000000MMDDYY
      NEXT WARD I 00000000MMDDYY
                                          WARRANT    1  OF    1
WARR NBR CASE NUMBER      LAST NAME       FIRST NAME   MI PAY ST TP RECON RC
00000000 9999999999999999 XXXXXXXXXXXXXXXX XXXXXXXXXXXX X   X  X  X    X   X
ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX CA  XXXXX XXXX
PAID MMDDYY  CASH MMDDYY  VOID MMDDYY  REPL MMDDYY  PAY FM MMDDYY PAY TO MMDDYY
W4  X 99  FIT WHOLD 9,999.99  SIT W4  X 99  SIT WHOLD 9,999.99  PAY RATE 999.99
                            GRAND TOTAL         PCSP            IHSS
WAGE HOURS                       999.99          999.99          999.99
GROSS WAGE                   999,999.99      999,999.99      999,999.99
FICA                           9,999.99        9,999.99        9,999.99
MEDICARE                       9,999.99        9,999.99        9,999.99
SDI                            9,999.99        9,999.99        9,999.99
FEDERAL INCOME TAX             9,999.99        9,999.99        9,999.99
STATE INCOME TAX               9,999.99        9,999.99        9,999.99
EARNED INCOME CREDIT           9,999.99        9,999.99        9,999.99
SHARE OF COST                  9,999.99        9,999.99        9,999.99
LEVY                           9,999.99        9,999.99        9,999.99
RECOVERY                       9,999.99        9,999.99        9,999.99
UNION DUES                     9,999.99        9,999.99        9,999.99
NET WAGE                     999,999.99      999,999.99      999,999.99
CUTBACK HOURS                  9,999.99        9,999.99        9,999.99
F03=EXIT F07=BWD F11=CONT                             F12=RETURN TO WARR
```

Display Fields

The following fields are found on the first WARD screen:

Field: WARR NBR

Description: Warrant Number – A unique eight-digit identifier for each IHSS warrant issued. Duplicate/replacement warrant information is accessible only through the original warrant number

Field: CASE NUMBER

Description: Case Number – The ten-digit recipient number or the sixteen-digit case number that includes the six-digit provider number, whichever is applicable

Field: LAST NAME

Description: Last Name – The last name of the payee

Field: FIRST NAME

Description: First Name – The first name of the payee

Field: MI

Description: Middle Initial – The middle initial of the payee

Field: PAY

Description: Payee – A code that identifies the type of payee

- L Levy Officer
- P Provider
- R Recipient and/or Guardian

Field: ST

Description: Status – A code that identifies the status of the warrant displayed

- C Cashed
- P Paid (issued but not cashed)
- R Replaced (SOC 312 Replacement Transaction keyed)
- V Void/Stop Payment (SOC 312 Void/Stop Payment Transaction keyed)

Field: TP

Description: Type – A code, which describes the warrant type or payment and specifies if union dues were deducted from the gross dollar amount. If the field is blank, the payment is Residual IHSS only.

- P PCSP payment only
- Q Both union dues and PCSP
- S Union Dues, WPCS funding
- U Union Dues
- W No Union Dues, WPCS funding
- Y Union dues and PCSP/Residual IHSS split payment
- Z PCSP/Residual IHSS split payment

Field: RECON

Description: Reconciliation – A code to indicate the Advance Pay balance status of the warrant

- B The Advance pay month has been balanced by either a reconciling Time Sheet or an adjustment, or both
- N Reconciling Time Sheet has not been entered or this is not a Reconciling time sheet
- Y Reconciling Time Sheet has been entered, but the month has not been balanced

Field: RC

Description: Tax Status – Identifies eligibility for FICA and SDI tax withholding. Valid displays are:

- C Provider is recipient's child (If under 18, exempt from FICA, SDI is elective)
- O Other
- P Provider is parent (Exempt from FICA, SDI is elective)
- S Provider is spouse (Effective 1/1/89 FICA only withheld, SDI is elective)

Field: ADDR

Description: Address – The payee's address that includes City, State and Zip code.

Field: PAID

Description: Paid – The date the State Controller's Office issued and mailed the warrant to the payee, in MMDDYY format.

Field: CASH

Description: Cash – The date the warrant was paid by the State Treasurer's Office, in MMDDYY format.

Field: VOID

Description: Void – The date a SOC 312 Void Transaction was keyed into CMIPS, in MMDDYY format.

Field: REPL

Description: Replacement – The date a SOC 312 Replacement Transaction was issued by the State Controller's Office, in MMDDYY format.

Field: PAY FM

Description: Pay From – The beginning date of the pay period for which the warrant was issued, in MMDDYY format.

Field: PAY TO

Description: Pay To – The ending date of the pay period for which the warrant was issued, in MMDDYY format.

Field: W4

Description: W4 – The Federal tax filing status for tax withholding. M = Married, S = Single, and the number of deductions for dependents.

Field: FIT WHOLD

Description: Federal Income Tax Withholding – The additional amount authorized for withholding above the amount indicated by the tax status

Field: SIT W4

Description: State Income Tax W4 – The State tax filing status for tax withholding. M = Married, S = Single, and the number of deductions for dependents.

Field: SIT WHOLD

Description: State Income Tax Withholding – The additional amount authorized for withholding above the amount indicated by the State tax status.

Field: PAY RATE

Description: Pay Rate – The hourly wage rate paid to the provider.

The information in each of the fields described below is reported under each of the following three columns:

GRAND TOTAL	The total amount in each field for both PCSP and IHSS residual.
PCSP	The amount paid by the PCSP.
IHSS	The amount paid by IHSS residual.

Field: WAGE HOURS

Description: Hours – The hours of service provided in the pay period

Field: GROSS WAGE

Description: Gross Wage - The gross dollar amount of the warrant before deductions

Field: FICA

Description: FICA – The dollar amount deducted for FICA (Social Security taxes)

Field: MEDICARE

Description: Medicare – The dollar amount deducted for Medicare taxes

Field: SDI

Description: SDI – The dollar amount deducted for State Disability Insurance premiums

Field: FEDERAL INCOME TAX

Description: Federal Income Tax – The dollar amount deducted for federal income taxes

Field: STATE INCOME TAX

Description: State Income Tax – The dollar amount deducted for State income taxes

Field: EARNED INCOME CREDIT

Description: Earned Income Credit – The dollar amount included in the net wage as a tax credit to a qualifying provider who has a W-5 (Earned Income Credit Advance Payment Certificate) keyed into CMIPS

Field: SHARE OF COST

Description: Share of Cost – The dollar amount to be paid by the recipient as his/her share of cost for the pay period identified, which is deducted from the gross authorized dollars

Field: LEVY

Description: Levy – The dollar amount applied to one or more levies against the payee's wages (arrears providers only)

Field: RECOVERY

Description: Recovery – The dollar amount applied to the recovery of an overpayment (recipients or providers)

Field: UNION DUES

Description: Union Dues – The dollar amount deducted, as authorized, for union dues

Field: NET WAGE

Description: Net Wage – The dollar amount of the warrant after deductions

Field: CUTBACK HOURS

Description: Cutback hours – The number of hours worked beyond the hours authorized, but not paid

To display the next page/screen of the warrant information, press <F11>. The same five lines of information are found at the top of the second page. The following information is also reported under the three columns described above.

Field: CUTBACK GROSS

Description: Cutback Gross – The cutback hours multiplied by the hourly wage

Field: EMPLOYER FICA

Description: Employer FICA – The dollar amount that represents the recipient's (who is the employer) Social Security tax

Field: EMPLOYER MEDICARE

Description: Employer Medicare – The dollar amount that represents the recipient's Medicare tax

Field: EMPLOYER FUTA

Description: Employer FUTA – The dollar amount that represents the recipient's Federal Unemployment Training Act tax

Field: EMPLOYER SUI

Description: Employer SUI – The dollar amount that represents the recipient's State Unemployment Insurance tax

Field: EMPLOYER ETT

Description: Employer ETT – Employer's share of the state employment training tax.

Section IX
Homemaker Procedures

Homemaker Services Time Report

When an IHSS recipient case is serviced by a County Homemaker an SOC 443 will be used to report the Homemakers monthly hours. This client-specific form is used to record hours spent providing authorized Homemaker (HM) Services. See ***Section V-A – SOC 293 Field-by-Field Description*** Field M5, N5, O5 for detailed service provider information. Authorized services provided to the recipient by the Homemaker are documented on the SOC 443 to allow correct federal reimbursement. The SOC 443 serves as an audit trail to the recipient receiving services.

County Homemaker's should report only time spent providing authorized service activities on the SOC 443. **DO NOT** report time spent traveling, training, or performing other administrative activities.

During the service month each quarter, the homemaker must report the total time entered on the SOC 443s for the month. This is done on the DFA 7, Support Staff Time Report. Report authorized service time from the SOC 443s to Program Identifier (PIN) 101060 for the Residual Program and PIN 108060 for PCSP. Time spent performing non-service activities such as travel, training, or administrative activities is identified separately. Report the time spent on non-service activities to PIN 104068 for the Residual Program and PIN 103068 for PCSP.

At the end of each month, when the County Homemakers have submitted their completed SOC 443, the hours are entered into CMIPS thorough the HOME screen. The total hours entered on the HOME screen may not exceed the recipient's authorized HM hours on the SOC 293. Authorized hours assigned to other service provider modes, (e.g. IP or CC) will be rejected if entered on the HOME screen.

Homemaker Services Time Report, SOC 443

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

HOMEMAKER SERVICES TIME REPORT

EMPLOYEE NAME:	SSN:
RECIPIENT NAME:	RECIPIENT NUMBER:
Case: *(check one)* PCSP ☐ RESIDUAL ☐	MONTH/YEAR:

Instructions:

1. Record only time spent providing those services which are authorized by the recipient's SOC 293, In-Home Supportive Services Assessment.
2. Do not record any time spent in travel to and from the recipient's home, training, or performing other administrative support activities on this time report.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
HOURS:															

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HOURS:																

TOTAL HOURS:_____

I hereby certify that this is a true and accurate report of my time and that the functions were performed as shown above.

EMPLOYEE SIGNATURE

SOC 443 (2/00)

IHSS Homemaker Timesheet Entry Screen

The CMIPS HOME screen is used to enter the total monthly hours reported by a homemaker on the SOC 443 – Homemaker Services Time Report Timesheet. Up to fifteen timesheets may be keyed on a singe HOME screen.

The HOME screen is accessible from the MENU or any other CMIPS screen by entering HOME on the NEXT line and pressing <**PF8**>. To exit the HOME screen and return to the MENU, press <**F03**>. The <**F08**> key has no function on this screen.

```
      THIS HOME I
      NEXT HOME I

                          IHSS HOMEMAKER TIMESHEET ENTRY

   COUNTY 99                                                    MONTH 07

 RECIPIENT     CD    WORKER       HOURS   MONTH  ACTION   REMARKS









F03=EXIT F08=NEXT
```

Fig. IX-B- 1 – Blank HOME Screen

Field by Field Description

The following fields default when the HOME screen is accessed.

Field:	COUNTY – System Generated, Numeric
Length:	2
Description:	County – The two digit County Number associated to the User's EDSNET ID. Each county is allowed to enter timesheets for their own county. The system defaults this field automatically based on the User's EDSNET security settings. It is a protected field.

Field:	MONTH – System Generated, Numeric
Length:	2
Description:	Month – The two-digit calendar month for which hours will be recorded. When the HOME screen is accessed the system defaults to the current month. To key timesheets for a prior month, enter the desired month in the MONTH field.

The following fields are data entry fields by the user:

Field: RECIPIENT – Required, Numeric
Length: 7
Description: Recipient – The seven-digit recipient case number

Field: CD – Required, Numeric
Length: 1
Description: Check Digit – The one-digit check digit number assigned to the recipient case

Field: WORKER – Required, Alphanumeric
Length: 4
Description: Worker – The four-character homemaker worker number

Field: HOURS – Required, Numeric
Length: 5
Description: Hours – The total number of hours the homemaker worked for the recipient during the month. Hours are entered without a decimal point; e.g., 15.2 hours are entered as 152.

Field: MONTH – Optional, Numeric
Length: 2
Description: Month – The two-digit month against which the hours will be recorded. If this field is left blank the hours will be applied to the month indicated the MONTH field at the top of the screen, otherwise entry in this field will override the MONTH entry at the top of the screen.

Field: ACTION – Optional, Alpha
Length: 1
Description: Action – If no code is entered the transaction is assumed to be an add. There are two action codes:

- * Disregard the entry due to an error; the transaction will not be applied
- D Delete a transaction which was keyed the same day. The data entered must match the recipient ID, hours, worker number, and month previously keyed.

Field: REMARKS – System Generated, Alphanumeric
Length: 20
Description: Remarks – System edit message associated with an entry

HOME Screen Edits

Edit message display in the upper left corner of the HOME screen or are associated to a specific line entry. The following edit message are associated with the HOME screen.

Edit Message	Description
REQUIRED FLD MISSING	No header month was entered. This is a required field unless a detail month is entered.
REQUIRED FLD IS MISSING	No recipient or worker number is entered
INVALID CHECK DIGIT ENTERED	The case number entered is incorrect
NO RECP ELIG SEGMNT	The recipient case has no eligibility segment on RELB for the month entered.
RECIPIENT NOT FOUND	The recipient case number entered is either incorrect or has been purged from CMIPS.
NOT HOMEMAKER MODE	Case is not a homemaker case.
HRS > RECIP AUTH	The hours entered are greater than the authorized HOURS on the RELB screen.
PLEASE ENTER HOURS	No hours were entered.
TIMESHEET NOT FOUND	The timesheet attempt to be deleted could not be found.

IHSS Homemaker Recipient Summary (HOMR) Screen

The Homemaker recipient summary, HOMR, screen is an I-Inquiry only screen which displays homemaker workers, hours and payments for a specific recipient. The screen displays up to 15 lines of data at a time.

HOMR Screen Access

The HOMR screen may be accessed from either the MENU or any other CMIPS screen. To access, enter **HOMR** on the NEXT line, followed by I-Inquiry, then the ten-digit recipient case number, then press <**F8**>. The default display will be the most recent report date.

To view homemaker timesheets keyed on a specific date, enter the recipient number followed by the date in **YYMMDD**, then press <**F8**>. Timesheets keyed that day will display. The <**F3**> keys exits the user from the system.

```
      THIS HOMR I 2000022333       PRESS ENTER FOR MORE TIMESHEETS
      NEXT HOMR I 2000022333

                        IHSS HOMEMAKER RECIPIENT SUMMARY

   RESET                                     NAME RICHARDSON, JOSHUA

   S  FRM DT     TO DT    TXN DT    DEL DT   WORKER HOURS   AMOUNT  SI/NSI PCSP
   P 20050501  20050531  20050610             HITR    4.0    40.00      N   P
   P 20050401  20050430  20050526             HITR    4.0    40.00      N   P
   P 20050301  20050331  20050407             HITR    5.0    50.00      N   P
   P 20050201  20050229  20050305             HITR    4.0    40.00      N   P
   P 20050101  20050131  20050218             HITR    3.0    30.00      N   P
   P 20041201  20041231  20050108             HITR    5.0    50.00      N   P
   P 20041101  20041130  20041226             HITR    2.0    20.00      N   P
   P 20041001  20041031  20041113             HITR    5.0    50.00      N   P
   P 20040901  20040930  20041113             HITR    4.0    40.00      N   P
   P 20040801  20040831  20041113             HITR    2.0    20.00      N   P
   P 20040701  20040731  20041113             PETS    4.0    40.00      N   P
   P 20040601  20040630  20041113             PETS    4.0    40.00      N   P
   P 20040501  20040531  20040624             PETS    1.0    10.00      N   P

F03=EXIT F08=NEXT
```

Field by Field Description

Field: RESET
Description: Reset – If multiple pages of timesheets have been viewed and the user wants to return to the top of the list, tab to the RESET field, enter an "**X**", then press <**Enter**>. The screen returns to the top of the list.

Field: NAME
Description: Name – The name of the recipient associated with the case number entered, in Last Name, First Name, MI format.

Field: S
Description: S – Status of transaction
P Paid
D Deleted

Field: FRM DT – Numeric – YYYYMMDD Format
Description: From Date – The beginning date of the pay period. This is the first of the month unless the BEG DATE on the RELB, Field M2, is a mid-month start date.

Field: TO DT – Numeric – YYYYMMDD Format
Description: To Date – The end date of the pay period. This is the first of the month unless the END DATE on the RELB, Field M2, is a mid-month start date.

Field: TXN DT – Numeric – YYYYMMDD Format
Description: Transaction Date – The date a transaction is entered on the HOME screen

Field: DEL DT – Numeric – YYYYMMDD Format
Description: Deletion Date – The date a transaction is deleted on the HOME screen

Field: WORKER
Description: Worker – The four-digit homemaker worker number

Field: HOURS
Description: Hours – The number of hours worked by the homemaker in the month

Field: AMOUNT, Numeric
Description: Amount – The GROSS amount paid for the services provided. The amount is calculated by multiplying the hours(HOURS on RELB) of service by the homemaker rate (RATE on RELB).

Field: SI/NSI
Description: Severely Impaired/Non-Severely Impaired – Recipient's impairment at the time of the HOME screen transaction.

Field: PCSP
Description: Personal Care Services Program – Code indicates if the case is PCSP or Residual. There are no split cases.
P PCSP
Blank Residual

IHSS HOMR Screen Edits

The following edit message are associated with the HOMR screen.

Edit Message	Description
KEY MUST BE CASE NUMBER AND DATE	No recipient number entered
INVALID COUNTY CODE	Counties are unable to access other counties' timesheets.
END OF TIME SHEET SEARCH	The end of the available timesheets is reached.
PRESS ENTER FOR MORE TIMESHEETS	Displays when there are more than

IHSS Homemaker Worker Summary Screen

The IHSS Homemaker Worker Summary (HWRK) screen summarizes the total hours a specific homemaker has provided services to recipients for the most recent four months. Each monthly designation shows the hours and amount paid to a worker. The hours and amount paid is further broken out by PCSP and Residual.

The detail section of the screen displays detailed monthly payment information relating to a specific recipient case for which the homemaker works.

HWRK Screen Access

The HWRK screen may be accessed either from the MENU or any other CMIPS screen and is an I-Inquiry only screen. To access the screen on the **NEXT** line enter **HWRK**, followed by **I-**Inquiry, then the two-digit County Number (**01-58**), then the four-digit Homemaker Number, then press <**F8**> to process the transaction. Example – **HWRK I 54SITR**

```
      THIS HWRK I 54SITR          PRESS ENTER FOR MORE TIMESHEETS
      NEXT HWRK I 54SITR

                        IHSS HOMEMAKER WORKER SUMMARY

                 04 / 2005        05 / 2005        06 / 2005        07 / 2005
               HRS       AMT    HRS       AMT    HRS       AMT    HRS       AMT
   TOTAL     38.5    385.00   31.5    315.00    4.0     40.00
   PCSP      27.5    275.00   21.5    215.00    4.0     40.00
   RESID     11.0    110.00   10.0    100.00

  S  FRM DT   TO DT    TXN DT   DEL DT     RECIP    HOURS     AMOUNT SI/NSI PCSP

  P 20040601 20040630 20040721          5482097645     4.0       40.00   S    P
  P 20040401 20040430 20040611          5402238899     8.0       80.00   N    P
  P 20040501 20040531 20040610          5402505131     4.0       40.00   N
  P 20040501 20040531 20040610          5491925208     4.0       40.00   N    P
  P 20040501 20040531 20040610          5481167886     6.0       60.00   N
  P 20040501 20040531 20040610          5401506346     1.0       10.00   S    P
  P 20040501 20040531 20040610          5402238899     8.0       80.00   N    P
  P 20040501 20040531 20040609          5402005173     4.0       40.00   N    P
  P 20040501 20040531 20040603          5401985854     1.5       15.00   N    P
  P 20040501 20040531 20040603          5402403998     1.0       10.00   S    P
F03=EXIT F08=NEXT
```

Fig IX-D- 1 – HWRK Screen, accessed using County Number and Homemaker Number

The default display will always be the current month and year and the three prior months.

To make an inquiry for a specific time period, on the NEXT line, after the four-character number, enter the date (YYYYMMDD). Example – **HWRK I 54HITR20040601**

```
      THIS HWRK I 54HITR20040601   PRESS ENTER FOR MORE TIMESHEETS
      NEXT HWRK I 54HITR20040601

                        IHSS HOMEMAKER WORKER SUMMARY

                 03 / 2004        04 / 2004        05 / 2004        06 / 2004
              HRS       AMT    HRS       AMT    HRS       AMT    HRS       AMT
   TOTAL    46.0    460.00   38.5    385.00   31.5    315.00    4.0     40.00
   PCSP     34.0    340.00   27.5    275.00   21.5    215.00    4.0     40.00
   RESID    12.0    120.00   11.0    110.00   10.0    100.00

  S  FRM DT   TO DT    TXN DT   DEL DT     RECIP    HOURS     AMOUNT SI/NSI PCSP

  P 20040401 20040430 20040527          5401985854     8.0       80.00   N    P
  P 20040401 20040430 20040526          5402505131     3.5       35.00   N
  P 20040401 20040430 20040526          5491925208     4.0       40.00   N    P
  P 20040401 20040430 20040526          5481167886     7.5       75.00   N
  P 20040401 20040430 20040526          5401495029     8.0       80.00   N    P
  D 20040401 20040430 20040526 20040611 5401495029     8.0-      80.00-  N    P
  P 20040401 20040430 20040526          5402223396     5.5       55.00   N    P
  P 20040401 20040430 20040526          5402204198     2.0       20.00   S    P
  P 20040301 20040331 20040409          5402434969     1.5       15.00   N    P
  P 20040301 20040331 20040407          5402289769     2.5       25.00   S    P
F03=EXIT F08=NEXT
```

Fig IX-D- 2 – HWRK screen accessed by Homemaker number and date

CMIPS displays the requested month in the last field on the right of the screen and the three previous months from right to left.

The last MO/YEAR on the extreme right of the screen, highlighted field, is the only data entry field on the screen and allows scrolling through monthly displays. Tab to month/year field and enter the desired date, then press <**ENTER**>.

To Exit to the MENU, press <**F3**>.

Field by Field Description

The following fields display on the HWRK screen and are system generated unless otherwise noted.

Field: MO/YEAR – MO/YYYY
Description: Month/Year – When accessed the HWRK screen displays the current or requested month at the extreme right and the three prior month display from right to left across the screen. The last MO/YYYY field is the only data enterable field on the screen. To scroll through prior months, tab to this field and enter the desired month/year.

The following column headings display for each Month/Year

Field: HRS
Description: Hours – Hours of service provided by the Homemaker for all recipients for the Month and Year indicated.

Field: AMT
Description: Amount – Dollars (PCSP and Residual) paid for services provided in the month indicated. The system multiplies the total hours by the County Homemaker

default rate.

The following row headings apply to the Month/Year section of the screen

Field: TOTAL
Description: Total – Displays the Total Hours and Amount credited to the Homemaker for the indicated month.

Field: PCSP
Description: PCSP – Indicates the number of HRS and AMT for the month and year indication which were paid from the PCSP funding source

Field: RESID
Description: Resid – Indicates the number of HRS and AMT for the month and year indication which were paid from the Residual funding source

The lower section of the screen displays detailed payment information for the Homemaker associated to each recipient for which they worked. Date field format is YYYY/MM/DD.

Field: S
Description: Status – Status of transaction of the
P Paid
D Deleted

Field: FRM DT
Description: From Date – The beginning date of the pay period for which payment was made. The date will be the first of the month unless the beginning date on the RELB is a mid-month start date.

Field: TO DT
Description: To Date – The ending date of the pay period, which is the last day of the month or the END DATE from the RELB eligibility segment.

Field: TXN DT
Description: Transaction Date – The date the Homemaker timesheet was keyed through the HOME screen.

Field: DEL DT
Description: Delete Date – The date the delete action for the indicated hours was keyed through the HOME screen.

Field: RECIP
Description: Recipient – The ten-digit recipient case number.

Field: HOURS
Description: Hours – The hours the homemaker provided services to the recipient for the time period indicated.

Field: AMOUNT
Description: Amount – The amount credited to the Homemaker for the services provided in the

indicated time period for the recipient. The system multiplies the total hours by the County Homemaker default rate.

Field: SI/NSI

Description: Severely Impaired/Non-Severely Impaired – Value indicating the recipient's impairment level at the time the hours were keyed on the HOME screen. See ***Section V-A – SOC 293 Field-by-Field Description*** – Field M7, O7, N7 for detailed information.

N Non-Severely Impaired

S Severely Impaired

Field: PCSP

Description: PCSP – Indicates the funding source from which the case was paid. See ***Section V-A – SOC 293 Field-by-Field Description*** – Field ZZ for detailed information.

P PCPS

Blank Residual

IHSS HWRK Screen Edits

The following edit messages are associated with the HWRK screen:

Edit Message	Description
SELECT CRITERIA MUST BE CNTY, WKR, & DT KEYED	Selection criteria entered is incorrect or not present
END OF TIMESHEETS SEARCH	All timesheets matching search criteria have been displayed
TIMESHEET WAS NOT FOUND	No screen is available for a worker
INPUT DATE DOES NOT MATCH FORMAT	The data entry on the NEXT line does not conform to the required entry
COUNTY WAS NOT FOUND	The two-digit county code entered is invalid

Section X
Contractor Interface
(COIN)

Contractor Interface Procedures

I. General Overview

The purpose of the Contractor Interface is to audit contractor invoices and assist in the monitoring of contractor performance in providing services to IHSS recipients. Counties enter into contractual agreements with a Contractor, who then submits billing to the County which is then processed by the State Contractor. The following overview applies to County Contract processing.

A. Counties have the option to submit Contractor billing semi-monthly or monthly. The following pay periods apply:

   A The 1st through 15th
   B The 16th through 31st
   C The 1st through 31st

B. The Contract agency is responsible for submitting, to the County, the billing CD/File in compliance with current standards.

C. The Contract agency bills the County for hours worked for each IHSS recipient.

D. The County submits Contract billing to the State Contractor for processing

E. When received, the State Contractor processes the submission through CMIPS. After bill is complete, the RSUM screen for each recipient displays the approved payment.

F. Periodically a CD/File cannot be processed for the following reasons:

   1. Information contained on the Tape Transmittal Form does not match the Header Record on the CD/File.

   2. Twenty prior CDs/Files processed by the State contractor for this contractor, but no warrant dates have been approved and entered by the County on the COIN screen.

   3. A detail record with invalid record data layout is encountered. For Contractor Interface purposes, a detail record is a record submitted by the contractor requesting payment authorization for a specific recipient for a service delivery period.

G. The county makes payment to the contractor for the hours approved on the Contractor Payment Authorization Summary Report.

II. Contractor Billing Testing

Upon receipt of a request to begin Contractor Interface processing, CDSS schedules a meeting to implement the Contractor Interface in the county. Meeting attendees should include the CDSS staff assigned to contractor payments, a State Contractor representative and a Contractor representative.

A. County Liaison

Before Contractor Interface bill processing begins Counties must complete the IHSS Contractor Interface Contractor Information form and designate a County/Contractor liaison (See Example 1). This liaison is responsible for handling any processing problems that may arise between the County and the State Contractor. If the Contractor has any questions or problems with Contractor Interface record processing, they must contact the County Liaison who, in turn, contacts the State Contractor with the issue.

B. Initial Test CD/File Submittal

The Contractor is responsible for creating a billing CD/File that includes a detailed record for each IHSS recipient authorized for services by that contractor. After this initial test CD/File is processed at the State contractor, the Contractor Payment Authorization Summary Report and Contractor Rejects Report are generated and sent to the County for review. Any records having Reject and Warning Messages must be corrected to ensure the Contractor and CMIPS record listings match. The County will work with the Contractor to make the corrections. The corrected data is resubmitted to the State Contractor with the second test CD/File.

C. Second Test CD/File Submittal

The second test CD/File contains a detail record for each IHSS recipient authorized for services by that contractor. Any errors from the initial test CD/File should be corrected and any new cases that have been entered on CMIPS since the processing of the first test CD/File. Any returned records from the second test CD/File must be reviewed and corrections must be made based on any Reject and Warning Messages. The corrected data from the second test CD/File is submitted with the first actual billing CD/File.

D. Close Of Testing

The County may choose to have a follow-up meeting of all parties after the submission and return of the Second Test CD/File to resolve or discuss outstanding issues.

III. On-going Contractor Billing

After Contractor Bill Process testing is completed, the Contractor submits billing to the County Liaison for processing through CMIPS Contractor Interface.

A. Contractor Payment CD/File Procedures

1. The Contractor creates a CD/File of invoices (payment authorization requests) for a service delivery period. This CD/File must be MS Windows compatible; the County may contact the State Contractor for current format specifications.

2. The Contractor sends the CD/File to the County. The county then sends the CD via the mail or FedEx, the File is sent electronically via E-mail to IHSSHelpDesk@hp.com the State Contractor for processing.

3. After processing the State Contractor destroys/deletes the CD/File and reports are available for the county on the Online Reports Web site. The county returns the

CD/File to the contractor. Counties may send a copy of the report(s) to the contractor.

a. If errors occur, the Contractor is responsible for making the necessary changes, as directed by the county, so that the rejected records from the processed CD/File are corrected and resubmitted for payment authorization.

4. The next billing CD/File, created by the Contractor will includes the corrected records for any previous submissions, and the current billing. The entire billing process starts again (see Step 1).

IV. County Bill Processing

The following procedures may be used by Counties as guidelines in developing their own procedures. After receipt of the CD or e-mail from the contractor, the county performs the following tasks:

A. Creates a copy of the CD/File to be kept in the County's file, in case the original CD/File is damaged during shipment to the State Contractor.

B. The County packages the billing CD/File and completes a Tape Transmittal Form, SOC 407 (See Example 2). This form must accompany each billing. Please contact the State Contractor to advise billing is in route. The CD/File and transmittal form are sent to:

Express Mail, UPS or Federal Express or E-mail IHSSHelpDesk@hp.com	HP/IHSS P.O. Box 940 Roseville, CA. 95678-0901

C. Two to three working days after the billing CD/File was sent, the county may check the COIN screen to verify processing has occurred. The COIN screen displays the invoice number and approved totals in the appropriate fields for the most recent CD/File processed.

D. Each county is responsible to determine its own internal procedures for making payment to a Contractor. For example, counties may use the Payment Authorization Reports, or the COIN screen's AMOUNT total, to authorize a warrant to pay the contractor for the current payment authorization CD/File. ***See Section X-B – Contractor Interface (COIN) Screen for screen usage***.

The AMOUNT total includes any SOC 312 (SPEC screen) transactions entered in CMIPS by the county. The county can adjust the amount of the warrant by entering either a positive or negative ADJ amount on the COIN screens. When using the ADJ field to change the warrant amount, counties are reminded to maintain documentation for an audit trail.

V. State Contractor Bill Processing

A. When received, the State Contract processes the Contract billing in CMIPS. When successfully completed this process updates the RSUM with the paid authorized hours for each record passing all system edits. This process verifies that the total hours submitted

for the month are within the recipient's authorization. Each Contractor billing submission records hours served for each recipient. When bill processing is completed, payment data may be viewed online on the RSUM screen. ***See Section VIII – A – RSUM Payment Inquiry Screen.*** The CONTRACTOR PAYMENT AUTH REPORT is available on the Online Reports Web site. See ***Section XIV-G –CONTRACTOR PAYMENT AUTH REPORT***.

B. Subsequently, the COIN screen is updated with the most recent billing submission by the Contractor. ***Section X-B – COIN Screen Field-by-Field Description.***

C. After CD/File processing is complete, the State Contractor destroys/deletes the CD/File, the Tape Transmittal Form, and all associated reports to the county. The reports are available on the Online Reports Web Site for the State Contractor and CDSS.

VI. County Payment Processing

A. The county is responsible to return the CD/File to the contractor. The county may also send copies of the Contractor Interface Reports so the contractor has copies of the records processed. The county and contractor should arrange to make corrections to any records appearing on the "Contractor Payment Rejects" report as well as any warning messages that appeared on the "Contractor Payment Auth Report".

B. When correcting records, the county can use printouts from the recipient's RELA, RELB, RELC, and RSUM screens or a copy of the recipient's current SOC 293. These documents allow the County and Contractor to investigate the case information and make the necessary corrections. The County is responsible for notifying the Contractor of corrected information. The Contractor may then include the corrected information with the next CD/File for payment authorization.

C. The COIN screen is available to make adjustments to a specific CD/File (invoice). Adjustments on the COIN screens may be made until a warrant date has been entered. The county may review the COIN screen for the number of cases, hours, and dollars for the last twenty billings submitted.

When the county has issued a warrant to the contractor for payment and/or has adjusted the amount via the adjustment field, the warrant date may be keyed. When the warrant date has been keyed no further adjustments are allowed.

Entries on the COIN automatically update the CSUM which fulfills the county's requirement to report the county summary data each month. ***See Section XV-A – County Summary (CSUM) Screen for screen details***.

VII. Adjusting Case Information

All detail records submitted for payment, but rejected must be researched and corrected. The report messages indicate incorrect information. ***See Section X-D –Contractor Interface Report Messages*** for all message numbers, descriptions and resolutions procedures. If changes are necessary to the recipient case a SOC 293 must be completed. The following options are available for adjusting case specific information:

A. If the information contained in the contractor's records is incorrect, the county must give the correct information from CMIPS to the contractor. The contractor will then submit the corrected record for payment authorization with the next CD/File.

B. If the information contained in the CMIPS is incorrect, the county must adjust case specific information via a SOC 293 and give the corrected information to the contractor. The contractor will then submit the corrected record for payment authorization with the next CD/File.

C. If the information contained in both the CMIPS and contractor records is incorrect, the county must adjust case specific information via a SOC 293 and give the corrected information to the contractor. The contractor will then submit the corrected record for payment authorization with the next CD/File.

D. **Exception –** When no current eligibility segment exists on a recipient's SOC 293 (Lines M, N, or O) to justify a payment requested by a contractor, and evidence substantiates there should have been an hourly authorization, a SOC 312 adjustment may be in order. Prior to making an adjustment, a SOC 293 must be completed to update the segment. A SOC 312 adjustment may be used only when:

1. The eligibility segment has "rolled off" the SOC 293.

2. There is complete written documentation of eligibility in the recipient's case record, including a proper assessment.

3. The recipient has been sent a notice of action.

VIII. Adjusting Payment Information

A. There are three methods available for the county to adjust contractor payment information:

1. The COIN screen may be used to adjust a specific invoice. Adjustments are allowed on the COIN until a warrant date has been entered. Counties must maintain documentation for audit purposes when adjusting a previously audited CD/File. Adjustments may be necessary due to overpayments or underpayments, liquidated damages, PCSP and IHSS fund transfers, and county-specific reasons. ***See Section X-B – Contractor Interface (COIN) Screen field descriptions.***

2. Once a warrant date has been entered on COIN, changes to cases or hours paid during the period must be made on CSUM Screen. The changes must be submitted to CDSS for processing.

3. The county can authorize payment for a specific case by using a SOC 312, Special Pre-Authorized Transactions Form. The SOC 312 could be used under the following circumstances:

a. When a case has been purged from CMIPS.

i. A payment may only be made by completing a SOC 293 to re-add the case to CMIPS in T (Terminated) status. Then key the SOC 312 making the adjustment.

B. Adjustment transactions will accumulate and display on the RSUM screen and be reported on the next authorized payment report. ***See Section VIII-A – RSUM Screen***. Complete a SOC 312 document by entering:

1. The recipient number in Field 1, NUMBER.
2. A "P" to add or "N" to subtract from the payment history in Field 22, TYPE.
3. The reason code 18 in Field 23, REASON.
4. The current valid 7-digit contractor number (this is the contractor number minus the first two digits [county code]) in Field 26, WARRANT#.
5. The beginning date of the pay period that needs to be adjusted in Field 27, PAY PERIOD.
6. The gross amount in Field 28, GROSS AMOUNT.
7. The share of cost (if applicable) in Field 35, SOC. (Optional)
8. The net amount in Field 36, NET.
9. The adjusted hours (if applicable) in Field 37, HOURS. (Optional)
10. The "authorized by" number in Field 38, NUMBER.
11. The payee name in Field 40, NAME.
12. The name of person authorizing document in Field 41, AUTHORIZATION.
13. The date of authorization in Field 42, DATE.

See to Section XI for a detailed description of the SOC 312 and SPEC screen procedures.

IX. Report Messages

There are three types of messages that are displayed on the reports: INFORMATION, REJECTION, and WARNING. ***See Section X-D – Contractor Interface Report Messages*** for all message numbers, descriptions and resolutions procedures.

X. Reports

The following reports will be provided through CMIPS with each CD/File processed. ***See Section XIV – Reports for Report Field-by-Field descriptions.***

A. **CONTRACTOR HOURS SERVED LESS THAN 80%** – Lists recipients for whom the contractor has delivered services at less than 80% of the recipients authorized hours.

B. **CONTRACTOR PAYMENT AUTHORIZATION REPORT – ALPHA –** Lists payment authorization totals for PCSP, Non-PCSP (IHSS Residual), and both programs combined.

C. **CONTRACTOR NON-PCPS PAYMENT AUTH SUMMARY –** A breakout of the CONTRACTOR PAYMENT AUTHORIZATION REPORT and represents a total of all records authorized for payment which are not eligible for PCSP funding.

D. **CONTRACTOR PAYMENT REJECTS REPORT –** Lists records with resulting rejection or warning messages and those records not approved for payment authorization for the specified payment period.

E. **CONTRACTOR PCSP PAYMENT AUTH SUMMARY -** A breakout of the CONTRACTOR PAYMENT AUTHORIZATION REPORT and represents a total of all records authorized for payment which are eligible for PCSP funding.

Example 1

IHSS Contractor Interface – Contractor Information

The county must notify the Systems, Administrative & Quality Assurance Branch, CDSS, three weeks prior to any of the following:

A. Submission of first CD/File by a new contractor.

B. Submission of first CD/File by a current contractor for a new contract period.

C. A change is necessary to a field which can be updated. Fields that can be updated are indicated with an asterisk (*). All other fields cannot be changed after the State contractor enters them into the Contractor Interface system.

The information specified below must be sent to the Systems, Administrative & Quality Assurance Branch, CDSS:

A. County Of:_____

B. County Number:_____

C. Contractor Code:_____

D. Contractor Name:_____

E. Contract Begin Date:_____/_____/_____

This date is not changed by a subsequent extension of the same contract.

F. Contract End Date:_____/_____/_____

G. Rate:_____ Effective Date:_____

H. County Contact:_____ Telephone:_____

A separate "IHSS Contractor Interface – Tape Transmittal Form" must be submitted for each contractor submitting a CD/File.

Send completed forms to:

California Department of Social Services
Systems, Administrative & Quality Assurance Branch
Fiscal and Administrative Unit
744 P Street, M.S. 9-7-92
Sacramento, CA. 95814

(Revised – 12/03)

Example 2

IHSS Contractor Interface – Tape Transmittal Form

This form must be completed and sent with each contractor CD/File submitted to the State contractor for processing. It is important that the county verify the accuracy of this data. The CD/File cannot be processed unless this information is correct.

COUNTY OF:_____

CONTACT PERSON: _____

PHONE: (_____) _____ - _____

COUNTY NUMBER:_____ CONTRACTOR CODE:_____

CONTRACT BEGIN DATE:____/____/____ CONTRACT RATE: $_____.____

CONTRACTOR NAME:_____

SERVICE MONTH:_____/_____ SERVICE PERIOD:_____

CONTRACTOR INVOICE NUMBER:_____

NUMBER OF DETAIL RECORDS:_____

Send this completed transmittal form with the CD/File FedEx or e-mail

HP/IHSS
P.O. Box 940
Roseville, CA 95678-0901

IHSSHelpDesk@hp.com

SOC 407 (2/95)

IHSS Contractor Interface Transmittal Form

Field	Definition
County Of	The name of the county submitting the billing CD/File
Contact Person	The name of the person at the county who is the designated contact person. Please print clearly
Phone	The telephone number of the contact person
County Number	The two-digit number of the county for which this CD/File is being processed.
Contractor Code	The one- digit number assigned to the contractor by the county. Each contractor must have a unique code.
Contract Begin Date	The month and year that the most current contract was approved.
Contract Rate	The contractor's rate of pay (dollars and cents) corresponding to the service month.
Contractor Name	The name of the contractor submitting this CD/File.
Service Month	The month and year for which most of the billing occurs.
Service Period	A one-digit code indicating the period covered during the Service Month. The codes are: • A – Days 1 through 15 • B – Days 16 through 31 • C – Days 1 through 31 Codes A and B are used by contractors submitting two CD/File per month. Code C is used by contractors submitting one CD/File per month.
Contractor Invoice Number	The one to six-digit invoice number assigned by the contractor. This number must be unique for each CD/File submitted for processing.
Number of Detail Records	The number of detail billing records that are on this CD/File.

Contractor Interface (COIN) Screen

The COIN screen allows Counties to view, adjust and approve contractor payment information. This screen may also assist counties in monitoring contractor payment history. Contractors submit billing on a monthly or bi-monthly basis.

COIN Screen Access

The COIN screen is used to review, adjust and approve Contractor information, therefore available modes are **I**-Inquiry and **C**-Change. To access the COIN screen, on the NEXT line, enter **COIN**, the desired mode followed by:

- The two-digit county number valid values **01-58**
- The one-digit contractor code that identifies the Contractor in CMIPS, valid values **1-9**
- The Contractors current contract begin date in a (**YYYYMM**) format – Date assigned by the State Contractor when new Contractor Billing Rates are updated in CMIPS.

Example: **411200604** - County **41**; Contractor Code 1; Contract Begin Date **200604**

Press <**F8**> to process the transaction and display the requested Contractor information.

CMIPS defaults to the most recent Contractor invoice billing segment. Invoice segment numbers are indicated in the upper right corner of the COIN screen (**INVOICE 1 TO 3**). To view previous billing segments, press <**F11**>. To scroll to the most recent, press <**F7**>. The COIN screen retains up to twenty (20) billing segments.

COIN Screen Views

Total View

```
      THIS COIN I 411200604
      NEXT COIN I 411200604            ADDUS HEALTHCARE
T,P,R : T              CONTRACTOR INTERFACE - TOTAL        INVOICE 1 TO 3

       TOTAL CASES   TOTAL HOURS     EXPENDITURES    SOC CASES  SOC AMOUNT
SI            34        3,418.9        66,271.30           2          534.00
NSI           41        1,925.0        37,078.48           4          937.00
TOTAL         75        5,343.9       103,349.78           6        1,471.00
      PROCESS DATE 04/14/2008   INVOICE #     93      INVOICE DATE 04/07/2008
      WARRANT DATE 00/00/0000   AMOUNT    103,349.78  ADJ         0.00

SI            35        3,785.1        73,426.83           2          534.00
NSI           44        1,956.4        37,232.42           2          995.62
TOTAL         79        5,741.5       110,659.25           4        1,529.62
      PROCESS DATE 03/12/2008   INVOICE #     92      INVOICE DATE 03/07/2008
      WARRANT DATE 03/20/2008   AMOUNT    110,659.25  ADJ         0.00

SI            35        3,984.0        77,313.35           2          534.00
NSI           46        2,105.9        40,212.26           2          937.00
TOTAL         81        6,089.9       117,525.61           4        1,471.00
      PROCESS DATE 02/11/2008   INVOICE #     91      INVOICE DATE 02/06/2008
      WARRANT DATE 02/25/2008   AMOUNT    117,525.61  ADJ         0.00

F03=EXIT F07=PREV F11=NEXT
```

Fig. X-B- 1 COIN Screen – Total View

There are three views of the COIN screen. Initial access defaults to the TOTAL view, which displays the sum of all cases approved for payment (RESIDUAL and PCSP) submitted by the Contractor for the invoice billing period. The user may access the PCSP or Residual views by entering a **P** or **R** respectively at the T, R, P selection prompt in the upper left corner of the screen, then press <**ENTER**>.

Using the three views, counties may review, adjust or approve expenditures for each program (PCSP and Residual) on an invoice. In addition, all three views display the number of SOC CASES and AMOUNT by severely and non-severely impaired (SI/NSI) cases for invoice billing period. A split payment case, one with both PCSP and Residual payments, is counted on both the PCSP and RESIDUAL views, but is counted as a single case on the TOTAL view.

Residual View

```
      THIS COIN I 411200604
      NEXT COIN I 411200604            ADDUS HEALTHCARE
T,P,R : R              CONTRACTOR INTERFACE - RESIDUAL     INVOICE 1 TO 3

       TOTAL CASES   TOTAL HOURS     EXPENDITURES    SOC CASES  SOC AMOUNT
SI             3           58.2         1,135.83           0            0.00
NSI            5          111.5         2,178.71           0            0.00
TOTAL          8          169.7         3,314.54           0            0.00
     PROCESS DATE 04/14/2008   INVOICE #     93      INVOICE DATE 04/07/2008
                                                     ADJ         0.00

SI             2           65.1         1,272.05           0            0.00
NSI            7          165.3         3,229.96           0            0.00
TOTAL          9          230.4         4,502.01           0            0.00
     PROCESS DATE 03/12/2008   INVOICE #     92      INVOICE DATE 03/07/2008
                                                     ADJ         0.00

SI             2           53.6         1,047.30           0            0.00
NSI            8          184.2         3,599.24           0            0.00
TOTAL         10          237.8         4,646.54           0            0.00
     PROCESS DATE 02/11/2008   INVOICE #     91      INVOICE DATE 02/06/2008
                                                     ADJ         0.00

F03=EXIT F07=PREV F11=NEXT
```

Fig. X-B- 2 – COIN Screen – Residual View

PCSP View

```
      THIS COIN I 411200604
      NEXT COIN I 411200604            ADDUS HEALTHCARE
T,P,R : P              CONTRACTOR INTERFACE - PCSP         INVOICE 1 TO 3

       TOTAL CASES   TOTAL HOURS     EXPENDITURES    SOC CASES  SOC AMOUNT
SI            34        3,360.8        65,135.48           2          534.00
NSI           36        1,813.5        34,899.77           4          937.00
TOTAL         70        5,174.3       100,035.25           6        1,471.00
     PROCESS DATE 04/14/2008   INVOICE #     93      INVOICE DATE 04/07/2008
                                                     ADJ         0.00

SI            35        3,720.0        72,154.78           2          534.00
NSI           37        1,791.1        34,002.46           2          995.62
TOTAL         72        5,511.1       106,157.24           4        1,529.62
     PROCESS DATE 03/12/2008   INVOICE #     92      INVOICE DATE 03/07/2008
                                                     ADJ         0.00

SI            35        3,930.4        76,266.05           2          534.00
NSI           39        1,921.7        36,613.02           2          937.00
TOTAL         74        5,852.1       112,879.07           4        1,471.00
     PROCESS DATE 02/11/2008   INVOICE #     91      INVOICE DATE 02/06/2008
                                                     ADJ         0.00

F03=EXIT F07=PREV F11=NEXT
```

Fig. X-B- 3 – COIN Screen – PCSP View

Display Fields

Each view of the COIN screen has three sections. Each section represents a separate billing invoice segment for the Contractor. CMIPS retains up to twenty invoice billing segments. When the Contractor submits the 21st invoice for processing, the oldest segment is deleted and the latest segment added. The following fields display on the COIN screen:

Field: CONTRACTOR NAME – System Generated
Description: CONTRACTOR NAME – This untitled field appears at the top center of the COIN screen indicating the name of the Contractor associated with displayed billing.

Field: T, R, P – ***User Input***
Description: T, R, P – View of the screen allowing users to view Total, Residual or PCSP dollar amount associated with a Contractor invoice billing period.
T – TOTAL – System default
R – RESIDUAL
P – PCSP

The following row headings appear at the left of each invoice billing segment.

Field: SI – System Generated
Description: SI – Indicates case count and authorized payments associated with Severely Impaired IHSS recipient for the Contractor invoice billing period.

Field: NSI – System Generated
Description: NSI – Indicates case count and authorized payments associated with Non-severely Impaired IHSS recipient for the Contractor invoice billing period.

Field: TOTAL – System Generated
Description: TOTAL – Indicates total case count and authorized payments associated with all IHSS recipients for the Contractor invoice billing period.

The following column headings apply to all invoice billing segments on the screen:

Field: TOTAL CASES – System Generated
Description: The total number of unduplicated cases which were authorized for payment for the invoice billing period. This total includes changes resulting from county keyed Adjustment SPEC transactions subsequent to the previous Contractor bill processing.

Field: TOTAL HOURS – System Generated
Description: The total approved hours for the Contractor invoice billing period including changes resulting from county keyed Adjustment SPEC transactions subsequent to the previous Contractor bill processing.

Field: EXPENDITURES – System Generated
Description: The approved-for-payment amount on the contractor diskette, including changes resulting from county keyed Adjustment SPEC transactions subsequent to the previous Contractor bill processing.

Field: SOC CASES – System Generated
Description: The total number of unduplicated share of cost cases for the invoice billing period.

Field: SOC AMOUNT – System Generate
Description: The share of cost amount applied, by the Contractor, for the invoice billing period.

The following fields appear at the bottom of each invoice billing segment:

Field: PROCESS DATE – System Generated
Description: The date the Contractors billing was processed by the State Contractor. Display format is MM/DD/YYYY.

Field: INVOICE # – System Generated
Description: The invoice number assigned by the Contractor to the billing.

Field: INVOICE DATE – System Generated
Description: The billing date assigned by the Contractor on the submitted invoice. Display format is MM/DD/YYYY.

Field: WARRANT DATE – ***User Input***
Description: The warrant payment date, keyed by the County after review and verification of the Contractor billing. Entry format is MM/DD/YYYY

Field: AMOUNT
Description: The total audited expenditures dollar amount, plus any adjustment amount.

Field: ADJ – ***User Input***
Description: The adjusted dollar amount. This field is used to enter debits and credits to the contractor account. The default is zero. The system will add or subtract the adjustment amount from the total expenditures for the invoice billing period to calculate the amount for the warrant.

Adjustment and Approval Processing

There are two data entry fields on the COIN screen WARRANT DATE and ADJ. After the county verifies the warrant information for an invoice billing period, by matching the submitted invoice number to the invoice number on the payment warrant with the INVOICE # on the COIN screen, the Contractor billing segment may be approved.

Billing Adjustments

Adjustments may be entered on the TOTAL, PCSP or RESIDUAL views. If an adjustment amount is entered on the TOTAL view, that amount will be split between Residual and PCSP expenditures based on the proportion. The adjustment amount will be further split between SI and NSI based on the proportion of SI and NSI cases.

Adjustments keyed on the PCSP or RESIDUAL screens will be applied to the respective program. Adjustments keyed on the RESIDUAL screen will be further adjusted according to the SI and NSI case proportion.

Keyed adjustments change both the expenditure and warrant amount fields. Because adjustment transactions are real-time, the adjusted amounts are available for immediate viewing on the CSUM screen. For more detailed information see ***Section XV-A – County Summary (CSUM) Screen***.

Adjustments may be positive or negative amounts, whichever is necessary to correct the AMOUNT. These adjustments are keyed in the ADJ field. Negative transactions should be preceded by a minus sign (i.e. **-234.12**).

To key an adjustment:

1. Access the COIN screen in the **C** – Change mode
2. Display the appropriate billing segment, using <**F11**> to scroll to previous segments if necessary.
3. Tab to the ADJ field on the appropriate billing segment.
4. Enter the desired adjustment amount then press <**ENTER**> to process the transaction.
   a. Negative amounts must be preceded by a minus sign (i.e. **– 245.18**)
5. CMIPS display the edit HIT ENTER TO VERIFY THE WARRANT DATE/AMOUNT, press <**ENTER**> to complete the transaction.
   a. After transaction processing CMIPS displays the default payment segments. If a billing segment prior to the initial three was adjusted, the user must press <**F11**> to display the desired segment to verify the adjustment.
6. The system automatically adjusts the warrant amount. Verify the new warrant amount is correct.
   a. If an incorrect amount was keyed, access the segment in the C-Change mode and key the same amount with the opposite crediting sign. For example, if -2,000.00 appears on the

screen, key a positive (+) 2,000.00 and this will clear the field to 0. Use of the EOF key will not clear the field correctly.

Billing Segment Approval

When the user has verified that the AMOUNT field is correct, the billing segment may be approved by keying the WARRANT DATE.

1. Access the COIN screen in C-Change mode.
2. Access the correct billing segment
3. Tab to the "WARRANT DATE" field enter the date that appears on the warrant being issued to the Contractor.
4. Press <**ENTER**> to process the transaction
5. CMIPS display the soft edit HIT ENTER TO VERIFY THE WARRANT DATE/AMOUNT, press <**ENTER**> to complete the transaction.

It is possible to enter the Adjustment and the WARRANT DATE at the same time. However, it is recommended that these transaction be keyed separately to allow the user to verify the adjustment. Once a WARRANT DATE is keyed CMIPS does not allow further adjustments to the billing segment. Any further COIN corrections must be performed by the State Contractor at the direction of CDSS.

COIN Screen Edits

The following on-line edits may display on the COIN screen indicating incorrect data entry. When the error is a key data entry error only, the user can make the correction. If error is erroneous calculation submitted for key data entry, the individual submitting the formation may need to review the data and make a correction.

Edit Message	Explanation
ACTION INVALID FOR THIS SCREEN	Invalid action was entered. Action must be I or C
FIELD IS NOT NUMERIC	Part of the date in the "WARRANT DATE" field is missing or is an alpha character. Re-key a valid date..
HIT ENTER TO VERIFY ADJ AMT	Validate ADJ dollar amount that has been entered. Correct if necessary, then press <**ENTER>** to complete the transaction.
HIT ENTER TO VERIFY WARRANT DATE / AMOUNT	Validate WARRANT DATE keyed and WARRANT AMOUNT displayed on COIN screen. Press <**ENTER>** complete the transaction.
INVALID ADJUSTMENT AMOUNT	The ADJ AMOUNT entered is greater than the existing expenditures total. Verify and re-enter the ADJ AMT, then press <ENTER> to complete the transaction.
INVALID CASE TYPE	The Case type entered is invalid. Case type must be P, R, or T.
INVALID DATE	The date entered into the field is not a valid calendar date. Verify the date.
INV CHG: NO UPDATABLE FIELDS	All months on the COIN screen have a warrant date already keyed. No further change can be made.
SCREEN FUNCTION NOT ALLOWED FOR USER	The user's security level does not allow entry of updates on the COIN screen
WARRANT DATE CANNOT BE > TODAY	The warrant date entered cannot be greater than the calendar day the COIN screen is accessed.
WARRANT DATE MUST BE > PROC DATE	The warrant date entered on the COIN screen is earlier than the process date reflected on the screen. The warrant date must be later than the date the information is entered on the COIN screen. Check the calendar to verify the warrant date.

Contractor Interface Record Layout

The following data processing record layouts and descriptions are for the data exchange between the contractor and CMIPS. Each Contractor billing submission must contain one HEADER record (Contractor Information) and one or more Recipient Detail Records.

The following fields are specific to the CONTRACTOR. All fields default to spaces and are required unless otherwise indicated.

Length	Format	Data Name/Description
1	Alphanumeric	RECORD HEADER INDICATOR– The type of record being submitted. 1 – Header 2 – Recipient Detail Record 9 – Result Record
2	Alphanumeric	COUNTY NUMBER – The two digit number identifying the county for which the contractor provided services. Allowable values are 01-58.
1	Alphanumeric	CONTRACTOR NUMBER – A one digit number assigned by the County identifying the Contractor Allowable values are 1-9.
4	Alphanumeric	SERVICE MONTH – The service month and year being billed.
1	Alphanumeric	SERVICE PERIOD – The period for which billing is being submitted. Allowable values are: • **A** – Bimonthly billing – Days 1-15 • **B** – Bimonthly billing – Days 16-31 • **C** – Contractors submitting monthly billing
6	Alphanumeric	INVOICE DATE – The invoice date submitted by the contractor for the billing period in MMDDYY format.
6	Alphanumeric	INVOICE NUMBER – The invoice number submitted by the contract for the billing period. May be up to six characters.
4	Alphanumeric	BEGIN DATE – The contract begin date in MMYY format
5	Numeric	CONTRACTOR RATE – The rate at which the contractor is billing. Format is five characters with two decimal places, without the decimal.
30	Alphanumeric	CONTRACTOR NAME – The name of the contractor submitting the invoice
80	Alphanumeric	FILLER – (Optional)

The following fields are specific to the RECIPIENT for whom services are being billed. A separate record is submitted for each recipient being billed by the contractor for the period. All fields default to spaces and are required unless otherwise indicated.

Length	Format	Data Name/Description
1	Alphanumeric	RECORD HEADER INDICATOR– The type of record being submitted. 1 – Header 2 – Recipient Detail Record 9 – Result Record
8	Numeric	RECIPIENT CASE NUMBER – The CMIPS case number associated with the recipient for whom services are being billed
17	Alphanumeric	RECIPIENT LAST NAME – The last name of the recipient for whom services are being billed.
12	Alphanumeric	RECIPIENT FIRST NAME – The first name of the recipient for whom services are being billed.
1	Alphanumeric	RECIPIENT MI – (Optional) – The middle initial of the recipient for whom services are being billed.
9	Alphanumeric	RECIPIENT SSN - The social security number of the recipient for whom services are being billed.
4	Numeric	RECIPIENT SERVICE MONTH – The month being billed for which services were provided in MMYY format.
1	Alphanumeric	RECIPIENT SERVICE PERIOD – The service period being billed by the contractor. Valid entries are: • **A** – Bimonthly billing – Days 1-15 • **B** – Bimonthly billing – Days 16-31 • **C** – Contractors submitting monthly billing
5	Numeric	RECIPIENT AUTHORIZED HOURS – The number of IHSS service hours authorized for the recipient in the service period. Format is five characters with one decimal place without the decimal.
5	Numeric	RECIPIENT BILLED HOURS – The number of hours billed by the contractor for services provided to a recipient in the billing period. Format is five characters with one decimal place without the decimal.
5	Numeric	RECIPIENT CONTRACT RATE – The billing rate submitted by the contractor. Format is five characters with two decimal places without the decimal.
6	Numeric	RECIPIENT SHARE OF COST – The Share of Cost the recipient

		much pay before IHSS payments being. Format is six characters with two decimal places without the decimal.
6	Numeric	RECIPIENT COLLECTED SHARE OF COST – The total Share of Cost monies collected by the Contractor from the recipient during the billing period. Format is six characters with two decimal places without the decimal.
20	Alphanumeric	HP RESPONSE FIELD 1 – (Optional) – HP only use field to send, to the contactor, error processing and payment codes.
6	Numeric	HP RESPONSE FIELD 2 – (Optional) – HP only use field to send, to the contactor, error processing and payment codes.
6	Numeric	HP RESPONSE FIELD 3 – (Optional) – HP only use field to send, to the contactor, error processing and payment codes.
1	Alphanumeric	FILLER – (Optional)
1	Alphanumeric	PROVIDER RELATIONSHIP CODE – (Optional) – The provider's relationship to the recipient. Defaults value is "O". Valid values are: • O – Other • S – Spouse • P – Parent
26	Alphanumeric	BLANK – (Optional)

Section XI
IHSS Special
Pre-Authorized
Transactions, SOC 312

Accessing the Special Pre-Authorized Transaction (SPEC) Screen

The Special Pre-Authorized Transaction SPEC screen serves as the data entry point for the SOC 312 form, and is used by counties and the State Contractor to issue various payments and adjustments transactions.

The ability to process transactions on the SPEC screen is controlled by Users Logon ID Security Level assignment. Therefore, not all users have the ability to key transactions on this screen.

SPEC Screen Access

The SPEC screen can be accessed from the MENU screen, or any other screen in CMIPS. On the NEXT line, enter **SPEC**, **A** – Add, then the ten-digit recipient case number **or** the sixteen-digit provider case number.

Example: **SPEC A 5501659809066233**

Then, press <**F8**> to process the transaction. The SPEC screen displays with the payee name in the lower right corner of the screen in the **A** – Add action.

```
      THIS SPEC A 5501659809066233
      NEXT SPEC A 5501659809066233


               IHSS - SPECIAL PRE-AUTHORIZED TRANSACTIONS

 E M E R G E N C Y     TYPE       REASON        LIEN
 FROM          TO          GROSS           HRS          RATE         SOC


 R E P L A C E         TYPE       REASON
 WARRANT NUMBER              WARRANT DATE              NET AMOUNT


 V O I D               TYPE       REASON
 WARRANT NUMBER              WARRANT DATE              NET AMOUNT


 A D J U S T           TYPE       REASON      FR DATE           TO DATE
 WARRANT#           PAY PERIOD          GROSS           FICA         MED
 SDI        FED        STATE       EIC       SOC        NET          HOURS


AUTHORIZATION #           FORCE ACCEPT        PAYEE  HENDRICKSON, NIGEL
```

Fig. XI-A- 1 – SPEC screen for provider – HENDRICKSON, NIGEL

Special Pre-Authorized Transaction

SOC 312

The SOC 312 is a data entry form used when initiating a Special Pre-Authorized Transaction (SPAT) keyed on the SPEC screen in CMIPS. The SOC 312 and SPEC screen are used to authorize payroll activities that exceed the usual daily payroll functions. A special county-assigned authorization number must be used for each transaction keyed. To key a SPEC transaction in CMIPS from the SOC 312, a recipient case must exist in the system. If the SPEC transaction is for a provider, then a provider case must also exist.

A current version of the SOC 312 is available on the CDSS website at:

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC312.pdf

SOC 312 transactions may include requests for supplement or emergency warrants, replacement warrants, void warrants, payment history adjustments, refund of taxes or share of cost; reconciliation of advance payments, as well as authorized payment as a result of a State Hearing decision.

The SPEC screen has many edits designed to assist the user in keying transactions correctly. See ***Section XI-D SPEC Screen Edits*** for more information.

Several SPEC transactions may be keyed only by the State Contractor. If a desired transaction indicates ***State Contractor Only***, then a completed SOC 312 must be sent to the State Contractor for entry. Incorrect SOC 312s cannot be keyed by the State Contractor. To ensure quick processing county staff should verify the information on the SOC 312 being submitting to the State Contractor.

Field-by-Field Description

The following fields appear on the SOC 312 and the SPEC screen unless otherwise noted:

RECIPIENT

Field 1: RECIPIENT NUMBER – Required, Numeric
Length: 10
Description: Recipient Number – A ten-digit number designated by the county to represent a specific recipient. The ten-digit consist of: two-digits County Code, the seven-digit case number assigned by the county, then a one-digit, system-generated check digit. On the SPEC screen, this number is entered on the NEXT line and displays on the THIS line.

PROVIDER

Field 2: PROVIDER NUMBER – Optional, Numeric
Length: 6
Description: Provider Number – A number designated by the county to represent a specific provider. Most often, this number will be the last six digits of the provider's social security number. On the SPEC screen, this number is entered on the NEXT line following the recipient number, and displays on the THIS line

SUPPLEMENT/EMERGENCY

Supplement/Emergency transactions are used when circumstances arise causing a payee to not be payable through the normal payroll process (TIME Screen).

Supplement/Emergency W/X 02, 03, 04, 05, 06 and 25 transactions for payment periods on or after June 1, 2006 keyed against a recipient case with a Medi-Cal Secondary Aid Code of 2L or 2M shall be subject to the POS Spend-Down process to determine if an outstanding Medi-Cal Share of Cost (SOC) should be deducted from the payment. Recipient cases with a Medi-Cal Secondary Aid Code of 2N for a payment period shall be subject to SOC deductions based upon the existing SOC amount already collected against the recipient case.

When a SOC is deducted from a payment, the recipient and the provider (except for Advance Payment cases), shall receive an EXPLANATION OF IN-HOME SUPPORTIVE SERVICES (IHSS) SHARE OF COST letter. See ***Section II-L – Explanation of IHSS Share of Cost*** for more information. The SOC amount may always be viewed on the Warrant Detail (WARD) screen.

Supplement/Emergency transactions may be deleted the same day they are keyed. Same day deletes <u>will not</u> issue an EXPLANATION OF IN-HOME SUPPORTIVE SERVICES (IHSS) SHARE OF COST letter.

Field 3: TYPE – Required, Alpha
Length: 1
Description: Type – Identifies the tax status of the payee, or the party affected by, the warrant transaction. On the SPEC screen, entry is made in the TYPE field of the SUPPLEMENT/EMERGENCY section. Refer to the SOC 311, Field D2 DED/EXEMPT, for tax status information. Valid TYPES are:

- **W** Used when provider DED code is O – Other. Issue warrant with all applicable tax deductions. TYPE **W** may be used with REASONS 02, 03, 04, 05, 06, 07, 10, 17 and 25.
- **X** Used when provider DED code is P – Parent, S – Spouse, or C – Child. Issue warrant with no, some, or all tax deductions. Used also when issuing a supplement/emergency transaction to the recipient for a Restaurant Meal Allowance, prior underpayment, advance pay, or State Hearing decision. Type **X** may be used with REASON 01, 02, 03, 04, 05, 06, 07, 10, 14, 15, 17 and 25.
- **D** Delete – Allows the user to perform a same-day delete of an erroneously keyed Supplement/Emergency transaction. See ***Section XI-C- Special Instructions*** to delete transactions.

Field 4: REASON – Required, Numeric
Length: 2
Description: Reason – Identifies the reason the transaction is being keyed. On the SPEC screen, entry is made in the REASON field of the SUPPLEMENT/ EMERGENCY section.

- **01** STATE HEARING DECISION – Used when payment is ordered as a result of a State Hearing. May only be keyed against a *Recipient* case.
- **02** PRIOR UNDERPAYMENT – Used when a payment was issued at an

incorrect rate of pay. May be keyed against a *Provider or Recipient* case.

03 INITIAL or EMERGENCY WARRANT FOR ADVANCE PAY RECIPIENT – Used when a recipient case is indicated as Advance Pay after the Advance Payment Checkwrite issues payment. May be keyed against an *Advance Pay Recipient* case only.

04 OVERTIME PAYMENT – Used when a payment of overtime wages is necessary. May be keyed against a *Provider* case only.

05 SPLIT – SHIFT DIFFERENTIAL PAYMENT – Used when a split-shift differential must be paid. May be keyed against a *Provider* case only.

06 IMMEDIATE NEED – May be keyed against *Provider or Recipient* case.

07 REISSUE PAPER WARRANT FOR VOIDED PROVIDER DIRECT DEPOSIT – Used when a Provider Direct Deposit EFT needs to be voided and to reissue a warrant. ***State Contractor Only***

10 REISSUE WARRANT WITHOUT ADDITIONAL LIEN DEDUCTION – Used to reissue a voided arrears warrant from which a lien wage garnishment was deducted. The reissued warrant will not be assigned an additional wage garnishment. May be keyed against a *Provider* case only.

11 REISSUE VOIDED WARRANT TO A LIEN HOLDER – Used to reissue a warrant when the original warrant to a lien holder has been voided. May be keyed against a *Provider* case only. ***State Contractor Only***

12 ISSUE LIEN PAYMENT TO PROVIDER – Used to issue to the provider a payment erroneously issued to a lien holder. May be keyed against a *Provider* case only. ***State Contractor Only***

14 EMERGENCY MEALS – Used when a recipient case is indicated as eligible for Restaurant Meals after the Meals checkwrite issues payment. May be keyed against a *Recipient* case only.

15 A CHANGE IN LAW – Used when payment is necessary due to a change in law. May be keyed against a *Provider or Recipient* case.

17 EFT REJECTION TRANSACTION – Used to issue a warrant to an Advance Pay recipient when the Advance Pay EFT transaction is rejected by the bank. May be keyed against an *Advance Pay Recipient* case only.

25 STATUTORY MAX EXCESS – Used to pay a provider for hours in excess of 195 hour Statutory Maximum for recipient cases which have a Medi-Cal Secondary Aid Code of 2L (IHSS+ Waiver) or 2N (Residual) for the payment period. May not be keyed against a recipient case with a Medi-Cal Secondary Aid Code of 2M for the payment period. Payment may not exceed the 283 Hour Statutory Maximum. May be keyed against a *Provider* case only.

27 RECIPIENT REIMBURSEMENT – Used to reimburse an IHSS recipient, who it has been determined, was not correctly processing through the Monthly IHSS Buy-Out. May only be keyed against a *Recipient* case for dates of service June 1, 2006 or later

31 MEDI-CAL SOC REIMBURSEMENT – Reimbursement of SOC to Providers of Recipients with retroactive Medi-Cal adjustments made to recipient eligibility on or after June 1, 2006. ***State Contractor Only***

Field 5: NOA/REASON/CODES – ***SOC 312 only***
Length:
Description: This information appears only on the SOC 312 form

Field: LIEN – ***State Contract Only – SPEC screen display only***
Length: 2/8 Format: XX XXXXXXXX
Description: Lien – The LIEN SEQ number and/or associated WARRANT # are required. Used with REASON 11 and 12 transactions only.

Field 6: FROM DATE – Required, Numeric
Length: 8 Format: MMDDYYYY
Description: From Date – The first day of the pay period for which the warrant is being issued. On the SPEC screen, entry is made in the FROM field of the SUPPLEMENT/EMERGENCY section.

Field 7: TO DATE – Required, Numeric
Length: 8 Format: MMDDYYYY
Description: To Date – The last day in the pay period for which the warrant is being issued. On the SPEC screen, entry is made in the TO field of the SUPPLEMENT/EMERGENCY section.

Field 8: GROSS – Required, Numeric
Length: 8 Format: X,XXXX.XX
Description: Gross – The gross dollar amount of the warrant to be issued. On the SPEC screen, entry is made in the GROSS field of the SUPPLEMENT/EMERGENCY section.

Field 9: HOURS – Required, Numeric
Length: 5 Format: XXX.X
Description: Hours – The number of hours for which the warrant is being issued. On the SPEC screen, entry is made in the HRS field of the SUPPLEMENT/EMERGENCY section.

Field 10: RATE – Optional, Numeric
Length: 5 Format: XX.XX
Description: Rate – The individual provider hourly rate of pay per authorized hour. On the SPEC screen, entry is made in the RATE field of the SUPPLEMENT/EMERGENCY section.

Field 11: SHARE/COST – Optional, Numeric
Length: 6 Format: XXX.XX
Description: Share of Cost – The dollar amount to be paid to the individual provider by the recipient. On the SPEC screen, entry is made in the SOC field of the SUPPLEMENT/EMERGENCY section.

REPLACEMENT

Replacement transactions are specifically designed to stop payment on a specific warrant, then reissue a replacement warrant. Replacement transactions may not be deleted.

Field 12: TYPE – Required, Alpha
Length: 1
Description: Type – Identifies the type of transaction On the SPEC screen, entry is made in the TYPE field of the REPLACE section. Valid entries are:
S Stop pay, then issue replacement warrant

Field 13: REASON – Required, Numeric
Length: 2
Description: Reason – Identifies the reason for the transaction. On the SPEC screen, entry is made in the REASON field of the REPLACE section. Valid entries are:
01 Stolen warrant
02 Lost warrant
03 Warrant never received

Field 14: WARRANT # – Required, Numeric
Length: 8 Format: XXXXXXXX
Description: Warrant Number – The original warrant number being replaced. On the SPEC screen, entry is made in the WARRANT # field of the REPLACE section.

Field 15: WARRANT DATE – Required, Numeric
Length: 8 Format: MMDDYYYY
Description: Warrant Date – The issue date of the original warrant being replaced. On the SPEC screen, entry is made in the DATE field of the REPLACE section.

Field 16: NET AMOUNT – Required, Numeric
Length: 8 Format: X,XXX.XX
Description: Net Amount – The net amount of the original warrant being replaced. On the SPEC screen, entry is made in the NET AMOUNT field of the REPLACE section.

VOID WARRANT

Void transactions allow previously issued warrants to be voided. When voided these warrants are not automatically reissued. VOID transactions may not be deleted.

When a VOID Reason 01, 02, 03 or 05 is keyed for a pay period on or after June 1, 2006, CMIPS shall process a POS Spend-Down Reversal transaction and issue a EXPLANATION OF IN-HOME SUPPORTIVE SERVICES (IHSS) SHARE OF COST REVERSAL letter. See ***Section II-L – Explanation of IHSS Share of Cost*** for more information.

Field 17: TYPE – Required, Alpha
Length: 1
Description: Type – Identifies the type of transaction. On the SPEC screen, entry is made in the TYPE field of the VOID section. Valid TYPES are:

- **S** Void and Stop Pay, warrant not in possession with REASON 01, 02, 03, 17
- **V** ***State Contractor Only*** – Void with REASON 05 or 08
- **U** ***State Contractor Only*** used with REASON 08 only

Field 18: REASON – Required, Numeric
Length: 2
Description: Reason – Identifies the reason for the transaction. On the SPEC screen, entry is made in the REASON field of the VOID section. Valid REASON are:

- **01** Incorrect amount
- **02** Incorrect payee
- **03** Payee ineligible
- **05** ***State Contractor Only*** – Re-deposited warrant. TYPE **V** only
- **07** Provider Direct Deposit. TYPE **V** only
- **08** ***State Contractor Only*** – Replacement transaction initiated; however, the warrant cleared the bank before the stop pay became effective. TYPE **V** or **U**.
- **09** ***State Contractor Only*** – Void zero dollar warrant. TYPE **V** only.
- **17** EFT rejected transaction

Field 19: WARRANT # – Required, Numeric
Length: 8 Format: XXXXXXXX
Description: Warrant Number – The number on the original warrant being voided. On the SPEC screen, entry is made in the WARRANT # field of the VOID section.

Field 20: WARRANT DATE – Required, Numeric
Length: 8 Format: MMDDYYYY
Description: Warrant Date – The date on the original warrant to be voided. On the SPEC screen, entry is made in the WARRANT DATE field of the VOID section.

Field 21: NET AMOUNT – Required, Numeric
Length: 8 Format: X,XXX.XX
Description: Warrant Date – The date on the original warrant to be voided. On the SPEC screen, entry is made in the NET AMOUNT field of the VOID section.

ADJUSTMENT

Adjustment transactions allow accounting adjustments processed against previously issued/cashed warrants. Only the C-02 adjustment transaction issues a physical payment warrant. Adjustment transactions may be deleted the same day they are keyed.

Field 22: TYPE – Required, Alpha
Length: 1
Description: Type – Identifies the type of transaction. On the SPEC screen, entry is made in the TYPE field of the ADJUST section. Valid adjustment types are:

- **C** **SUPPLEMENT WARRANT ADJUSTMENT** – This transaction generates a warrant for repayment of FICA, SDI, or Share of Cost. SOC Adjustments are only allowed for pay periods prior to June 1, 2006.
- **D** **DELETE TRANSACTION** – Used to delete an erroneously keyed transaction the same day. See ***Section XI-C- Special Instructions*** to delete transactions.
- **H** **HISTORY ADJUSTMENT** – Used when a provider has had a payment assigned to an incorrect pay period. History Adjustments are only allowed for pay periods prior to June 1, 2006.
- **N** **NEGATIVE ADJUSTMENT** – Used to adjust a prior payment from PCSP to Residual funding source. Negative Adjustments are only allowed for pay periods prior to August 2004.
- **O** **OVER–WITHHOLDING** – Used to reconcile excess FICA or SDI over withheld from providers or over withheld SOC from recipients.
- **P** **POSITIVE ADJUSTMENT** – Used to adjust prior payment from Residual to PCSP funding source. Positive Adjustments are only allowed for pay periods prior to August 2004.
- **R** **REFUND ADJUSTMENT – *State Contractor Only*** – Used to refund payments from a recipient or provider to the county. Refund Adjustments for SOC are only allowed for pay periods prior to June 1, 2006.
- **U** **UNDER–WITHHOLDING** – Used when a provider or recipient makes payment of FICA, SDI or Share of Cost previously under withheld. Under-withholding Adjustments are only allowed for pay periods prior to June 1, 2006.

Field 23: REASON – Required, Numeric
Length: 2
Description: Reason – Identifies the reason for the transaction. On the SPEC screen, entry is made in the REASON field of the ADJUST section.

- **01** **HISTORY CHANGE FOR PAY PERIOD** – This adjustment is used when a payment has been issued to a provider for an incorrect pay period. The hours and payment are correct. May be keyed against a provider case using TYPE **H** only. History adjustments are not allowed against recipient cases where the Medi-Cal Secondary Aid Code is 2L or 2M for a payment period on or after June 1, 2006.

02 REIMBURSE EXCESS WITHHOLDING OF FICA/SDI/SOC – This adjustment is used to issue a reimburse warrant when FICA, SDI or SOC withheld from the original warrant was excessive. May be keyed against a provider or recipient case using TYPE **C** only. The following conditions apply to the use of the C02 transactions to repay SOC only:

- If the time period is before June 1, 2006, C02 may be used to repay SOC.
- If the time period is on or after June 1, 2006 and the Funding Source is 2N for the payment period (SOCD Screen) C02 may used to repay SOC.
- If the time period is on or after June 1, 2006 and the Funding Source is 2L or 2M for the payment period (SOCD Screen) C02 <u>may not</u> be used to repay SOC.

03 REFUND TO COUNTY FOR INSUFFICIENT WITHHOLDING OF FICA/SDI/SOC – This adjustment is used when monies are paid to the county by a recipient or provider when there was an under withholding of FICA or SDI on the original warrant. May be keyed against an Arrears Pay Provider or an Advance Pay Recipient case using TYPE **R**. ***State Contractor Only***. R03 for SOC will not be allowed for a payment period on or after June 1, 2006.

05 CHANGE INCORRECT HOURS – This adjustment is used when the number of hours credited to a payment is incorrect but the dollar amount paid is correct. May be keyed against a provider or recipient case using TYPE **P** and **N** only. This transaction **<u>may not be used</u>** to reconcile Advance Payment cases.

06 ADVANCE PAY RECONCILIATION ADJUSTMENTS –
TYPE P or **N** – These adjustments are used to reconcile individual provider timesheet hours against an Advance Pay recipient warrant. May be keyed against a provider case only.
TYPE O or **U –** These adjustments are used to reconcile Advance Pay provider tax withholdings against an Advance Pay recipient warrant. May be keyed against a provider case only.

07 PAYMENT AGAINST INCORRECT RECIPIENT – This adjustment is used to credit or debit a provider's payment when a timesheet has been keyed against an incorrect recipient case using a TYPE **P** and **N**.
State Contractor Only

09 ADVANCE PAY FORCED RECONCILIATION – This adjustment is used to force balance an Advance Pay recipient case for a month that is irreconcilable using a TYPE **N** only. This adjustment should only be used when an overpayment has been documented in the recipient's case record with supervisor's approval.

REASONS 10, 11, 12 and 13 are used to correctly reallocate previously overpaid monies paid by a recipient or provider to the county. These transactions reallocate the associated County and State shares.

10 REFUND TO THE COUNTY WHEN FICA, SDI or SOC WAS NOT WITHHELD FROM ORIGINAL WARRANT – Used when a provider or recipient repays a previously over-paid wage amount to the county and the original warrant did not have FICA, SDI or SOC withheld. This transaction adjusts only GROSS and NET dollars. May be keyed against a provider or recipient case using TYPE **R**. ***State Contractor Only***

11 REFUND TO THE COUNTY WHEN ONLY FICA WAS WITHHELD – Used when a provider or recipient repays a previously over-paid wage amount to the county and the original warrant had only FICA withheld. May be keyed against a provider or recipient case using TYPE **R**. ***State Contractor Only***
R11 for SOC is not allowed for a payment period on or after June 1, 2006.

12 REFUND TO THE COUNTY WHEN ONLY SDI WAS WITHHELD – Used when a provider or recipient repays a previously over-paid wage amount to the county and the original warrant had only SDI withheld. May be keyed against a provider or recipient case using TYPE **R**. ***State Contractor Only.*** R12 for SOC is not allowed for a payment period on or after June 1, 2006.

13 REFUND TO THE COUNTY WHEN BOTH FICA AND SDI WERE WITHHELD – Used when a provider or recipient repays a previously over-paid wage amount to the county and the original warrant had both FICA and SDI withheld. May be keyed against a provider or recipient case using TYPE **R**. ***State Contractor Only***
R13 for SOC is not allowed for a payment period on or after June 1, 2006.

14 REFUND LIEN PAYMENTS CASHED BY SDU ON CLOSED LIEN – Used when lien checks were cashed by SDU (State Disbursement Unit) and refunded due to lien closure. Keyed against Provider 16-digit case number using TYPE **R**. The lien warrant number, pay period, net (refund amount of lien, not to exceed original lien amount) and authorization number are required. ***State Contractor Only.***

18 CONTRACTOR INTERFACE ADJUSTMENT – This adjustment is used to adjust cases serviced by a County Contractor. May be keyed against recipient cases only using a TYPE **P** and **N**.

21 FUNDING SOURCE ADJUSTMENT INDIVIDUAL PROVIDER – This adjustment is used to credit or debit funding source (PCSP/Residual) allocations for recipient cases services by an Individual Provider. May be keyed against a recipient case using TYPE **P** and **N**. The N/P21 transactions are not allowed for payment periods on or after May 1, 2005.

22 FUNDING SOURCE ADJUSTMENT COUNTY CONTRACTOR – This adjustment is used to credit or debit funding source (PCSP/Residual) allocations for recipient cases services by a County Contractor provider. May be keyed against a recipient case using TYPE **P** and **N**. The N/P22 transactions are not allowed for payment periods on or after May 1, 2005.

23 FUNDING SOURCE ADJUSTMENT HOMEMAKER – This adjustment is used to credit or debit funding source (PCSP/Residual) allocations for recipient cases services by a Homemaker provider. May be keyed against a recipient case using TYPE **P** and **N**. The N/P23 transactions are not allowed for payment periods on or after May 1, 2005.

Field 24: FROM DATE – Optional, Numeric
Length: 8 Format: MMDDYYYY
Description: From Date – The beginning date of the pay period to be adjusted. This field is only completed when TYPE P or N is entered in Field 22 and REASON 21, 22, or 23 is entered in Field 23. On the SPEC screen, entry is made in the FR DATE field of the ADJUST section.

Field 25: TO DATE – Optional, Numeric
Length: 8 Format: MMDDYYYY
Description: To Date – The last pay period to be adjusted. This field is only completed when TYPE **P** or **N** is entered in Field 22 and REASON 21, 22, or 23 is entered in Field 23. On the SPEC screen, entry is made in the TO DATE field of the ADJUST section.

Field 26: WARRANT # – Required, Numeric
Length: 8 Format: XXXXXXXX
Description: Warrant Number – The warrant number being adjusted.
Special Note – When keying P/N18 or P/N22 transactions, the current Contractor SPEC Warrant # (#YYYYMM) is entered in this field. On the SPEC screen, entry is made in the WARRANT # field of the ADJUST section.

Field 27: PAY PERIOD – Optional, Numeric
Length: 8 Format: MMDDYYYY
Description: Pay Period – The first day of the pay period being adjusted. On the SPEC screen, entry is made in the PAY PERIOD field of the ADJUST section.

Field 28: GROSS AMOUNT – Optional, Numeric
Length: 8 Format: X,XXX.XX
Description: Gross Amount – The net change to the gross dollar amount of the pay period. On the SPEC screen, entry is made in the GROSS field of the ADJUST section.

Field 29: FICA – Optional, Numeric
Length: 6 Format: X,XXX.XX
Description: Federal Insurance Contribution Act (Social Security) – The FICA deduction attributed to this adjustment. On the SPEC screen, entry is made in the FICA field of the ADJUST section.

Field 30: MED – Optional, Numeric
Length: 6 Format: X,XXX.XX
Description: Medicare – The Medicare deduction (if separate from the FICA deduction) attributed to this adjustment. On the SPEC screen, entry is made in the MED field of the ADJUST section.

Field 31: SDI – Optional, Numeric
Length: 6 Format: X,XXX.XX
Description: State Disability Insurance – The SDI deduction attributed to this adjustment. On the SPEC screen, entry is made in the SDI field of the ADJUST section.

Field 32: FED – Numeric – ***State Contractor Only***
Length: 6 Format: X,XXX.XX
Description: Federal Income Tax – The federal deduction attributed to this adjustment. On the SPEC screen, entry is made in the FED field of the ADJUST section.

Field 33: STATE – Numeric – ***State Contractor Only***
Length: 6 Format: X,XXX.XX
Description: State Income Tax – The state deduction attributed to this adjustment. On the SPEC screen, entry is made in the STATE field of the ADJUST section.

Field 34: EIC – Numeric – ***State Contractor Only***
Length: 6 Format: X,XXX.XX
Description: Earned Income Credit – The EIC deduction attributed to this adjustment. On the SPEC screen, entry is made in the EIC field of the ADJUST section.

Field 35: SOC – Optional, Numeric
Length: 7 Format: XXX.XX
Description: Share of Cost – The share of cost deduction attributed to this adjustment. On the SPEC screen, entry is made in the SOC field of the ADJUST section.

Field 36: NET – Optional, Numeric
Length: 8 Format: X,XXX.XX
Description: Net – The net amount to be adjusted. On the SPEC screen, entry is made in the NET field of the ADJUST section.

Field 37: HOURS – Optional, Numeric
Length: 5 Format: XXX.X
Description: Hours – The total number of hours to be adjusted. Hours will be automatically entered for individual provider N or P21 adjustments for August 1, 1993 and later. Contractor and homemaker hours must be manually entered for N or P 22/23 adjustments. On the SPEC screen, entry is made in the HOURS field of the ADJUST section.

AUTHORIZED BY

Field 38: NUMBER – Required, Numeric
Length: 5 Format: XXXXX
Description: Number – The official county-assigned or State contractor authorization number that must be entered on every Special Pre-Authorized Transaction document. On the SPEC Screen entry is made in AUTHORIZATION # field.

FORCE ACCEPT?

Field 39: FORCE ACCEPT? – Required, Numeric
Length: 1 Format: X
Description: Force Accept – Use an "X" for transactions that display soft edit alerts, but are authorized for acceptance. On the SPEC screen, an X is placed in the FORCE ACCEPT field.

PAYEE

Field 40: NAME – System generate from RELA or PELG, Alphanumeric
Length: 30
Description: Name – The name of the payee whose record will be credited by this transaction. On the SPEC screen, the NAME will appear in the PAYEE field in the bottom right corner.

COUNTY VALIDATION

The fields shown below appear only on the SOC 312 form, but do not appear on the SPEC screen.

Field 41: AUTHORIZATION – Optional
Description: Authorization – Optional field for use by county personnel.

Field 42: DATE – Optional
Description: Date – Optional field for use by county personnel.

Field 43: REMARKS – Optional
Description: Remarks – Optional field for use by county personnel.

Field 44: VALIDATION – Optional
Description: Validation – Optional field for use by county personnel.

Field 45: DATE – Optional
Description: Date – Optional field for use by county personnel.

Field 46: REMARKS – Optional
Description: Remarks – Optional field for use by county personnel.

Special Instructions

This Section provides additional and/or special instructions on the following subjects:

Subject **Page XI-C**

I. Deleting an erroneous SPEC transaction 2
II. Section 1 – Supplement/Emergency Warrant Transactions 3
A. Emergency Warrant Example 3
B. Supplemental Warrant for Prior Underpayment Example 4
III. Section 2 – Replacement Warrant Transactions 4
A. Replacement Transaction Processing – Form STD 435 4
B. After the STD 435 is completed 7
C. State Contractor Process 7
D. State Controller's Office Process 7
E. SCO notification to State Contractor 7
F. Processing Exceptions 8
G. Replacement Transactions Examples 8
H. Replacement of Stale Dated Warrants 10
I. Replacement of Forged Warrants 10
IV. Section 3 – Void Warrant Transactions 11
A. Void Warrant Example - Stop Pay, Do Not Reissue Example 11
B. Returned Warrant Void Processing 11
V. Section 4 – Adjustment Warrant Transactions 13
A. Adjustment Transaction Examples 13

This section of the IHSS/CMIPS User's Manual should be used in conjunction with ***Sections XI – B and XI – D***. The various TYPE and REASON codes may be found in the ***Section XI-B SOC 312 Field-by-Field Description***. Edits displaying on the SPEC screen when keying transactions may be found in ***Section XI – D SPEC Screen Edits***.

I. Deleting an erroneous SPEC transaction

Some, but not all Supplemental/Emergency or Adjustment transaction may be deleted the same day they are keyed. See ***Section XI-B SOC 312 Field-by-Field Description*** for transactions having same day delete capabilities.

An erroneously keyed SPEC transaction may be deleted by entering all the data elements keyed on the erroneous transaction, with the exception of the TYPE. To delete an erroneous transaction, key a **D** in Field 3 – TYPE, of the Supplemental/Emergency Section or in Field 22 of the Adjustment Section of the SPEC screen. After the transaction has been deleted, the correct transaction may be keyed.

Erroneously keyed Replacement or Void transactions **may not** be deleted.

II. Section 1 – Supplement/Emergency Warrant Transactions

Section 1 of the SOC 312 is used to initiate and authorize initial payments for an Advance Pay recipient or a supplemental payment to a recipient or provider when they are not payable through the normal payroll processes. Supplemental/Emergency transactions may be deleted the same day they are keyed.

A. Emergency Warrant Example

1. Betty Smith, a severely impaired recipient, was added to CMIPS as an advance pay recipient after the advance pay checkwrite for November. Therefore, she did not receive her Advance Payment for November 2003. From the recipient case gross amount is $1,338.75 (214.2 HOURS x $6.25 RATE). To issue the Initial Advance Pay warrant to the recipient, complete Section 1 of the SOC 312 with the following information:
   a. Field 1 – RECIPIENT NUMBER – The ten-digit recipient case number
   b. Field 3 – TYPE = **X** – Without Deductions; **W** – With Deductions
   c. Field 4 – REASON = **03**
   d. Field 6 – FROM DATE – The first date of the month for which the warrant is being issued (**11012003**)
   e. Field 7 – TO DATE – The last date of the month for which the warrant is being issued (**11302003**)
   f. Field 8 – GROSS – Gross amount of warrant being issued (**1338.75**)
   g. Field 9 – HOURS – The number of hours associated with the GROSS being paid (**214.2**)
   h. Field 10 – RATE – The rate of pay on the recipient case for the hours being paid (**6.25**)
   i. Field 38 – AUTHORIZED BY NUMBER – County designated Authorization Number
   j. Fields 41-46 – Complete as required by County
2. In the above example, if Betty Smith were responsible for a Share-Of-Cost (SOC - $100.00) the following action would be necessary to cause CMIPS to issue the warrant minus the SOC. To issue the Initial Advance Pay warrant to the Recipient, minus the SOC, complete Section 1 of the SOC 312 with the following information:
   a. Field 1 – RECIPIENT NUMBER – The ten-digit recipient case number
   b. Field 3 – TYPE = **X** – Without Deductions; **W** – With Deductions
   c. Field 4 – REASON = **03**
   d. Field 6 – FROM DATE – The first date of the month for which the warrant is being issued (**11012003**)
   e. Field 7 – TO DATE – The last date of the month for which the warrant is being issued (**11302003**)
   f. Field 8 – GROSS – Gross amount of warrant being issued (**1338.75**)

g. Field 9 – HOURS – The number of hours associated with the GROSS being paid (**214.2**)

h. Field 10 – RATE – The rate of pay on the recipient case for the hours being paid (**6.25**)

i. Field 11 – SHARE/COST = Share of cost amount owned by recipient

j. Field 38 – AUTHORIZED BY NUMBER – County Authorization Number

k. Fields 41-46 – Complete as required by County

B. Supplemental Warrant for Prior Underpayment Example

3. Grace Jones, an IHSS provider, received a warrant for 20 hours worked in March paid at an incorrect (lower) rate of $6.25 rather than the current county default rate of $6.75. The PSUM shows the provider was paid for the correct number of hours. A supplemental payment should be issued for payment for additional dollars without changes to the hours. Calculate the GROSS amount which is due the provider (20 HOURS x 0.50 RATE = 10.00 GROSS).

   Please note that the hours and rate are not entered on this transaction as the hours originally paid is correct.

   To issue a supplemental warrant to Grace Jones for $10.00 with applicable tax deductions, complete Section 1 of the SOC 312 with the following information:

   a. Field 1 – RECIPIENT NUMBER – The ten-digit recipient case number

   b. Field 2 – PROVIDER NUMBER - The six-digit provider number

   c. Field 3 – TYPE = **X** – Without Deductions; **W** – With Deductions

   d. Field 4 – REASON = **02**

   e. Field 8 – GROSS = **10.00**

   f. Field 38 – AUTHORIZED BY NUMBER – County Authorization Number

   g. Fields 41-46 – Complete as required by County

   NOTE: DO NOT use a Supplement/Emergency Warrant transaction to pay back Share of Cost, FICA, Medicare or SDI. See Adjustment Transactions in this section.

III. Section 2 – Replacement Warrant Transactions

Section 2 of the SOC 312 is used when a warrant is lost, stolen, mutilated, or never received by the payee. Complete Section 2 to stop payment of the original warrant and begin the replacement process.

Information necessary for keying Replacement transactions may be obtained from the RSUM, PSUM, WARR or WARD screens. The RSUM and PSUM screens display individual warrant information for thirteen (13) months only. After 13 months, the warrant can only be viewed on the WARR and WARD screens. See ***Section VII- Payment Inquiry Screens*** for detailed information for each screen.

A. Replacement Transaction Processing – Form STD 435

1. A "Request for Duplicate Controller's Warrant", Form STD 435, must be completed and sent to the State Contractor before a replacement warrant can be issued. Forms

may be ordered from the State Warehouse. See ***Section II – B Ordering CMIPS Form***s.

2. Research the PSUM or RSUM screens to verify the warrant has been issued, but not cashed.
3. If a warrant was issued, but not cashed, legibly complete the top portion of the STD 435 with the following information:
4. 1st Page, Top Section – Completed by Requesting Agency
   a. Date requested
   b. Requesting agency telephone number
   c. Warrant number (warrant being cancelled)
   d. Requesting agency including the county name, county number, and District Office number (when applicable)
   e. Date issued (warrant being cancelled)
   f. 10-digit recipient number and/or the 6-digit provider number, as applicable
   g. Amount (net amount of warrant being cancelled)
   h. Payee's name, exactly as it appears on the warrant, e.g., Smith, John
   i. The fund number- 696 or 001
   j. The payee's current name and address in the box marked Name, Address, & Zip Code (the warrant will be mailed to this address)
5. 1st Page, Declaration – Completed by Payee
   a. Instruct the payee to provide:
   b. His/her name and mailing address.
   c. The reason for requesting a stop payment/duplicate warrant by checking the appropriate box,
   d. Never Received
   e. Lost/Destroyed
   f. Stolen
   g. and providing the date and circumstances, as appropriate.
   h. His/her signature, date signed and telephone number

Advise the payee that the original warrant may still arrive in the mail and s/he must not attempt to cash it will not clear the bank and the payee may be liable for associated fees.

6. 2nd Page – Completed by requesting agency
   a. Warrant number (warrant being cancelled)
   b. Date issued (warrant being cancelled)
   c. Payee's name, exactly as it appears on the warrant, e.g., Smith, John
   d. The payee's current name and address in the box marked Name, Address, & Zip Code (the warrant will be mailed to this address)
   e. Requesting agency name and address

STATE OF CALIFORNIA – CONTROLLER'S OFFICE

REQUEST FOR DUPLICATE CONTROLLER'S WARRANT / STOP PAYMENT

STD 435 (REV. 9-2000) (Page 1)

DATE REQUESTED	AGENCY TELEPHONE NUMBER	WARRANT NUMBER
REQUESTING AGENCY	UNIT/SECTION	DATE ISSUED *(MMDDYY)*
IDENTIFICATION NUMBER		AMOUNT *(Net Only)*
NAME *(Exactly as it appears on warrant)*		FUND NUMBER

		SCO USE ONLY
NAME ADDRESS AND ZIP CODE		STATUS
		EFFECTIVE STOP DATE
		REPLACEMENT NUMBER
		REPLACEMENT DATE

RETURN TO: State Controller, Administration and Disbursements Division, P.O. Box 942850, Sacramento, California 94250-5871

IMPORTANT! SEE INSTRUCTIONS (on reverse)

I, _____

mailing address _____
Street City State Zip Code

certify or declare:
That the State of California Controller's warrant described above was ☐ never received; ☐ lost/destroyed;

☐ stolen on or about _____ (give date, including year), under the following circumstances:

_____

That declarant is the owner or custodian of said warrant, has not cashed or transferred same, and is entitled to possession thereof; or the corporation, partnership, or government agency in whose behalf declarant makes this application, is the owner or custodian, has not cashed or transferred same, and is entitled to possession thereof.

(if a corporation is owner or custodian) That declarant is an officer, to wit _____
Title

of, _____, a corporation and is authorized to make this application and enter into the indemnity agreement provided herein on behalf of said corporation.
Application is made to the State Controller to issue a duplicate warrant in lieu of said original warrant, and declarant, or partnership or corporation in whose behalf he applies, agrees to indemnify and hold harmless the State, its officers and employees, from any loss resulting from the issuance of said duplicate warrant. (This indemnity agreement is not applicable if the payee of the lost or destroyed warrant is any governmental agency or officer thereof; or if the State of California, agency or officer thereof, is owner or custodian.)

I/We certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DECLARANT(S)	
1.	DATE SIGNED
2.	DATE SIGNED
TITLE *(If signing for Corporation, Partnership or Government agency)*	
CORPORATION, PARTNERSHIP, OR GOVERNMENT AGENCY NAME (If applicable)	
DAYTIME TELEPHONE NUMBER *(Include Area Code)* ( )	

Fig. XI-C- 1 – STD 435 – Page 1

B. After the STD 435 is completed

1. To stop payment of the original warrant and begin the replacement process, complete Section 2 of the SOC 312 using the following information:
   a. Field 1 – RECIPIENT NUMBER – The ten-digit recipient case number
   b. Field 2 – PROVIDER NUMBER – The six-digit provider number – If applicable
   c. Field 12 – TYPE = **S** – Only Code used for Replacement transactions
   d. Field 13 – REASON – appropriate reason code
   e. Field 14 – WARRANT # – Enter the warrant number being replaced
   f. Fields 15 – WARRANT DATE – Enter the warrant date assigned to the warrant being replaced
   g. Field 16 – NET AMOUNT – Enter the net amount of the warrant being replaced
   h. Field 38 – AUTHORIZED BY NUMBER – County Authorization Number
   i. Fields 41-46 – Complete as required by County
2. The County staff then keys the replacement transaction on the SPEC screen
3. The county staff copies the STD 435 for the County file, and sends the original to:

   HP/IHSS
   PO Box 940
   Roseville, CA 95678-0901

C. State Contractor Process

4. Upon receipt, the State Contractor verifies the STD 435 information and that the County has keyed the SPEC transaction. The STD 435 is then forwarded to the SCO for action.

D. State Controller's Office Process

1. SCO verifies that the warrant is outstanding, places a stop pay on the warrant, then reissues the warrant on replacement warrant stock. The warrant, when re-issued is mailed directly to the payee.
2. The replacement warrant is printed on a different color paper than the original warrant.
3. Printed in the upper right corner are the words REPLACING WARRANT NUMBER and beneath is the original number of the warrant.
4. Printed towards the top, in MO. DAY YR. field is date associated with the original warrant. (If the original warrant was dated 05/10/2002, the replacement warrant will be dated 05/10/2002.)
5. The words DUPLICATE WARRANT are printed above the DOLLARS/CENTS box.

E. SCO notification to State Contractor

6. The State Contractor receives a Replacement Warrant Detail Report from the SCO listing the warrant number, issue date, fund number, net amount, type and the reissue number. From this report the reissue number is keyed in CMIPS automatically

updating PSUM or RSUM with a new warrant number. The PSUM or RSUM will display the following warrant information:

- TP = R S
- S = P
- FRM DT and TO DT display same dates associated to the original warrant
- WAR DT – The date the replacement warrant was issued
- WAR NUM – Displays the six-digit replacement warrant number, preceded by two zeros, assigned to and appearing on the replacement warrant
- HOURS, GROSS, and WARR NET – Display the information associated to the original warrant

```
THIS PSUM I 999999999999999
NEXT PSUM I 9999999999

IHSS PROVIDER SUMMARY          NAME    XXXXXXXXXXXXXXXXXX , XXXXXXXXXXXX X
X 999999     X 999999     X 999999

MONTH-TO-DATE-TOTALS
 YR  MO   PD HOURS   GROSS      SOC       YR  MO   PD HOURS   GROSS      SOC
2002 03       0.0       0.00      0.00   2002 02       0.0       0.00      0.00
2002 01       0.0       0 00      0.00   2001 12       0.0       0.00      0.00
HRS=      0.00 WAGES=       0.00 FICA=       0.00   SDI=     0.00 EIC=     0.00
TXNS 1 TO 10 OF 16
TP   S FRM DT TO DT  WAR DT WAR NUM   HOURS   GROSS    WARR NET RS X V AUTH   UD
H   V 110101 111501 112701 70623163   26.1    195.75    158.86 03 0 R 74747
R S P 110101 111501 031402 00123456   26.1    195.75    158.86 03 0   74747
```

Fig. XI-C- 2 – PSUM displaying Stop Pay Replace warrants

F. Processing Exceptions

1. If it is determined during the replacement process that the original warrant was cashed, a photocopy of the cashed warrant and the STD 435 will be returned to the County
2. If it is determined during the replacement process that the original warrant was re-deposited, a certificate of redeposit and the STD 435 will be returned to the County
   a. If the County determines the payee did not cash the original warrant, refer to the Forgery Procedures. See ***Section VII-G Timesheet Special Instructions – Forged Endorsement of Warrant*** for detailed instruction.

G. Replacement Transactions Examples

1. <u>Example 1 – Regular Replacement, Warrant Stolen/Lost Warrant</u>
   a. A warrant for the net about of $67.50 is issued to Peggy Stevens, an IHSS arrears pay provider, on May 5, 2004 for hours worked April 16-30, 2004. On May 12, 2004 Peggy notifies the county that she has not received the warrant and that all of the mail for her building was stolen on May 7, 2004. Peggy confirmed that the post office did not have the warrant when she obtained a PO Box. She wants a replacement warrant issued and all future warrants sent to the new address.
   b. The county staff reviews the PSUM to verify that the warrant was issued, but not cashed.

c. The provider completes the STD 435.

d. The County staff completes an SOC 311 for the providers change of address, then keys the changes on the PELG in CMIPS.

e. The County staff completes a SOC 312 with the following information, then keys the SPEC transaction:

   i. Field 1 – RECIPIENT NUMBER – The ten-digit recipient case number

   ii. Field 2 – PROVIDER NUMBER – The six-digit provider number

   iii. Field 12 – TYPE = **S**

   iv. Field 13 – REASON = **01**

   v. Field 14 – WARRANT # – Enter the warrant number being replaced (from PSUM or WARR screen)

   vi. Fields 15 – WARRANT DATE – Enter the warrant date assigned to the warrant being replaced (**05052004**)

   vii. Field 16 – NET AMOUNT – Enter the net amount of the warrant being replaced (**67.50**)

   viii. Field 38 – AUTHORIZED BY NUMBER – County Authorization Number

   ix. Fields 41-46 – Complete as required by County

f. The county staff then copies the STD 435 for the County file, and sends the original to the State Contractor who then processes with the SCO as indicated above.

2. <u>Example 2 – Regular Replacement, Warrant Never Received/Address Change</u>

   a. Joe Carter, an IHSS arrears provider, moved and did not notify the county of his new address. His timesheet for February 16-29, 2004 has been processed, but he has not received the warrant for $40.50 issued on March 10, 2004. The provider has advised the County of his new address and would like this and all subsequent warrants sent to his new address.

   b. The county staff reviews the PSUM to verify the warrant data, including that the warrant was paid on 03/10/2002, but not cashed.

   c. The provider completes and returns the STD 435 to the county.

   d. The County staff completes an SOC 311 for the provider's change of address, then keys the changes on the PELG in CMIPS.

      i. The County staff completes a SOC 312 with the following information, then keys the SPEC transaction:

      ii. Field 1 – RECIPIENT NUMBER – The ten-digit recipient case number

      iii. Field 2 – PROVIDER NUMBER – The six-digit provider number

      iv. Field 12 – TYPE = **S**

      v. Field 13 – REASON = **03**

      vi. Field 14 – WARRANT # – Enter the warrant number being replaced (from PSUM or WARR screen)

vii. Fields 15 – WARRANT DATE – Enter the warrant date assigned to the warrant being replaced (**03102004**)

viii. Field 16 – NET AMOUNT – Enter the net amount of the warrant being replaced (**40.50**)

ix. Field 38 – AUTHORIZED BY NUMBER – County Authorization Number

x. Fields 41-46 – Complete as required by County

e. The county staff then copies the STD 435 for the County file, and sends the original to the State Contractor who then processes with the SCO as indicated above.

f. When the SCO receives the STD 435, it is determined that the warrant has been re-deposited because the original warrant was returned to the SCO as undeliverable.

g. The SCO returned the STD 435 and a re-deposit certificate to the State Contractor.

h. The State Contractor verifies that the warrant has had a Void transactions (V05) keyed, then returns the STD 435 and the re-deposit certificate to the County. See Supplemental/Emergency transactions to pay the provider.

H. Replacement of Stale Dated Warrants

When a warrant is issued but not cashed within one year it is considered a Stale Dated Warrant. See ***Section VII-G – Special Instructions – Stale Dated Warrants*** for detailed instructions.

I. Replacement of Forged Warrants

When a warrant has been cashed and it appears the payee did not cash it the warrant may be considered Forged. See ***Section VII-G Timesheet Special Instructions – Forged Endorsement on Warrant*** for detailed instruction.

IV. Section 3 – Void Warrant Transactions

Section 3 of the SOC 312 is used to stop payment or VOID a warrant, without reissuing the warrant. Use this procedure only when a stop payment without reissue is initiated, when the location of the original warrant is unknown, or when a recipient's direct deposit was rejected during the Electronic Funds Transfer, (EFT) process. See Section VII-I – Electronic Funds Transfer for details of the EFT processing instructions. VOID transactions may not be deleted if keyed incorrectly.

A. Void Warrant Example - Stop Pay, Do Not Reissue Example

1. Jane Bradley, a severely impaired, Advance Pay recipient, enters the hospital on September 1, 2003, the day his advance payment warrant, issued on August 29, 2003 for $1380.78, for September was received. Her husband notifies the county that the recipient is in the hospital.
   a. County completes SOC 293 assigning the recipient case to "L-Leave" status
   b. County researches the RSUM screen to verify the warrant was issued, but not cashed. Complete Section 3 of the SOC 312 with the following information and keys the SPEC transaction:
      i. Field 1 – RECIPIENT NUMBER –The 10-digit recipient number
      ii. Field 17 – TYPE – **S** – Stop Pay
      iii. Field 18 – REASON – **03** – Payee ineligible
      iv. Field 19 – WARRANT # – The original warrant number
      v. Field 20 – WARRANT DATE – The date the original warrant was issued (**08292003**)
      vi. Field 21 – NET AMOUNT – The net amount of the original warrant (**1380.78**)
      vii. Field 38 – AUTHORIZED BY NUMBER – The County issued authorization number
      viii. Fields 41-46 – Complete as required by County
2. Jane Bradley notifies the county of her return home from the hospital on September 8, 2003 and returns the Advance Payment Warrant to the County.
   a. The County completes the SOC 293 to reinstate recipient with "E-Eligible" status
   b. County completes Section 1 of the SOC 312 to issue an Emergency warrant for the remainder days of the month (09/08/03-09/30/03).

B. Returned Warrant Void Processing

3. When a recipient or provider returns a warrant to the county, and that warrant has not had a Stop Pay action taken against it, the county should not key the void transaction on the SPEC screen. Rather, make a copy of the warrant for the county records, then stamp or write "VOID" on the face of the warrant and mail it to the State Contractor.
   a. The State Contractor processes a VOID SPEC Transaction (V05) on the warrant, then forwards the warrant to the SCO for redeposit. The warrant will have a Status of **V** and **RS** – Reason **05** on the PSUM or RSUM.

b. When the process is utilized the county may periodically check the RSUM or PSUM screen to see that the V05 has been keyed.

4. Warrants returned by the Post Office to the SCO as undeliverable or those returned by a provider or recipient to the SCO will also be redeposited. The SCO notifies the State Contractor of the returned items and the V05 SPEC transaction is keyed against each warrant.

V. Section 4 – Adjustment Warrant Transactions

Section 4 of the SOC 312 is used to make adjustments to issued payments. Adjustment transactions include:

Contractor Interface Adjustment – Used when making adjustments to Contractor payments on a case-by-case basis

Funding Source Adjustment – Used to reassign funding source allocations (PCSP or IHSS Residual) when initial allocation was incorrect. Funding Source Adjustments are only allowed for pay periods before August 1, 2004.

History Adjustment – Used when a timesheet has been keyed and paid for an incorrect pay period. History Adjustments are only allowed for pay periods before June 1, 2006.

Reconciliation of Advance Payment Adjustment – Used when adjustments are necessary to balance Recipient Advance Pay cases

Refund Adjustment – Used when payment is made to a county by a provider or recipient erroneously overpaid or when FICA, SDI or SOC withholdings were insufficient. Only SOC Refunds associated with the IHSS Residual Funding Source are only allowed for pay periods after June 1, 2006.

Supplemental Adjustment – Used to repay provider or recipient when over withholding of taxes or share of cost. SOC Supplemental Adjustments are only allowed for pay period before June 1, 2006.

When adjustment transactions are keyed the following information, available on the WARR or WARD screens, is required:

- WARRANT NUMBER
- FROM DATE
- TO DATE
- GROSS
- TAX ALLOCATIONS – FICA, SDI, MEDICARE, FIT, SIT, EIC
- SHARE OF COST
- NET

A. Adjustment Transaction Examples

1. **Pay Period Adjustment – TYPE H – REASON 01 – This transaction is only allowed for pay periods prior to June 1, 2006.**

This adjustment is used when an arrears timesheet was entered for the wrong pay period, but the hours and payment are correct.

a. Section 4 of the SOC 312 with the following information:

i. Field 1 – RECIPIENT NUMBER – The ten-digit recipient number

ii. Field 2 – PROVIDER NUMBER – The six-digit provider number

iii. Field 22 – TYPE – H – History Adjustment

iv. Field 23 – REASON – 01 – Change incorrect hours only

v. Field 26 – WARRANT # – The original warrant number to which the adjustment applies

vi. Field 27 – PAY PERIOD – The pay period for which the adjusted hours should be applied

vii. Field 38 – AUTHORIZED BY NUMBER – Enter the County Authorization number associated with the transaction

viii. Fields 41-46 – Complete as required by County

CMIPS extracts the Federal, State, or EIC amounts associated with the warrants from the WARD screen.

The system creates a negative adjustment for the incorrect pay period and a positive adjustment for the correct pay period. These adjustments assure that future payments for the months in question will be properly edited.

If a history adjustment changes the hours originally keyed for the second half (16-30) to the first half (1-15), both pay segments will be considered paid for the month. If an attempt is made to key another timesheet for the second half of the month the time screen will present the error message "2ND TIME SHEET".

To pay the provider for these hours an Emergency warrant must be issued for the time period using Section 1 of the SOC 312.

2. **Supplemental Adjustment – TYPE C – REASON 02 – Repayment of SOC is only allowed for recipient cases associated to the IHSS Residual funding source for <u>pay periods on or after June 1, 2006</u>**

The Supplemental Adjustment is used when an over-withholding of FICA, SDI, or Share of Cost has occurred and repayment to a provider or recipients is required. This transaction issues a warrant.

a. Complete SOC 312 with the following information:

i. Field 1 – RECIPIENT NUMBER – The ten-digit recipient case number

ii. Field 2 – PROVIDER NUMBER – The six-digit provider number

iii. Field 22 – TYPE = C

iv. Field 23 – REASON = 02

v. Field 26 – WARRANT # – The original warrant number to which the adjustment applies. If the original warrant number is unknown 00000000 may be used.

vi. Field 27 – PAY PERIOD – The FROM DATE associated to the pay period for which the adjusted repayment is being made

b. Indicates how the refund should be credited for withholdings:

i. Field 29 – FICA – Amount of refund applicable to FICA

ii. Field 30 – MED – Amount of refund applicable to Medicare

iii. Field 31 – SDI – Amount of refund applicable to State Disability Insurance

iv. Field 35 – SOC – Amount of refund applicable to recipient share of cost. PCSP and IHSS+ Waiver shares of cost may not be repaid using this transaction for pay periods on or after June 1, 2006.

v. Field 36 – NET – The NET amount from the original warrant

(a) The sum of the withholding amount(s) indicated must equal the amount refunded, and indicated in Field 36 – NET

vi. Field 38 – AUTHORIZED BY NUMBER – Enter the County Authorization number associated with the transaction

vii. Fields 41-46 – Complete as required by County

3. **Refund Adjustment – TYPE R – REASON 10, 11, 12, 13 or 14 – State Contractor Only**

The Refund transaction is used when a County receives repayment from a recipient or provider for a prior overpayment. The money, received by the county, is deposited in the county account, then the county issues payment to CDSS for the amount. To adjust a general overpayment, complete the SOC 312 with the following information:

i. Field 1 – RECIPIENT NUMBER – The ten-digit recipient number

ii. Field 2 – PROVIDER NUMBER – The six-digit provider number – Use only if the provider is repaying a prior overpayments

iii. Field 22 – TYPE – R – Refund to the County

iv. Field 23 – REASON –The REASON codes 10, 11, 12 or 13 used reflect the tax deductions associated to the original warrant. The R10 transaction to adjust SOC is not allowed for a pay period on or after June 1, 2006. REASON code 14 is used to reimburse the Provider a lien withholding refunded by SDU.

v. Field 26 – WARRANT # – The original warrant number to which the adjustment applies. If the original warrant number is unknown 00000000 may be used. For REASON code 14, it is the lien warrant number.

vi. Field 27 – PAY PERIOD – The FROM DATE associated to the pay period for which the adjusted repayment is being made

vii. Field 28 – GROSS AMOUNT – Used only for recipient repayments

viii. Field 36 – NET – The NET amount from the original warrant

1. The difference between the GROSS minus the withholding amount(s) indicated must equal the amount indicated in Field 36 – NET

ix. Field 38 – AUTHORIZED BY NUMBER – Enter the County Authorization number associated with the transaction

x. Fields 41-46 – Complete as required by County

b. When completed, send the payment, payable to CDSS, along with all completed SOC 312 forms to:

HP/IHSS
P. O. Box 940
Roseville, CA 95678-0901

c. If a county has several refunds, a single check may be sent for the total of all adjustment refund transactions.

d. If the original payment also included a SOC that should be credited back on the adjustment, the county must enter the SOC amount in Field 34, SOC. This will allow CMIPS to adjust all monies in the same transaction along with the net amount returned to the county. Please remember the SOC credits are only allowed for pay periods prior to June 1, 2006.

4. **Insufficient Withholding – TYPE R – REASON 03**

These adjustments are used when a recipient pays monies to the county to make-up prior insufficient withholding of SOC or when a provider pays monies to the county to make-up prior insufficient withholding of FICA or SDI.

a. Complete the SOC 312 with the following

i. Field 1 – RECIPIENT NUMBER – The ten-digit recipient case number

ii. Field 2 – PROVIDER NUMBER – The six-digit provider number, when applicable

iii. Field 22 – TYPE = R

b. Field 23 – REASON = 03. The R03 transaction to adjust SOC is not to be allowed for a pay period on or after June 1, 2006.

i. Field 26 – WARRANT # – The original warrant number to which the adjustment applies. If the original warrant number is unknown 00000000 may be used

ii. Field 27 – PAY PERIOD – The FROM DATE associated to the pay period for which the adjusted repayment is being made

c. Indicates how the refund should be credited for withholdings:

i. Field 29 – FICA – Amount of refund applicable to FICA

ii. Field 30 – MED – Amount of refund applicable to Medicare

iii. Field 31 – SDI – Amount of refund applicable to State Disability Insurance

iv. Field 35 – SOC – Amount of refund applicable to recipient share of cost

v. Field 36 – NET – The NET amount from the original warrant

(a) The difference between the GROSS minus the withholding amount(s) indicated must equal the amount indicated in Field 36 – NET

vi. Field 38 – AUTHORIZED BY NUMBER – Enter the County Authorization number associated with the transaction

vii. Fields 41-46 – Complete as required by County

5. **Hours Adjustment – TYPE P or N – REASON 05 – These transactions are only allowed for pay periods prior to August 2004.**

This adjustment is used when the number of hours credited to a payment is in error but the dollar amount paid is correct.

a. Complete Section 4 of the SOC 312 with the following information:
   i. Field 1 – RECIPIENT NUMBER – The ten-digit recipient number
   ii. Field 2 – PROVIDER NUMBER – The six-digit provider number
   iii. Field 22 – TYPE – P – To add hours or N – To subtract hours
   iv. Field 23 – REASON – 05 – Change incorrect hours only
   v. Field 26 – WARRANT # – The original warrant number to which the adjustment applies
   vi. Field 27 – PAY PERIOD – The pay period for which the adjusted hours should be applied
   vii. Field 37 – HOURS – The number of hours to be added or subtracted
   viii. Field 38 – AUTHORIZED BY NUMBER – Enter the County Authorization number associated with the transaction
   ix. Fields 41-46 – Complete as required by County

6. **Funding Source Adjustment (PCSP/Residual)** – TYPE P or N, REASON 21, 22 or 23

These transactions are used to adjust program funding source (PCSP and IHSS Residual) allocations when payment has been credited to the incorrect program funding source. These transaction should only be keyed when documentation exists establishing the recipient's PCSP eligibility or ineligibility during the adjusted period. These transactions are only allowed for pay periods prior to August 2004.

Things to remember when making funding source adjustments:

a. Automated adjustments are allowed for recipients with IP provider's, requiring the entry of TYPE, REASON, FROM DATE, and TO DATE only. Be advised that CMIPS retains a rolling 60 months of payroll data. See ***Section II-J – Purge Processing*** for detailed information on CMIPS purge processing.

b. A Mixed Mode case, more than one provider type (IP, CC or HM), must be manually calculated and each provider type must be keyed as a separate SPEC transactions (21, 22 or 23). The gross amount for the Homemaker and County Contract modes must be manually computed from county reports which include employer contributions.

c. A case may be flagged as PCSP, but have some services paid from Residual Program funds. Such cases are known as Split-Cases. A recipient with a split-case requires manual calculations to determine the PCSP to Residual ration of GROSS AMOUNT and HOURS being adjusted. If any of the following conditions apply, the case may be a Split-Case and must be manually calculated:
   i. Services provided by PCSP eligible and Non-PCSP eligible provider or
   ii. Protective Supervision or

iii. Restaurant Meals

d. Complete Section 4 of the SOC 312 as follows:

i. Field 1 – RECIPIENT NUMBER – The ten-digit recipient number

ii. Field 2 – PROVIDER NUMBER – The six-digit provider number

iii. Field 22 – TYPE

- P – To adjust PCSP to Residual
- N – To adjust Residual to PCSP

iv. Field 23 – REASON – Use the appropriate reason based upon provider mode:

- 21 – Individual Provider
- 22 – County Contractor
- 23 – Homemaker

v. Field 24 – FROM DATE – Enter the pay period FROM DATE from the original warrant

vi. Field 25 – TO DATE – Enter the pay period TO DATE from the original warrant

vii. Field 26 – WARRANT # – The original warrant number to which the adjustment applies

viii. Field 27 – PAY PERIOD – The pay period for which the adjusted hours should be applied

ix. Field 28 – GROSS AMOUNT – Used when manual adjustment calculations are required

x. Field 36 – NET – The NET amount from the original warrant

(a) The difference between the GROSS minus the withholding amount(s) indicated must equal the amount indicated in Field 36 – NET

xi. Field 37 – HOURS – Use when manual adjustment calculations are required

xii. Field 38 – AUTHORIZED BY NUMBER –Enter the County Authorization number associated with the transaction

xiii. Fields 41-46 – Complete as required by County

7. **Reconciliation of Advance Payment Cases**

The following Adjustment transactions are used to reconcile provider payments against the monthly RECONCILIATION OF ADVANCE PAYMENT report.

a. Credit/Debit Payment History – TYPE P or N – REASON 06

These adjustment transactions are used to reconcile, add or subtract hours and the associated dollars for a provider against an Advance Pay recipient warrant. This transaction does not issue a warrant.

i. Complete the SOC 312 with the following information:

(a) Field 1 – RECIPIENT NUMBER – The ten-digit recipient case number

(b) Field 2 – PROVIDER NUMBER – The six-digit provider number

(c) Field 22 – TYPE =

- P – Add
- N – Subtract

(d) Field 23 – REASON = 06

(e) Field 26 – WARRANT # – The no warrant is issued to the provider, use 00000000.

(f) Field 27 – PAY PERIOD – The FROM DATE associated to the pay period for which the adjusted is being made

(g) Field 28 – GROSS AMOUNT – The Gross amount being adjusted

ii. Indicated the adjusted withholding amounts as applicable:

(a) Field 29 – FICA – Withholding amount of FICA

(b) Field 30 – MED – Withholding amount of Medicare

(c) Field 31 – SDI – Withholding amount of State Disability Insurance

(d) Field 35 – SOC – Withholding amount of recipient share of cost

(e) Field 36 – NET – The NET amount after all adjustments applied

(1) The difference between the GROSS minus the withholding amount(s) indicated must equal the amount indicated in Field 36 – NET

(f) Field 37 – HOURS – The number of hours being adjusted

(g) Field 38 – AUTHORIZED BY NUMBER – Enter the County Authorization number associated with the transaction

(h) Fields 41-46 – Complete as required by County

b. Adjust Over/Under-Withholding – TYPE O or U – REASON 06

This Adjustment transaction reconciles an Advance Pay recipient case to the tax withholdings of the provider(s). Depending upon the provider deduction status against which the recipients Advance Payment warrant was issued, the provider may have had taxes under or over withheld. These transactions are used to correctly credit or debit tax liability.

i. Complete Section 4 as follows:

(a) Field 1 – RECIPIENT NUMBER – The ten-digit recipient case number

(b) Field 2 – PROVIDER NUMBER – The six-digit provider number

(c) Field 22 – TYPE =

- U – Under withholding
- Over Withholding

(d) Field 23 – REASON = 06

(e) Field 26 – WARRANT # – There are no warrant is issued to the provider, use 00000000.

(f) Field 27 – PAY PERIOD – The FROM DATE associated to the pay period for which the adjusted repayment is being made

ii. Indicate the adjusted withholding amounts as applicable:

(a) Field 29 – FICA – Withholding amount of FICA

(b) Field 30 – MED – Withholding amount of Medicare

(c) Field 31 – SDI – Withholding amount of State Disability Insurance

(d) Field 35 – SOC – Withholding amount of recipient share of cost

(e) Field 36 – NET – The NET amount after all adjustments applied

(1) The difference between the GROSS minus the all withholding amount(s) indicated must equal the amount indicated in Field 36 – NET

(f) Field 37 – HOURS – The number of hours being adjusted

(g) Field 38 – AUTHORIZED BY NUMBER – Enter the County Authorization number associated with the transaction

(h) Fields 41-46 – Complete as required by County

c. Forced Reconciliation – TYPE N – REASON 09

If a month requires further reconciliation and the net difference line on the "Reconciliation of Advance Payments" cannot be reconciled to a provider and an overpayment is documented in the recipient's case record a county can use this adjustment to force the month to balance. The net difference line must be negative (gross amount, withholding and net amount) and any withholding must be the applicable percentage of the gross wage for the year in question.

i. Before completing a forced reconciliation, validate the FICA and SDI taxes by using the following tax year table.

(a) GROSS x FICA% = FICA Amount (rounded up to two decimal points). FICA is a combined tax. For current Social Security and Medicare Rates, see ***Section XIII-A Tax and Benefits Status Table***.

(b) GROSS x SDI% = SDI Amount (rounded up to two decimal points)

ii. Complete the SOC 312 with the following information:

(a) Field 1 – RECIPIENT NUMBER – The ten-digit recipient case number

(b) Field 2 – PROVIDER NUMBER – The six-digit provider number

(c) Field 22 – TYPE = N

(d) Field 23 – REASON = 09

(e) Field 26 – WARRANT # – There are no warrant is issued to the provider, use 00000000.

(f) Field 27 – PAY PERIOD – The FROM DATE associated to the pay period for which the adjusted repayment is being made

(g) Field 28 – GROSS AMOUNT – Enter the gross amount to be adjusted

(h) Field 36 – NET – The NET amount after all adjustments applied

(1) The difference between the GROSS minus the all withholding amount(s) indicated must equal the amount indicated in Field 36 – NET

(i) Field 38 – AUTHORIZED BY NUMBER – Enter the County Authorization number associated with the transaction

(j) Fields 41-46 – Complete as required by County

iii. The system processes these adjustments during 4th arrears cycle each month. If accepted, a negative adjustment plus the message "Forced Reconciliation Accepted" will appear on the Payment Voucher and the Warning Message Alert Listing. If rejected, the message, "Force Failed", will appear on the Reconciliation Report, the Payment Voucher, and the Payroll Warning Message Alert Listing.

d. Advance Pay Reconciliation Adjustments

i. Pay Period – The pay month and year should be researched to verify the correct payment period. The warrant date does not necessarily reflect the correct time period of payment as the warrant could have been issued at a later date. Use the RSUM, WARR or WARD screens to verify the correct payment period.

ii. Hourly Rate – Verify the provider's hourly rate by checking the Reconciliation of Advance Payment Report for recipient/provider pay rates. It should be the same as recipient's hourly rate. A discrepancy may occur when a rate change has been processed and the provider's wage has not automatically updated.

(a) EXAMPLE: There may be cases where the recipient was paid at $6.25 but the provider was credited at $5.75 per hour. To correct this, key an Adjustment TYPE P – REASON 06 against the provider for the gross amount of the adjustment (hours x $0.50)

iii. Timesheets/Adjustments – A TYPE "P", REASON 06 adjustment is similar to a timesheet entry on the TIME screen in that it credits money and hours to the provider. If a timesheet cannot be entered because the timesheet is more than 13 months old (Example – key a time sheet for 04/01/2001 on 05/01/2002), a TYPE P, REASON 06 Adjustment section may be entered on the SPEC screen to reconcile provider payments.

iv. Share-Of-Cost Adjustments

(a) Verify the correct amount of the recipient's SOC. If the recipient's SOC was correct, then the provider's SOC is probably incorrect and will need to be changed by entering a TYPE "O" – REASON 06 or Type "U – REASON 06 adjustment in Section 4.

(b) If the recipient's SOC was incorrect, the county may need to collect more money from the recipient or may owe the recipient money if too much SOC was withheld.

e. FICA/Medicare/SDI Adjustments – TYPE – O or U – REASON 06

i. Verify that the correct amounts for FICA, Medicare and/or SDI were withheld from the recipient's advance warrant. Then verify what was or was not credited to the provider.

ii. If the provider was over-credited on FICA, Medicare and/or SDI, do a TYPE "O" – REASON 06 adjustment; or do a TYPE "U" – REASON 06 adjustment if the provider was under-credited on FICA, Medicare and/or SDI.

f. Contractor Interface Funding Source Adjustments – TYPE – P or N REASON – 18 – These transactions are only allowed for pay periods before August 2004.

i. This adjustment is for Contractor Interface payments against a specific recipient case. Complete the SOC 312 with the following information:

ii. Field 1 – RECIPIENT NUMBER - The ten-digit recipient case number

iii. Field 22 – TYPE

iv. P – Add

v. N - Subtract

vi. Field 23 – REASON = 18

vii. Field 26 – WARRANT # – Current Contractor Code

viii. Field 27 – PAY PERIOD – The FROM DT of the pay period to be adjusted

ix. Field 28 – GROSS AMOUNT - The gross amount being adjusted, if applicable

x. Field 35 – SOC – The share of cost amount being adjusted, if applicable

xi. Field 36 – NET – The net amount of the adjustment

xii. Field 37 – HOURS – The adjustment hours, if applicable

xiii. Field 38 – AUTHORIZED BY NUMBER – The county assigned authorization number

SPEC Screen Edits

The SPEC screen performs field edits to correctly identify the original payment. Listed below are system edits (error messages) for the four sections of the SPEC Screen with explanations and where possible, resolutions. The term **Hard Edit** or **Soft Edit** will appear in each Explanation.

- **Hard Edit** requires resolution to the indicated issue before the transaction will process.
- **Soft Edit** is a warning message to the user indicating that close review should occur before the transaction is completed to ensure accuracy. If the transaction is correct, press <**Enter**> to complete the transaction processing.

When the term "FORCE ACCEPT?" appears, CMIPS requires and additional step before the transaction is finalized. If, after evaluation, the transaction should be finalized, place an "**X**" in the **FORCE** field, the press <**Enter**>.

Edit Message	Explanation
$ > RECIP AUTH FORCE ACCEPT?	**Soft Edit** – The gross dollar amount keyed, plus the gross amount for all other warrants issued for the pay period, exceeds the authorized amount for the recipient in the pay period. Verify the gross dollar amount entered on the SOC 312 is correct and that each provider's paid amount is correct. Overriding this edit may result in an overpayment. To override the edit and complete the transaction, place an '**X**' in the FORCE field, then press **<Enter>**.
'TO' DAY MUST BE MONTH-END FOR MEALS/ADVANCE	**Hard Edit –** Displays when an attempt is made key a W/X03 transaction with a TO date which is not the last day of a month.
ADJ HOURS NOT EQUAL VOIDED WARRANT HOURS	**Hard Edit** – Displays when an the hours keyed on an W/X10 transaction do not match the hours on the original, voided, warrant.
ADJ MAY NOT SPAN TAX YEARS	**Hard Edit –** Displays when an attempt is made to key an H01 transaction for dates which cross tax years. Adjustment may only be made within the same tax year (January – December).
ADJ TXN NOT ALLOWED FOR TIME PERIOD	**Hard Edit –** Displays when an attempt is made to adjust a recipient case which was 2N for the payment period to a payment period which was 2L or 2M. For pay period on or after June 1, 2006 History Adjustment (H01) transactions may not be keyed for recipient cases with a Medi-Cal Secondary Aid Code of 2L or 2M for the payment period.

Edit Message	Explanation
ADJUSTMENT > EXISTING PCSP CHARGES	**Hard Edit** – Displays when an attempt is made to key a transactions where the GROSS AMOUNT for the adjustment dollars keyed is greater than the payment history indicates as credited to PCSP for the case. Check WARD, RSUM and/or PSUM screens to verify funding amount.
ADJUSTMENT > EXISTING RESIDUAL CHARGES	**Hard Edit** – The GROSS AMOUNT for the adjustment dollars keyed is greater than the payment history indicates as credited to IHSS RESIDUAL for the case. Check WARD, RSUM and/or PSUM screens to verify funding amount.
ADJUSTMENT AMOUNT TOO LARGE	**Hard Edit** – The dollar amount keyed exceeds the field size (too many numbers). If the dollar amount is correct, it may be necessary to key two separate transactions/entries. See ***Section – XI-B SOC 312 – Field by Field Description*** for field length indications.
ADJUSTMENT FOR FUTURE TIME PERIOD	**Hard Edit** – Displays when an attempt is made to key an Adjustment for a future time period. Verify the dates entered on the SOC 312.
ADJUSTMENT GROSS AMOUNT CANNOT BE 0	**Hard Edit** – Displays when an attempt is made to key an SPEC Adjustment transaction with a GROSS AMOUNT of zero. Verify amount entered and rekey if required.
ADJUSTMENT HOURS TOO LARGE	**Hard Edit** – Displays when the hours associated with an Adjustment transaction are greater than four digits (XXX.X). If hours exceed the maximum field length multiple transactions are required. Verify field entry.
ADJUSTMENT TAXES INVALID FOR RECIPIENT	**Hard Edit** – Displays when an attempt is made to key an Adjustment C-02 transaction to a recipient for repayment of taxes or tax credits in Fields 32 (FED), 33 (STATE) and/or 34 (EIC).
ADJUSTMENT WAS NOT FOUND	**Hard Edit** – Displays when an attempt is made to delete an adjustment that does not exist on the PSUM or RSUM screen. Review case and adjust as necessary.
ADJUSTMENTS NOT EQUAL NET PLUS DEDS.	**Hard Edit** – The amount entered in Fields 28 GROSS AMOUNT minus entries if Fields 29, 30, 31, 32, and 35 (various deductions) and by State contractor staff in Fields 32, 33, and 34, do not equal the NET in Field 36. NOTE – Fields 32, 33 and 34 are **State Contractor Use Only**
AMT TOO LARGE, REDUCE MONTHS	**Hard Edit** – The PCSP Adjustment attempted cannot span a single month. Multiple months must be keyed separately.

Edit Message	Explanation
AUTO NOT ALLOWED; WW HRS OR CASE RESIDUAL	**Hard Edit** – Automatic PCSP adjustment not allowed, because the case has WW hours and/or is residual. The PCSP and Residual hours and dollars must be manually computed and keyed in Fields 28 GROSS and 37 HOURS.
CANNOT VOID CASHED WARRANT	**Hard Edit** – Displays when an attempt is made to void a warrant that has a Status of "C" for cashed. Warrants indicated as cashed may not be voided.
CASE ASSESSMENT WAS NOT FOUND	**Hard Edit** – The recipient eligibility segment against which the transaction was keyed does not exist. Confirm the dates and either update the recipient eligibility segment and/or rekey the SPEC transaction.
CASE PROVIDER WAS NOT FOUND	**Hard Edit** – The provider number entered does not exist. Check the RSUM and adjust as needed.
CHECK NET DOES NOT MATCH	**Hard Edit** – Displays when the NET amount keyed does not match the net amount on the original warrant. Verify the net amount of the original warrant on the RSUM, PSUM, or WARD. Adjust as necessary.
CHECK NO MUST BE > ZERO	**Hard Edit** – Displays when the warrant number keyed is zeros. A valid warrant number must be keyed.
CHECK STATUS MUST BE P OR C	**Hard Edit** – Displays when an attempt is made to key an H-01 transaction against a V–Void Status (ST) warrant.
COUNTY CONTRACTOR WAS NOT FOUND	**Hard Edit** – Displays when an attempt is made to key an Adjustment transaction against a County Contractor (CC) and the code keyed in Field 26 is invalid.
DATE MUST START 04011999	**Hard Edit** – Displays when an attempt is made to key an Emergency/Supplement transaction X15 (IE to PCSP) for a time period before April 1, 1999.
DELETE MUST BE SAME DAY	**Hard Edit** – Displays when an attempt is made to key a delete transactions after the day the original transaction was keyed. Delete SPEC transactions must keyed the same day as the original transaction.
DUPLICATE AUTHORIZATION NUMBER	**Hard Edit** – Displays when an attempt is made to key multiple SPEC transactions against a single case with the same authorization number on a single day. Verify the authorization number and adjust as necessary.
DUPLICATE TRANSACTION FOR PERIOD – FORCE ACCEPT?	**Soft Edit** – Displays when an attempt is made to key a second C-02 transaction for the same pay period. Verify the intended transaction. If correct, place an "**X**" in the FORCE field and press <**Ente**r> to complete the transaction. NOTE – This message also will appear for the third/fourth/etc. "CO2" transaction entered for the same pay period and same case.

Edit Message	Explanation
EFT EMER IS FOR RECIP ONLY	**Hard Edit** – Displays when an attempt is made to key Emergency W/X17 transaction to a provider. W/X 17 may only keyed against a recipient case.
ENTER A VALID DATE IN THE FORMAT MMDDYYYY	**Hard Edit** – Displays when an invalid calendar date is keyed or a day is keyed with a format other than MMDDYYYY , where MM = two digit month, DD = two digit day and YYYY = four digit century and year.
FAIR-HEARING – FORCE	**Soft Edit** – Displays when an X01 transaction (Fair Hearing) is keyed. Place an '**X**' in the FORCE field, and then press **<Enter>** to complete the transaction.
FIELD CONTAINS INVALID CHARACTER	**Hard Edit** – Displays when an invalid character is keyed in a field.
FIELD IS NOT REQUIRED	**Hard Edit** – Displays when data has been keyed in a field that is not required for the transaction. Clear field and reprocess.
FROM DATE CANNOT BE BEFORE 06/01/2006	**Hard Edit –** Displays when an attempt is made to key an EMERGENCY X-27 transaction for a time period prior to 06/01/2006.
FROM DATE PRIOR TO APRIL 1993	**Hard Edit** – Displays when an attempt was made to key a PCSP adjustment with a date prior to 04/01/1993, which is prior to PCSP implementation.
GROSS AMOUNT MUST BE ZERO	**Hard Edit** – Displays when an N-09 Adjustment transaction has a GROSS AMOUNT (Field 28) is other than zero.
GROSS NOT EQUAL TO HOURS TIMES RATE	**Hard Edit** – Displays when and attempt is made to key an Emergency/ Supplemental transaction and the HOURS (Field 9) multiplied by the RATE (Field 10) is not equal to the GROSS (Field 8). Recalculate the HOURS times the RATE to verify the gross dollar amount.
HOURS > STAT MAX HOURS	**Hard Edit** – Displays when an attempt is made to pay a provider for hours greater than the State Maximum for a pay period. The following Statutory Maximums apply: 2L – IHSS+ Waiver or 2N – IHSS Residual • NSI – 195 Hours • SI – 283 Hours 2M – PCSP – 283 Hours The Statutory Maximum may be a combination of authorized Arrears hours, CC hours and/or Meals hours. Verify all hours paid against the recipient case for the pay period and adjust transactions as necessary.

Edit Message	Explanation
HRS > PROV AUTH FORCE ACCEPT?	**Soft Edit** – Displays when an attempt is made to pay a provider for a greater number of hours than authorized. Verify provider payments for service month on PSM. Verify the hours being attempt are correct. If necessary and approved, place an '**X**' in the FORCE field, and then press **<Enter>** to complete the transaction.
INCORRECT PAYEE	**Hard Edit** – Displays when an attempt is made to issue an Emergency/Supplemental payment to a Provider of an Advance Pay Recipient.
INV VOID – DELETE T/SHEET	**Hard Edit** – Displays when an attempt is made to key a Void transaction against a timesheet, an Emergency/Supplemental or Adjustment transaction that was keyed the same day. Incorrectly keyed timesheet, Emergency/Supplemental or Adjustment transaction may be deleted the same day as they were keyed. See ***Section XI-C – Special Instructions*** for deleting SPEC transactions and ***Section VII-D – TIME Screen*** to delete an incorrect Timesheet.
INVALID ADJUSTMENT FOR ARREARS PROVIDER	**Hard Edit** – Displays when an attempt is made to key the adjustment transaction against an Arrears Pay Provider of an Advance Pay Recipient.
INVALID ADJUSTMENT REASON	**Hard Edit** – Displays when an Adjustment transaction REASON is invalid for the TYPE indicated.
INVALID AMOUNT FOR MEALS PAYMENT	**Hard Edit** – Displays when an attempt is made to key an Emergency/Supplemental X-14 transaction for an amount other than $31.00 or $62.00.
INVALID BIC ISSUE DT	**Hard Edit –** Displays when the BIC ISSUE DATE used in processing POS transaction does not match the BIC ISSUE DATE indicated on MEDS. Contact EDS Help Desk for assistance.
INVALID CHECK DIGIT ENTERED	**Hard Edit** – Displays when the ten-digit recipient case number entered is incorrect. Verify the recipient case number and re-key as necessary.
INVALID CIN	**Hard Edit –** Displays when the CIN used for processing POS transaction does not match the CIN indicated on MEDS. Contact EDS Help Desk for assistance.
INVALID CONTRACTOR NUMBER	**Hard Edit** – Displays when the County Contractor code keyed for an Adjustment transaction N/P-18 or N/P-22 is incorrect. Verify the current County Contractor code and re-key as necessary.

Edit Message	Explanation
INVALID DATE RANGE	**Hard Edit** – Displays when an invalid FROM or TO DATE has been keyed. FROM DATE must be the 1st or the 15th of a month. TO DATES must be the 16th to end of month. If the transactions is for an entire month the FROM date must be the 1st day of the month and the TO DATE must be the last calendar day of a month. Only X01 and X/W15 Emergency/ Supplemental transactions may be keyed for multiple months/years.
INVALID FIELD FOR REQUESTED TXN	**Hard Edit** – Displays when an data has been keyed in a field(s) not required for the transaction. Clear the highlighted field(s) and press <**Enter**> to complete the transaction.
INVALID FORCE ACCEPT CODE	**Hard Edit** – Displays when a character other than an "X" is keyed in the FORCE field.
INVALID FROM DATE DAY – MUST BE 01 or 16	**Hard Edit** – Displays when an attempt is made to key a transaction with a FROM DATE other than 01 or 16.
INVALID H01 PERIOD ERROR	**Hard Edit** – Displays when an attempt is made to key an H01 Adjustment transaction with the same PAY PERIOD (Field 27) as the original warrant.
INVALID KEY – MUST BE NUMERIC	**Hard Edit** – Displays when an incomplete ten-digit recipient or 16-digit provider number was keyed.
INVALID REASON CODE FOR PROVIDER	**Hard Edit** – Displays when an attempt is made to key an Emergency/Supplemental transaction to a provider with an invalid REASON. See ***Section XI-B – SOC 312 Field by Field Description*** for REASON which may be keyed against a Provider case.
INVALID REASON CODE FOR RECIPIENT	**Hard Edit** – Displays when an attempt is made to key an Emergency/Supplemental transaction to a recipient with an invalid REASON. See ***Section XI-B – SOC 312 Field by Field Description*** for REASON which may be keyed against a Recipient case.
INVALID REPLACEMENT TYPE	**Hard Edit** – Displays when an attempt is made to key a Replacement transaction with a TYPE other than S.
INVALID SPEC TXN FOR ADVANCE PAY	**Hard Edit –** Display when one of the following conditions occurs: • When an attempt is made to issue an Emergency W/X03 transaction when an S17 Void transaction has been keyed against an Advance Pay warrant. To reissue the original Advance Pay warrant key an Emergency W/X 17 transaction • When an attempt is made to issue a C02 transactions to a provider when the original payment was an Advance Payment to the recipient.

Edit Message	Explanation
INVALID TO-DATE DAY	**Hard Edit** – Displays when a TO DATE other than the 16th or last day of month is keyed.
INVALID TRANSACTION CODE ENTERED	**Hard Edit** – Displays when an invalid screen name keyed. See ***Section II-D System Security*** for valid MENU options
INVALID TXN FOR PAYMENT	**Hard Edit** – Displays when an attempt is made to key an X-09 transaction for a NET amount greater than 0.00
INVALID TXN FOR PERIOD	**Hard Edit** – Displays when an attempt is made to key an EMERGENCY W/X 02 transaction and there are no payments exist for the pay period
INVALID TXN FOR RECIPIENT	**Hard Edit** – Displays when an attempt is made to key an X-09 transaction against a recipient case.
INVALID TYPE OR NOT – FILE TYPE	**Hard Edit** – Displays when the TYPE keyed does not match the Provider tax status, Field D2, on the PELG record. Verify the Provider Tax Status and re-key as necessary.
INVALID TYPE/REASON COMBINATION	**Hard Edit** – Displays when the TYPE and REASON combination used are not valid. Verify the TYPE and REASON indicated on the SOC 312. See ***Section XI-B – SOC 312 Field by Field Description*** for valid TYPE and REASON usage.
INVALID VOID TYPE	**Hard Edit** – Displays when an attempt is made by a County User to key a VOID transactions with a TYPE other than "S".
INVALID YEAR	**Hard Edit** – Displays when an invalid YYYY entry is keyed.
LAW CHANGE – FORCE	**Soft Edit –** Displays when a W/X15 Emergency/Supplemental transaction is keyed for a gross dollar amount over $300.00. If correct, key an "**X**" in the FORCE field and press <**Enter**> to complete the transaction.
LIEN WAS NOT FOUND	**Hard Edit** – Displays when an X11 Emergency/Supplemental transaction is attempted against a provider case which does not have an active lien segment on file.
MEALS NOT AUTHORIZED FOR CASE	**Hard Edit** – Displays when an attempt is made to key an Emergency /Supplemental X14 transaction against a recipient case which is not indicated with a PAY OPT "M" (RELB, Field M8, N8, O8) for the pay period.
MEALS PAYMENT REQUIRES TYPE 14	**Hard Edit** – Displays when an attempt is made to key an Emergency/Supplemental other than TYPE 14 to a recipient for a dollar amount of $31.00 or 62.00.
MEALS WARRANT ALREADY ISSUED	**Hard Edit** – Displays when an attempt is made to key an Emergency/Supplemental X14 against a recipient case which has already had a MEAL payment issued.

Edit Message	Explanation
MONTHLY ACCUMULATION DOLLARS WILL EXCEED AUTH	**Hard Edit** – Displays when an attempt is made to key a payment where the GROSS amount keyed exceeds the authorized gross dollar amount for case for the pay period indicated. Verify GROSS amounts associated with pay period on RSUM and PSUM, then compare to GROSS AMOUNT for the appropriate pay period (Field – M4, N4 or O4) on RELB.
NET AMOUNT MUST BE ZERO	**Hard Edit** – Displays when on of the following occurs: • Adjustment – N-09 transaction NET is greater than 0.00 • Void – V09 transaction NET is greater than 0.00
NO AUTO XFER TO PCSP PRIOR TO 08/01/1993	**Hard Edit –** Displays when an attempt is made to key a PCSP Adjustment transaction keyed for a pay period prior to 08/01/1993. The system will **not** automatically calculate and transfer funding credit from residual to PCSP.
NO ELIGIBILITY SHARE-OF-COST	**Hard Edit –** Displays when a Share-of-Cost is keyed, but there is no share of cost associated with the payee's record for the pay period. Verify that the SOC 312 is correct. If there is a share of cost, update the recipient SOC 293 and provider SOC 311, and then re-key the SOC 312 as necessary.
NO PCSP WARR AMT FND	**Hard Edit –** Displays when a PCSP Adjustment transaction is attempt, but no warrant was issued/found for the indicated period.
NO PROVIDER ELIGIBILITY SEGMENT	**Hard Edit –** Displays when no provider eligibility exists for the time period indicated for the transaction. Verify the provider's eligibility on the PELG. If the segment has already been overlaid or is not yet on file, submit a SOC 311 to build the eligibility segment. Re-key the SOC 312 when eligibility has been established for the provider.
NO RECIPIENT ELIGIBILITY SEGMENT	**Hard Edit –** Displays when the recipient was/is not eligible for the time period indicated for the transaction. Verify recipient's eligibility on the RELB. If there is no eligibility segment, submit a SOC 293 to build the eligibility segment. Re-key the SOC 312 when eligibility has been established for the recipient.
NO RECIPIENT MEDS ELIGIBILITY – FORCE?	**Soft Edit –** Displays when an attempt is made to key an EMERGENCY X-27 transaction and the MELG associated with the recipient case does not indicate Medi-Cal eligibility for the payment month. If payment without MEDS eligibility is authorized place an "**X**" in the FORCE field and press <**Enter**> to complete the transaction.
NO RESIDUAL IP CHARGES TO TRANSFER	**Hard Edit –** No residual warrants were issued/found for the time period indicated on the Adjustment transaction.

Edit Message	Explanation
NO UPDATE ALLOWED – CONTACT STATE CONTRACTOR	**Hard Edit –** The X-11 Emergency/Supplemental transaction to reissue lien warrant to lien holder may not be keyed by County Personnel. Emergency/Supplemental X-11 transaction are for **State Contractor Use Only**.
ORIG WARRANT EFT: REQS S–17 VOID	**Hard Edit –** The original Advance Pay warrant was an EFT Direct Deposit transaction. The original payment must be voided using a VOID S-17 transaction.
ORIGINAL CHECK CASHED	**Hard Edit –** The warrant indicated in the transaction has been cashed. Verify the correct warrant number on the PSUM or RSUM. If the warrant has been cashed, the transaction may not be keyed. If the warrant number is incorrect, change the SOC 312 and re-key the transaction.
PERIOD DOES NOT MATCH. FORCE (X)?	**Soft Edit –** Pay period not found on RSUM or PSUM. Verify Pay Period. If correct place an "**X**" in the FORCE field and press <**Enter**> to complete the transaction.
PLEASE ENTER DESIRED TXN-TYPE	**Hard Edit –** Displays when an attempt is made to key a SPEC transaction and the TYPE field is blank. See ***Section XI-B – SOC 312 Field by Field Description*** for valid TYPE indications.
POS BIC DATE MISSING – CALL EDS	**Hard Edit** – Displays when an attempt is made to process a MEDS POS transaction and the BIC Issue Date is missing from the MELG record – Contact EDS Help Desk for assistance.
POS BIRTHDATE ERROR – CALL EDS	**Hard Edit** – Displays when an attempt is made to process a MEDS POS transaction and the recipients birth date is invalid or missing associated from the MELG record – Contact EDS Help Desk for assistance.
POS DOWN, TRY AGAIN	**Hard Edit –** Displays when the MEDS Point of Service (POS) processing is not currently functioning. If this error occurs, wait a few minutes then attempt to process again.
POS T/S DATE ERROR – CALL EDS	**Hard Edit** – Displays when an attempt is made to process a timesheet requiring a MEDS/POS transaction for a time period greater than 13 months in the past. – Contact EDS Help Desk for assistance.
POSITIVE DIFFERENCE AMOUNTS NOT ALLOWED	**Hard Edit –** Displays when an attempt is made to key an N-09 Adjustment transaction against an Advance Pay case for a month where the NET DIFFERENCE on the Reconciliation of Advance Payments report indicates a positive dollar amounts in any field. See ***Section – XIV-X – Reconciliation of Advance Payments*** for report description.
RECIPEINT NOT ADVANCE FOR PERIOD	**Hard Edit** – Displays when an attempt is made to key an EMERGENCY W/X 03 transaction and the recipient case is not Advance Pay (PAY OPT F or R) for the pay period

Edit Message	Explanation
RECIPIENT IHSS+ WAIVER, 195 HRS MAX	**Hard Edit** – Displays when an attempt is made to key a SPEC transaction for a recipient case where Medi-Cal Secondary Aid Code (Funding Source) for the payment time period is 2L (IHSS+ WAIVER) and the recipient is Non-Severely Impaired and recipient case AUTH HOURS is greater than 195. The Medi-Cal Secondary Aid Code on the recipient case has been affected by changes to an associated provider record or by a system update from the MEDS Response file and the recipient case has not yet been worked to update the recipient case with the appropriate hours. The recipient case eligibility must be updated with the appropriate dates associated with the changes.
RECIPIENT RESIDUAL, 195 HRS MAX	**Hard Edit** – Displays when an attempt was made to key a SPEC transaction for a recipient case where Medi-Cal Secondary Aid Code for the payment time period is 2N (IHSS RESIDUAL) and the recipient is Non-Severely Impaired and recipient case AUTH HOURS is greater than 195. The Medi-Cal Secondary Aid Code on the recipient case has been affected by changes to an associated provider record or by a system update from the MEDS Response file and the recipient case has not yet been worked to update the recipient case with the appropriate hours. The recipient case eligibility must be updated with the appropriate dates associated with the changes.
REFUND NOT VALID PRIOR TO 1990	**Hard Edit –** The entry of refund credits on the SPEC screen for pay periods prior to 1990 is not permitted. NOTE: This error message will only be displayed to the State contractor; county staff will not see it.
REPLACEMENT NOT ALLOWED ON X-27	**Hard Edit** – Displays when an attempt is made to key REPLACEMENT S01, S02, or S03 against an EMERGENCY X-27 transaction. Replacement transactions are not allowed on X-27 transactions.
REQUIRED FLD IS MISSING	**Hard Edit –** Displays when a required field is left blank.
SECOND EMERGENCY FOR PERIOD FORCE ACCEPT?	**Soft Edit –** Displays when the transaction being keyed is the second emergency transaction for the indicated time period. Verify that the transaction dates are correct. If correct, place and "**X**" in the FORCE field, then press <**Enter**> to complete the transaction. NOTE: This message will appear if more than two Emergency /Supplemental transactions are keyed for the same pay period on the same case.
SECURITY ERROR – TXN NOT ALLOWED	**Hard Edit –** County staff not authorized to key the attempted transaction. Contact the CMIPS Help Desk for assistance.

Edit Message	Explanation
SOC ADJ NOT – ALLOWED	**Hard Edit –** Displays when an attempt is made to key a SOC adjustments or reimbursements for a period on or after June 1, 2006. SOC adjustments or reimbursements are no longer allowed against a recipient case where the Medi-Cal Secondary Aid Code is 2L or 2M for the pay period.
SOC ERROR – CALL EDS	**Hard Edit** – Displays when the MEDS SOC amount deducted from a warrant is greater than the warrant NET AMOUNT. Contact EDS Help Desk for assistance.
SOC EXCEEDS NEED – FORCE?	**Soft Edit** – Displays when at attempt is made to key an EMERGENCY X-27 transaction on a recipient case where the SOC exceeds the AUTH TO PURCHASE for the payment month. If payment is authorized when SOC EXCEEDS NEED place an "**X**" in the FORCE field and press <**Enter**> to complete the transaction.
SOC GREATER THAN GROSS	**Hard Edit –** Displays when the SOC amount keyed is greater than the gross. Verify that the SOC is correct.
SOC ISSUE – CALL EDS	**Hard Edit** – Displays when a MEDS POS processing issue occurs with a SOC case. Contact IHSS HELP Desk 916/636-4280 or 213/387-3521 with case details.
SOC NOT ALLOWED FOR TXN TYPE	**Hard Edit –** Displays when a SOC amount is indicated for a transaction type not subject to SOC deduction processing. Remove the SOC amount, then re-process.
SOC NOT ALLOWED ON 2L OR 2M REC CASE	**Hard Edit –** Displays when an attempt is made to key an Emergency SPEC transaction Reason Codes 02, 04, 05 or 06 for a pay period on or after June 1, 2006 with a SOC amount when the Medi-Cal Secondary Aid Code for the payment period is 2L or 2M. SOC deductions occur through the MEDS POS processing.
SOC NOT EQUAL SOC PRESENTLY DUE FORCE ACCEPT?	**Hard Edit –** The share of cost amount entered in Field 11 for the Emergency/Supplemental transaction does not equal the SOC on RELB or the amount still due for the pay period being paid. Verify the SOC indications on the RELB, RSUM and PSUM screens.
ST MAX UNAVAILABLE FOR ELIG DTES	**Hard Edit** – State maximum table unavailable for pay periods prior to 7/1/88.
TO DATE LESS THAN FROM DATE	**Hard Edit –** The TO DATE, Field 7, cannot be a date prior to the FROM DATE, Field 6.
TXN NOT ALLOWED ON PCSP	**Hard Edit -** The W/X 25 transaction being attempted is not allowed on the a recipient case with Medi-Cal Secondary Aid Code of 2M (PSCP).

Edit Message	Explanation
TXN NOT ALLOWED UNTIL AUTH HRS PAID	**Hard Edit –** The SPEC payment transaction is not allowed until all authorized hours on the recipient case have been paid.
UNBALANCED ADVANCE NOT FOUND	**Hard Edit** – The P/N-06 Adjustment transaction attempted may not be necessary as the Advance Pay month indicated appears to be balanced. Verify the case number and unbalanced month.
VERIFY AMOUNT AND HIT ENTER	**Soft Edit –** Verify the GROSS AMOUNT, Field 28, for an automatic PCSP Adjustment transaction is correct. If correct, press **<Enter>** to complete the transaction.
VOID EFT WARRANT – FORCE?	**Soft Edit –** A warning message users to ensure that the Void/Stop Payment transaction request for an EFT issued warrant is correct. If correct, place an "**X**" in the FORCE field, and then press <**Enter**> to complete the transaction.
W/X 25 NOT ALLOWED BEFORE 08/01/2004	**Hard Edit** – The W/X 25 Emergency transactions being attempted cannot be keyed for a payment prior to August 1, 2004. Verify payment period.
WARN – MAY BE DUPLICATE ADJUST FORCE ACCEPT?	**Soft Edit** – Warning message indicating that an H-01 Adjustment transaction already exists for the pay period and amount attempting to be keyed. Verify the dates and amount of the Adjustment. If correct, place an "**X**" in the FORCE field, and then press <**Enter**> to complete the transaction.
WARN – NOT PCSP CASE FORCE ACCEPT?	**Soft Edit** – Warning message indicating that the P-21, 22, or 23 transaction for the pay period attempted is not indicated as PCSP funded. Verify the dates and funding source. If correct, place an "**X**" in the FORCE field, and then press <**Enter**> to complete the transaction.
WARN – PROTECT SUP AND NOT PCSP. FORCE (X)	**Soft Edit** – Warning message indicating that the P-21, 22, or 23 transaction covers a pay period for a case that has WW hours and is a Residual recipient. Verify the dates, services and funding source. If correct, place an "**X**" in the FORCE field, and then press <**Enter**> to complete the transaction.
WARN – PROTECT SUP HOURS, HIT ENTER TO CONTINUE	**Soft Edit** – Warning message indicating that the P-21, 22, or 23 transaction was keyed for a pay period which was indicated as PCSP and has WW, Protective Supervision, hours. Verify dates, services and funding source. If correct, press <**Enter**> to complete the transaction.
WARRANT ADJUSTMENT PERMITTED VALUE VIOLATION	**Hard Edit** – The data entered is considered an invalid transaction type but there is not a specific on-line edit message for this type of entry. Check data entered and the IHSS/CMIPS User's Manual for additional information. Contact State contractor if further assistance is required.

Edit Message	Explanation
WARRANT ADJUSTMENT TYPE IS NOT VALID	**Hard Edit** – The TYPE entered in Field 17 or 22 is invalid for the attempted transaction. See ***Section XI-B – SOC 312 Field by Field Description*** for valid TYPE indications.
WARRANT ALREADY BALANCED	**Hard Edit** – The Adjustment N-09 transaction attempted was keyed for a month that was already balanced. A "B- Balanced" Status displays on the RSUM and PSUM screens.
WARRANT ALREADY CASHED	**Hard Edit** – The warrant against which a Replacement or Void transaction was attempted has already been cashed. RSUM or PSUM screen displays a C-Cashed Status.
WARRANT ALREADY VOIDED	**Hard Edit** – The warrant against which the Replacement or Void transaction was attempted has already been voided. RSUM or PSUM screen displays a V-Void Status.
WARRANT FOR REPLACEMENT < 7 DAYS OLD – FORCE?	**Soft Edit** – Indicates the Stop Payment/Replacement transaction S-02, Lost Warrant or S-03, Never Received, is being keyed less than seven days from the original warrant issue date. A seven day waiting period is recommended to allow the missing warrant to surface.
WARRANT HAS NO REPLACEMENT REQUEST	**Hard Edit** – Displays when a Void V-08 transaction was attempted against a warrant for which no Stop Payment/Replacement transaction was processed. The V-08 transaction is for **State Contractor Use Only**.
WARRANT NUMBER/ DATE WAS NOT FOUND	**Hard Edit –** Displays when the warrant number and associated warrant date entered do not match any warrant associated with the case. Verify the payee, warrant number and warrant date on the RSUM, PSUM, or WARD.
WARRANT WAS NOT ORIGINALLY PAID THROUGH EFT	**Hard Edit –** Displays when an attempt is made to key a Void S-17 transaction against an Advance Payment issued as a warrant rather than through a EFT transaction. To void and reissue the payment key the appropriate Replacement S-01, 02 or 03. To void the original transaction key the appropriate Void S-01, 02 or 03.
WARRANT WAS NOT VOIDED	**Hard Edit –** Displays when an attempt was made to re-issue an Emergency/ Supplemental transaction W/X-17 against an Advance Payment EFT transaction which has not yet been voided. Verify the payment Status on the RSUM. If the original EFT transaction should be voided, process the appropriate Void transaction, then attempt the Emergency/Supplemental transaction.
WARRANTS NOT PROCESSED OR RECONCILED	**Hard Edit** – Displays when there are more than 11 uncashed (P status) warrants on the PSUM or RSUM screen or there are more than 11 unreconciled advance pay payments.

Edit Message	Explanation
XFOOT ERROR IN NET COMPUTATION.	**Hard Edit –** Displays when an attempt was made to key an Adjustment transaction where the GROSS AMOUNT entered in Field 27, minus all entries entered in Fields 29 through 35, do not equal the NET AMOUNT entered in Field 36. Verify entries, re-key as necessary.

PCSP Adjustment (PADJ) Screen

The PCSP Adjustment (PADJ) screen displays aggregates of monthly adjustments to PCSP or IHSS Residual funding sources keyed through the SPEC screen from the SOC 312. The screen is updated monthly after the generation of the PCSP Adjustment Report.

The transactions on the PADJ are an exact representation of the PCSP ADJUSTMENT page of the monthly Management Statistics Summary. See ***Section XV-B – IHSS Management Statistics Summary*** for detailed information.

Screen Access

The PADJ screen can be accessed from the MENU or any other CMIPS screen by entering on the NEXT line PADJ, followed by mode **I**, then the two-digit county code (01-58 or 59 to display adjustments for all counties).

Example: **PADJ I 59**

Press <**PF8**>. The MONTHLY PCSP ADJUSTMENT screen for the requested county displays.

```
     THIS PADJ I 59
     NEXT PADJ I 59

FOR MONTH: 06 / 2003        MONTHLY PCSP ADJUSTMENT

                 CASE        PCSP          PCSP        RESID           RESID
               MONTHS       HOURS        EXPEND        HOURS          EXPEND
IP    N21          41      1,304.1-      8,998.25-      1,304.1       8,998.25
      P21         135      5,836.3      42,431.18       5,836.3-     42,431.18-
      TOT/NET     176      4,532.2      33,432.93       4,532.2-     33,432.93-
      YTD      22,986    832,512.2   5,538,272.49     832,512.2-  5,538,272.49-
CC    N22           0          0.0           0.00           0.0           0.00
      P22           0          0.0           0.00           0.0           0.00
      TOT/NET       0          0.0           0.00           0.0           0.00
      YTD           0          0.0           0.00           0.0           0.00
HM    N23           0          0.0           0.00           0.0           0.00
      P23           0          0.0           0.00           0.0           0.00
      TOT/NET       0          0.0           0.00           0.0           0.00
      YTD           0          0.0           0.00           0.0           0.00
GRAND NEG PCSP     41      1,304.1-      8,998.25-      1,304.1       8,998.25
      POS PCSP    135      5,836.3      42,431.18       5,836.3-     42,431.18-
      TOT/NET     176      4,532.2      33,432.93       4,532.2-     33,432.93-
      YTD      22,986    832,512.2   5,538,272.49     832,512.2-  5,538,272.49-
```

Fig. XI-C- 1 – PADJ Screen for All Counties

The PADJ screen display defaults to the current month. To view a different month, tab to the FOR MONTH field and enter the desired month in **MM YYYY** format, them press <**Enter**>.

Field-by-Field Description

Field: FOR MONTH
Description: FOR MONTH – The Month and Year being viewed

The following row headings appear on the left side of the screen:

Field: IP
Description: IP – Indicates adjustments made to Individual Provider (IP) mode cases

Field: N21

Description:	N21 – Indicates funds transferred from PCSP to RESIDUAL funding source. PCSP indications will be negative and RESIDUAL indications will be positive.

Field:	P21
Description:	P21 – Indicates funds transferred from RESIDUAL to PCSP funding source. PCSP indications will be positive and RESIDUAL indications will be negative.

Field:	TOTAL/NET
Description:	TOTAL/NET – An aggregation of N21 and P21 transactions

Field:	YTD
Description:	Year-to-Date – Indicates the aggregate IP funding source adjustment transactions processed year-to-date for the State Fiscal year (July – June).

Field:	CC
Description:	CC – Indicates adjustments made to County Contract (CC) mode cases

Field:	N22
Description:	N22 – Indicates funds from PCSP to RESIDUAL funding source. PCSP indications will be negative and RESIDUAL indications will be positive.

Field:	P22
Description:	P22 - Indicates funds from RESIDUAL to PCSP funding source. PCSP indications will be positive and RESIDUAL indications will be negative.

Field:	TOTAL/NET
Description:	TOTAL/NET – An aggregation of N22 and P22 transactions

Field:	YTD
Description:	Year-to-Date – Indicates the aggregate CC funding source adjustment transactions processed year-to-date for the State Fiscal year (July – June).

Field:	HM
Description:	HM - Indicates adjustments made to Homemaker (HM) mode cases

Field:	N23
Description:	N23 – Indicates funds from PCSP to RESIDUAL funding source. PCSP indications will be negative and RESIDUAL indications will be positive.

Field:	P23
Description:	P23 - Indicates funds from RESIDUAL to PCSP funding source. PCSP indications will be positive and RESIDUAL indications will be negative.

Field:	TOTAL/NET
Description:	TOTAL/NET – An aggregation of N23 and P23 transactions

Field:	YTD
Description:	Year-to-Date – Indicates the aggregate HM funding source adjustment transactions processed year-to-date for the State Fiscal year (July – June).

Field:	GRAND
Description:	GRAND – Indicates the Year-to-Date adjustment transactions keyed for the county.

Field:	NEG PCSP
Description:	Negative PCSP – Aggregate of negative PCSP (N21, N22 and N23) adjustments processed year-to-date

Field:	POS PCSP
Description:	Positive PCSP – Aggregate of positive PCSP (P21, P22 and P23) adjustments processed year-to-date

Field:	TOTAL/NET
Description:	TOTAL/NET – An aggregation of NEG and POS transactions processed year-to-date.

Field:	YTD
Description:	YTD – Indicates the GRAND total NEG and POS transactions processed year-to-date.

The following column headings appear at the top of the screen:

Field:	CASE MONTHS
Description:	CASE MONTHS – An aggregation of the number of months per case which had PCSP adjustment transactions keyed during the reporting month. For example: A case with adjustments keyed for October, November and December, will count as three (3) case months.

Field:	PCSP HOURS
Description:	PCSP HOURS – This column indicates the number of hours adjusted for each program. For example, hours moved from PCSP to RESIDUAL funding source are displayed as a negative number. There should be a corresponding positive number in the RESID column.

Field:	PCSP EXPEND
Description:	PCSP EXPENDITURES – This column indicates the gross dollar amount of the hours moved from PCSP to RESIDUAL funding source. Expenditures adjusted, plus the Employer FICA, Employer SUI, and Employer FUTA in the IP mode. Expenditures moved from PCSP are displayed as a negative number and displayed as a positive number in the RESID column.

Field:	RESID HOURS
Description:	RESID HOURS - This column indicates the number of hours adjusted for each program. For example, hours moved from PCSP to RESIDUAL are displayed as

	a negative number. There should be a corresponding positive number in the RESID column.

Field:	RESID EXPEND
Description:	RESID EXPENDITURES – This column indicates the gross dollar amount of the hours moved from RESIDUAL to PCSP funding source. Expenditures adjusted, plus the Employer FICA, Employer SUI, and Employer FUTA in the IP mode. Expenditures moved from RESID are displayed as a negative number and displayed as a positive number in the PCSP column

Section XII
IHSS Overpayment Collection Transaction, SOC 330

Overpayment Collection Transaction Form (SOC 330)

The SOC 330 and the OVER screen are used to add, change, place on hold, make inquiry into or close an automated collection of overpayments against an IHSS recipient or provider case in CMIPS.

Overpayment recoveries are intended to collect monies from an advance pay recipient, an arrears pay recipient, or an individual provider (arrears pay) who it has been determined has previously been overpaid for IHSS services. After an overpayment recovery sequence has been keyed in CMIPS, the specified deduction amount will be withheld from all subsequent payments to the indicated recipient or provider until the overpayment balance is satisfied or the recipient or provider case is terminated.

When the original amount is satisfied through payroll deduction(s), CMIPS will automatically assign a C-Closed status to the overpayment sequence. OVER screen sequences may also be manually Closed or placed in Hold status before the entire recovery amount is collected.

When an overpayment recovery has been closed it is important that the county take the necessary action to adjust the appropriate recipient payment or provider wages. See ***Section XII-B – Overpayment Collection – Special Instructions*** for details regarding adjustments.

SOC 330 – IHSS Overpayment Collection Form

The current version of the SOC 330 – IHSS Overpayment Collection Transaction form may be accessed on the CDSS Online Forms at
http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC330.pdf

Overpayment Collection Deductions

Overpayment Collection deductions occur when the payments listed below processed against the recipient or provider case against which an overpayment collection sequence exists in A-Active status with a START DATE of the current date or before.

- Advance Payment is issued against an Advance Pay recipient case
- Timesheet processing for an Arrears Payment provider
- When an Emergency SPEC transaction, **other than those listed below**, is processed against a recipient case:
  - 01 – State Hearing Decision
  - 14 – Emergency Meals
  - 15 – Change in Law
  - 27 – Recipient Reimbursement
- When an Emergency SPEC transaction, **other than those listed below**, is processed against a provider case:
  - 10 – Reissue warrant without additional Lien deductions
  - 11 – Reissue voided warrant to a Lien Holder

- 12 – Issue Lien Payment to Provider

Field by Field Description

A single SOC 330 is the same form repeated twice. This allows, if necessary, for the documentation of multiple overpayment recovery sequences for the same recipient or provider.

Unless otherwise indicated all field appear on both the SOC 330 and the OVER Screen.

Field 1: RECIPIENT – Optional, Alpha

Length: 30 X(30)

Description: Recipient – The recipient name field is for county reference use only and is not a data entry field. The OVER screen field is RECIP and is system generated when a valid recipient case and sequence number is keyed.

Field: ORIGINAL PAYMENT ISSUED TO – Required, Numeric – ***OVER screen field only***

Length: 1 X

Description: Original Payment Issued To – A code indicating to whom the overpayment was issued. This field assists the county in knowing to whom the recovery amount should be credited. Valid indicates are:

- 1 – Recipient – Original overpayment was issued to the recipient
- 2 – This provider – Original overpayment was issued to the provider against which the overpayment recovery is applied
- 3 – Other provider - Original overpayment was issued to a provider other than provider against which the overpayment recovery sequence is applied.

Field 2: PROVIDER NAME – Optional, Alpha

Length: 30 X(30)

Description: Provider Name – The provider name field is for county reference use only and is not a data entry field. The OVER screen field is PROV and is system generated when a provider number in Field 4 is processed.

Field 3: RECIPIENT NUMBER – Required, Numeric

Length: 10 XXXXXXXXXX

Description: Recipient Number – The ten-digit recipient case number. The recipient case number is keyed in the case number field on the NEXT line on the OVER screen.

Field 4: PROVIDER NUMBER – Optional, Numeric

Length: 6 XXXXXXXXX

Description: Provider Number – The six digit provider number. The OVER screen field APPLY TO PROV appears above the RECIP field at the upper left corner of the screen.

Field 5:	SEQ – Required, Numeric
Length:	2 XX
Description:	Sequence Number – A two-digit sequence number is required to uniquely identify an overpayment recovery to a specific recipient or provider to a designated payment period when a sequence is added to CMIPS. The two-digit sequence number is keyed immediately following the ten-digit recipient case number on the NEXT line. Overpayment recovery sequence numbers should be assigned chronologically from 01 through 10 as overpayment recovery sequences are added to CMIPS.

Field 6:	TYPE – Required, Alpha
Length:	1 X
Description:	Type – Indicates the type of recipient or provider case against which the overpayment recovery is being applied. Circle or enter the appropriate indication. The OVER screen field is TYPE.
	A Advance Pay Recipient R Arrear Pay Recipient P Arrear Pay Provider

Field 7:	STATUS – Required, Alpha
Length:	1 X
Description:	Status – Used in conjunction with the START DATE or STOP DATE to determine when an overpayment recovery collection will occur. Circle the code on the SOC 330 that reflects the current status of this collection. The OVER screen field is STATUS.
	A Active – Overpayment recovery collection will occur when a payment is processed against the indicated recipient or provider case on or after the START DATE. H Hold – Overpayment recovery collection <u>will not</u> be processed on or after the STOP DATE. C Closed – Overpayment recovery sequence has been closed by the system because the overpayment recovery amount is satisfied or by a County user. No further overpayment recovery collections will occur on or after the STOP DATE. When a C-Closed status is assigned an overpayment recovery sequence no further action may be taken against the sequence.

Field:	DATE ADDED – System Generated, Date – ***OVER screen display only***
Length:	8 MMDDYYYY
Description:	Date Added – The date the overpayment recovery sequence was added to CMIPS.

Field 8: START WITHHOLD – Required, Date

Length: 8 MMDDYYYY

Description: Start Withhold – The first calendar date on which overpayment recovery collections will occur when payments are processed against the indicated recipient or provider case. The OVER screen field is START DATE.

Field 9: STOP WITHHOLD – Optional (or System Generated), Date

Length: 8 MMDDYYYY

Description: Stop Withhold – The last calendar date on which an overpayment recovery collection can be deducted when payments are processed against the indicated recipient or provider case. The OVER screen field is STOP DATE.

- All A-Active status overpayment recovery sequences require this field to be blank
- When the overpayment recovery is satisfied the status will be automatically C-Closed and this field will be populated with the date
- When a C-Closed status is keyed by the county this field is required
- When an H-Hold status is keyed this field is required

Field 10: ORIGINAL AMOUNT – Required, Numeric

Length: 7 9999.99

Description: Original Amount – The outstanding overpayment recovery amount to be collected from the indicated recipient or provider case. The OVER screen field is ORIG AMT.

Field 11: DEDUCT AMOUNT – Required, Numeric

Length: 7 9999.99

Description: Deduct Amount – The overpayment recovery collection amount deducted when payments are processed against the indicated recipient or provider case. The OVER screen field is DEDUCT AMT.

Field 12: APPLIED AMOUNT – System Generated, Numeric

Length: 7 9999.99

Description: Applied Amount – The cumulative overpayment amount collected to date against the indicate recipient or provider case. The OVER screen field is APPLIED AMT.

Field: BALANCE – System Generated, Numeric – ***OVER screen display only***

Length: 7 9999.99

Description: Balance – The outstanding collection amount still payable by the recipient or provider. The OVER screen field is BALANCE.

If the overpayment collection is against an Advance Pay recipient this amount

will display in Field L3 – RECOVERY on the RELB.

If the overpayment collection is against a provider this amount displays in Field E4 – RECOVERY on the PLEG screen.

Field 13: WARRANT NUMBER – Optional, Numeric

Length: 8 XXXXXXXX

Description: Warrant Number – Allows the entry of a specific warrant number on which an overpayment was made. If the overpayment being recovered was associated to multiple warrants, leave this field blank. The OVER screen field is WARRANT NUMBER.

Fields 14 and 15 are for the beginning and ending dates of any continuous time period during which a recipient/provider was overpaid. When the overpayment collection is against an Arrears Pay recipient or provider, the collection can be for a single or multiple pay periods.

When the collection is against an Advance Pay recipient, for reconciliation purposes, each calendar month must be keyed as a separate overpayment recovery sequence. Multiple SOC 330 transactions may be necessary to collect the total amount owed by an advance pay recipient.

Field 14: FROM DATE – Required, Date

Length: 8 MMDDYYYY

Description: From Date – The beginning date of the first pay period for the period in which an overpayment occurred. This date must be the first day of a pay period the 1st or 16th of a month.

If the overpayment recovery is against an Advance Pay recipient case this date must be the 1st of a specific month.

The OVER screen field is FROM DATE.

Field 15: TO DATE – Required, Date

Length: 8 MMDDYYYY

Description: To Date - The ending date of the last pay period for the period in which an overpayment occurred. This date must be the last day of a pay period the 15th or the last day of a month.

If the overpayment recovery is against an Advance Pay recipient case the date span may only be a single month. There for this date must be the last day of the same month keyed in the FROM DATE field. The OVER screen field is TO DATE.

Field: MODE –Optional, Alpha – ***OVER screen field only***

Length: 2 XX

Description: Mode – Code that identifies the service mode (IP, CC or HM) for the recipient or provider. Although this is currently an optional field, entry of the service mode identifies the original pay option for the case when the overpayment occurred. The OVER screen field is MODE.

IP Individual Provider

CC County Contractor

HM Homemaker

The data entered in Fields 16, 17, 18, and 19 allows the user to indicate tax withhold allocations occurred against the original payment. This information is needed when the keying the Adjustment SPEC transactions against recipient and provider cases after the overpayment recovery collections have been completed.

To correctly determine which WITHHOLD indication, access the original warrant on the WARD screen and determine which deduction indication is appropriate.

Field 16: WITHHOLD – Required, Numeric

Length: 2 99

Description: Withhold – The tax and or SOC withholding deducted from the original warrant. Circle or manually add one of the following codes on the SOC 330 that tells CMIPS how to calculate and reallocate the final credit. The OVER screen field is WITHHOLD.

03 This code is used when the original payment when FICA and/or SDI were under-withheld from the original warrant. When using this code the ORIG AMT (Field 10) must be equal to the amounts keyed in Fields 17 (FICA) + 18 (SDI) and 19 (SOC).

10 This code is used when the original payment had no FICA or SDI withholding. This indication requires data entry in only the ORIG AMT field.

11 This code is used when the original payment had only FICA was withheld.

12 This code is used when the original payment had only optional SDI withheld. This code is not indication on the SOC 330.

13 This code is used when the original payment had only both FICA and SDI were withheld.

Field 17: FICA – Optional, Numeric

Length: 7 9999.99

Description: FICA – The additional FICA amount which should have been withheld from the original warrant. Complete the FICA field only if a 03 code is used in Field 16. The OVER screen field is FICA

Field 18: SDI – Optional, Numeric

Length: 7 9999.99

Description: SDI – The additional SDI amount which should have been withheld from the original warrant. Complete the SDI field only if a 03 code is used in Field 16. The OVER screen field is SDI.

Field 19: SHARE/COST – Optional, Numeric

Length: 7 9999.99

Description: Share/Cost – The additional Share of Cost amount which should have been withheld from the original warrant. The OVER screen field is SHARE OF COST.

Field 20: REASON CODES – NOA – Optional, Numeric

Allows the entry of up to four (4) three (3) digit NOA codes

Length: 12 XXX XXX XXX XXX

Description: Reason Codes – Allows the entry of up to four three-digit Notice of Action (NOA) codes. See ***Section V-F – Notice of Action (NOA) Messages – NA 690*** for NOA codes. The OVER screen field is REASON CODES.

Field 21: COUNTY USE – Optional, Alphanumeric

Length: 30 X(30)

Description: County Use – This field is used at the county's discretion for notes/reminders.

Field 22: REFERENCE – Optional, Alphanumeric

Length: 40 X(40)

Description: Reference – This field is used at the county's discretion for notes/reminders.

Field 23: AUTHORIZATION / DATE / REMARKS – Optional – ***SOC 330 only***

Description: Authorization/Date/Remarks – Enter the county authorization signature, the date of the signature, and any remarks in the designated sub-fields.

Field 24: VALIDATION / DATE / REMARKS – Optional – ***SOC 330 only***

Description: Validation/Date/Remarks – Enter the county validation signature, the date of the signature, and any remarks in the designated sub-fields.

The following fields display only on the OVER screen and are used to display the overpayment collections. Each time a payment is processed and an overpayment collection occurs, the payment is listed as a SEGMENT.

Field: SEGMENT – System Generated, Numeric – ***OVER screen field only***

Length: 2 99

Description: Segment – A sequential numbering of the deductions that have been made to offset the overpayment balance owed. Only the 12 most recent deductions will display. Deductions prior to the 12 displayed can only be viewed using the PSUM or RSUM screens.

Field: DATE – System Generated, Date – ***OVER screen field only***

Length: 8 MMDDYYYY

Description: Date – The date the deduction was taken from a payment. The screen displays

the date the payment was processed in CMIPS which may differ from the WARRANT DATE on the WARR, PSUM or RSUM screens.

Field: APPLIED AMT – System Generated, Numeric – ***OVER screen field only***

Length: 7 9999.99

Description: Applied Amount – The amount deducted from a payment and applied to reduce the overpayment recovery balance.

Field: AUTH – ***OVER screen field only***

Description Authorization – Field not currently used in CMIPS.

Accessing the Overpayment Collection (OVER) Screen

The OVER screen is used to add, change, close or inquire regarding an automated collection of overpayment associated with a specific recipient case associated to that recipient or one of his/her providers.

The system allows up to 10 overpayment sequences to be associated with a single recipient case. A two-digit sequence number of 01 through 10 is added following the recipient case number to indicate which recovery transaction case is being referenced.

The OVER screen may be accessed from the main MENU screen or from another CMIPS screen by entering OVER on the NEXT line, the cursor automatically advances to the ACTION field, key **A**-Add, **C**-Change, **D**-Delete or **I**-Inquiry. The cursor automatically advances to the case number field, key the ten-digit recipient case number followed by the desired sequence number (01 through 10), then press <**F8**> to access the requested OVER screen.

```
      THIS OVER I XXXXXXXXXXXXXXXX
      NEXT OVER I XXXXXXXXXXXXXXXX

                        I H S S   O V E R  P A Y M E N T

 APPLY TO PROV XXXXXX                  ORIGINAL PAYMENT ISSUED TO  X
 RECIP                                 PROV
 TYPE X  STATUS X  DATE ADDED MMDDCCYY START DATE  MMDDCCYY   STOP DATE MMDDCCYY
 ORIG AMT 9999.99  DEDUCT AMT 9999.99  APPLIED AMT 9999.99     BALANCE  9999.99
 WARRANT NUMBER              FROM DATE              TO DATE            MODE
 WITHHOLD 99   FICA 9999.99       SDI  9999.99      SHARE OF COST  9999.99
 REASON CODES  XXX XXX XXX XXX   COUNTY USE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 REFERENCE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  SEGMENT     DATE   APPLIED AMT   AUTH  SEGMENT    DATE    APPLIED AMT   AUTH
    XX      MMDDCCYY   9999.99             XX      MMDDCCYY   9999.99
    XX      MMDDCCYY   9999.99             XX      MMDDCCYY   9999.99
    XX      MMDDCCYY   9999.99             XX      MMDDCCYY   9999.99
    XX      MMDDCCYY   9999.99             XX      MMDDCCYY   9999.99
    XX      MMDDCCYY   9999.99             XX      MMDDCCYY   9999.99
    XX      MMDDCCYY   9999.99             XX      MMDDCCYY   9999.99
    XX      MMDDCCYY   9999.99             XX      MMDDCCYY   9999.99
ENT=ENTER F03=EXIT F08=NEXT
```

Fig. XII-A- 1 – Blank OVER screen accessed in Inquiry Action

Overpayment Collection – Special Instructions

This Section provides additional and/or special instructions on the following subjects:

Subject **Page XII-B**

I. Overpayment Collection....2
II. Overpayment Collection for Advance Pay Recipient....3
III. Adding an Arrears Pay Recipient for Collection of an Overpayment....7
IV. Adding an Arrears Pay Provider for Collection of an Overpayment....12
V. Overpayment Collection for under withholding of FICA, Medicare and SDI....17
VI. Changing Overpayment Collection Status....20
VII. Overpayment Collection wage adjustments....21

Overpayment Collection

General Considerations

Overpayment collections typically occur because a recipient or provider was overpaid IHSS funds for a period or periods of time. These overpayments may result from an erroneous timesheet being submitted and processed for an Arrears Pay Recipient or Provider or an Advance Pay recipient did not have all the hours which were paid to them, served by a provider.

Overpayment collections keyed in CMIPS will deduct the indicated recovery amount from all future payments made to the recipient or provider until the original amount overpaid has been collected.

Overpayment collections may be made against the following types of cases:

- Advance Pay Recipient – Overpayment collections will be deducted from future Advance Payments
- Arrears Pay Providers – Overpayment collections will be deducted from future payments made to the indicated provider
- Arrears Pay Recipient – Overpayment collections will deduct the indicated DEDUCT AMOUNT from future payments made to the indicated provider(s) associated with the recipient case

Guideline for more efficient collection and processing

- Overpayment Collections against an Advance Pay recipient may only be keyed for a single calendar month (i.e. June 1st – 30th, 2007)
- **Overpayment Collection sequences against Arrears Pay recipients or providers should never cross tax years. (Example: An overpayment occurred for November 2006 – January 2007. Two overpayment segments should be created; one Overpayment Collection sequence for November – December 2006 and a second sequence for January 2007.)**
- **Whenever possible, Overpayment Collections should be collected in the tax year they were overpaid.**

County responsibility for Overpayment Collection management

It is the County's responsibility to actively manage Overpayment Collections. To assist in this task a monthly OVERPAYMENT RECOVERY REPORT is produced on the last business day of the month. See ***Section XIV-nn – Overpayment Recovery Report*** for detailed information relating to this report.

I. Overpayment Collection for Advance Pay Recipient

Overpayment collection from an Advance Pay Recipient will be necessary when the total hours and dollars paid to the recipient are not accounted for when all Advance Pay provider timesheets for a specific calendar month have been processed and the number of hours submitted are less than the hours originally paid to the recipient.

See ***Section XIV-cc – Reconciliation of Advance Payment*** to determine if an overpayment Collection is necessary against an Advance Pay Recipient. These types of situations will display as either PARTIAL or OPEN Reconciliations.

Specific field indications:

The following indications are specific to Overpayment collections against an Advance Pay recipient keyed against a recipient case which is currently eligible for Advance Pay.

Field: ORIGINAL PAYMENT TO – ***OVER Screen Only***

Entry: **SOC 330** – For Advance Pay Recipient this field is always 1 – Recipient

OVER Screen – Key indication in the ORIGINAL PAYMENT TO field on the OVER screen.

Field 6: TYPE

Entry: **SOC 330** – Verify on the RELB screen the PAY OPT (Field M7, N7 or O7) associated with the eligibility segment when the overpayment occurred.

Circle A – Recipient Advance Pay or manually enter F – Recipient with Direct Deposit.

OVER Screen – Key indication in the TYPE field on the OVER screen.

Field 10: ORIGINAL AMOUNT

Entry: **SOC 330** – Enter the total dollar (NET) amount overpaid to the recipient.

OVER Screen – Key the indicated dollar amount in the ORIG AMT field on the OVER screen.

Field 11: DEDUCT AMOUNT

Entry: **SOC 330** – Determine the repayment amount to be withheld from each subsequent Advance Payment to the recipient. This amount may be equal to the ORIG AMT or it may be a lesser sum to be collected from multiple Advance Pay warrants.

OVER Screen – Key the determined repayment amount in the DEDUCT AMT field on the OVER screen.

Field 13 : WARRANT NUMBER

Entry: **SOC 330** – From the RSUM or WARR screen determine the warrant number associated with the specific overpayment.

OVER Screen – Key the indicated warrant number in the WARRANT NUMBER field on the OVER screen.

Field 14: FROM DATE

Entry: **SOC 330 –** Indicate the first day of the month in which the overpayment was issued. This will be the first day of the month for the Advance Payment.

OVER Screen – Key the indicated date in the FROM DATE field on the OVER screen.

Field 15: TO DATE

Entry: **SOC 330 –** Indicate the last day of the month in which the overpayment was issued. For an Advance Pay Overpayment Collection this date range must be a single calendar month. This date must be the last day of the month indicated in the FROM DATE field.

OVER Screen – Key the indicated date in the TO DATE field on the OVER screen.

Field 16: WITHHOLD

Entry: **SOC 330 –**The correct value to be keyed in this field may be determined by looking at the payment reported on the RECONCILIATION OF ADVANCE PAYMENT report. If no taxes were withheld from the original payment, indicate 10. If taxes were withheld from the original payment indicate 13.

OVER Screen – Key the indicated two-digit value in the WITHHOLD field on the OVER screen.

Field 17/18/19: FICA, SDI, SHARE/COST

Entry: **SOC 330 –** These fields **<u>will always be blank</u>** for Overpayment Collection against an Advance Pay recipient.

OVER Screen – this field will always be blank.

Field 20: REASON CODES – NOA

Entry: **SOC 330 –** The county has the option to enter up to four NOA codes. If entered in this field, the codes are for information purposes only and do not cause a notice of action to be produced.

OVER Screen – Key up to four three-digit NOA codes in the REASON CODES field.

Field 21: COUNTY USE

Entry: **OVER Screen –** Optional free format field allowing up to 30 alphanumeric characters.

Field 22: REFERENCE

Entry: **OVER Screen –** Additional optional free format field allowing up to an additional 40 alphanumeric characters.

Field 23: AUTHORIZATION / DATE / REMARKS – ***SOC 330 Only***

Entry: **SOC 330** – This field allows for county specific information regarding authorization of the overpayment record.

Field 24 : VALIDATION / DATE / REMARKS – ***SOC 330 Only***

Entry: **SOC 330** – This field is an optional county use field associated to the overpayment record.

```
     THIS OVER I 999999999901
     NEXT OVER I 999999999901

                    I H S S   O V E R  P A Y M E N T

 APPLY TO PROV                          ORIGINAL PAYMENT TO 1
 RECIP XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX PROV
 TYPE R STATUS C  DATE ADDED 10122007 START DATE  10122007   STOP DATE 11012007
 ORIG AMT   367.79  DEDUCT AMT  367.79 APPLIED AMT    367.79   BALANCE   367.79
 WARRANT NUMBER 88888888     FROM DATE 03012007     TO DATE 03312007   MODE
 WITHHOLD 10   FICA              SDI               SHARE OF COST
 REASON CODES                   COUNTY USE REC INPT ADMINE 03/13 -03/17/07
 REFERENCE 10/10/07 REC AGREES TO DED FROM 11/07 ADV PAY

  SEGMENT     DATE   APPLIED AMT   AUTH  SEGMENT    DATE    APPLIED AMT   AUTH
    01      11012007    367.69




 ENT=ENTER F03=EXIT F08=NEXT
```

Fig. XII-B- 1 – OVER Screen for Advance Pay Recipient with first payment processed

```
     THIS RSUM I 9999999999
     NEXT PSUM I 9999999999

    IHSS RECIPIENT SUMMARY         NAME    XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX


                           MONTH-TO-DATE-TOTALS
  YR  MO CC HRS IP HRS   IP $     SOC     YR  MO CC HRS IP HRS   IP $     SOC
 2007 07    0.0  283.0  2547.00     0.00 2007 06    0.0  283.0  2547.00    0.00
 2007 05    0.0  283.0  2547.00     0.00 2007 04    0.0  283.0  2547.00    0.00
 ** YTD **  HRS=1415.00  WAGES=   12735.00   FICA=     974.20  SDI=   114.60
                                                     TXNS 1 TO 2 OF 2
 TP  S FRM DT TO DT  WAR DT WAR NUM   HOURS   GROSS    WARR NET RS X V AUTH EFT
 X   C 110107 113007 070107 00000000    0.0      0.00    367.69 20
 A   B 070107 073107 070107 44556677  283.0   2547.00   1961.55
 A   B 060107 063007 060107 11223344  283.0   2547.00   2329.24
 A   B 050107 053107 050107 99887766  283.0   2547.00   2329.24
 A   B 040107 043007 040107 55667788  283.0   2547.00   2329.24
 E   B 030107 033107 030107 33221199  283.0   2547.00   2329.24 03         1
F07=BWD  F11=CONT
```

Fig. XII-B- 2 – OVERPAYMENT Collection indication on RSUM

```
      THIS WARD I 9999999999
      NEXT WARD I 9999999999
                                          WARRANT    1  OF    1
WARR NBR CASE NUMBER      LAST NAME         FIRST NAME   MI PAY ST TP RECON RC
00000000 9999999999       XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     R  H       N
ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX  XXXXX-XXXXX
PAID 070107  CASH 070507  VOID 000000  REPL 000000  PAY FM 070107 PAY TO 073107
W4    00  FIT WHOLD     0.00  SIT W4    00  SIT WHOLD     0.00  PAY RATE   9.00
                            GRAND TOTAL         PCSP            IHSS
WAGE HOURS                       283.00            .00          283.00
GROSS WAGE                     2,547.00            .00        2,547.00
FICA                             157.91            .00          157.91
MEDICARE                          36.93            .00           36.93
SDI                               22.92            .00           22.92
FEDERAL INCOME TAX                  .00            .00             .00
STATE INCOME TAX                    .00            .00             .00
EARNED INCOME CREDIT                .00            .00             .00
SHARE OF COST                       .00            .00             .00
LEVY                                .00            .00             .00
RECOVERY                         367.69            .00          367.69
UNION DUES                          .00            .00             .00
NET WAGE                        1961.55            .00         1961.55
CUTBACK HOURS                       .00            .00             .00
F03=EXIT F07=BWD F11=CONT                              F12=RETURN TO WARR
```

Fig. XII-B- 3 – Overpayment Collection indicated as COLLECTION on WARD screen

II. Adding an Arrears Pay Recipient for Collection of an Overpayment

An "arrears pay recipient" overpayment collection may be applied in the following circumstances:

A recipient is qualified and receives services from a provider in a specific month or months, all the timesheets are signed appropriately and submitted, and the provider is paid correctly with all applicable deductions taken.

Later, the county discovers that the recipient was not eligible during that particular time period. However, the recipient is now eligible for services again, and is receiving these services from an eligible provider.

> Example: A recipient receives services in January 2007. The timesheets are signed, submitted and the arrears pay provider is paid for the January services with all appropriate deductions taken.
>
> In March at a reassessment the county discovers that the recipient neglected to inform the county of additional resources in the amount of $800. These additional resources make the recipient ineligible in January and payment made to the provider is now considered an overpayment. In the interim, the recipient spends the $800 and is again eligible for services, again from an arrears pay provider.

Arrears Pay recipient are never "paid" but rather their associated providers are paid for services provided to the recipient each time a timesheet is processed through CMIPS. Therefore a recipient, for whom services have been overpaid may, chose one of the following repayment methods:

- Recipient may pay the NET amount of the January warrants directly to the county – Monies are paid directly to the County which will not require an overpayment Collection sequence to be created.
- Recipient and provider agree to have the monies deducted from the providers' payments over time and the recipient will pay the overpayment Collection deduction amount to the provider. This method will require an overpayment Collection sequence to be created with the agreed upon deduction about.

Specific field indications:

Complete the SOC 330. The following indications are specific to Overpayment collections against an Arrears Pay recipient keyed against the providers agreeing to the withholding.

Field 4: PROVIDER NUMBER

Entry: **SOC 330 –** Indicate the six-digit provider number associated with the provider agreeing the overpayment Collection deduction

OVER Screen – Key the six-digit provider number in the APPLY TO PROVIDER field

Field: ORIGINAL PAYMENT TO – ***OVER Screen Only***

Entry: **SOC 330 –** Determine if the provider from whom the deductions will be taken is the provider who was overpaid. The following are valid indications

1 – Recipient

OVER Screen – Key indication in the ORIGINAL PAYMENT TO field

Field 6: TYPE

Entry: **SOC 330** – Verify on the RELB screen the PAY OPT (Field M7, N7 or O7) associated with the eligibility segment when then overpayment occurred.

Circle R – Arrears Pay Recipient

OVER Screen – Key indication in the TYPE field on the OVER screen.

Field 10: ORIGINAL AMOUNT

Entry: **SOC 330** – Enter the total dollar (NET) amount overpaid to the recipient.

OVER Screen – Key the indicated dollar amount in the ORIG AMT field on the OVER screen.

Field 11: DEDUCT AMOUNT

Entry: **SOC 330** – Determine the repayment amount to be withheld each time a payment is processed for the provider. This amount may be equal to the ORIG AMT or it may be a lesser sum to be collected from multiple payments.

OVER Screen – Key the determined repayment amount in the DEDUCT AMT field on the OVER screen.

Field 13 : WARRANT NUMBER

Entry: **SOC 330** – From the PSUM or WARR screen determine the warrant number associated with the specific overpayment. If there is more than one warrant key the first, if space allows the remaining may be keyed in County Use or Reference fields.

OVER Screen – Key the indicated warrant number in the WARRANT NUMBER field on the OVER screen.

Field 14: FROM DATE

Entry: **SOC 330** – Indicate the first day of the pay period in which the overpayment was made. This field must be the 1st or the 16th of a month.

OVER Screen – Key the indicated date in the FROM DATE field on the OVER screen.

Field 15: TO DATE

Entry: **SOC 330** – Indicate the last day of the pay period in which the overpayment was issued. This date must be the 15th or the last day of a calendar month, but may span several pay period or months. It is best however, to not cross calendar years. If an overpayment crosses calendar years, set up separate overpayment sequences for each calendar year.

OVER Screen – Key the indicated date in the TO DATE field on the OVER screen.

Field 16: WITHHOLD

Entry: **SOC 330 –** If no taxes were withheld from the original payment, indicate 10. If taxes were withheld from the original payment indicate 13.

OVER Screen – Key the indicated two-digit value in the WITHHOLD field on the OVER screen.

Field 17/18/19: FICA, SDI, SHARE/COST

Entry: **SOC 330 –** These fields **will always be blank** for Overpayment Collection for WITHHOLD codes 10 or 13.

OVER Screen – this field will always be blank.

Field 20: REASON CODES – NOA

Entry: **SOC 330 –** The county has the option to enter up to four NOA codes. If entered in this field, the codes are for information purposes only and do not cause a notice of action to be sent.

OVER Screen – Key up to four three-digit NOA codes in the REASON CODES field.

Field 21: COUNTY USE

Entry: **OVER Screen –** Optional free format field allowing up to 30 alphanumeric characters.

Field 22: REFERENCE

Entry: **OVER Screen –** Additional optional free format field allowing up to an additional 40 alphanumeric characters.

Field 23: AUTHORIZATION / DATE / REMARKS – ***SOC 330 Only***

Entry: **SOC 330 –** This field allows for county specific information regarding authorization of the overpayment record.

Field 24 : VALIDATION / DATE / REMARKS – ***SOC 330 Only***

Entry: **SOC 330 –** This field is an optional county use field associated to the overpayment record.

```
      THIS OVER I 999999999901
      NEXT OVER I 999999999901

                        I H S S   O V E R  P A Y M E N T

 APPLY TO PROV 999999                  ORIGINAL PAYMENT TO 1
 RECIP XXXXXXXXXXXX XXXXXXXXXXXXXXXXXX PROV XXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
 TYPE R  STATUS A  DATE ADDED 06242007 START DATE  06242007   STOP DATE
 ORIG AMT   200.00  DEDUCT AMT   50.00 APPLIED AMT  00050.00   BALANCE 00150.00
 WARRANT NUMBER 99999999     FROM DATE 04012007     TO DATE 05312007   MODE IP
 WITHHOLD 10   FICA               SDI               SHARE OF COST
 REASON CODES                    COUNTY USE RCPT NOT ELIG 4/-5/21/07
 REFERENCE

  SEGMENT     DATE   APPLIED AMT   AUTH  SEGMENT    DATE    APPLIED AMT   AUTH
    01      06262007     50.00



ENT=ENTER F03=EXIT F08=NEXT
```

Fig. XII-B- 4 – Overpayment Collection sequence with payment indication

```
      THIS PSUM I 9999999999999999
      NEXT PSUM I 9999999999

     IHSS PROVIDER SUMMARY          NAME    XXXXXXXXXXXXXXXXX , XXXXXXXXXXX
 E 999999

                           MONTH-TO-DATE-TOTALS
  YR  MO   PD HOURS   GROSS      SOC       YR  MO   PD HOURS   GROSS      SOC
 2007 06      75.0     521.25      0.00   2007 05     150.0    1042.50     0.00
 2007 04     150.0    1042.50      0.00   2007 03       0.0       0.00     0.00
 HRS=    375.00 WAGES=    2606.25 FICA=     199.40   SDI=    23.45 EIC=    0.00
                                                     TXNS 1 TO 2 OF 2
 TP  S FRM DT TO DT  WAR DT WAR NUM   HOURS   GROSS    WARR NET RS X V AUTH  UD
 H   C 060102 061502 062402 00000000    0.0      0.00     50.00 20 0
 H   C 060102 061502 062402 11111111   75.0    521.25    426.68    0
 H   C 051602 053102 060602 22222222   75.0    521.25    476.68    0
 H   C 050102 051502 060602 33333333   75.0    521.25    476.68    0
 H   C 041602 043002 060602 33333333   75.0    521.25    476.68    0
 H   C 040102 041502 060602 33333333   75.0    521.25    476.68    0

F07=BWD  F11=CONT
```

Fig. XII-B- 5 – Overpayment Collection designation of PSUM

```
      THIS WARD I 9999999999999
      NEXT WARD I 9999999999999
                                          WARRANT    1  OF    1
WARR NBR CASE NUMBER      LAST NAME       FIRST NAME   MI PAY ST TP RECON RC
11111111 9999999999999999 XXXXXXXXXXXXXXX  XXXXXXXXXXXX  X  X  X       X   X
ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXX  XX  99999 9999
PAID 062407  CASH 062807  VOID 000000  REPL 000000  PAY FM 060102 PAY TO 061502
W4    00  FIT WHOLD     0.00  SIT W4    00  SIT WHOLD     0.00  PAY RATE   6.95
                            GRAND TOTAL         PCSP            IHSS
WAGE HOURS                        75.00            .00           75.00
GROSS WAGE                       521.25            .00          521.25
FICA                              32.32            .00           32.32
MEDICARE                           7.56            .00            7.56
SDI                                4.69            .00            4.69
FEDERAL INCOME TAX                  .00            .00             .00
STATE INCOME TAX                    .00            .00             .00
EARNED INCOME CREDIT                .00            .00             .00
SHARE OF COST                       .00            .00             .00
LEVY                                .00            .00             .00
RECOVERY                          50.00            .00           50.00
UNION DUES                          .00            .00             .00
NET WAGE                         426.68            .00          446.68
CUTBACK HOURS                       .00            .00             .00
F03=EXIT F07=BWD F11=CONT                            F12=RETURN TO WARR
```

Fig. XII-B- 6 – WARD screen displaying Overpayment Collection

III. Adding an Arrears Pay Provider for Collection of an Overpayment

An "arrears pay provider" payment collection may be applied in the following circumstances:

An eligible provider works, both the recipient and the provider sign the timesheet(s) which are submitted for processing. The timesheets are processed and the provider is paid for all hours submitted.

Later, the county discovers that the provider mistakenly claimed more hours than were actually worked and neither the recipient nor the provider caught the error before timesheet submission.

> Example: The recipient is eligible for 168 hours per month. The recipient has two providers. Provider A generally works 50 hours per pay period, which would equal 100 hours per month. Provider B works 34 hours per pay period for a total of 68 hours per month.
>
> Provider A went on vacation the last week in May and only worked 35 hours rather than the usual 50 hours from May 16th through May 31, 2007. However, the timesheet were completed indicating the "usual" 50 hours rather than the actual 35 hours worked. Provider A submitted and cashed the payment before the other provider's timesheet was processed.
>
> When Provider B submitted his timesheet with the additional 15 hours plus the usual 34, for a total of 49 hours, CMIPS did not allow the timesheet to process because the total hours from all timesheets exceeded the recipient monthly hours.
>
> When the county contacted Provider B, they were told of the situation and then contact Provider A to clarify the situation. Provider A agreed that the timesheet had been erroneously completed and agreed to repay the funds associated with the 15 hours.

Provider A who was overpaid may chose one of the following repayment methods:

- Provider A may pay the NET amount directly to the county – Monies are paid directly to the County will not require an overpayment Collection sequence to be created.
- Provider A agrees to have the monies deducted from future payments as an overpayment Collection deduction. This method will require an overpayment Collection sequence to be created with the agreed upon deduction about for the provider.

Specific field indications:

Complete the SOC 330. The following indications are specific to Overpayment collections against an Arrears Pay recipient keyed against the providers agreeing to the withholding.

Field 4: PROVIDER NUMBER

Entry: **SOC 330 –** Indicate the six-digit provider number associated with the provider agreeing the overpayment Collection deduction

OVER Screen – Key the six-digit provider number in the APPLY TO PROVIDER field

Field: ORIGINAL PAYMENT TO – ***OVER Screen Only***

Entry: **SOC 330** – Determine if the provider from whom the deductions will be taken is the provider who was overpaid. The following are valid indications

2 – This provider

OVER Screen – Key indication in the ORIGINAL PAYMENT TO field

Field 6: TYPE

Entry: **SOC 330** – Verify on the RELB screen the PAY OPT (Field M7, N7 or O7) associated with the eligibility segment when the overpayment occurred.

Circle P – Arrears Pay Provider

OVER Screen – Key indication in the TYPE field on the OVER screen.

Field 10: ORIGINAL AMOUNT

Entry: **SOC 330** – Enter the total dollar (NET) amount overpaid to the provider generally the number of hours multiplied by the provider rate of pay. (Example – 15 hours x $8.75/hr – $131.25)

OVER Screen – Key the indicated dollar amount in the ORIG AMT field on the OVER screen.

Field 11: DEDUCT AMOUNT

Entry: **SOC 330** – Determine the repayment amount to be withheld each time a payment is processed for the provider. This amount may be equal to the ORIG AMT or it may be a lesser sum to be collected from multiple payments.

OVER Screen – Key the determined repayment amount in the DEDUCT AMT field on the OVER screen.

Field 13 : WARRANT NUMBER

Entry: **SOC 330** – From the PSUM or WARR screen determine the warrant number associated with the specific overpayment. If there is more than one warrant, key the first warrant number, if space allows the remaining may be keyed in County Use or Reference fields.

OVER Screen – Key the indicated warrant number in the WARRANT NUMBER field on the OVER screen.

Field 14: FROM DATE

Entry: **SOC 330** – Indicate the first day of the pay period in which the overpayment was made. This field must be the 1st or the 16th of a month.

OVER Screen – Key the indicated date in the FROM DATE field on the OVER screen.

Field 15: TO DATE

Entry: **SOC 330** – Indicate the last day of the pay period in which the overpayment was issued. This date must be the 15th or the last day of a calendar month, but may span several pay period or months. It is best however, to not cross calendar years.

If an overpayment crosses calendar years, set up separate overpayment sequences for each calendar year.

OVER Screen – Key the indicated date in the TO DATE field on the OVER screen.

Field 16: WITHHOLD

Entry: **SOC 330 –** Indicate the tax withholding from the providers pay by looking at the warrant.

- If no taxes were withheld from the original payment, indicate 10.
- If taxes were withheld from the original payment indicate 13.

OVER Screen – Key the indicated two-digit value in the WITHHOLD field on the OVER screen.

Field 17/18/19: FICA, SDI, SHARE/COST

Entry: **SOC 330 –** These fields **<u>will always be blank</u>** for Overpayment Collection for WITHHOLD codes 10 or 13.

OVER Screen – This field will always be blank.

Field 20: REASON CODES – NOA

Entry: **SOC 330 –** The county has the option to enter up to four NOA codes. If entered in this field, the codes are for information purposes only and do not cause a notice of action to be sent.

OVER Screen – Key up to four three-digit NOA codes in the REASON CODES field.

Field 21: COUNTY USE

Entry: **OVER Screen –** Optional free format field allowing up to 30 alphanumeric characters.

Field 22: REFERENCE

Entry: **OVER Screen –** Additional optional free format field allowing up to an additional 40 alphanumeric characters.

Field 23: AUTHORIZATION / DATE / REMARKS – ***SOC 330 Only***

Entry: **SOC 330 –** This field allows for county specific information regarding authorization of the overpayment record.

Field 24 : VALIDATION / DATE / REMARKS – ***SOC 330 Only***

Entry: **SOC 330 –** This field is an optional county use field associated to the overpayment record.

```
      THIS OVER I 999999999999
      NEXT OVER I 999999999999

                        I H S S   O V E R  P A Y M E N T

 APPLY TO PROV 999999
 RECIP xxxxxxxxxxxx xxxxxxxxxxxxxxxxx  PROV XXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
 TYPE P  STATUS A  DATE ADDED 06042007 START DATE  06042007   STOP DATE
 ORIG AMT   875.15  DEDUCT AMT   50.00 APPLIED AMT  00050.00   BALANCE 00825.15
 WARRANT NUMBER              FROM DATE 06162007     TO DATE 06312007   MODE IP
 WITHHOLD 13   FICA               SDI               SHARE OF COST
 REASON CODES                    COUNTY USE
 REFERENCE PROVIDER SUBMIT 50 RATHER THAN 35 PART B HRS

  SEGMENT     DATE   APPLIED AMT   AUTH  SEGMENT    DATE    APPLIED AMT   AUTH
    01      06222007  00050.00




ENT=ENTER F03=EXIT F08=NEXT
```

Fig. XII-B- 7 – Overpayment Collection sequence for an Arrears Pay provider

```
      THIS PSUM I 9999999999999999
      NEXT PSUM I 9999999999

     IHSS PROVIDER SUMMARY          NAME    XXXXXXXXXXXXXXXXX , XXXXXXXXXXXXX
 E 999999

                            MONTH-TO-DATE-TOTALS
  YR  MO   PD HOURS   GROSS      SOC       YR  MO   PD HOURS   GROSS      SOC
 2007 06      60.0     417.00      0.00   2007 05     120.0     834.00     0.00
 2007 04     120.0     834.00      0.00   2007 03     120.0     834.00     0.00
 HRS=    660.00 WAGES=    4587.00 FICA=     350.90   SDI=    41.25 EIC=    0.00
                                                      TXNS 1 TO 2 OF 2
 TP  S FRM DT TO DT  WAR DT WAR NUM   HOURS   GROSS    WARR NET RS X V AUTH  UD
 X   P 060107 061507 062207 00000000    0.0      0.00     50.00 20 O          P
 H   C 060107 061507 062207 99999999   60.0    417.00    331.35 20 O          P
 H   C 051607 053107 060507 33334444   60.0    417.00    376.35               P
 H   C 050107 051507 052107 22223333   60.0    417.00    376.35               P
 H   C 041607 043007 050707 11112222   60.0    417.00    376.35               P
 H   C 040107 041507 052207 99998888   60.0    417.00    376.35               P
 H   C 031607 033107 040807 77778888   60.0    417.00    376.35               P
 H   C 030107 031507 042207 66665555   60.0    417.00    376.35               P
 H   C 021607 022807 030607 43444546   60.0    417.00    376.35               P
 H   C 020107 021507 032307 54545454   60.0    417.00    376.35               P
 H   C 011607 013107 021007 12345678   60.0    417.00    376.35               P
 E   C 010107 011507 021007 87654321   60.0    417.00    376.35               P
F07=BWD  F11=CONT
```

Fig. XII-B- 8 – PSUM screen for Arrears Pay provider showing overpayment collection deduction

```
      THIS WARD I 99999999999999
      NEXT WARD I 99999999999999
                                          WARRANT    1  OF    1
WARR NBR CASE NUMBER      LAST NAME       FIRST NAME   MI PAY ST TP RECON RC
99999999 9999999999999999 XXXXXXXXXXXXXXX  XXXXXXXXXXXX     X  X  X    X   X
ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXX  XX  99999 9999
PAID 062207  CASH 063007  VOID 000000  REPL 000000  PAY FM 060107 PAY TO 061507
W4    00  FIT WHOLD     0.00  SIT W4    00  SIT WHOLD     0.00  PAY RATE   6.95
                            GRAND TOTAL         PCSP            IHSS
WAGE HOURS                        60.00          60.00             .00
GROSS WAGE                       417.00         417.00             .00
FICA                              25.85          25.85             .00
MEDICARE                           6.05           6.05             .00
SDI                                3.75           3.75             .00
FEDERAL INCOME TAX                  .00            .00             .00
STATE INCOME TAX                    .00            .00             .00
EARNED INCOME CREDIT                .00            .00             .00
SHARE OF COST                       .00            .00             .00
LEVY                                .00            .00             .00
RECOVERY                          50.00          50.00             .00
UNION DUES                          .00            .00             .00
NET WAGE                         331.35         331.35             .00
CUTBACK HOURS                       .00            .00             .00
F03=EXIT F07=BWD F11=CONT                              F12=RETURN TO WARR
```

Fig. XII-B- 9 – WARD screen for Arrears Pay provider showing overpayment collection deduction

IV. Overpayment Collection for under withholding of FICA, Medicare and SDI

Overpayment collection may be established to collect, from an arrears pay provider FICA, Medicare and SDI when these taxes were either not withheld from previous payments.

Specific field indications:

Complete the SOC 330. The following indications are specific to overpayment collect for lack of or under withholding of FICA, Medicare and SDI for an arrears pay provider.

Field 4: PROVIDER NUMBER

Entry: **SOC 330 –** Indicate the six-digit provider number associated with the provider agreeing the overpayment Collection deduction

OVER Screen – Key the six-digit provider number in the APPLY TO PROVIDER field

Field: ORIGINAL PAYMENT TO – ***OVER Screen Only***

Entry: **SOC 330 –** Determine if the provider from whom the deductions will be taken is the provider who was overpaid. The following are valid indications

2 – This provider

OVER Screen – Key indication in the ORIGINAL PAYMENT TO field

Field 6: TYPE

Entry: **SOC 330 –** Verify on the RELB screen the PAY OPT (Field M7, N7 or O7) associated with the eligibility segment when the overpayment occurred.

Circle P – Arrears Pay Provider

OVER Screen – Key indication in the TYPE field on the OVER screen.

Field 10: ORIGINAL AMOUNT

Entry: **SOC 330 –** Enter the total dollar (NET) amount. This will be the gross of the FICA, Medicare and SDI taxed which should have been withheld. See ***Section XIII-A – Benefits Status & Eligibility Tables*** for Parent/Spouse Providers.

OVER Screen – Key the indicated dollar amount in the ORIG AMT field on the OVER screen.

Field 11: DEDUCT AMOUNT

Entry: **SOC 330 –** Determine the repayment amount to be withheld each time a payment is processed for the provider. This amount may be equal to the ORIG AMT or it may be a lesser sum to be collected from multiple payments.

OVER Screen – Key the determined repayment amount in the DEDUCT AMT field on the OVER screen.

Field 13 : WARRANT NUMBER

Entry: **SOC 330 –** From the PSUM or WARR screen determine the warrant number associated with the specific overpayment. If there is more than one warrant, key the first warrant number, if space allows the remaining may be keyed in County Use or Reference fields.

OVER Screen – Key the indicated warrant number in the WARRANT NUMBER field on the OVER screen. This field is optional.

Field 14: FROM DATE

Entry: **SOC 330 –** Indicate the first day of the pay period in which the overpayment was made. This field must be the 1st or the 16th of a month.

OVER Screen – Key the indicated date in the FROM DATE field on the OVER screen.

Field 15: TO DATE

Entry: **SOC 330 –** Indicate the last day of the pay period in which the overpayment was issued. This date must be the 15th or the last day of a calendar month, but may span several pay period or months. It is best however, to not cross calendar years. If an overpayment crosses calendar years, set up separate overpayment sequences for each calendar year.

OVER Screen – Key the indicated date in the TO DATE field on the OVER screen.

Field 16: WITHHOLD

Entry: **SOC 330 –** Indicate 03 for an overpayment collection for under withheld FICA, Medicare and SDI.

OVER Screen – Key the indicated two-digit value in the WITHHOLD field on the OVER screen.

Field 17: FICA

Entry: **SOC 330 –** Determine the FICA and Medicare tax owed by the provider. Add these amounts together and enter as FICA.

OVER Screen – Key the amount in the FICA field on the OVER screen.

Field 18: SDI

Entry: **SOC 330 –** Enter the SDI tax owed by the provider based upon the NET

OVER Screen – This field will always be blank.

Field 20: REASON CODES – NOA

Entry: **SOC 330 –** The county has the option to enter up to four NOA codes. If entered in this field, the codes are for information purposes only and do not cause a notice of action to be sent.

OVER Screen – Key up to four three-digit NOA codes in the REASON CODES

field.

Field 21: COUNTY USE

Entry: **OVER Screen –** Optional free format field allowing up to 30 alphanumeric characters.

Field 22: REFERENCE

Entry: **OVER Screen –** Additional optional free format field allowing up to an additional 40 alphanumeric characters.

Field 23: AUTHORIZATION / DATE / REMARKS – ***SOC 330 Only***

Entry: **SOC 330 –** This field allows for county specific information regarding authorization of the overpayment record.

Field 24 : VALIDATION / DATE / REMARKS – ***SOC 330 Only***

Entry: **SOC 330 –** This field is an optional county use field associated to the overpayment record.

V. Changing Overpayment Collection Status

Overpayment collection sequences will close automatically when the ORIG AMT has been collected. The system changes the STATUS to C-Closed and assigns the current date as the STOP DATE.

There may be instances where the county chooses to assign one of the following statuses to an overpayment collection sequence prior to the ORIG AMT being collected:

- HOLD – Allows overpayment collections to not be collected for a period of time.
- CLOSE – Closes the overpayment collection sequence prior to the ORIG AMT being collected. When a C-Closed status is assigned to an overpayment collection sequence, no further action will be allowed against that sequence.

Access the OVER screen in C-Change Action key the desired status in the STAT field, tab to the STOP DATE field and indicate the current or a future date as the last date that overpayment collection should occur. Overpayment collection deductions will continue to occur until the STOP DATE is met.

To change a HOLD status OVER sequence back to Active, simple access the OVER screen in C-Change Action, tab to the STAT field key an "A", then tab to the STOP DATE field and clear the date, press <Enter> to complete the processing.

VI. Overpayment Collection wage adjustments

If the over payment collection is against an arrears pay provider a SPEC Adjustment transaction should be keyed to adjust the wages associated with the provider who was overpaid.

The following fields on the OVER screen can assist the user in knowing against which provider the adjustment should be keyed:

- RECIPIENT NUMBER
- PROVIDER NUMBER
- ORIGINAL PAYMENT TO
- ORIGINAL AMOUNT
- FROM DATE
- TO DATE
- WITHHOLD
- FICA – Use only if Withhold is 03
- SDI – Use only if Withhold is 03

See ***Sections XI-A – SOC 312 Field by Field Description*** and ***XI-C – SPEC Special Instructions*** for details regarding the appropriate SPEC transactions.

Verify that the provider from whom the overpayment collection was deducted was the provider who was originally overpaid. If so, key the appropriate SPEC Adjustment Transaction. If the original overpayment was to a different provider the appropriate SPEC Adjustment Transaction should be keyed against that provider case, if there are earnings for the current tax year.

The OVERPAYMENT RECOVERY REPORT, produced on a Monthly basis will assist counties in know which Overpayment collection sequences were closed in the past month. For a detailed description of the report see ***Section XIV-nn – Overpayment Recovery Report***.

OVER Screen Edits

Online edit messages occur when errors or conflicts result during data entry. There are two types of online edits. A **Hard Edit** indicates incorrect data which must be corrected. A **Soft Edit** indicates data which may be potentially incorrect.

When the error results from a data entry error, the user must correct the erroneous data. When the error results from the original data being incorrect, the responsible Social Service Worker may need to review the problem and make a correction.

Should clarification for a problem be necessary, a screen print that includes the online edit may be useful for illustration. The online edits, or error messages associated to the OVER Screen are listed alphabetically with an explanation of the issue.

Edit Message	Explanation
ACTION INVALID FOR THIS SCREEN	**Hard Edit –** Displays when an attempt is made to access the OVER in an ACTION other than A-Add, C-Change, I-Inquiry or D-Delete.
CASE ASSESSMENT WAS NOT FOUND	**Hard Edit –** Displays when no case assessments segments are associated to the recipient case indicated.
DEDUCT MUST BE > ZERO	**Hard Edit –** Displays when the DEDUCT AMT field is left blank.
DEDUCTIONS AMOUNT CANNOT BE > ORIGINAL AMOUNT	**Hard Edit –** Displays when the DEDUCT AMT keyed is greater than the ORIG AMT.
DELETE NOT ALLOWED – DEDUCT HAVE OCCURRED	**Hard Edit –** Displays when an attempt is made to Delete an OVER sequence which has had deductions posted against it.
DELETED OK	**Hard Edit –** System confirmation that deletion process was completed.
DUP REC ON FILE, ADD INVALID	**Hard Edit –** Displays when an attempt is made to Add an OVER screen sequence which already exists.
ENTER A VALID DATE IN THE FORMAT MMDDYYYY	**Hard Edit –** Displays when the date entered is either an invalid day of the month or an invalid month.
ENTER TO CONFIRM DELETE	**Soft Edit –** Displays as a warning to verify the D-Delete Action is keyed against an OVER Sequence. Press <**Enter**> to continue with the delete Action. Press <**PF8**> key if the OVER sequence should not be deleted.
FICA + SDI + SOC MUST = ORIGINAL AMOUNT	**Hard Edit –** Displays when the FICA, SDI and/or SOC amounts keyed are not equal ORIG AMT keyed.
FIELD CONTAINS INVALID CHARACTER	**Hard Edit –** Displays when an invalid (alpha or numeric) is keyed in a field not allowing that character. See ***Section XII- B – SOC 330 Field by Field Description*** for valid field entry options.

Edit Message	Explanation
FROM DATE CANNOT BE GREATER THAN TO DATE	**Hard Edit –** Displays when the TO DATE keyed is prior to the FROM DATE.
FROM DATE MUST BE GREATER THAN 79	**Hard Edit –** Displays when a FROM DATE is before 01/01/1980.
INVALID FROM DAY	**Hard Edit –** Displays when the FROM DATE keyed is a date other than the first day of a pay period (1st or 16th of a month.)
INVALID KEY – MUST BE NUMERIC	**Hard Edit –** Displays when either an invalid case number or no number is keyed.
INVALID TO DAY	**Hard Edit –** Displays when the TO DATE keyed is other than the last calendar day of a month.
INVALID TRANSACTION CODE ENTERED	**Hard Edit –** Displays when an invalid screen name keyed.
INVALID VALUE, REFER TO USER MANUAL	**Hard Edit –** Displays when data keyed in the highlighted field is invalid. See ***Section XII- B – SOC 330 Field by Field Description*** for valid field entry options.
IPW – PCSP SOC RECOVERY NOT ALLOWED	**Hard Edit –** Displays when an attempt is made to indicate an overpayment recovery for SOC amount for a payment period on or after June 1, 2006 for a recipient case which is 2L (IHSS Plus Waiver) or 2M (PCSP).
NO END DATE ALLOWED FOR STATUS	**Hard Edit –** Displays when a STOP DATE is indicated on an A-Add Action OVER sequence.
NO PAYMENT EXISTS FOR PERIOD	**Soft Edit –** Displays when no payment warrants are associated to the provider or recipient for the period indicated in FROM DATE and TO DATE.
ORIGINAL MUST BE > ZERO	**Hard Edit –** Displays when the ORIG AMT field is left blank.
PROV NUMBER NOT ON FILE	**Hard Edit –** Displays when the provider number keyed is not associated with the recipient case.
PROVIDER # INVALID FOR TYPE A OR F	**Hard Edit –** Displays when an OVER sequence TYPE field is A or F. Overpayment recovery from advance pay recipients do not allow recovery from a provider.
PROVIDER HAS BEEN DISCONTINUED	**Hard Edit –** Displays when the provider number keyed is in Terminated (T) status on the PELG screen.
RECIPIENT CASE NOT FOUND	**Hard Edit –** Displays when an attempt is made to access an OVER screen using an invalid ten-digit recipient case number.
RECIPIENT PAY TYPE MISMATCH	**Hard Edit –** Displays when the TYPE code was keyed does not match the PAY OPT displayed on the M line of the RELB.

Edit Message	Explanation
RECOVERY NUMBER NOT ON FILE	**Hard Edit –** Displays when an attempt is made to access an OVER sequence which does not exist.
RECOVERY SEQUENCE-NUMBER ERROR	**Hard Edit –** Displays when an attempt is made to use a sequence number other than 01 – 10.
REQUIRED FLD IS MISSING	**Hard Edit –** Displays when the highlighted required field is left blank.
SEQUENCE CLOSED – UPDATE NOT ALLOWED	**Hard Edit –** Displays when an attempt is made to access an OVER sequence in C-Change ACTION when the sequence has been closed. Further actions is not allowed when an OVER sequence has been closed.
START DATE LESS THAN DATE ADDED	**Hard Edit –** Displays when the START DATE is prior to the DATE ADDED which is a system generated date.
STATUS "C" OR "H" REQUIRES A STOP DATE	**Hard Edit –** Displays when a OVER sequence is change to H-Hold or C-Closed status and the STOPE DATE was left blank.
THE KEY FIELD IS BLANK	**Hard Edit –** Displays when a case and sequence number were not entered in the NEXT field.
TYPE ADVANCE MUST = 1 MONTH	**Hard Edit –** Displays when an attempt OVER sequence with a TYPE A or F TO DATE which exceeds a calendar month.
TYPE R WITH MODE IP MUST HAVE PROVIDER	**Hard Edit –** Displays when an attempt is made to Add a TYPE R OVER sequence with out indicating a provider number.
WARRANT NUMBER NOT FOUND	**Hard Edit –** Displays when the WARRANT NUMBER indicated does not exist or has been purged from CMIPS. Verify. If correct and the warrant has been purged, clear the field and process without the warrant number.
WITHHOLD CODE MUST BE 03, 10, 11, 12 OR 13	**Hard Edit –** Displays when a WITHHOLD value other than one of the following is keyed: • 03 - Recovery of FICA, SDI, or SOC only. • 10 - No withholding of FICA or SDI on original overpayment. • 11 - Only withholding of FICA on an original overpayment. • 12 - Only withholding of SDI on original overpayment. • 13 - Withholding of both FICA and SDI on original overpayment.

Section XIII
Taxes and Benefits

Taxes and Benefits Status Table

The following table provides an easy-to-use reference for questions regarding the various taxes and benefits available to individual providers. For further information, refer to the California Unemployment Insurance Code (CUIC) sections or Internal Revenue Service (IRS) Circular E, Employers Tax Guide.

Program	Parent Provider	Spouse Provider	Child Provider	Other Provider
Worker's Compensation Employer Paid Benefit	Eligible	Eligible	Eligible	Eligible
State Disability Insurance (SDI) Rate 1.20% Employee Tax	Eligible if providing services for child of any age *CUIC Sec. 702.5* Elective SDI (SOC 409)	Eligible if providing services for spouse *CUIC Sec. 702.5* Elective SDI (SOC 409)	Eligible if age 18 or over, and employer pays wages greater than $750/quarter *CUIC Sec. 631 & CUIC Sec. 2606.5* ---------- Eligible if younger than age 18 and providing services for a parent *CUIC Sec. 702.5* Elective SDI	Eligible if employer pays wages greater than $750/ quarter *C*UIC Sec. 2606.5
Social Security (FICA) Employee Tax Soc. Sec. Rate 4.20% Medicare Rate 1.45% FICA Rate 5.65%	Not Eligible *IRS Circular E, Section* 3	Not Eligible *IRS Circular E, Section* 3	Eligible, age 21 and older	Eligible if combined wages from all employers is greater than $1,700 annually *IRS Circular E, Section 15*
Unemployment Insurance (FUTA & SUI). Employer Tax only 3.4%	Not Eligible *CUIC Sec.631*	Not Eligible *CUIC Sec. 631*	SUI: Eligible if age 18 and older and employer pays wages greater than $1,000 a quarter *CUIC Sec. 631* FUTA: Eligible if age 21 and older.	Eligible if employer pays wages greater than $1,000 a quarter *CUIC Sec. 629*
State And Federal Income Taxes	State and federal income taxes are withheld, on arrears pay providers, only if the employee completes a W-4/DE-4 form for each recipient/employer and submits it to the county welfare department. *Authority: IRS Publication 926, Section 5*			

FICA and SDI Eligibility Table

The following table provides information regarding provider eligibility for FICA (Social Security and Medicare Tax) and State Disability Insurance (SDI) as well as how provider cases should be coded to allow for proper tax withholding.

Relationship of Provider	FICA Eligibility	SDI Eligibility	SOC 312 Type Code	SOC 311 Tax Status Code D-2
Parent of Recipient	Not eligible	Not eligible for standard SDI	X	P
		Eligible for elective SDI		
Spouse of Recipient	Not eligible	Not eligible for standard SDI	X	S
		Eligible for elective SDI		
Child of Recipient	Under 21 Not eligible	Under 18 - not eligible for standard SDI	X	C
	21 and over eligible	18 or Over - eligible for standard SDI		
Other Non-Related Or Related, i.e. Brother, Sister, Aunt	eligible	Eligible for Standard SDI	W	O

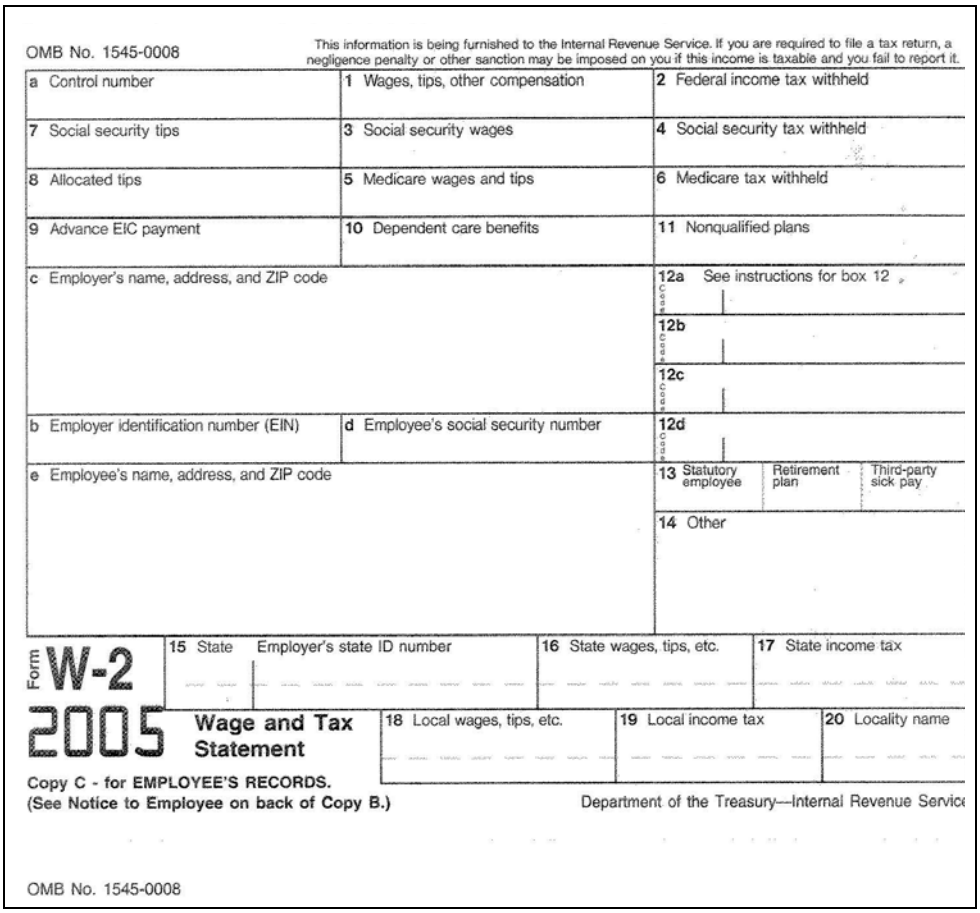
The following table provides a historical listing of FICA and SDI rates.

Payment Year	FICA %	SDI %	Payment Year	FICA %	SDI %
1980	6.13	1.0	1996	7.65	0.8
1981	6.65	0.6	1997	7.65	0.5
1982	6.7	0.8	1998	7.65	0.5
1983	6.7	0.8	1999	7.65	0.5
1984	6.7	0.9	2000	7.65	0.7
1985	7.05	0.6	2001	7.65	0.9
1986	7.15	0.9	2002	7.65	0.9
1987	7.15	1.2	2003	7.65	0.9
1988	7.51	1.2	2004	7.65	1.18
1989	7.51	0.9	2005	7.65	1.08
1990	7.65	0.9	2006	7.65	0.8
1991	7.65	1.0	2007	7.65	0.6
1992	7.65	1.25	2008	7.65	0.8
1993	7.65	1.3	2009	7.65	1.1
1994	7.65	1.3	2010	7.65	1.1
1995	7.65	1.0	2011	5.65	1.2

W-2 Wage and Tax Statement

Prior to January 31 of the current year, each IHSS provider with earnings processed through CMIPS will be issued a W-2 Wage and Tax Statement for the prior tax year.

Because providers submit timesheets to be paid for IHSS services, W-2 wages are reported based upon the date the timesheet is keyed in CMIPS rather than the actual date the service was provided. These wages may include reconciliations, late timesheets, and adjustments for services provided in a prior tax year.


OMB No. 1545-0008

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
7 Social security tips	3 Social security wages	4 Social security tax withheld
8 Allocated tips	5 Medicare wages and tips	6 Medicare tax withheld
9 Advance EIC payment	10 Dependent care benefits	11 Nonqualified plans
c Employer's name, address, and ZIP code		12a See instructions for box 12 Code
		12b Code
		12c Code
b Employer identification number (EIN)	d Employee's social security number	12d Code
e Employee's name, address, and ZIP code		13 Statutory employee / Retirement plan / Third-party sick pay
		14 Other

Form W-2	15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
2005 Wage and Tax Statement	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy C - for EMPLOYEE'S RECORDS.
(See Notice to Employee on back of Copy B.)

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0008

Fig. XIII-B- 1 – W-2 Wage and Tax Statement

If a provider works for five recipients, the provider will receive five separate W-2 Wage and Tax Statements. Recipients and Contractors do not receive W-2s. The name, Social Security Number and address appearing on the provider eligibility screen (PELG) as of the last checkwrite in December of the tax year will appear on the W-2. Therefore, these provider specific data fields and other wage information must be corrected before this cutoff to be correctly reflected on the W-2.

Undeliverable W-2s are returned to HP who then forwards them to the County. Counties should retain these W-2s for distribution to any provider who provides current mailing address information.

When necessary the County may submit, on behalf of the provider, a "Request for Duplicate W-2 or Amended W-2". These requests are mailed by the county to the State Contractor.

Field By Field Description

The following fields appear on the W-2 Wage and Tax Statement. This description will move left to right and top to bottom on the above form.

	W-2 Field	Description
a	Control number TAXABLE YEAR	The sequential number as the W-2s are printed. The applicable year of the W-2.
1	Wages, tips and other compensation	The total gross wages paid before payroll deductions.
2	Federal income tax withheld	The total amount of federal taxes withheld.
7	Social Security tips	Not applicable
3	Social Security wages	The total gross wages paid that were subject to Social Security tax.
4	Social Security tax withheld	That portion of FICA that is withheld for Social Security taxes.
8	Allocated tips	Not applicable
5	Medicare wages and tips	The total wages paid that were subject to Medicare tax.
6	Medicare tax withheld	That portion of FICA that is withheld for Medicare taxes.
9	Advance EIC payment	The total paid to the provider as advance earned income credit.
10	Dependent care benefits	Not applicable
11	Non-nonqualified plan	Not applicable
c	Employer's name, address and zip code	The name of the employer (IHSS recipient) will appear, but the address will be that of the State Contractor; thereby allowing undeliverable W-2s to be returned to the State Contractor and then sent on to the counties.
12a	Benefits included in box 12	Not applicable
12b	Benefits included in box 12	Not applicable
12c	Benefits included in box 12	Not applicable
b	Employer's identification number	The IRS assigned number under which taxes are reported for the IHSS Program. The number is 94-2629822.
d	Employee's social security number	The employee's (provider's) social security number as indicated on the PELG at the time W-2's were processed.
12d	Benefits included in box 12	Not applicable.
e	Employee's name, address and zip code	The first line indicates the 16 digit recipient/provider case number, the county code and district office. The next three lines display the provider's name and address.
13	Statutory employee, Retirement plan, Third-party sick pay.	Not applicable.
14	Other	Not applicable.

	W-2 Field	Description
15	State Employer's state I.D. No.	"CA" will appear in this box to designate the state in which earnings were paid. This box may be blank if the recipient, for whom the provider works, does not have an Employment Development Department number.
16	State wages, tips, etc.	The total wages subject to State income taxes.
17	State income tax	The total amount of State taxes withheld.
18	Local wages, tips, etc	The total wage subject to State Disability Insurance (SDI) Tax for eligible providers
19	Local Income Tax	The SDI withheld for eligible providers
20	Locality name	SDI is indicated in this box to designate the previously report amounts as SDI.

Request for Duplicate or Amended W-2

All requests or inquiries regarding W-2s must be submitted to the State Contractor by the county and not directly from the provider. The State Contractor will mail reprinted and/or corrected W-2 responses directly to the provider unless otherwise stated. Processing requests for duplicate W-2s for the prior year will begin February 15 of the current year.

Providers may request a Duplicate or Amended W-2 for the most recent W-2 **tax year and three prior**. For example in tax year 2006, a provider may request a duplicate or amended W-2 for tax years 2002 – 2005; where 2005 is the most recent and 2002-2004 the three prior.

I. Requests for Duplicate W-2

To request a copy of a lost or misplaces W-2:

A. Obtain the following information: the tax year requested for the W-2, the recipient's name and 10 digit case number, the provider's name, six-digit case number, social security number (SSN), and current address.

B. Check the Provider History (PHST) and Warrant Summary (WARR) screens to make certain the provider turned in timesheets in the requested year.

C. Complete a "Request for Duplicate W-2 or Amended W-2" form for each calendar year and mail it to the State Contractor.

II. Amended/Corrected W-2s – Incorrect Wages

A. W-2 forms are issued based upon <u>all</u> payments against a case during a tax year. Any timesheets, reconciliation, or adjustments done after the tax year's 4th checkwrite in December will be reflected on the next year's W-2. The situations are given as examples:

Example 1: A timesheet for the second half of December 2005 is keyed January 2006. The wages will appear on the W-2 for 2006, not 2005.

Example 2: In an advance-pay case if a reconciling timesheet is not entered in the same year that the services were provided, the wages associated with those hours will be applied to the case in the tax year they are entered in CMIPS.

Example 3: Adjustments resulting from SOC 312 transactions (such as a C02, U06, O06) for a prior year's pay period entered in the current year will appear on the current tax year's W-2.

Example 4: Any moneys collected from an individual provider for an overpayment via the OVER screen will be credited to the calendar year's W-2 when either the entire amount is collected or the OVER screen is closed.

B. If a provider informs the county that his/her W-2 is incorrect, the county should:

1. Check the PHST, WARR and WARD screens and/or the Monthly Payment Voucher microfiche for the total wages credited for that year.

2. Check timesheets or adjustments entered in the current year for a prior year's pay period that may lead the provider to believe his/her earnings were under/overstated. For example, if an advance pay case becomes arrears and had an advance pay timesheet from two years ago processed in the current year, the timesheet will not be reflected on the wage statement but will be included on the W-2. If earnings were correctly stated, explain to the provider there will be no corrected W-2 issued.

C. If the recipient, provider and county all agree a provider's W-2 incorrectly states earning information, an amended W-2 can be produced by the State Contractor. If it is determined there is an under/overpayment or if wages should have been credited to another provider, the county should then:

1. Obtain a letter signed by both the recipient and provider that includes the earnings information reported on the W-2, the correct earnings information, and the reasons for the discrepancy.

2. Send a copy of the letter, with any other backup documentation, attached to a Request for Amended W-2 Form to the State Contractor. **The county must complete the "Amended" W-2 section of the form**. The State Contractor will process an amended W-2C form. The copies of the amended document will serve as notification to the IRS, Social Security, Franchise Tax Board, and the provider.

III. Amended/Corrected W-2s – Incorrect Social Security Number

A. To amend a W-2 due to an incorrect SSN, the county must complete the Amended W-2 section of the form and mail the form to the State Contractor. Attach a photocopy of the provider's social security card, if available. The State Contractor will process a W-2c (amended) based on the county's request. No dollar amounts will appear on the W-2c if the SSN or name is being corrected. Copies of the amended document will serve as notification to the IRS, Social Security Administration, Franchise Tax Board, and the provider. To correct the SSN on the provider record ***see Section VI-C Special Instructions – Correction of a Social Security Number on the PELG***.

REQUEST FOR DUPLICATE W-2 OR AMENDED W-2

DATE_____ COUNTY # _____ D/O#_____

REQUESTER'S NAME _____ PHONE (___) _____EXT_____

DUPLICATE W-2 REQUEST

TAX YEAR REQUESTED 20____

RECIPIENT NAME_____

RECIPIENT #_____(County #, Case #, Check Digit)

PROVIDER NAME_____

PROVIDER #_____

PROVIDER SSN_____---_____---_____

PROVIDER ADDRESS_____

CITY_____ST_____ZIP_____

AMENDED W-2

TAX YEAR AMENDING 20____

RECIPIENT NAME_____

RECIPIENT #_____(County #, Case #, Check Digit)

PROVIDER NAME_____

INCORRECT: PROVIDER #_____ & SSN_____---_____---_____

CORRECT: PROVIDER #_____ & SSN_____---_____---_____

PROVIDER ADDRESS_____

CITY_____ST_____ZIP_____

Please Note: If you are correcting wage information, a signed letter from the recipient/provider that explains the wage discrepancy is also necessary.

MAIL FORM TO: HP/IHSS, PO BOX 940, ROSEVILLE, CA 95678-0901

TAXF Screen

Description

The TAXF screen allows county staff to view provider W-2 information. This is an I-Inquiry only screen. W-2 documents are issued to providers at the beginning of each year for wages earned in the previous tax year. Provider's should receive their W-2 by January 31 of each year. W-2 documents are mailed to the mailing address indicated on the provider case. For detailed information regarding the W-2 and W-2 processing see ***Section XIII-B – W-2 Wage and Tax Statement***.

Duplicate and amended W-2s are processed every two weeks as part f the Friday batch cycle unless there is a conflict with a report cycle and then they are produced on a Monday. The printed documents are received by the State Contractor the next day and mailed to the provider. Any duplicate or amended W-2s returned to the State Contractor are returned to the county responsible for the case.

Accessing the TAXF Screen

The TAXF screen may be accessed from the main menu or any other screen in CMIPS by keying on the NEXT line the transaction code TAXF, followed by I-Inquiry, then the 16-digit provider case number, then press <**F08**>. When displayed, the TAXF screen defaults to the most recent tax year for which W-2 documents were produced. If the provider did not work for the recipient in the displayed tax year, the screen will display the edit message, "W2 INFORMATION NOT FOUND" displays.

To access a previous tax year, tab to the TAX YEAR field and key the desired tax year, then press <**Enter**>.

```
      THIS TAXF I 5999022354584568
      NEXT TAXF I 5999022354584568
TAX YEAR: 2003                            W2  REISSUE:   W2  ISSUED: 01-09-04
                                          W2C REISSUE:   W2C ISSUED: 00-00-00
PROVIDER INFORMATION
LAST NAME JACKSON          FIRST MABELLYN    MI    SSN 555555568
STR 15639 53RD ST              CY ANYWHERE             ST CA Z 999991234
RECIPIENT INFORMATION
LAST NAME STEPHENSEN       FIRST CLEMENTINE  MI M  EDD 69999998
STR 14523 MADISON AVE             CY ANYWHERE             ST CA Z 999991234
REPORTED W-2         | W-2C                 |  NET CHANGE
-------------------------------------------------------------------
GROSS:      14572.58 | GROSS:          0.00 |  GROSS:
FICA WAGE:  14572.58 | FICA WAGE:      0.00 |  FICA WAGE:
FICA:         775.53 | FICA:           0.00 |  FICA:
MED:           38.62 | MED:            0.00 |  MED:
SDI:           65.00 | SDI:            0.00 |  SDI:
FIT:          625.32 | FIT:            0.00 |  FIT:
SIT:          412.67 | SIT:            0.00 |  SIT:
EIC:            0.00 | ZERO W2:             |
                     | INCORRECT
                     | SSN:
                     | NAME:
F03=EXIT F08=NEXT
```

Fig. XIII-C- 1 – TAXF Screen – Tax Year 2003

Field by Field Description

The following fields appear in the header section of the TAX Screen.

Field	TAX YEAR
Description	The Tax Year for which the W2 was issued

Field	W2 REISSUE
Description	A data entry field used by the State Contractor to request a reprint of the W2

Field	W2 ISSUED
Description	Indicates the date on which the most recent W2 was issued

Field	W2C REISSUE
Description	A data entry field used by the State Contractor to request a reprint of the W2C

Field	W2C ISSUED
Description	Indicates the date on which the most recent W2C was issued

Provider Information

The following information is specific to the provider to whom the W2 is issued.

Field	LAST NAME
Description	The last name of the provider

Field	FIRST NAME
Description	The first name of the provider

Field	MI
Description	The middle initial of the provider

Field	SSN
Description	The nine-digit Social Security Number of the provider

Field	STR
Description	The mailing address for the provider

Field	CY
Description	The city associated with the mailing address for the provider

Field	ST
Description	The state associated with the mailing address for the provider

Field	Z
Description	The zip code associated with the mailing address fro the provider

Recipient Information

The following information is specific to the recipient for whom the provider worked in the tax year

Field LAST NAME
Description The last name of the recipient

Field FIRST NAME
Description The first name of the recipient

Field MI
Description The middle initial of the recipient

Field EDD
Description A number assigned by the California Employment Development Department to determine the state withholding

Field STR
Description The street address of the recipient

Field CY
Description The city associated with the street address of the recipient

Field ST
Description The state associated with the street address of the recipient

Field Z
Description The zip code associated with the street address of the recipient

REPORTED W-2

The following information is specific to the original wages reported on the W-2.

Field GROSS
Description Gross – Total dollar amount earned for the year

Field FICA WAGE
Description FICA Wage – The taxable gross amount earned for the year from which the FICA tax was deducted.

Field FICA
Description FICA Tax – The total dollar amount deducted from the employee (provider) for FICA (Social Security taxes) for the year. Employer pays matching tax amount.

Field MED
Description Medicare – The total dollar amount deducted from the employee (provider) for Medicare taxes for the year. Employer pays matching tax amount.

Field SDI
Description State Disability Insurance – The total dollar amount deducted for State Disability Insurance premiums for the year.

Field FIT
Description Federal Income Tax – The total dollar amount deducted, at providers request, for federal income tax for the year.

Field SIT
Description State Income Tax – The total dollar amount deducted, at the providers request, for State income tax for the year.

Field EIC
Description Earned Income Credit – The total dollar amount for the year that is included in the net wage as a tax credit to a qualifying provider who submitted a W-5 (Earned Income Credit Advance Payment Certificate) for the tax year.

W-2C

The fields in the W-2C section represent amendments made to the original W-2.

Field GROSS
Description Gross – The corrected total gross dollar amount earned that should have been reported for the year.

Field FICA WAGE
Description FICA Wage – The corrected taxable gross amount earned from which the FICA tax is deducted that should have been reported for the year.

Field FICA
Description FICA – The corrected total dollar amount deducted for FICA (Social Security taxes) that should have been reported for the year.

Field MED
Description Medicare – The corrected total dollar amount deducted for Medicare taxes that should have been reported for the year.

Field SDI
Description State Disability Insurance – The corrected total dollar amount deducted for State Disability Insurance premiums that should have been reported for the year

Field FIT
Description Federal Income Tax – The corrected total dollar amount deducted for federal income taxes that should have been reported for the year.

Field SIT
Description State Income Tax – The corrected total dollar amount deducted for State income taxes that should have been reported for the year.

Field ZERO W2:
Description Zero W-2 – This field, used by the State Contractor only, allows the generation of a W-2C that displays no earnings for the tax year. (See Fig. XIII-C-3)

Field INCORRECT SSN
Description Incorrect Social Security Number – If a correction is made to the SSN in the provider information section above, the SSN associated with the original W-2 is displayed in this field. (See Fig. XIII-C-2)

Field INCORRECT NAME
Description Incorrect Name – If a correction is made to the name in the provider information section, the name associated with the original W-2 is displayed in this field. (See Fig. XIII-C-2)

```
      THIS TAXF I 2546879853563210
      NEXT TAXF I 2546879853563210
TAX YEAR: 2003                              W2  REISSUE:   W2  ISSUED: 01-10-04
                                            W2C REISSUE:   W2C ISSUED: 07-02-04
PROVIDER INFORMATION
LAST NAME SMYTH             FIRST ALAN        MI    SSN 236584558
STR 42568 CLARKSON AVE             CY SAN SIMEON           ST CA Z 955557011
RECIPIENT INFORMATION
LAST NAME STEWART           FIRST SAMUEL      MI H  EDD 75002356
STR 4127 GEORGIA ST APT E          CY SAN DIEGO            ST CA Z 92222
REPORTED W-2         | W-2C                 |  NET CHANGE
-------------------------------------------------------------------
GROSS:        963.55 | GROSS:          0.00 |  GROSS:
FICA WAGE:      0.00 | FICA WAGE:      0.00 |  FICA WAGE:
FICA:           0.00 | FICA:           0.00 |  FICA:
MED:            0.00 | MED:            0.00 |  MED:
SDI:            8.69 | SDI:            0.00 |  SDI:
FIT:            0.00 | FIT:            0.00 |  FIT:
SIT:            0.00 | SIT:            0.00 |  SIT:
EIC:            0.00 | ZERO W2:             |
                     | INCORRECT
                     | SSN: 263584558
                     | NAME: SMITH, ALLAN

F03=EXIT F08=NEXT
```

Fig. XIII-C- 2 – Name & SSN changes

```
      THIS TAXF I 3711852449344558
      NEXT TAXF I 3711852449344558
TAX YEAR: 2001                            W2  REISSUE:   W2  ISSUED: 01-10-02
                                          W2C REISSUE:   W2C ISSUED: 07-02-02
PROVIDER INFORMATION
LAST NAME SMITH            FIRST ALLAN       MI    SSN 223344558
STR 4127 GEORGIA ST APT E          CY SAN DIEGO            ST CA Z 922227011
RECIPIENT INFORMATION
LAST NAME SLIPERS          FIRST FRANK       MI H  EDD 55544112
STR 4127 GEORGIA ST APT E          CY SAN DIEGO            ST CA Z 92222
REPORTED W-2         | W-2C                 |  NET CHANGE
-----------------------------------------------------------------------
GROSS:        963.55 | GROSS:          0.00 |  GROSS:        963.55-
FICA WAGE:      0.00 | FICA WAGE:      0.00 |  FICA WAGE:
FICA:           0.00 | FICA:           0.00 |  FICA:
MED:            0.00 | MED:            0.00 |  MED:
SDI:            8.69 | SDI:            0.00 |  SDI:            8.69-
FIT:            0.00 | FIT:            0.00 |  FIT:
SIT:            0.00 | SIT:            0.00 |  SIT:
EIC:            0.00 | ZERO W2:             |
                     | INCORRECT
                     | SSN:
                     | NAME:

F03=EXIT F08=NEXT
```

Fig. XIII-C- 3 – Zero Earning W-2

NET CHANGE

The NET CHANGE section of the TAXF screen indicates dollar differences between the original W-2 and an amended W-2.

Field GROSS
Description Gross – The difference between the gross wage that was reported on the original W-2 and the gross wage reported on the W-2C

Field FICA WAGE
Description FICA Wage – Gross – The difference between the taxable gross amount earned from which the FICA tax is deducted that was reported on the original W-2 and the taxable gross amount earned that was reported on the W-2C

Field FICA
Description FICA – The difference between the total dollar amount deducted for FICA (Social Security taxes) that was reported on the original W-2 and the amount deducted for FICA on the W-2C.

Field MED
Description Medicare – The difference between the total dollar amount deducted for Medicare taxes that was reported on the original W-2 and the amount deducted for Medicare taxes on the W-2C.

Field SDI
Description State Disability Insurance – The difference between the total dollar amount deducted for State Disability Insurance premiums that was reported on the original W-2 and the amount deducted for State Disability Insurance premiums

on the W-2C.

Field FIT
Description Federal Income Tax – The difference between the total dollar amount deducted for federal income tax that was reported on the original W-2 and the amount deducted for federal income tax on the W-2C.

Field SIT
Description State Income Tax – The difference between the total dollar amount deducted for State Income tax that was reported on the original W-2 and the amount deducted for State Income tax on the W-2C.

```
      THIS TAXF I 4789652312568522
      NEXT TAXF I 4789652312568522
TAX YEAR: 2001                            W2  REISSUE:   W2  ISSUED: 01-10-02
                                          W2C REISSUE:   W2C ISSUED: 07-02-02
PROVIDER INFORMATION
LAST NAME STEVENSON        FIRST AMANDA      MI    SSN 693321258
STR 4127 GEORGIA ST APT E          CY SAN DIEGO            ST CA Z 922227011
RECIPIENT INFORMATION
LAST NAME THOMPSON          FIRST STELLA      MI H  EDD 75000003
STR 4127 GEORGIA ST APT E          CY SAN DIEGO            ST CA Z 92222
REPORTED W-2         | W-2C                 |  NET CHANGE
-------------------------------------------------------------------
GROSS:       1456.65 | GROSS:       1456.65 |  GROSS:
FICA WAGE:   1456.65 | FICA WAGE:   1456.65 |  FICA WAGE:
FICA:          89.64 | FICA:          89.64 |  FICA:
MED:           20.97 | MED:           20.97 |  MED:
SDI:           13.14 | SDI:           22.51 |  SDI:            9.37
FIT:            0.00 | FIT:            0.00 |  FIT:
SIT:            0.00 | SIT:            0.00 |  SIT:
EIC:            0.00 | ZERO W2:             |
                     | INCORRECT
                     | SSN:
                     | NAME:
F03=EXIT F08=NEXT
```

Fig. XIII-C- 4 – SDI Tax Adjustment

Employee's Withholding Allowance Certificates

Individual providers, paid in arrears, may have Federal Income Tax (FIT) and State Income Tax (SIT) withheld from their pay if they apply and meet certain eligibility requirements established by the IRS. Income tax withholding for individual providers is voluntary.

It is not necessary for a provider to submit a W-4 each year. W-4 indications apply to each individual employer until the provider submits a change request.

IHSS Provider's are classified household employees and therefore considered "Exempt" from tax withholding. If a provider wishes to retain the "Exempt" status, he/she does nothing.

Providers wanting income taxes withheld from their pay must correctly complete and submit a W-4 Employee's Withholding Allowance Certificate or DE-4 Employee's Withholding Allowance Certificate to their local county office. To aide the timely processing of the W-4, the County is responsible to review the form to ensure correct completion. If a W-4 or DE-4 is incorrect when received by the State Contractor, it will be returned to the County. Each W-4 or DE-4 returned to the county will have an attached PAY 913 – W4 Reject Form or PAY 912 – DE4 Reject Form, identifying the issue. Due to the processing requirements set forth by CDSS incorrect forms will be returned to the County; the provider must correct the form for resubmission to the State Contractor.

If a provider has claimed withholding and wishes to return to "Exempt" status, a W-4, Employee's Withholding Allowance Certificate claiming "Exempt" status must be submitted.

The provider should contact their local California Franchise Tax Board office for additional information regarding SIT withholding and the local IRS office for additional information regarding FIT withholding.

In addition, if the "worksheet sections" of a W-4 or DE-4 are attached to a certificate submitted to the State Contractor, the entire form will be returned to the County. Only the Employee's Withholding Allowance Certificate should be submitted; worksheets should be detached before submission to the State Contractor. All worksheets are to be retained by the Provider for their records.

Completion of W-4 Form

Counties must review all W-4s before submission to the State Contractor. See W-4 Field-by-Field Description for clarification.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4** Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074 **2011**

1 Type or print your first name and middle initial. Last name 2 Your social security number

Home address (number and street or rural route) 3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.

Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5

6 Additional amount, if any, you want withheld from each paycheck 6 $

7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption.

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here ▶ 7

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) ▶ Date ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2011)

W-4 forms are available to counties or providers through the IRS. The toll-free phone number for ordering forms is (800) 829-3676.

Or from the IRS Website at http://www.irs.gov/formspubs/index.html

The county must inform the provider of the following:

1. Income tax withholding is only offered to individual providers who are paid in arrears.
2. When a provider submits a W-4, it will be applied to only the recipient case(s) indicated on the form. If the provider begins working for another recipient, s/he must submit a separate W-4 for each additional recipient. Multiple recipient cases may be indicated on a single W-4. "All Recipients" is not a valid indication. The ten-digit recipient case number must be provided on the W-4 in Field 8 – Employer Name.
3. When a W-4 is submitted the indications will be applied to both Federal and State Tax withholding. To have different State Tax Deduction, the provider must complete and submit a DE-4 concurrently or subsequent to the submission of the W-4. The provider must have a W-4 on file before the DE-4 can be processed.
4. When a provider enters a dollar amount on Line 6 of a W-4, requesting additional money will be withheld, the amount will apply to both FIT and SIT withholding unless a separate DE-4 is submitted concurrently or subsequent to the W-4 submission. The indicated amount will be withheld from each paycheck.

   Example: Additional amount requested from Line 6 is $5. The first half of the month $5 is taken out for FIT and $5 for SIT. The second half of the month $5 is taken out for FIT and $5 for SIT. Therefore, the total additional amount withheld for the month is $20, $10 for FIT and $10 for SIT.

W-4 Field-By-Field Description

Line	Form Indication	What to do
1	Type or print your first name and middle initial and last name	Provider clearly indicates First Name, MI and Last Name
	Home address (number and street or rural route)	The provider's mailing address
	City or town, state, and ZIP code	The provider's city, state, and ZIP code.
2	Your social security number	Provider's nine-digit social security number.
3	Single, Married, Married but withhold at higher Single rate. (Note: If married, but legally separated, or spouse is nonresident alien, check the "Single" box.	Provider checks the box that applies to their legal withholding status.
4	If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card	It is the responsibility of the provider to contact the Social Security Administration for the issuance of a new card. This is required before a W-4 can be filed.
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	The total number of dependents the provider is claiming. The IRS worksheet on the W-4 form is available to assist in determining what number to put in this field.
6	Additional amount, if any, you want withheld from each paycheck	The amount of additional tax money that the provider wants withheld above what is presently being withheld per paycheck for both FIT and SIT.
7	I claim exemption from withholding for 2011 and I certify that I meet **BOTH** of the following conditions for exemption:	If a provider had no tax liability last year and expects no tax liability this year, and if his/her income is below $700 and includes less than $250 unearned income, he/she can file exempt to have nothing withheld. If an exemption is claimed on line 7, lines 5 and 6 must be blank.
	Employees' Signature	Provider must sign the W-4 form
	Date	The date the provider signed the W-4
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS)	The recipient's ten-digit case number is required to apply the W-4 to a particular recipient case. If the provider wishes the W-4 indication to be applied to multiple recipient cases, then enter all recipient case numbers to which the form should be applied.
9	Office code (Optional)	The County staff should indicate their County & District Office number CO/DO
10	Employer identification number	Not applicable.

Completion of DE-4 Form

The provider should complete a DE-4 form only if claiming a different marital status, number of allowances or Additional Amount withhold on the SIT than that specified on their W-4, FIT. In order to have a DE-4 applied, a W-4 must have been applied. The DE-4 and W-4 Forms may be submitted together for ease of processing.

DE-4 Example

Counties must review all DE-4s before submission to the State Contractor. See DE-4 Field-by-Field Description for clarification.

EDD Employment Development Department
State of California

This form can be used to manually compute your withholding allowances, or you can electronically compute them at www.taxes.ca.gov/de4.pdf

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances ☐ SINGLE or MARRIED (with two or more incomes) ☐ MARRIED (one income) ☐ HEAD OF HOUSEHOLD
City, State, and ZIP Code	

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____
   Number of allowances from the Estimated Deductions, Worksheet B _____
   Total Number of Allowances (A + B) when using the California Withholding Schedules for 2011 _____

OR

2. Additional amount of State income tax to be withheld each pay period (if employer agrees), Worksheet C _____

OR

3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here) ☐

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number

- cut here -

For specific information on completing the DE-4, look at the instructions on the last California Income Tax Return or call the local Franchise Tax Board.

Counties may obtain the DE-4 forms from EDD by calling (916) 322-2835. Note: EDD will not take orders from a county for less than 25 forms.

Providers may obtain the DE-4 form by calling or going to the local EDD office or from the EDD Website at http://www.edd.cahwnet.gov/taxrep/taxform.htm#Forms

DE-4 Field-By-Field Description

Form Indication	What to do
Type or Print Your Full Name	Provider clearly indicates First Name, MI and Last Name
Home address (number and street or rural route)	The provider's mailing address
City or town, state, and ZIP code	The provider's city, state, and ZIP code.
Your social security number	Provider's nine-digit social security number.
Status Withholding Allowances	Provider checks the box that applies their legal withholding status: • Single • Married (one income) • HEAD OF HOUSEHOLD
1. Number of allowances you are claiming for this job from the Regular Withholding B	The total number of dependents the provider is claiming. The SIT worksheet on the DE-4 form assists in determining what number to put in this field. The Allowances from Worksheet A must be added to the Allowances from Worksheet B and written on Line 1 of the DE-4.
2. Number of allowances from the Estimated Deductions Worksheet B	
3. Additional amount to be withheld each pay period (if employer agrees) Worksheet C	The amount of additional tax money that the provider wants withheld above what is presently being withheld per paycheck for SIT.
Signature	Provider must sign the DE-4 form
Date	The date the provider signed the DE-4
Employer's name and address	The recipient's ten-digit case number is required to apply the DE-4 to a particular recipient case. If the provider wishes the DE-4 indication to be applied to multiple recipient cases, then enter all recipient case numbers to which the form should be applied.
California Employer Account Number	The County staff should indicate their County & District Office number CO/DO

Earned Income Credit Advance Payment Certificate

Earned Income Credit Advance Payment is available to qualified providers. These providers will receive, in advance a credit toward their federal tax liability. If a provider meets the qualifications outlined in the IRS Form W-5 s/he may elect to complete and submit an EIC Advance Payment Certificate –Form W-5. W-5 forms are available to through the IRS. The toll free number for ordering forms is (800) 829-3676. A PDF version of the form may be obtained through the IRS website at http://www.irs.gov/formspubs/lists/0,,id=97817,00.html. Select the correct tax year Form W-5 – Earned Income Credit Advance Payment Certificate.

Form **W-5** | **Earned Income Credit Advance Payment Certificate** | OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

► Use the current year's certificate only.
► Give this certificate to your employer.
► This certificate expires on December 31, 2006.

2006

Print or type your full name | Your social security number

Note. *If you get advance payments of the earned income credit for 2006, you **must** file a 2006 federal income tax return. To get advance payments, you **must** have a qualifying child and your filing status must be any status **except** married filing a separate return.*

1 I expect to have a qualifying child and be able to claim the earned income credit for 2006 using that child. I do not have another Form W-5 in effect with any other current employer, and I choose to get advance EIC payments . . . . ☐ Yes ☐ No

2 Check the box that shows your expected filing status for 2006:
☐ Single, head of household, or qualifying widow(er) ☐ Married filing jointly

3 If you are married, does your spouse have a Form W-5 in effect for 2006 with any employer?. . . . . ☐ Yes ☐ No

Under penalties of perjury, I declare that the information I have furnished above is, to the best of my knowledge, true, correct, and complete.

Signature ► Date ►

Cat. No. 10227P

Fig. XIII-E- 1 – Form W-5

Form Completion and Submission Requirements

The provider is responsible for obtaining, completing, and submitting the W-5 form to the county. Unlike a W-4, **the W-5 Form must be completed and submitted each year.**

After the provider submits the form to the county, its content should be verified to ensure compliance with the indications below:

Line	Form Indication	What to do
	Tax Year	The W-5 **must** be for the current tax year
	Print or type your full name	Provider **must** clearly print or type his/her full name
	Your social security number	Provider **must** clearly print or type his/her social security number
1	I expect to have a qualifying child and be able to claim the earned income credit for (Tax Year) I do not have another Form W-5 in effect with any other current employer, and I choose to get advance EIC payments.	• If the provider checks **NO**, the form should not be sent to the State Contractor because the provider is indicating that s/he is not eligible to received Earned Income Credit Advance Payment. • If the provider checks **YES**, the review may continue and the form sent on to the State Contractor for application in

		CMIPS.
2	Check the box that shows your expected filing status for (Tax Year). • Single, head of household, or qualifying widow(er) • Married filing jointly	Provider **must** check one of the boxes.
3	If you are married, does your spouse have Form W-5 in effect for (Tax Year) with an employer?	If the provider has check the **Married** box on Line 2, a **YES** or **NO** indication is required.
	Signature	The provider **must** sign the form
	Date	The provider **must** date the form

Additional Submission Requirements

The Form W-5 **may not** be altered. Once submitted, if the form is returned to the County due to error, a new form **must** be completed

The 16 digit case number must be included on the W-5. If a case number is not specified, the State contractor will return the form to the county.

Workers' Compensation Benefits and Claims

Workers' compensation is the oldest social insurance program; it was adopted in most states, including California, during the second decade of the 20th century. It is a no-fault system, meaning that injured employees need not prove the injury was someone else's fault in order to receive workers' compensation benefits for an on-the-job injury.

The workers' compensation system is premised on a trade-off between employees and employers. Employees should promptly receive the limited statutory workers' compensation benefits for on-the-job injuries, and in return, the limited workers' compensation benefits are the exclusive remedy for injured employees against their employer, even when the employers negligence caused the injury. This no-fault structure was designed to, and in fact did, eliminate prevalent litigation over whether employers were negligent, thereby causing workers' injuries.

The State Compensation Insurance Fund (SCIF) is responsible for the administration of Workers' Compensation in California.

IHSS Workers' Compensation Forms

The following Workers' Compensation forms specific to the IHSS program are available in English and Spanish through the CDSS Forms Warehouse.

- **Pub 203** – Your Guide to Workers' Compensation for IHSS Providers
- **SOC 412** – In-Home Supportive Services (IHSS) Employee's Claim for Workers Compensation Benefits Notice of Potential Eligibility For Benefits
- **SOC 413** – Notice to Employees DSS/IHSS State Compensation Fund Insurer

CDSS Forms Warehouse
PO Box 980788
West Sacramento, CA 95798-0788

Provider's Pre-designation of Personal Physician

IHSS providers have the right to pre-designate their personal physician as the physician of choice if the worker is injured on the job. Any physician or surgeon who has previously treated the employee may be indicated as the pre-designated Personal Physician.

The provider must complete the SCIF 13268, for each recipient for whom s/he works, to designate their Personal Physician or Chiropractor to be seen if injury occurs. This form should be retain in the recipient record for future reference.

SCIF 13268 is available online at: http://www.scif.com/pdf/e13286.pdf

Workers' Compensation and the In-Home Supportive Services Program

The county is responsible to provide each approved IHSS recipient or their guardian or conservator with a copy of the Notice to Employees, SOC 413, regarding Workers' Compensation. The county is also responsible to provide a brief explanation of what the recipient and provider must do if the provider is injured while providing services to the recipient.

Likewise, the county or their designated representative must explain Workers' Compensation benefits and claim filing procedures to new providers. When available, each provider should be given the brochure In-Home Supportive Services Guide To Workers' Compensation Benefits For

Individual Providers, Pub 203, which provides answers to common questions about Workers' Compensation benefits.

An "IHSS Employee's Claim for Workers' Compensation Benefits", SOC 412, must be provided to any IHSS Individual Providers injured in the course of employment within 24 hours of the County's notification of the injury. Failure to notify may reduce the time available to investigate claims and/or may result in penalties assessed against the IHSS program. When the provider completes and returns the claim form, it must be forwarded to the SCIF within seven (7) calendar days.

SCIF has 14 days from the date of knowledge (or from the date of return of the SOC 412, if the SOC 412 was given timely) in which to process the claim and notify the injured worker of the status of the claim. The SOC 412 forms may be ordered from the CDSS warehouse.

The claim form is given to the provider whenever an injury occurs on the job that results in lost time beyond the date of injury or in treatment beyond first aid. For Workers' Compensation reporting purposes, first aid is a one-time treatment of minor scratches, cuts, burns, or splinters. The administration of First Aid is not considered a Workers' Compensation injury. If it is not clear whether the injury is severe enough to warrant a Workers' Compensation filing, provide a claim form and file the "Employer's Report of Occupational Injury or Illness", SCIF 3167 IHSS.

The county staff also must complete a SCIF 3167 IHSS form and send it to the appropriate SCIF office within 7 calendar days of the date of knowledge of an injury. SCIF requires this information to make accurate decisions regarding the claim. If benefits are due, this information will be used to avoid penalty and ensure benefit payment at the correct rate. DO NOT DELAY PAST THE DEADLINE SENDING THE SCIF 3167 FOR ANY REASON. County staff should order the SCIF 3167 IHSS forms from the SCIF office serving that county.

IHSS providers who have questions about their benefits may call the Department of Industrial Relations' statewide toll free number, 1-800-736-7401. **This number is to be used by IHSS providers only**. County staff having questions regarding Workers' Compensation should call the SCIF office serving their county.

IHSS Employee's Claim for Workers' Compensation Benefits, SOC 412

1. **It is the responsibility of the county to provide a claim form (SOC 412) to the injured worker, IHSS provider**. Failure of the injured provider to promptly complete and return the claim form protects IHSS from penalty.

2. As soon as the county is notified that a provider has been injured, county staff must complete the provider's name and the first five blocks of **Part 2 – SOC 412**.
   - Name of Employer – IHSS Recipient
   - IHSS No – 16 digit IHSS case number
   - Telephone – County IHSS Worker Phone Number
   - Date of Knowledge of Injury – The date county was notified of injury
   - Date Claim Form was provided to Employee – The date the county gave the form to the employee (IHSS Provider)

   County staff should not sign or indicate the **Date Claim Form Was Received From Employee** until the provider returns the **SOC 412** with **Part 1** completed.

3. Labor Code Section 5401, specifies the employer (County or designated representative) must provide, personally or by first-class mail, the claim form (SOC 412) and a notice of potential eligibility for benefits within one working day of receiving notice or knowledge of injury.

4. The injured provider completes Part 1 of the form, including the description of how the injury occurred. If the provider is unable to complete this portion of the form, county staff may assist in its completion.

5. The injured provider, or his/her representative, fills in the date the claim form is returned to the county social worker, keeps the "Employee's Temporary Receipt" (the last copy of the form), and returns the original and two copies of the form to the county. If the provider returns the form with the receipt still attached, county staff should detach it and give it to the provider.

6. The county social worker writes the date the form was returned by the provider in the space marked "**Date Claim Form Was Received From Employee**" and signs the form. The provider is given the copy marked "Employee's Copy".

7. It is the responsibility of the county social worker to mail or telefax the claim form to the appropriate SCIF office within 7 days of receipt from the provider. If the form is faxed to SCIF, the original must follow by mail. The law requires that the injured worker receive notification of the status of their claim within 14 days of the employer's date of knowledge. If the claim is accepted and the injured provider is losing time from work, temporary disability benefit payments must also begin within 14 days. Late notice or payment resulting from tardy notice by the county will result in penalties being assessed against IHSS.

8. Place the "Employer's Copy" of the claim form in the recipient's file in the CWD. A photocopy may be given to the recipient if requested.

Employer's Report Of Occupational Injury Or Illness, SCIF 3167 IHSS

Labor Code sections 3760 and 6409.1, state the employer is responsible to file a complete report of every occupational injury or occupational illness within five days after the employer obtains knowledge of the injury or illness. SCIF 3167 IHSS, Employer's Report of Occupational Injury or Illness, is the form used in this reporting. This form may be ordered from the SCIF Office providing services to your county.

State Compensation Insurance Fund Offices/Claims Adjusters – IHSS

Counties should contact the following office for information additional information

State Compensation Insurance Fund
P. O. Box 1806
San Bernardino, CA 92402
Phone: (909) 384-4900
Toll Free: (800) 736-7401
General Fax: (909) 384-4975

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
IN-HOME SUPPORTIVE SERVICES PROGRAM

DIVISION OF WORKERS' COMPENSATION

Distribution:

White	-	State Compensation Insurance Fund
Yellow	-	Employer's Copy
Pink	-	Employee's Copy
Goldenrod	-	Employee's Temporary Receipt

IN-HOME SUPPORTIVE SERVICES (IHSS)
EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS
NOTICE OF POTENTIAL ELIGIBILITY FOR BENEFITS

If you are injured or become ill because of your job, you may be entitled to one or more of the following benefits provided for you as an Individual Provider of IHSS, depending upon your individual situation: medical treatment, compensation for lost time related to this injury, compensation for a permanent impairment, vocational rehabilitation, and/or death benefits. Compensation is based on a percentage of your earnings. If you are hospitalized or off work for more than 3 days as a result of this injury, you will receive your first payment of compensation or a notice within 14 days of the county's IHSS worker's knowledge of this injury. Along with your first payment, you will also receive a pamphlet describing more fully compensation benefits and procedures.

Failure to file this claim will make it impossible for you to receive any late payment penalty that may be due and will also preclude your right to pursue further legal remedies.

If you need assistance in completing this form or have any questions regarding your work injury, you may contact the State of California Office of Benefit Assistance and Enforcement by calling 1-800-736-7401. This service is provided to you at no cost. You also may consult an attorney.

ANY PERSON WHO MAKES, OR CAUSES TO BE MADE, ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR REPRESENTATION FOR THE PURPOSE OF OBTAINING OR DENYING WORKERS' COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY.

PART I - PROVIDER/EMPLOYEE: *Complete the "Employee" section and give the form to the county IHSS worker. Keep the copy marked "Employee's Temporary Receipt" until you receive the dated copy from the county.*

NAME OF EMPLOYEE	DATE OF INJURY OR ILLNESS / /	TIME OF DAY ☐ A.M. ☐ P.M.
HOME ADDRESS (NUMBER, STREET, CITY, ZIP CODE)		
WHERE DID ACCIDENT OR EXPOSURE OCCUR (NUMBER, STREET, CITY, ZIP CODE)		
DESCRIBE THE INJURY OR ILLNESS AND HOW IT OCCURRED		
WHAT SPECIFIC PART OF YOUR BODY WAS INJURED?		
WHAT IS YOUR RELATIONSHIP TO THE IHSS RECIPIENT/EMPLOYER?		
SIGNATURE OF EMPLOYEE	SOCIAL SECURITY NO: – –	

I gave this form to the county IHSS worker on (date) _____, 20____.

PART 2 – *COUNTY IHSS WORKER: COMPLETE THIS SECTION AND PROMPTLY GIVE THE EMPLOYEE A COPY AS A RECEIPT. SIGNING OF THIS FORM DOES NOT NECESSARILY CONSTITUTE ACCEPTANCE OF A CLAIM.*

NAME OF EMPLOYER	IHSS NO.	TELEPHONE
DATE OF KNOWLEDGE OF INJURY / /	DATE CLAIM FORM WAS PROVIDED TO EMPLOYEE / /	DATE CLAIM FORM WAS RECEIVED FROM EMPLOYEE / /
SIGNATURE OF IHSS WORKER		SSW NO.

STATE COMPENSATION INSURANCE **FUND**

SOC 412 (8/02)

Fig. XIII-G- 1 – SOC 412

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

EMPLOYER: YOU ARE REQUIRED BY LAW TO POST THE INFORMATION CONTAINED ON THIS NOTICE IN A CONSPICUOUS LOCATION FREQUENTED BY EMPLOYEES AND WHERE SUCH NOTICE MAY BE EASILY READ BY EMPLOYEES DURING THE COURSE OF THE WORK DAY.

NOTICE TO EMPLOYEES

DEPARTMENT OF SOCIAL SERVICES IN-HOME SUPPORTIVE SERVICES PROGRAM

Our Workers' Compensation Insurer is: **STATE** COMPENSATION INSURANCE **FUND**

If a job injury occurs...

If you become injured or ill because of your job, you will be entitled to automatic benefits under the California Workers' Compensation Law. These benefits include:

Medical Care–All authorized medical expenses are fully covered. If you need medical care, you will be referred to a local doctor. Should you still need care 30 days after reporting the injury, you may be treated by a physician of your own choice. (You may be treated by your own personal physician immediately following your injury if you have notified your employer in writing before the injury occurs of the name and address of your personal physician.) For further information, please contact your Employer's County Social Services Worker.

Disability Income–If hospitalized, or unable to work for more than three days, you will receive income equal to two-thirds of your average weekly pay, up to a legal maximum per week. If you receive a permanent disability, additional payments will be provided.

Rehabilitation–If your injury or illness prevents you from returning to your same job, you may be eligible for vocational rehabilitation and retraining.

Death Benefits–Should the injury cause death, a benefit will be paid to dependents.

***Important**–Always immediately notify your Employer's County Social Services Worker of any work-related injury or illness. If you have any questions or would like more details about workers' compensation benefits, please call the Office of Benefit Assistance and Enforcement at 1-800-736-7401.*

When a job injury occurs...

Be sure that:

Necessary first aid and appropriate emergency treatment is provided immediately as required by the nature of the injury (even if the employee has previously notified the employer that he wishes to be treated by his own personal physician).

The injured employee is taken to a doctor or a hospital, as necessary.

The accident is reported immediately! Any delay in reporting may delay workers' compensation benefits.

Emergency Phone Numbers:

Social Services Worker (name and telephone)

Hospital (name and telephone)

Ambulance (name and telephone)

Fire (telephone) **Police** (telephone)

Concerning off-duty recreational, social or athletic activity.

Your employer or its insurance carrier may not be liable for the payment of workers' compensation benefits for any injury which arises out of an employee's voluntary participation in any off-duty recreational, social, or athletic activity which is not a part of the employee's work-related duties.

This notice is in compliance with Section 3550 of the Labor code which states in part that every employer subject to the compensation provision of the code shall post, and keep posted, in a conspicuous location a notice which shall state the name of the current compensation insurance carrier of such employer. In addition, this posting notice follows State administrative guidelines under the "employee information" law for providing information to employees about workers' compensation benefits.

SOC 413 (10/90)

Fig. XIII-G- 2 – SOC 413

State of California

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Please complete in triplicate (type, if possible). Mail original and one copy to:

STATE COMPENSATION INSURANCE FUND
ADJUSTING AGENCY
P.O. Box 59901
Riverside, CA 92517-1901

BOTH SIDES OF THIS FORM MUST BE COMPLETED.

OSHA Case No.

☐ Fatality

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

NOTICE: California law requires employers to report within **five days** of knowledge every occupational injury or illness which results in lost time beyond the date of the incident **OR** requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within **five days** of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be **reported immediately** by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

EMPLOYER

1. FIRM NAME
1a. CONTRACT NUMBER **CONTØU**
2. MAILING ADDRESS (Number and Street, City, Zip)
2a. Phone Number
3. LOCATION, if different from Mailing Address (Number, Street, City and Zip)
3a. Location Code
4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc. **HOME CARE**
5. STATE UNEMPLOYMENT INSURANCE ACCT. NO.
6. TYPE OF EMPLOYER
☒ PRIVATE ☐ STATE ☐ COUNTY ☐ CITY ☐ SCHOOL DIST. ☐ OTHER GOVERNMENT - SPECIFY _____

INJURY OR ILLNESS

7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)
8. TIME INJURY/ILLNESS OCCURRED _____ A.M. _____ P.M.
9. TIME EMPLOYEE BEGAN WORK _____ A.M. _____ P.M.
10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? ☐ YES ☐ NO
12. DATE LAST WORKED (mm/dd/yy)
13. DATE RETURNED TO WORK (mm/dd/yy)
14. IF STILL OFF WORK, CHECK THIS BOX ☐
15. PAID FULL DAY'S WAGES FOR DATE OF INJURY OR LAST DAY WORKED? ☐ YES ☐ NO
16. SALARY BEING CONTINUED? ☐ YES ☐ NO
17. DATE OF EMPLOYER'S KNOWLEDGE/ NOTICE OF INJURY/ILLNESS (mm/dd/yy)
18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (mm/dd/yy)
19. SPECIFIC INJURY/ILLNESS AND MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, tendonitis on left elbow, lead poisoning.
19a. BODY PART AFFECTED
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Address)
20a. ZIP
20b. COUNTY
21. ON EMPLOYER'S PREMISES? ☐ YES ☐ NO
21a. WAS ANOTHER PERSON RESPONSIBLE? ☐ YES ☐ NO
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.
23. OTHER WORKERS INJURED OR ILL IN THIS EVENT? ☐ YES ☐ NO
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold.
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.
26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY.
27. NAME AND ADDRESS OF PHYSICIAN (Number, Street, City, Zip)
27a. Phone Number
28. HOSPITALIZED AS AN INPATIENT OVERNIGHT? ☐ NO ☐ YES If yes, then, NAME AND ADDRESS OF HOSPITAL (Number, Street, City, Zip)
28a. Phone Number
29. Employee treated in Emergency Room? ☐ YES ☐ NO

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.
Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2.*

EMPLOYEE

30. EMPLOYEE NAME
31. SOCIAL SECURITY NUMBER
32. DATE OF BIRTH (mm/dd/yy)
33. HOME ADDRESS (Number, Street, City, Zip)
33a. PHONE NUMBER
34. SEX ☐ MALE ☐ FEMALE
35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)
36. DATE OF HIRE (mm/dd/yy)
37. EMPLOYEE USUALLY WORKS _____ hours per day _____ days per week _____ total weekly hours
37a. EMPLOYMENT STATUS ☐ regular, full-time ☐ part-time ☐ temporary ☐ seasonal ☐ disabled ☐ retired ☐ laid-off ☐ unemployed ☐ on strike ☐ other
37b. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED?
38. GROSS WAGES/SALARY $ _____ per _____
39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g., tips, meals, overtime, bonuses, etc.)? ☐ YES ☐ NO

Completed By (type or print)
Signature & Title
Date (mm/dd/yy)

Source
Event
Secondary Source
Extent of Injury

*Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim: and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.

SCIF 3167 (REV. 11-02) FILING OF THIS REPORT IS NOT AN ADMISSION OF LIABILITY. A CLAIM FORM MUST BE GIVEN TO THE INJURED WORKER WITHIN ONE

Fig. XIII-G- 3 – SCIF 3167

State Disability Insurance

General Information

The California Employment Development Department (EDD) administers the State Disability Insurance (SDI) program. There are two types of SDI coverage available, Standard and Elective. To determine provider eligibility see ***Section XIII-A – Taxes, Benefits Status & Eligibility Tables.***

Standard SDI Coverage

1. Standard SDI coverage requires that the provider's employer (the recipient) have a combined payroll of $750 or more for any quarter during the preceding or current calendar year. If this $750 recipient wage threshold is not met, the provider is not eligible for SDI coverage. Once the $750 threshold has been met, provider's earnings are reported quarterly for the remainder of the current year and all of the following year, even if the recipient's subsequent combined payroll wages are less than $750 per quarter. Family members, as defined in ***Section XIII-A – Taxes, Benefits Status & Eligibility Tables***, are excluded from Standard SDI coverage regardless of the amount of the recipient's payroll. However, a recipient's son or daughter **over** age 18 is eligible for standard SDI.
2. The county must provide the EDD pamphlet, "State Disability Insurance Provisions", DE 2515, to all individual providers. The pamphlet describes the standard SDI coverage, benefits, and claim process. This form may be ordered from EDD at the following address:

Employment Development Department
805 R Street
Sacramento, CA 95814-6497

When ordering, please indicate the quantity of forms requested and the county's return address.

Elective SDI Coverage

1. Elective SDI Coverage became available to eligible family member providers effective June 1, 1990. Persons eligible for Elective SDI Coverage are spouses and other family member providers. See ***Section XIII-A – Taxes, Benefits Status & Eligibility Tables***. Elective SDI coverage **does not require** the recipient to meet any quarterly wage minimum.
2. After enrolling in Elective Coverage, a recipient and his/her provider must participate in the plan for two full years. After that two year period the recipient may request cancellation of coverage.
3. Family member providers are defined in the California Code of Regulations, Title 22, Section 631 as follows:
   - "Father" and "Mother" include adoptive parents but not stepparent, foster parent, father-in-law, or mother-in-law.
   - "Son" and "Daughter" include adopted child but not stepchild, foster child, son-in-law, or daughter-in-law.

- "Child under the age of 18" includes adopted child under the age of 18 but not stepchild or foster child under the age of 18. For a child under the age of 18, it is immaterial whether the child is living with his or her parents, is married or is independently self-supporting.

Application for Elective SDI Coverage

The recipient (employer) and his or her family member provider(s) must complete the IHSS/CMIPS Elective SDI form, SOC 409, and submit it to the county for review and processing. The SOC 409 – "IHSS/CMIPS ELECTIVE STATE DISABILITY INSURANCE (SDI) FORM" is available in PDF at http://www.dss.cahwnet.gov/pdf/SOC409.pdf. When the form is printed from the website, it can be copied for use by the county.

1. The county should initially screen the recipient to determine if s/he anticipates employing a family member as a provider. If so, the county should give the recipient a copy of the SOC 409. The recipient and his/her family member provider may complete, sign, and return this form to the county at a later date.
2. If the recipient is unable to complete and sign the SOC 409, his or her legal guardian/conservator may sign. If the family member provider is also the recipient's legal guardian/conservator, he or she may sign as the recipient's guardian/conservator **and** as the provider.
3. Elective SDI Coverage is employer-specific; therefore the SOC 409 must be retained in the recipient case file, or other permanent file, for audit purposes.

Processing Elective SDI Coverage Application

1. After the recipient returns the SOC 409 to the CWD's IHSS unit, the county must review the form for accuracy and signatures. Forms not completed or signed properly must be returned to the recipient for completion.
2. The following two qualifying questions must be answered on the SOC 409 to determine eligibility:
   a. "Is the employment intended to be continuing and not intermittent or seasonal in nature?" A provider's employment with IHSS cannot be intermittent or seasonal and must be provided on a continuing basis. A provider who answers "**NO**" to the question on the SOC 409, <u>is not eligible</u> for Elective SDI Coverage.
   b. "Are you able to perform normal and customary provider services with IHSS?" A provider must be capable of giving normal and customary services. A provider who answers "**NO**" to the question on the SOC 409 <u>is not eligible</u> for Elective SDI Coverage.
3. When SOC 409 is complete and the provider is determined eligible, the county completes a Provider Eligibility Update form, SOC 311. The following information from the SOC 409 is entered on the SOC 311:
   a. **Field D2 – DED/EXEMPT** – The provider's tax relationship status to the recipient. If the provider is the:
      i. Natural or adopted child of the recipient, circle "C"
      ii. Parent of the recipient, circle "P"
      iii. Spouse of the recipient, circle "S"

b. **Field D5 – BIRTHDATE** – Provider's Date of Birth

c. **Field F8 – Untitled on the SOC 311** – SDI BEG DT on the PELG – Enter a "**Y**" on the SOC 311. This field is required for all Elective SDI Coverage applications.

i. The above SOC 311 indications are then keyed in CMIPS. With the PELG displayed in the "C-Change" Action, verify and update if necessary Fields D2 and D5 in CMIPS matches those indicated on the SOC 311. Tab to and enter a "Y" in the SDI BEG DATE field, and then press <**Enter**> to complete the transaction. The Y displays on the PELG with date the transaction was keyed as the SDI BEG DATE.

d. Elective SDI Coverage tax deductions will occur on the next and all subsequent provider payments processed in CMIPS.

Elective SDI Coverage Termination

1. Once enrolled in Elective SDI Coverage the recipient/provider must participate for at least two complete calendar years. The following circumstances may also cause termination from coverage.

a. When a provider, who is also a family member (Parent, Spouse or Child under the age of 18) is terminated, as the IHSS provider for the recipient.

i. A **temporary** stoppage of providing services is permitted; for example, a family member is providing services and the recipient goes into a hospital or nursing facility for two weeks and is in Leave (L) status. The recipient returns home and the family member provider resumes providing services. The provider's eligibility for Elective SDI Coverage continues throughout this period.

b. When a child provider reaches his/her 18th birthday, CMIPS automatically terminates Elective SDI Coverage. If the employer's payroll meets the standard SDI eligibility criteria deductions will continue without a break. If the standard SDI payroll eligibility criteria are not met, the provider would not be eligible for either the Standard or Elective SDI Coverage. The provider's 18th birthday, indicating the end date of Elective SDI Coverage, is displayed on the SOC 311 in Field G8 and on the PELG in the SDI END DT field.

c. The recipient, not the provider, may choose to terminate coverage after the two years by filing a request for termination. The recipient must sign and date the "Termination of Elective SDI" section on the original SOC 409. If the original is lost or misplaced the recipient can complete the termination section on a new SOC 409.

2. When a completed SOC 409, with indications in the "Termination of Elective SDI" section, is received, SDI election may be terminated on CMIPS only if the two year timeframe mentioned above has been met.

3. The only data from the SOC 409 should be entered on the SOC 311, then keyed in CMIPS

a. Field G8 – SDI END DT – Enter an "N" on the SOC 311.

i. In CMIPS, on the PELG, in the C-Change action, tab to and enter an "N" in the SDI END DT field, then presses <**Enter**> to complete the transaction.

ii. The SDI END DATE field displays the N and the date the transaction was keyed.

iii. If an N is keyed prior to the two year election end date, the PELG displays December 31 of the calendar year when Elective SDI Coverage is eligible for termination (i.e. 12/31/2006)

b. This SOC 409 with the completed "Termination of Elective SDI" section must be retained in the recipient's case folder (or other permanent file) for audit purposes.

FICA Tax Refund Notice Search (TAXS) Screen

FICA Refund Background

Federal Insurance Contributions Act (FICA) tax which includes Social Security and Medicare taxes is withheld from arrears pay provider payroll warrants if they are eligible for withholding.

FICA Refunds are determined at the end of each tax year when IHSS payroll tax processing occurs. FICA refunds pay back FICA taxes withheld from providers who, at the end of the tax year are deemed ineligible for Social Security and Medicare benefits.

Ineligible providers include:

1. Providers who are either the Spouse or Parent of the recipient for whom they provide services.

    a. If a provider eligibility (PELG) record was incorrectly indicated and later changed to Spouse or Parent, this provider will receive a FICA Refund for the withheld amount. When the correct tax status indication is keyed on the PELG, Field D2, DED no additional Social Security or Medicare taxes will be withheld.

2. Providers who earned less than the minimum annual wage <u>from all of the</u> IHSS recipient-employers for which payroll was processed in a specific year.

    a. FICA will be withheld from all arrears pay provider payroll warrants presuming that providers will meet or exceed the annual threshold. Providers whose aggregate earnings do not meet or exceed this minimum threshold will be refunded the amount withheld and the Social Security and Medicare tax withholding fields on the W-2 for that tax year set to zero.

For many years FICA Refund Notices were sent to the providers for completion and return prior to issuing the actual refund warrant. Effective with the 2003 FICA Refunds, FICA Refund Notices were no longer issued, but rather warrants were issued directly to the provider to expedite the process of refunding these monies to the providers.

The TAXS screen allows users to search the FICA Refund Records by Provider Name or SSN. When the correct Notice is found, the user may access the TAXD, FICA TAX REFUND DETAIL SCREEN, for the display TAXS record.

Accessing the TAXS Screen

The TAXS screen may be accessed from the MENU or any CMIPS screen by entering TAXS on the NEXT line and pressing <**F8**> displaying a blank screen.

```
      THIS TAXS I                  PLEASE ENTER NAME OR SSN FOR SEARCH
      NEXT TAXS I

                            FICA TAX REFUND NOTICE SEARCH

  SEARCH CRITERIA:           ENTER NAME OR COMPLETE SSN

  LAST:                      FIRST:                 MI:      SSN:
  ---------------------------------------------------------------------------

  SEL   NOTICE     STATUS   LAST                FIRST          MI   SSN
  ---   --------   ------   -----------------   ------------   --   ---------









F03=EXIT F07=BWD F11=CONT
```

Fig. XIII-H- 1 – Blank Search Screen

Search Criteria Fields

The TAXS screen allows searches by Provider Name or Social Security Number. These searches are mutually exclusive. The provider's Last Name may be keyed on the NEXT line and all FICA Refund Records with a matching last name will display. For more detailed searches, entry may be made in one or more of the following fields.

Field:	LAST – Alpha – May not be entered when searching by SSN
Length:	17
Description:	Last – The full or partial last name of the provider

Field:	FIRST– Alpha – May not be entered when searching by SSN
Length:	12
Description:	First – The full or partial first name of the provider. Provider's Last Name <u>must</u> be present

Field:	MI – Alpha – May not be entered when searching by SSN
Length:	1
Description:	MI - The middle initial of the provider. Provider's Last Name must be present

Field:	SSN – Alpha – May not be entered when searching by Name
Length:	9
Description:	SSN – The nine-character Social Security number of the provider.

After desired data fields are keyed, press <**Enter**> to display a list of records matching the criteria.

```
     THIS TAXS I STEVENS
     NEXT TAXS I STEVENS

                            FICA TAX REFUND NOTICE SEARCH

  SEARCH CRITERIA:           ENTER NAME OR COMPLETE SSN

  LAST: STEVENS              FIRST:                 MI:      SSN:
  ---------------------------------------------------------------------------

  SEL   NOTICE     STATUS   LAST                FIRST          MI   SSN
  ---   --------   ------   -----------------   ------------   --   ---------
        00666640   1 N NR   STEVENS             ALBERT              505555558
        00555555   2 W CD   STEVENS             ALBERT              505555558
        00444445     W CD   STEVENS             ANDREW              085555554
        00333337   3 W PD   STEVENS             ANDREW         A    555555553
        04545450     W CD   STEVENS             ANDREW         A    554444443
        00999992     W CD   STEVENS             ANGELA              564444449
        00305418   1 N NR   STEVENS             ANNETTE             434444449
        00421943   1 N UD   STEVENS             ANTHONY        G    553333337
        00120096   1 N NR   STEVENS             ARNOLD              563333336
        00125139   1 N UD   STEVENS             AURELIA             563333330
        00735076     W CD   STEVENS             BEVERLY        J    562222227
F03=EXIT F07=BWD F11=CONT
```

Fig. XIII-H- 2 – TAXS search results

TAXS scrolling

The TAXS screen displays up to eleven (11) records. To scroll to the next page press <**F11**>. To page back to previously display records, press <**F7**>. To return to the beginning of a list, press <**Enter**>.

From the displayed lists, the FICA Tax Refund Detail screen may be accessed by placing an "**X**" in the SEL (select) to the left of appropriate notice, and then press <**Enter**>.

Display Fields

When the search criteria entered matches records in the CMIPS database, the following data fields display:

Field: SEL – Alpha
Length: 1
Description: SEL – Allows the user to access the TAXD screen by entering an "X" and then pressing <**Enter**>.

Field: NOTICE – Numeric
Length: 8
Description: Notice – The eight-digit identification number associated with the provider's refund notice.

Field: STATUS – Alphanumeric
Length: 5
Description: Status – The following codes indicate the current status of the notice or warrant. This is a two part field. The first indicates the number of Refund Notices which have been sent to the provider 1, 2 or 3. If the field is blank it indicates that a Notice Card was not issued, but the FICA warrant was sent.

W CD Warrant Cashed
W PD Warrant Paid

W VD	Warrant Voided/redeposit
W VS	Warrant Voided/Stop Pay
N NR	Notice Sent but not received by provider
N NP	Notice returned without the Personal Identification number (PIN)
N IP	Notice returned with incorrect PIN
N SG	Notice returned without a signature
N DT	Notice returned without a date
N MG	Notice returned but mangled beyond use
N UD	Notice returned undeliverable
CNCLD	Notice returned and canceled

Field: LAST – Alpha
Length: 17
Description: Last – The last name of the provider.

Field: FIRST – Alpha
Length: 12
Description: First – The first name of the provider.

Field: MI – Alpha
Length: 1
Description: MI – The middle initial of the provider.

Field: SSN – Numeric
Length: 9
Description: SSN – The provider's Social Security Number

TAXS Screen Edits

The following edit messages are associated with the TAXS screen:

Edit Message	Explanation
NO MORE RECORDS	All records matching criteria have been displayed
NO RECORDS MATCH SEARCH	There are no records matching the search criteria entered.
PLEASE ENTER A COMPLETE SSN	The complete nine-character SSN must be entered for the search based on SSN.
PLEASE ENTER NAME OR SSN FOR SEARCH	The name or SSN must be entered for the search.
PLEASE ENTER NAME OR SSN NOT BOTH	The name or the SSN can be entered for the search, but not both.

FICA Tax Refund Detail (TAXD) Screen

FICA Refund Background

Federal Insurance Contributions Act (FICA) tax which includes Social Security and Medicare taxes is withheld from arrears pay provider payroll warrants if they are eligible for withholding.

FICA Refunds are determined at the end of each tax year when IHSS payroll tax processing occurs. FICA refunds pay back FICA taxes withheld from providers who, at the end of the tax year are deemed ineligible for Social Security and Medicare benefits.

Ineligible providers include:

1. Providers who are either the Spouse or Parent of the recipient for whom they provide services.

    a. If a provider eligibility (PELG) record was incorrectly indicated and later changed to Spouse or Parent, this provider will receive a FICA Refund for the withheld amount. When the correct tax status indication is keyed on the PELG, Field D2, DED no additional Social Security or Medicare taxes will be withheld.

2. Providers who earned less than the minimum annual wage <u>from all of the</u> IHSS recipient-employers for which payroll was processed in a specific year.

    a. FICA will be withheld from all arrears pay provider payroll warrants presuming that providers will meet or exceed the annual threshold. Providers whose aggregate earnings do not meet or exceed this minimum threshold will be refunded the amount withheld and the Social Security and Medicare tax withholding fields on the W-2 for that tax year set to zero.

For many years FICA Refund Notices were sent to the providers for completion and return prior to issuing the actual refund warrant. Effective with the 2003 FICA Refunds, FICA Refund Notices were no longer issued, but rather warrants were issued directly to the provider to expedite the process of refunding these monies to the providers.

The CMIPS TAXD screen provides information about these FICA tax refund notices and warrants. This screen provides the status of outstanding refund notices and warrants.

County staff may use the screen to change the provider's address or re-issue a notice for tax years prior to 2003.

The State Contractor, with direction from CDSS, uses the TAXD screen to cancel refund notices, void refund warrants or issue new refund warrants.

Accessing the TAXD Screen

The TAXD screen may be accessed, in an inquiry mode, from the **TAXS** screen by entering an '**X**' in the SEL (Select) field to the left of the desired notice and then press <**Enter**>.

The TAXD screen may also be accessed from either the MENU or another CMIPS screen.

- Enter **TAXD** on the NEXT line, followed by I-Inquiry Action, then the eight character FICA Refund Notice Number, and then press <**PF8**>. The TAXD screen for the specific refund notice displays.

```
     THIS TAXD I 00999999
     NEXT TAXD I 00999999

                F I C A   T A X   R E F U N D   D E T A I L

 LAST: STEPHENSON          FIRST: JONATHAN       MI:      SSN: 577777777
 STREET: 7973 OLEANDER AVE
 CITY: FORT DRAGON          STATE: CA  ZIP CODE: 99999 9999  ADDRESS CHANGED:
 ISSUE REFUND WARRANT:      VOID REFUND WARRANT:
         NOTICE INFORMATION                        WARRANT INFORMATION
------------------------------------- | ---------------------------------------

STATUS        REFUND TYPE: LIMIT      | AMOUNT:   78.03      NUMBER: 98765432
------                                |                   ISSUE DATE: 04-19-2004
  PD     ORIG NOTICE DATE:            |  BREAK DOWN     CASHED DATE: 04-28-2004
                                      |                     VOID DATE:
                                      | YEAR   AMOUNT
                                      | ----  -------
                                      | 2003    78.03


RE-ISSUE:     RE-ISSUE DATE:          |
                                      |       =======
 CANCEL:      CANCEL DATE:            | TOTAL   78.03
```

Fig. XIII-J- 1 – TAXD Screen

TAXD Field-by-Field Description

The TAXD screen is divided into three sections. The top section of the screen, FICA TAX REFUND DETAIL, displays provider specific details and data fields used by the State Contractor. The bottom left side of the screen contains the NOTICE INFORMATION and the bottom right side of the screen contains the WARRANT INFORMATION.

The following fields appear on the TAXD screen. Unless otherwise noted as "User Update Allowed", these fields are Inquiry Only. The data fields are system generated from the provider eligibility screen (PELG) when FICA Refund processing occurs.

Field: LAST – Alpha
Length: 17
Description: LAST – The last name of the provider to whom the FICA Refund is due

Field: FIRST – Alpha
Length: 12
Description: First – The first name of the provider to whom the FICA Refund is due

Field: MI – Alpha
Length: 1
Description: MI – The middle initial of the provider to whom the FICA Refund is due

Field: SSN – Numeric
Length: 9
Description: SSN – The Social Security Number of the provider to whom the FICA Refund is due

Field: STREET – Alpha/Numeric, ***User Update Allowed***
Length: 30
Description: Street – The mailing address of the provider to whom the FICA Refund is due.

Field: CITY – Alpha, ***User Update Allowed***
Length: 20
Description: City – The city associated with the provider's mailing address.

Field: STATE – Alpha, ***User Update Allowed***
Length: 2
Description: State – The state associated with the provider's mailing address

Field: ZIP CODE – Numeric, ***User Update Allowed***
Length: 9
Description: Zip Code – The ZIP + 4 code associated with the provider's mailing address

Field: ADDRESS CHANGED – Alpha
Length: 1
Description: Address Changed – A "Y" appears in the field if the address fields on the TAXD screen has been changed. Address updates are allowed until the FICA Refund Card is Cancelled or the Warrant has been cashed.

Field: ISSUE REFUND WARRANT – Alpha
Length: 1
Description: Issue Refund Warrant – The ***State Contractor*** can issue or re-issue refund warrants. The Contractor can only re-issue a refund after the original refund warrant has been voided. When a warrant is re-issued, the original warrant information is the NUMBER, ISSUE DATE and CASH DATE will be removed automatically by the system. The system will display the new warrant information as it is generated

Field: VOID REFUND WARRANT – Alpha
Length: 1
Description: Void Refund Warrant – The State Contractor can void a refund warrant. The date the warrant was voided will appear in the VOID DATE field in the WARRANT INFORMATION section of the screen.

NOTICE INFORMATION

The lower left section of the TAXD screen displays information specific the FICA REFUND NOTICE.

** Beginning with FICA Refund for Tax Year 2003 Refund Notice Cards are no longer issued. Instead, FICA Refund warrants are issued to eligible providers.

Field: STATUS – Alpha
Length: 2
Description: Status – Indicates the latest action that has occurred against the designated

Notice. One of the following indications will be associated with one or all of the three Notice Dates

DT	No date was entered on the notice.
IP	Incorrect PIN was entered on the notice.
MG	Notice was returned mangled and cannot be processed.
NP	No PIN was entered on the notice.
NR	Notice was sent, but has not yet been returned. This is the default indication after initial mailing of Notice.
OK	Notice was returned, and payment was authorized.
SG	No signature was entered on the notice.
UD	Notice was returned as undeliverable.
PD	FICA Refund warrant has been paid.

Field: REFUND TYPE – Alpha
Length: 7
Description: Refund type – Indicates the refund type.

LIMIT	Providers who earned less than the specified dollar amount defined by the Internal Revenue Service for the year from all of their IHSS recipient-employers for which they provided services for the tax year.
EXEMPT	Providers whose tax status changed during the year non-exempt from FICA to Exempt. For example the Provider was coded as an O-Other on the PELG, but was changed to a S-Spouse during the year.

Field: ORIGINAL NOTICE DATE – Date (MM-DD-YYYY)
Length: 10
Description: Original Notice Date - The date on which the first refund notice was mailed to the provider.

Field: SECOND NOTICE DATE – Date (MM-DD-YYYY)
Length: 10
Description: Second Notice Date – The date on which the second refund notice was mailed to the provider.

Field: THIRD NOTICE DATE – Date (MM-DD-YYYY)
Length: 10
Description: Third Notice Date – The date on which the third refund notice was mailed to the provider.

Field: RE-ISSUE – Alpha, ***User Update Allowed***
Length: 1
Description: Re-issue – The most recent notice can be re-issued by entering Y in the field.

Field: RE-ISSUE DATE – Date (MM-DD-YYYY)
Length: 10
Description: Re-issue date – The date on which the current notice was re-issued. The date in

the ORIGINAL, SECOND, or THIRD NOTICE DATE fields does not change to reflect a re-issued notice. The re-issue date will only appear in the RE-ISSUE DATE field.

Field: CANCEL – Alpha – ***State Contractor Use Only***
Length: 1
Description: Cancel – CDSS occasionally directs the State Contractor to Cancel a FICA Refund. When a FICA Refund has been cancelled, no further action is allowed against the notice.

Field: CANCEL DATE – Date (MM-DD-YYYY)
Length: 10
Description: Cancel Date – The date the notice was cancelled by the State Contractor.

WARRANT INFORMATION

The lower right side of the TAXD screen, Warrant Information, displays details specific to the FICA Refund Warrant. Unless otherwise noted, all fields are system generated.

Field: AMOUNT – Numeric
Length: 7
Description: Amount – The total FICA refund for the tax year. If the refund covers multiple years, the amount displayed will be a total for all the years.

Field: YEAR – Date
Length: 4
Description: Year – The tax year to which the refund applies

Field: AMOUNT – Numeric
Length: 7
Description: Amount – The total refund amount for the tax year

Field: TOTAL – Numeric
Length: 7
Description: Total – The total refund amount being issued

Field: NUMBER – Numeric
Length: 8
Description: Number – A number associated with the warrant, issued by the State Controller's Office.

Field: ISSUE DATE – Date (MM-DD-YYYY)
Length: 10
Description: Issue date – The date of the warrant was issued.

Field: CASHED DATE – Date (MM-DD-YYYY)
Length: 10
Description: Cashed Date – The date the warrant cleared the State Treasurer's Office.

Field: VOID DATE – Date (MM-DD-YYYY)
Length: 10
Description: Void date – The date the warrant was voided by the State Contractor.

TAXD Screen Edits

Edit	Explanation
ADDR CHG INVALID: WARR ISSUED	Cannot change street, city, state, zip, or zip+4 if warrant has been issued.
FIELD CONTAINS NON ALPHA CHAR	Displays when the City field contains non-alpha/numeric characters. The characters / - . are allowed.
FIELD CONTAINS NON ALPHA / SPACE	Displays when the State field contains non-alpha characters or if it contains nothing.
FIELD HAS NON ALPHA/NUM CHARS	Displays when the Street field contains non-alpha/numeric characters. The characters / - # . are allowed.
FIELD IS NOT NUMERIC	Displays when the Zip or Zip+4 fields contain non-numeric characters.
FIELD MUST BE "Y'	Displays when the re-issue flag contains a value other than Y or space.

TAXD Screen Examples

```
    THIS TAXD I 01234567
    NEXT TAXD I 01234567

                F I C A   T A X   R E F U N D   D E T A I L

LAST: JONES               FIRST: JANE           MI:      SSN:  559922441
STREET: 10505 EAST ELM STREET APT 101
CITY: SACRAMENTO           STATE: CA  ZIP CODE: 95816 2323  ADDRESS CHANGED:  Y
ISSUE REFUND WARRANT:      VOID REFUND WARRANT:
        NOTICE INFORMATION           |           WARRANT INFORMATION
-------------------------------------|----------------------------------------
                                     |
STATUS       REFUND TYPE: 1K LIMIT   | AMOUNT: 73.25          NUMBER:
------                               |                     ISSUE DATE:
  IP    ORIG NOTICE DATE: 06-10-2000 |  BREAK DOWN       CASHED DATE:
                                     |                      VOID DATE:
  SG  SECOND NOTICE DATE: 06-20-2000 | YEAR   AMOUNT
                                     | ----  -------
  OK   THIRD NOTICE DATE: 06-29-2000 | 1999    73.25
                                     |
                                     |
RE-ISSUE:    RE-ISSUE DATE: 07-15-2000 |
                                     |       =======
 CANCEL:     CANCEL DATE: 10-31-2000   TOTAL
```

Fig. XIII-J- 2 – Refund Notice cancelled

```
    THIS TAXD I 01234567
    NEXT TAXD I 01234567

                F I C A   T A X   R E F U N D   D E T A I L

LAST: JONES               FIRST: JANE           MI:      SSN:  559922441
STREET: 10505 EAST ELM STREET APT 101
CITY: SACRAMENTO           STATE: CA  ZIP CODE: 95816 2323  ADDRESS CHANGED:  Y
ISSUE REFUND WARRANT:  X   VOID REFUND WARRANT:
        NOTICE INFORMATION           |           WARRANT INFORMATION
-------------------------------------|----------------------------------------
                                     |
STATUS       REFUND TYPE: 1K LIMIT   | AMOUNT: 400.00        NUMBER:  70444444
------                               |                     ISSUE DATE:  09-10-2000
  IP    ORIG NOTICE DATE: 06-10-2000 |  BREAK DOWN       CASHED DATE:  09-19-2000
                                     |                       VOID DATE:
  SG  SECOND NOTICE DATE: 06-20-2000 | YEAR   AMOUNT
                                     | ----  -------
  OK   THIRD NOTICE DATE: 06-29-2000 | 2000   400.00
                                     |
                                     |
RE-ISSUE:    RE-ISSUE DATE: 07-15-2000 |
                                     |       =======
 CANCEL:     CANCEL DATE:            | TOTAL  400.00
```

Fig. XIII-J- 3 – Tax Refund Issued and Cashed

```
    THIS TAXD I 01234567
    NEXT TAXD I 01234567

                F I C A   T A X   R E F U N D   D E T A I L

LAST: JONES               FIRST: JANE           MI:      SSN:  559922441
STREET: 10505 EAST ELM STREET APT 101
CITY: SACRAMENTO           STATE: CA  ZIP CODE: 95816 2323  ADDRESS CHANGED:  Y
ISSUE REFUND WARRANT:      VOID REFUND WARRANT:  X
        NOTICE INFORMATION           |           WARRANT INFORMATION
-------------------------------------|----------------------------------------
                                     |
STATUS       REFUND TYPE: 1K LIMIT   | AMOUNT: 400.00        NUMBER:  70444444
------                               |                     ISSUE DATE:  08-01-2000
  IP    ORIG NOTICE DATE: 06-10-2000 |  BREAK DOWN       CASHED DATE:
                                     |                       VOID DATE:  08-08-2000
  SG  SECOND NOTICE DATE: 06-20-2000 | YEAR   AMOUNT
                                     | ----  -------
  OK   THIRD NOTICE DATE: 06-29-2000 | 2000   400.00
                                     |
                                     |
RE-ISSUE:    RE-ISSUE DATE: 07-15-2000 |
                                     |       =======
 CANCEL:     CANCEL DATE:            | TOTAL  400.00
```

Fig. XIII-J- 4 – Tax Refund Issued, Check Voided

Section XIV
Reports
and
Data Downloads

IHSS/CMIPS Reports Index

Report Title	Section XIV
Advance Pay SOC Report	A
Application/Approval/Denial/Termination Listing	B
Assessment Due Report	C
Caseload Disaster Preparedness Assessment Profile	D
CMIPS Warning Alert Listing	E
Contractor Hours Served Less Than 80%	F
Contractor Payment Auth Report	G
Contractor Payment Rejects and Summary	H
County Payment Voucher	I
Daily Response Exception Report	J
Discontinuance From IHSS Eligibility by Reason	K
Homemaker Detail Time Report	L
IHSS+ Waiver/PCSP Adjustment Report	M
Inactive Providers Automatically Terminated	N
Monthly Characteristics Listing	O
Monthly Data Download	P
Monthly Recipient Reimbursement Report	Q
Monthly Renewal Exception Report	R
No Timesheet Activity For 60 Days	S
Office Caseload	T
Out of State Warrants	U
Overdue Assessment Listing	V
Payroll Warning Alert Listing	W
Provider 300+ Paid Hours Report	X
Provider SSN Verification Report	Y
Rate Change Reports	Z
Reason Code Report	aa
Recipient Summary Characteristics Listing	bb
Reconciliation of Advance Payments	cc
Referrals by Source by County	dd
Residual Recipient Cases	ee
SCO Undeliverable FICA Refund Report	ff
Service Assessment Summary Report	gg
Share of Cost Report for Arrears Payments	hh
SSI/SSP Terminations	ii
State Only Funds Payment Voucher	jj
Weekly Statutory Max Report	kk

Assessment Due Face to Face	ll
Overdue Assessment Face to Face	mm
Overpayment Recovery Report	nn
Provider Pending Status Report	oo

IHSS-CMIPS Online Reports

CMIPS Online Reports, implemented in October 2004, allows counties to access all CMIPS generated reports through a secure website. Reports are posted to the website within 12 hours of their production and are accessible by county personnel who have been assigned User ID and Passwords. The online reports are an exact representation of the hard copy reports previously produced.

Counties with website access shall no longer receive hard copy reports unless specifically requested by a county.

User ID security has two levels. The first is District Office, where the user will have access to reports relating to the District Office in which they work. The second security level is County. Users with County access have the ability to view all reports for the entire county. County IHSS or Adult Programs supervisory staffs are responsible to request User IDs and designating the level of access.

Reports will be available on the website for seven years beginning in July 2004 for the Fiscal Year 2004-2005. Each report is a PDF, accessible using Adobe Acrobat. Using Adobe, users may search and print any give document.

If your county has not already signed up to use CMIPS Online Reports, or if you have questions regarding Online Reports, please contact the IHSS Help Desk for more information 916-636-4280 or 213-387-3521.

Advance Pay SOC Report

General Description and Purpose

The Advance Pay SOC Report is produced monthly indicating those Advance Pay recipient cases with an outstanding MEDS SOC. Counties are responsible to key Emergency SPEC W/X 03 transactions on the first business day of the month for these cases to issue the recipients Advance Payment for the month.

Report Sort

The Advance Pay SOC Report is sorted by County, District Office and then Social Worker. Only counties with Advance Pay recipient cases with an outstanding MEDS SOC amount will have reports issued.

Report Availability

The Share of Cost Exception Report is produced during the CMIPS F Cycle. The F Cycle runs three business days before the end of the month.

For counties accessing CMIPS Online Reports, this report will be available the next business day in the PAYROLL Group. Otherwise, the report will be mailed to counties after production.

ADVANCE PAY SOC REPORT

```
                                S T A T E   O F   C A L I F O R N I A
JOB - IH2LXXXX                        IN-HOME SUPPORTIVE  SERVICES          FOR MONTH MM/CCYY     PAGE     9999
REPORT - IH2RXXXX                        ADVANCE PAY SOC REPORT             RUN DATE  MM/DD/CCYY  TIME HH:MM:SS


COUNTY  XX  DISTRICT OFFICE XX                                                                SOCIAL WORKER XXXX


CASE NUMBER RECIPIENT NAME                     TYPE REASON  PAY FROM   PAY TO     GROSS        HOURS      RATE
-------------------------------------------------------------------------------------------------------------------
9999999999  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   X     99    MMDDCCYY  MMDDCCYY

9999999999  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   X     99    MMDDCCYY  MMDDCCYY

9999999999  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   X     99    MMDDCCYY  MMDDCCYY

9999999999  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   X     99    MMDDCCYY  MMDDCCYY

9999999999  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   X     99    MMDDCCYY  MMDDCCYY

9999999999  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   X     99    MMDDCCYY  MMDDCCYY

9999999999  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   X     99    MMDDCCYY  MMDDCCYY
```

Fig. XIV-A- 1 – Advance Pay SOC Report

Field by Field Description

The following fields appear on the Advance Pay SOC Report:

Field	Description
FOR MONTH	The month for which the Advance Payment is due
RUN DATE	The date the report was run in CMIPS MM/DD/YYYY
COUNTY	Indicates the County being reported.
DISTRICT OFFICE	Indicates the County District Office being reported
SOCIAL WORKER	Indicates the Social Worker responsible for the case(s) being reported.
CASE NUMBER	The ten (10) digit recipient number associated with the case being reported.
RECIPIENT NAME	The name of the recipient associated with the case being reported. Format Last Name, First Name.
TYPE	The SPEC TYPE which should be keyed based upon the relationship to the recipient of providers.
REASON	The SPEC REASON (03) which must be keyed to issue the Advance Payment to the recipient
PAY FROM	The SPEC Emergency FROM date to be keyed for the payment
PAY TO	The SPEC Emergency TO date to be keyed for the payment
GROSS	The SPEC Emergency GROSS amount to be keyed for the payment. The county worker must access the IHSS recipient case to verify the GROSS AMT from the RELB for the month being paid
HOURS	The SPEC Emergency HRS to be keyed for the payment. The county worker must access the IHSS recipient case to verify the HOURS from the RELB for the month being paid.
RATE	The SPEC Emergency RATE to be keyed for the payment. The county worker must access the IHSS recipient case to verify the RATE from the RELB for the month being paid.

County Actions

Each of the IHSS Advance Pay recipients indicated on the report have an outstanding MEDS SOC amount for the month. Therefore, a SPEC transaction must be keyed to allow a MEDS POS transaction to process and deduct the outstanding MEDS SOC amount.

The MEDS POS transaction for a specific eligibility month cannot be keyed until the first calendar day of the month. Counties should key these necessary Emergency SPEC W/X 03 transaction on the first business day of the month to allow the issuance of Advance Payment warrants to IHSS recipients as soon as possible.

If an IHSS Advance Pay recipient has signed up for Advance Pay through Direct Deposit or Electronic Funds Transfer (EFT), the EFT <u>will no longer occur</u>.

Application/Approval/Denial/Termination Listing

General Description and Purpose

The Application/Approval/Denial/Termination Listing assists the county in monitoring Application, Approval, Denial and Termination activity for the report month. The following are definitions of the four listings which may appear:

- **Application** – Those recipients for whom a new case was entered in CMIPS during the report month
- **Approval** – Those cases for which IHSS eligibility was approved in the report month
- **Denial** – Those cases for which IHSS eligibility was denied in the report month
- **Terminations** – Those cases for which IHSS eligibility was terminated in the report month

Report Sort

There are three separate reports produced:

- **Application/Approval/Denial/Termination by Social Worker** – Lists by eligibility status and recipient name cases against which one of stated actions was taken in the report month
- **Application/Approval/Denial/Termination by Social Worker Summary by District Office** – Totals the Applications, Approvals, Denials and Termination for all Social Workers within a District Office
- **Application/Approval/Denial/Termination by Social Worker Summary by County** – Totals Applications, Approvals, Denials and Termination Totals for all District Offices within the County

Report Availability

The Application/Approval/Denial/Termination Listing is produced on the last business day of each month, reporting actions taken in that month. For counties accessing CMIPS Online Reports, this report will be available the first business day of the month in the CASELOAD DETAIL, MANAGEMENT and SUMMARY Groups. Otherwise, the report will be mailed to counties after production.

```
JOB: IH2LAADT                                S T A T E   O F  C A L I F O R N I A          CYCLE DATE: MM/DD/CCYY PAGE:      999
REPORT: IH2JAADT                                IN-HOME SUPPORTIVE SERVICES           REPORT MONTH:   MON/CCYY
    COUNTY:  99                            APPLICATION/APPROVAL/DENIAL/TERMINATION          RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS
    OFFICE:  99


                                          AID   RECIPIENT  APPL       BEGIN       NOA PRNT   TERM       ELIG REFER   REASON SOCIAL
RECIPIENT NAME                            CODE  NUMBER     DATE       DATE        DATE       DATE       STAT SOURCE  CODE   SRV WKR
========================================= ====  ========== ========== ==========  ========== ========== ==== ======  ====== =======

XXXXXXXXXXXXXXXXX    XXXXXXXXXXXX          99   9999999999 MM/DD/CCYY MM/DD/CCYY  MM/DD/CCYY ----------   X    99     ---     XXXX
XXXXXXXXXXXXXXXXX    XXXXXXXXXXXX          99   9999999999 MM/DD/CCYY MM/DD/CCYY  MM/DD/CCYY ----------   X    99     ---     XXXX
XXXXXXXXXXXXXXXXX    XXXXXXXXXXXX          99   9999999999 MM/DD/CCYY MM/DD/CCYY  MM/DD/CCYY ----------   X    99     ---     XXXX
XXXXXXXXXXXXXXXXX    XXXXXXXXXXXX          99   9999999999 MM/DD/CCYY MM/DD/CCYY  MM/DD/CCYY ----------   X    99     ---     XXXX
XXXXXXXXXXXXXXXXX    XXXXXXXXXXXX          99   9999999999 MM/DD/CCYY MM/DD/CCYY  MM/DD/CCYY ----------   X    99     ---     XXXX
XXXXXXXXXXXXXXXXX    XXXXXXXXXXXX          99   9999999999 MM/DD/CCYY MM/DD/CCYY  MM/DD/CCYY ----------   X    99     ---     XXXX
XXXXXXXXXXXXXXXXX    XXXXXXXXXXXX          99   9999999999 MM/DD/CCYY MM/DD/CCYY  MM/DD/CCYY ----------   X    99     ---     XXXX
```

Fig. XIV-B- 1 – Application/Approval/Denial/Termination by Social Worker

Field by Field Description

The following fields appear on the Application/Approval/Denial/Termination Listing, sorted by Social Worker.

Field: REPORT MONTH – Second line upper right corner
Description: The month being reported MON/CCYY

Field: COUNTY – Third line upper left corner
Description: The two-digit number associated with the county for which the report was produced

Field: DISTRICT OFFICE – Fourth line upper left corner
Description: The two-digit number associated with the District Office within the county being reported

For a detailed explanation of all the remaining fields see ***Section V-A Field by Field Description SOC 293***.

Field: RECIPIENT NAME – Fields B1, B2 and B3 on SOC 293 or RELA
Description: The name of the recipient

Field: AID CODE – Field A3 on SOC 293 or RELA
Description: The recipient's aid code.

Field: RECIPIENT NUMBER – Field A1 on SOC 293 or RELA
Description: The ten-digit recipient case number

Field: APPL DATE – Field P1 on SOC 293 or RELB
Description: The date that indicates the day the recipient requested IHSS.

Field: BEGIN DATE – Field ZZ3 on SOC 293 or RELC
Description: The date services were authorized to begin.

Field: NOA PRNT DATE
Description: The date the notice of action was printed. This field will be blank if ELIG STAT = R

Field: TERM DATE – Field ZZ4 on SOC 293 or RELC
Description: The date of termination. This field will be blank if ELIG STAT = E or R

Field: ELIG STAT – Field F1 on SOC 293 or RELA
Description: Indicates the current eligibility status of the recipient.

Field: REFER SOURCE – Field P2 on SOC 293 or RELB
Description: Indicates how the recipient became aware of and/or made application for IHSS.

Field: REASON CODE – Field ZZ2 on SOC 293 or RELC
Description: The reason the case was denied or terminated. The codes are defined in the IHSS/CMIPS User's Manual, Section V-F.)

Field: SOCIAL SRV WKR – Field Q3 on SOC 293 or RELB
Description: The code assigned by the county to identify a specific social service worker.

```
JOB: IH2LAADS                                  S T A T E   O F   C A L I F O R N I A
REPORT:  IH2JAADS                                  IN-HOME SUPPORTIVE SERVICES              CYCLE DATE: 10/29/2004 PAGE:       11
COUNTY:  06                                 APPLICATION/APPROVAL/DENIAL/TERMINATION         RUN DATE:   10/29/2004 TIME: 20:32:29
OFFICE:  01                                                                            REPORT MONTH:   OCT/2004

                                                                  SUMMARY

SOCIAL          APPLICATIONS                APPROVALS                                DENIALS                          TERMINATIONS
WORKER                          0 - 30    31 - 45     46 + DAYS      0 - 30     31 - 45     46 + DAYS
========        ============    ============================       ============================       ============
  18                5             2         0           1             1          1           0             3
  19                2             1         0           0             3          0           0             2
TOTAL:              7             3         0           1             4          1           0             5
```

Fig. XIV-B- 2 – Application/Approval/Denial/Termination – District Office Summary

The following fields appear on the District Office Summary page

Field: COUNTY – Third line upper left corner
Description: The two-digit number associated with the county for which the report was produced

Field: DISTRICT OFFICE – Fourth line upper left corner
Description: The two-digit number associated with the District Office within the county being reported

Field: REPORT MONTH – Third line upper right corner
Description: The month being reported MM/CCYY

Field: SOCIAL WORKER – Field Q3 – SOC 293 or RELB
Description: The number assigned to a social worker within the district office

Field: APPLICATIONS
Description: The number of applications processed by each social service worker

Field: APPROVALS
Description: The number of cases approved by each social service worker in the time period indicated 0-30 days, 31-45 days, and over 46 days

Field: DENIALS
Description: The number of cases denied by each social service worker in the time period 0-30 days, 31-45 days, and over 46 days

Field: TERMINATIONS
Description: The number of cases terminated during the reporting month by each

social service worker listed

```
JOB: IH2LAADS                          S T A T E   O F   C A L I F O R N I A        CYCLE DATE: 10/29/2004                T06
REPORT:  IH2JAADS                         IN-HOME SUPPORTIVE SERVICES            REPORT MONTH:   Oct/2004   PAGE:        5
COUNTY:  06                         APPLICATION/APPROVAL/DENIAL/TERMINATION          RUN DATE:   10/29/2004 TIME: 20:32:29

                                                   GRAND SUMMARY

DISTRICT        APPLICATIONS                APPROVALS                                DENIALS                    TERMINATIONS
OFFICE                          0 - 30     31 - 45    46 + DAYS      0 - 30     31 - 45    46 + DAYS
========        ============    ==============================      ==============================      ============

  01                 7            3           0          1            4           1          0               5
GRAND
SUMMARY:             7            3           0          1            4           1          0               5
```

Fig. XIV-B- 3 – Application/Approval/Denial/Termination – County Summary

The County Summary page of this report repeats the data categories of County Summary. The fields descriptions are the same as the District Office Summary with the exception of a GRAND SUMMARY reporting the totals for each category for each District Office.

Assessment Due Report

General Description

The Assessment Due Report lists recipient cases in E, I or L Status which are due for an IHSS reassessment in the next three months. The assessment due date is based upon the recipient case END DATE (SOC 293/RELB Field ZZ4) plus one year (End Date 08312006 plus one year = Due Date 08312007).

The report will be sorted by calendar month in which the Assessment is due, then by Status – E – Eligible, I – Interim Eligible, L – Leave and then alphabetically by Recipient Name.

There are two version of this report:

- SOCIAL – Sorted by County, District Office, Service Worker, Due Date, Status, and then alphabetically by recipient name
- ALPHA – Sorted by County, District Office, Due Date, Status, and then alphabetically by recipient name

Report Availability

The Assessment Due Report is produced on the last business day of each month, reporting recipient cases due for reassessment in the next three calendar months. For counties accessing CMIPS Online Reports this report will be available the first business day of the month in the CASELOAD DETAIL and SUMMARY Groups. Otherwise, the report will be mailed to the counties after production.

```
                                                S T A T E   O F   C A L I F O R N I A

JOB:    IH2LADLS                                   IN-HOME SUPPORTIVE SERVICES            CYCLE DATE: MM/DD/CCYY PAGE:      999
REPORT: RM0003F                                  ASSESSMENT DUE REPORT - SOCIAL           RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

 COUNTY – COUNTY NAME
 DIST. OFFICE 99                                     MONTH / MONTH    CCYY
                                                                                                                (SERVICE WORKER – XXXX)
        RECIPIENT NAME        RECIPIENT NUMBER                                                  AID
          TELEPHONE            RECIPIENT SSN           RECIPIENT ADDRESS                       CODE      DUE DATE   ST   REMARKS
 ---------------------------------------------------------------------------------------------------------------------------------------

  XXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999

  XXXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999

  XXXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999

  XXXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999

  XXXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999

  XXXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999

  XXXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999
```

Fig. XIV-C- 1 – Assessment Due Report – Social

Field by Field Description

The following fields appear on the ALPHA and SOCIAL sorts of the Assessment Due Report unless otherwise noted.

Field: COUNTY
Description: The name of the county being reported

Field: DISTRICT OFFICE
Description: The two-digit number associated with the District Office within the County being reported

Field: REPORT MONTHS – Format MONTH/MONTH CCYY
Description: The months being reported

For a detailed explanation of all the remaining fields see ***Section V-A Field by Field Description SOC 293***.

Field: SERVICE WORKER – Field Q3 on SOC 293 or RELB
Description: The Service Worker responsible for the cases listed. This field only appears on the SOCIAL sort of the report.

Field: RECIPIENT NAME – Fields B1, B2 and B3 on SOC 293 or RELA
Description: Recipient name listed Last Name, First Name, MI

Field: RECIPIENT NUMBER – Field A1 on SOC 293
Description: Case Number associated to recipient case

Field: TELEPHONE – Field D1 on SOC 293 or RELA
Description: Recipient telephone number as listed on recipient case

Field: RECIPIENT SSN – Field A4 on SOC 293 or RELA
Description: The Social Security Number of the recipient

Field: RECIPIENT ADDRESS – Fields C1, C2, C3 and C4 on SOC 293 and RELA
Description: The physical address of the recipient

Field: AID CODE – Field A3 on SOC 293 or RELA
Description: State Aid Code defines the recipient's benefit categories for budget, Medi-Cal, and accounting purposes.

Field: DUE DATE – SOC 293 Field ZZ4 or RELB plus one year
Description: The date the next assessment is due.

Field: ST – Field E1 on SOC 293 or RELA
Description: The IHSS Recipient case STATUS the day the report is produced.

Field: REMARKS
Description: Blank area of report left for use by county

Assessment Due Summary Reports

```
                                S T A T E  O F  C A L I F O R N I A
 JOB:    IH2LADLD                  IN-HOME SUPPORTIVE SERVICES            CYCLE DATE: MM/DD/CCYY PAGE:    99999
REPORT: RM0002F                 ASSESSMENT DUE REPORT BY DUE DATE        RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS
                                          COUNTY SUMMARY
 COUNTY - XXXXXXXXXXXXXXXXXX
                                        MONTH/MONTH CCYY

     DISTRICT OFFICE            MONTH              MONTH                  MONTH        REPORTED TOTALS

          01                      XXX                XXX                    XXX                  XXXXX
                   E              XXX                XXX                    XXX                  XXXXX
                   I              XXX                XXX                    XXX                  XXXXX
                   L              XXX                XXX                    XXX                  XXXXX

          02                      XXX                XXX                    XXX                  XXXXX
                   E              XXX                XXX                    XXX                  XXXXX
                   I              XXX                XXX                    XXX                  XXXXX
                   L              XXX                XXX                    XXX                  XXXXX

      TOTAL                       XXX                XXX                    XXX                  XXXXX
                   E              XXX                XXX                    XXX                  XXXXX
                   I              XXX                XXX                    XXX                  XXXXX
                   L              XXX                XXX                    XXX                  XXXXX
```

Fig. XIV-C- 1 – Assessment Due Report – County Summary

```
                                S T A T E  O F  C A L I F O R N I A
 JOB:    IH2LADLD                  IN-HOME SUPPORTIVE SERVICES            CYCLE DATE: MM/DD/CCYY PAGE:    99999
REPORT: RM0002F                 ASSESSMENT DUE REPORT BY DUE DATE        RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS
                                          STATE SUMMARY
 COUNTY – ALL COUNTIES
                                        MONTH/MONTH CCYY

       COUNTY                   MONTH              MONTH                  MONTH        REPORTED TOTALS

    CALAVERAS                     XXX                XXX                    XXX                  XXXXX
                   E              XXX                XXX                    XXX                  XXXXX
                   I              XXX                XXX                    XXX                  XXXXX
                   L              XXX                XXX                    XXX                  XXXXX

    COLUSA                        XXX                XXX                    XXX                  XXXXX
                   E              XXX                XXX                    XXX                  XXXXX
                   I              XXX                XXX                    XXX                  XXXXX
                   L              XXX                XXX                    XXX                  XXXXX

    CONTRA COSTA                  XXX                XXX                    XXX                  XXXXX
                   E              XXX                XXX                    XXX                  XXXXX
                   I              XXX                XXX                    XXX                  XXXXX
                   L              XXX                XXX                    XXX                  XXXXX
```

Fig. XIV-C- 2 – Assessment Due Report – State Summary

The Assessment Due Report County and State Summary reports provide counts of cases requiring assessment in the reported time periods by case status. The same summary is provided for both the SOCIAL and ALPHA sorts of the report. The following fields will appear on the County Summary:

Field: COUNTY
Description: The county being reported

Field: REPORT MONTHS – Format MONTH/MONTH CCYY
Description: The months being reported

Field: DISTRICT OFFICE/COUNTY
Description: County Summary – The District Office within a County
State Summary – The County

Field: MONTH
Description: Indicates the number of assessments due in the indicated calendar month

Field: REPORTED TOTAL
Description: Total number of case assessments due for the District Office

Field: TOTALS
Description: Totals for each month and grand total for all case assessments due

Caseload Disaster Preparedness Assessment Profile

General Description

The Caseload Disaster Preparedness Assessment Profile lists recipients deemed to be in need of post-disaster contact by responding personnel. This profile may be used by field staff, as the recipient case may not be available in the event of a disaster. The profile may be shared with other County Emergency Response Teams, Police, Fire, etc.

Recipients on the Caseload Disaster Preparedness Assessment Profile will be listed in priority of the urgency of contact. The urgency of contact is determined by the entries made in DP, Field D2 on the RELA screen.

Report Availability

The Caseload Disaster Preparedness Assessment Profile is produced on the last day of the month reporting recipient data at the time. For counties accessing CMIPS Online Reports, this report will be available the first business day of the month in the CASELOAD Group. Otherwise, the report will be mailed to the counties after production.

```
                                                  S T A T E   O F   C A L I F O R N I A
JOB:      IH2LDSAS                                     IN-HOME SUPPORTIVE SERVICES                CYCLE DATE: MM/DD/CCYY PAGE:     9999
REPORT:   HIHR554F                                                                                RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS
                                              CASELOAD DISASTER PREPAREDNESS ASSESSMENT PROFILE
                                                                MONTH CCYY
COUNTY – COUNTY NAME                                                                                                   ZIP CODE: 99999
                                                                                SOCIAL
                                                                                SERVICE
RECIPIENT NAME/TELEPHONE              RECIPIENT ADDRESS                         WORKER     COMMENTS/LANGUAGE
--------------------------------     ------------------------------            -------    ------------------------------------------------

XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX             XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999-999-9999                          XXXXXXXXXXXXXXXXXXXXX                                LANGUAGE
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX             XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999-999-9999                          XXXXXXXXXXXXXXXXXXXXX                                LANGUAGE
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX             XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999-999-9999                          XXXXXXXXXXXXXXXXXXXXX                                LANGUAGE
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX             XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999-999-9999                          XXXXXXXXXXXXXXXXXXXXX                                LANGUAGE
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX             XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999-999-9999                          XXXXXXXXXXXXXXXXXXXXX                                LANGUAGE
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX             XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999-999-9999                          XXXXXXXXXXXXXXXXXXXXX                                LANGUAGE
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX             XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999-999-9999                          XXXXXXXXXXXXXXXXXXXXX                                LANGUAGE
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX             XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999-999-9999                          XXXXXXXXXXXXXXXXXXXXX                                LANGUAGE
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX             XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999-999-9999                          XXXXXXXXXXXXXXXXXXXXX                                LANGUAGE
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX             XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999-999-9999                          XXXXXXXXXXXXXXXXXXXXX                                LANGUAGE
```

Fig. XIV-D- 1 – Caseload Disaster Preparedness Assessment Profile

Field by Field Description

The following fields appear in the header section of the Caseload Disaster Preparedness Assessment Profile.

Field: REPORT MONTH – Centered under Report Title

Description: Indicates the month being reported. The report will always run at the end of the indicated month and is distributed at the beginning of the next month.

Field: COUNTY

Description: Indicates the county being reported

Field: ZIP CODE

Description: The zip code within the county being reported

The following column headings apply to the body of the Caseload Disaster Preparedness Assessment Profile. For detailed description of fields reference for RELA, RELB or RELC see ***Section V-A – SOC 293 – Field by Field Description***.

Field: RECIPIENT NAME – Field B1, B2 and B3 on SOC 293 or RELA

Description: The name of the recipient (Last Name, First Name, MI format).

Field: TELEPHONE – Field D1 on SOC 293 or RELA

Description: The recipient telephone number. This field displays directly below the Recipient Name. Not all cases will have a telephone number listed.

Field: RECIPIENT ADDRESS – Fields C1, C2 and C3 on SOC 293 or RELA

Description: The street address and city of the recipient residence.

Field: SOCIAL SERVICE WORKER – Field Q3 on SOC 293 or RELB

Description: Indicates the Social Service Worker currently assigned to the recipient case.

Field: COMMENTS/LANGUAGE

Description: The first line, of this two line display, indicates verbiage associated with the values entered in the Disaster Preparedness field (DP Field D2) on the RELA. The second line indicates the primary language spoken by the recipient if it is other than English.

CMIPS Warning Alert Listing

General Description

The CMIPS Warning Alert Listing shows CMIPS warning messages generated by the system for the current month, alerting Social Workers to possible invalid data on the recipient's current SOC 293. The warning messages inform the user of existing recipient case conditions which may affect payment or eligibility. Some messages have to do with the relationship between Functional Rank and the assessment grid indications. A single case may have more than one warning message.

The listing is sorted by County, District Office, Social Worker, then alphabetically by recipient.

Report Availability

The CMIPS Warning Alert Listing is produced on the last business day of each month, reporting warnings messages for the month. For counties accessing CMIPS Online Reports, this report will be available the first business day of the month in the CASELOAD DETAIL GROUP. Otherwise, the report will be mailed to the counties after production.

```
                                                S T A T E   O F   C A L I F O R N I A

JOB: IH2LWALR                                    IN-HOME SUPPORTIVE SERVICES              FOR MONTH:  MM/CCYY    PAGE:     9999
REPORT:  RM0034F                                  CMIPS WARNING ALERT LISTING             RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

COUNTY: COUNTY NAME                                                                            SOCIAL WORKER XXXX
DIST. OFFICE: 99

       RECIPIENT NAME             NUMBER                                  WARNING MESSAGE - ALERT
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXXXX, XXXXXXXXXXX  9999999999    999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                              999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                              999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX, XXXXXXXXXXX  9999999999    999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX, XXXXXXXXXXX  9999999999    999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                              999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX, XXXXXXXXXXX  9999999999    999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX, XXXXXXXXXXX  9999999999    999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                              999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                              999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX, XXXXXXXXXXX  9999999999    999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX, XXXXXXXXXXX  9999999999    999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                              999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

Fig. XIV-E- 1 – CMIPS Warning Alert Listing

Field by Field Description

The following fields appear in the header of the CMIPS Warning Alert Listing. For detailed descriptions for fields relating to the SOC 293 see ***Section V-A Field by Field Description***.

Field: FOR MONTH – Format MM/CCYY – Upper right corner
Description: The month for which Warning Alerts were encountered

Field: COUNTY
Description: The county being reported

Field: DIST. OFFICE – Field Q1 on SOC 293 or RELB
Description: The two-digit district office to which the listed cases are assigned

Field: SOCIAL WORKER – Field Q3 on SOC 293 or RELB

Description: The Social Worker to whom the listed recipient cases are assigned

Field: RECIPIENT NAME – Fields B1, B2 and B3 on SOC 293 or RELA

Description: The recipient name in Last Name, First Name MI format

Field: NUMBER – Field A1 on SOC 293 or RELA

Description: The 10-digit case recipient case number

Field: WARNING MESSAGE – ALTER

Description: The one or more CMIPS Warning Alerts may be indicated for a recipient case. See ***Section V-E – CMIPS Warning Alerts*** for current list of Alert Messages.

Contractor Hours Served Less Than 80%

General Description

The Contractor Hours Served Less Than 80% report assists counties in monitoring a contractor's performance in providing services to recipients. The report indicates the Contractors service for three service months and list recipients who have had less than 80% of their authorized hours served in any one of those months.

The report is produced each time a Contractor submits a billing invoice. If a Contractor submits bi-monthly billings the recipients listed on the report may not truly be underserved for the current billing month. Counties must evaluate the report containing both billings to determine the recipient's actual service level for the current month.

Report Availability

The Contractor Hours Served Less Than 80% is produced each time Contractor Billing is processed. For counties accessing CMIPS Online Reports this report will be available the next business day in the CONTRACTOR INTERFACE Group. Otherwise, the report will be mailed to the County with the Contractor Payment Tape.

1. Contractor Hours Served Less Than 80% - Social Worker Sort

This report is sorted by District Office, Social Worker, then alphabetically by recipient last name. Each Social Worker will receive a list of all recipient cases billed by the Contractor for the billing period.

```
                                                S T A T E   O F   C A L I F O R N I A
JOB:    IH2LCHSR                                    IN-HOME SUPPORTIVE SERVICES              CYCLE DATE:  MM/DD/CCYY PAGE:   9999
REPORT: RM0017F                                 CONTRACTOR HOURS SERVED LESS THAN 80%        RUN DATE:    MM/DD/CCYY TIME:HH:MM:SS

CONTRACTOR – CONTRACTOR NAME                                                                 INVOICE DATE:04/09/2002
COUNTY – COUNTY NAME          DIST. OFFICE - 99                                              INVOICE NO:     0000024
SOCIAL WORKER – XXXX

                                              ** 1ST PRIOR SDM **            ** 2ND PRIOR SDM **           ** 3RD PRIOR SDM **
                                                MARCH      2002                FEBRUARY   2002               JANUARY    2002

      RECIPIENT             RECIPIENT      AUTH     PAID     SERVICE      AUTH     PAID     SERVICE      AUTH     PAID     SERVICE
        NAME                 NUMBER        HOURS    HOURS     LEVEL       HOURS    HOURS     LEVEL       HOURS    HOURS     LEVEL
-------------------------------------------------------------------------------------------------------------------------------------

XXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999     999.9    999.9     999 %       999.9    999.9     999 %       999.9    999.9     999 %

XXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999     999.9    999.9     999 %       999.9    999.9     999 %       999.9    999.9     999 %

XXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999     999.9    999.9     999 %       999.9    999.9     999 %       999.9    999.9     999 %

XXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999     999.9    999.9     999 %       999.9    999.9     999 %       999.9    999.9     999 %

XXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999     999.9    999.9     999 %       999.9    999.9     999 %       999.9    999.9     999 %

XXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999     999.9    999.9     999 %       999.9    999.9     999 %       999.9    999.9     999 %

XXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999     999.9    999.9     999 %       999.9    999.9     999 %       999.9    999.9     999 %
```

Fig. XIV-F- 1 – Contractor Hours Served Less Than 80% – District Office, Social Worker List

Field by Field Description

The following fields appear in the header of the Contractor Hours Served Less Than 80%:

Field: RUN DATE
Description: Indicates the date on which the Contractor billing was processed

Field: CONTRACTOR
Description: The name of the Contractor submitting the billing

Field: INVOICE DATE
Description: The invoice date submitted by the Contractor

Field: COUNTY
Description: The county being billed by the Contractor

Field: DIST. OFFICE
Description: The District Office to which the recipient case is assigned

Field: INVOICE NO
Description: The invoice number submitted by the Contractor

Field: SOCIAL WORKER
Description: The Social Worker assigned to the recipient case

The following fields appear in the body of the report. For detailed descriptions for fields relating to the SOC 293 see ***Section V-A Field by Field Description***.

Field: RECIPIENT NAME – Field B1, B2 and B3 on SOC 293 or RELA
Description: The recipient name

Field: RECIPIENT NUMBER – Field A1 on SOC 293 or RELA
Description: The ten-digit case number assigned to the recipient case

The following three Service Delivery Month (SDM) column headings appear

Field: 1st PRIOR SDM – Format MONTH CCYY – MARCH 2002
Description: Current billing month

Field: 2nd PRIOR SDM – Format MONTH CCYY – FEBRUARY 2002
Description: The prior billing month

Field: 3rd PRIOR SDM – Format MONTH CCYY – JANUARY 2002
Description: The second prior billing month

The following three headings appear below each Service Delivery Month column heading

Field: AUTH HOURS – Field M5, N5 or O5 on SOC 293 or RELB
Description: The number of service hours, rounded to tenths, the recipient is authorized to receive during the service delivery month.

Field: PAID HOURS
Description: The number of hours, rounded to tenths, paid to the Contractor for services provided to the recipient.

Field: SERVICE LEVEL
Description: The percentage of hours served by the Contractor to the recipient. Calculation – (AUTH HOURS/PAID HOURS) x 100 = SERVICE LEVEL.

2. Contractor Hours Served Less Than 80% - District Office Summary

When Contractor Billing is processed, a Contractor Hours Served Less Than 80% – District Office summary is also produced. The RECIPIENT NAME and RECIPIENT NUMBERS are not reported although the headings appear.

```
                                    S T A T E   O F   C A L I F O R N I A
JOB:    IH2LCHGR                        IN-HOME SUPPORTIVE SERVICES          CYCLE DATE:  10/29/2004 PAGE:      16
REPORT: RM0017F                     CONTRACTOR HOURS SERVED LESS THAN 80%    RUN DATE:    10/29/2004 TIME: 20:09:04

CONTRACTOR - IHSS CONSORTIUM                                                 INVOICE DATE:10/15/2004
COUNTY - SAN FRANCISCO        DIST. OFFICE - 16                              INVOICE NO:    0000253A

                                  ** 1ST PRIOR SDM **        ** 2ND PRIOR SDM **        ** 3RD PRIOR SDM **
                                    SEPTEMBER  2004              AUGUST     2004              JULY       2004

     RECIPIENT          RECIPIENT     AUTH     PAID     SERVICE     AUTH     PAID     SERVICE     AUTH     PAID     SERVICE
       NAME              NUMBER       HOURS    HOURS     LEVEL      HOURS    HOURS     LEVEL      HOURS    HOURS     LEVEL
  ---------------------------------------------------------------------------------------------------------------------------

  DISTRICT OFFICE TOTAL                17,711.6                90 %   17,744.1                90 %   17,530.3                90 %
                                          15,979.0                        16,022.9                        15,838.9
  CASE COUNT                                                   262                     262                     262
  ---------------------------------------------------------------------------------------------------------------------------
```

Fig. XIV-F- 2 – Contractor Hours Served Less Than 80%– District Office Summary

The following fields appear on the District Office Summary of the Contractor Hours Served Less Than 80% report:

Field: RUN DATE
Description: Indicates the date on which the Contractor billing was processed

Field: CONTRACTOR
Description: The name of the Contractor submitting the billing

Field: INVOICE DATE
Description: The invoice date submitted by the Contractor

Field: COUNTY
Description: The county being billed by the Contractor

Field: INVOICE NO
Description: The invoice number submitted by the Contractor

Field: RECIPIENT NAME – No recipients name listed on District Office Summary
Description:

Field: RECIPIENT NUMBER – No recipients numbers listed on District Office Summary
Description:

The following three Service Delivery Month (SDM) column headings appear

Field: 1st PRIOR SDM
Description: Current billing month – MONTH YYYY format (i.e. May 2002)

Field: 2nd PRIOR SDM

Description: The prior billing month – MONTH YYYY format (i.e. April 2002)

Field: 3rd PRIOR SDM
Description: The second prior billing month – MONTH YYYY format (i.e. March 2002)

The following three headings appear below each Service Delivery Month column heading

Field: AUTH HOURS
Description: The total authorized service hours, rounded to tenths, all recipients in the service delivery month.

Field: PAID HOURS
Description: The total hours, rounded to tenths, paid to the Contractor for services provided to all recipient in the service delivery month

Field: SERVICE LEVEL
Description: The percentage of hours served by the Contractor to the recipient. Calculation – (AUTH HOURS/PAID HOURS) x 100 = SERVICE LEVEL.

The following row headings appear on the left side, under the RECIPIENT NAME heading

Field: DISTRICT OFFICE TOTAL
Description: The total AUTH HOURS and PAID HOURS and SERVICE LEVEL for the District Office for each billing invoice period.

Field: CASE COUNT
Description: Total recipient case count for each billing invoice period.

Contractor Payment Auth Report

General Description

The Contractor Payment Auth Report lists recipient cases for which the Contractor has submitted billing and recipient cases for which County Staff have keyed SPEC Adjustment (P/N18) transactions since the last Contractor billing invoice processing. The Contractor may submit billing for any service period for which services were provided, but only those services provided in the current billing month and two previous months will appear.

The Contractor Payment Auth Report assists counties in monitoring Contractor billing submissions for which authorizes payment are made. This report may also be used to evaluate the contractor's performance in providing services to recipients.

Report Sort

The Contractor Payment Auth Report is made up of three separate reports:

- CONTRACTOR PAYMENT AUTH REPORT – ALPHA
- CONTRACTOR PAYMENT AUTH REPORT – SOCIAL
- CONTRACTOR PAYMENT AUTH SUMMARY

Report Availability

The Contractor Payment Auth Report is produced each time Contractor Billing is processed. For counties accessing CMIPS Online Reports this report will be available the next business day in the CONTRACTOR INTERFACE Group. Otherwise, the report will be mailed to the County with the Contractor Payment Tape.

Contractor Payment Auth Report – Alpha

The Contractor Payment Auth Report – Alpha lists, alphabetically, by last name, all recipients for which Contractor billing has been submitted and authorized for payment.

```
                                                    S T A T E   O F   C A L I F O R N I A
JOB:    IH2LCAPA                                  IN-HOME SUPPORTIVE SERVICES              CYCLE DATE:  MM/DD/CCYY PAGE:     9999
REPORT: RM0041F                                CONTRACTOR PAYMENT AUTH REPORT - ALPHA      RUN DATE:    MM/DD/CCYY TIME: HH:MM:SS

CONTRACTOR – CONTRACT NAME                                                    INVOICE DATE MM/DD/CCYY
COUNTY – COUNTY NAME                                                                        INVOICE NO     XXXXXXXX


 RECIPIENT        RECIPIENT   SERVICE    AUTH  BILLED CUTBACK     AUTH     BILLED   CUTBACK     SOC          SOC  APPROVED  SERV
   NAME            NUMBER     MON/PER   HOURS   HOURS   HOURS    AMOUNT    AMOUNT    AMOUNT   APPLIED       COLL   FOR PAY  LVL  P/I
-------------------------------------------------------------------------------------------------------------------------------------

XXXXXXXXXX,XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 91 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX,XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 91 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX,XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 91 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX,XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 91 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX,XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 91 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX,XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 91 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX,XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 91 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX,XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 91 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

Fig. XIV-G- 1 – Contractor Payment Auth Repot - Alpha

Contractor Payment Auth Report - Social

The Contractor Payment Auth Report – Social lists the same data contained on the CONTRACTOR PAYMENT AUTH REPORT – ALPHA sorted by District Office, Social Worker, then recipient last name. Like the ALPHA report, all recipient cases billed by the Contractor and authorized for payment are listed.

```
                                                  S T A T E   O F   C A L I F O R N I A
42120031
 JOB:    IH2LCAPS                                     IH-HOME SUPPORTIVE SERVICES              CYCLE DATE:  MM/DD/CCYY PAGE:      999
 REPORT: RM0018F                                 CONTRACTOR PAYMENT AUTH REPORT - SOCIAL       RUN DATE:    MM/DD/CCYY TIME: HH:MM:SS

 CONTRACTOR – CONTRACTOR NAME                                                                  INVOICE DATE MM/DD/CCYY
 COUNTY – COUNTY NAME     DISTRICT OFFICE - 99                                                 INVOICE NO     XXXXXXXX
 SOC. WORKER - XXXX

  RECIPIENT        RECIPIENT   SERVICE    AUTH  BILLED CUTBACK     AUTH     BILLED   CUTBACK     SOC          SOC  APPROVED  SERV
    NAME            NUMBER     MON/PER   HOURS   HOURS   HOURS    AMOUNT    AMOUNT    AMOUNT   APPLIED       COLL   FOR PAY  LVL  P/I
 ---------------------------------------------------------------------------------------------------------------------------------------

 XXXXXXXXX, XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X

 XXXXXXXXX, XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X

 XXXXXXXXX, XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 99 - BILLED HOURS WERE CUT BACK 999.9
                                                 ***** 99 - BILLED AMOUNT WAS CUT BACK 999.99

 XXXXXXXXX, XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X

 XXXXXXXXX, XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 99 - BILLED HOURS WERE CUT BACK 999.9
                                                 ***** 99 - BILLED AMOUNT WAS CUT BACK 999.99

 XXXXXXXXX, XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X

 XXXXXXXXX, XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 99 - BILLED HOURS WERE CUT BACK 999.9
                                                 ***** 99 - BILLED AMOUNT WAS CUT BACK 999.99
 XXXXXXXXX, XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X

 XXXXXXXXX, XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 99 - BILLED HOURS WERE CUT BACK 999.9
                                                 ***** 99 - BILLED AMOUNT WAS CUT BACK 999.99
 XXXXXXXXX, XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X

 XXXXXXXXX, XXXXX 99-99999999 MM/CCYY X  999.9   999.9   999.9   9999.99   9999.99   9999.99   9999.99    9999.99   9999.99  999%  X
                                                 ***** 99 - SUBMITTED RATE: 99.99
                                                 ***** 99 - BILLED HOURS WERE CUT BACK 999.9
                                                 ***** 99 - BILLED AMOUNT WAS CUT BACK 999.99
```

Fig. XIV-G- 2 – Contractor Payment Auth Report – Social

Field Descriptions

The following fields, unless otherwise noted appear on both the CONTRACTOR PAYMENT AUTH REPORT – ALPHA and CONTRACTOR PAYMENT AUTH REPORT – SOCIAL REPORTS.

Field: RUN DATE
Description: Indicates the date on which the Contractor billing was processed

Field: CONTRACTOR
Description: The name of the Contractor submitting the billing

Field: INVOICE DATE
Description: The invoice date submitted by the Contractor

Field: COUNTY
Description: The county being billed by the Contractor

Field: INVOICE NO
Description: The invoice number submitted by the Contractor

Field: SOCIAL WORKER – Field Q3 SOC 293 or RELB
Description: Indicates the Social Worker Number to whom the listed cases are assigned. This field appears only on the CONTRACTOR PAYMENT AUTH REPORT – SOCIAL Report.

Field: RECIPIENT NAME – Fields B1, B2 and B3 SOC 293 or RELA
Description: The name of the recipient for whom the services are being billed

Field: RECIPIENT NUMBER – Field A1 SOC 293 or RELA
Description: The ten-digit IHSS recipient case number for which services are being billed

Field: SERVICE MON/PER
Description: The month and year (MM/YYYY) services being billed were provided to the recipient. The period (PER) indicates the Contractors billing period. Valid indications are:

- **A** – Days 1 -15 for Contractors billing bimonthly
- **B –** Days 16 – 31 for Contractors billing bimonthly
- **C** – Contractors billing monthly

Field: AUTH HOURS
Description: The number of Contractor (CC) mode service hours, rounded to tenths, the recipient is authorized to receive during a service month

Field: BILLED HOURS
Description: The number of service hours, rounded to tenths, billed by the contractor for a service month

Field: CUTBACK HOURS
Description: The difference between the authorized hours and the billed hours submitted for a recipient in a billing period. (BILLED HOURS – AUTH HOURS = CUTBACK HOURS)

Field: AUTH AMOUNT
Description: The Contractor (CC) mode payment amount authorized for the recipient. (AUTH HOURS X CONTRACTOR RATE = AUTH AMOUNT)

Field: BILLED AMOUNT
Description: The billed amount submitted by the contractor for payment for services provided for a recipient. (BILLED HOURS X CONTRACTOR RATE = BILLED AMOUNT)

Field: CUTBACK AMOUNT
Description: The difference between the authorized amount and the billed amount submitted. The Contractor billing will be reduced by the resulting dollar amount. (BILLED

AMOUNT – AUTH AMOUNT = CUTBACK AMOUNT)

Field: SOC APPLIED
Description: The Share of Cost, calculated by CMIPS, the recipient is responsible to pay to the Contractor for services provided before IHSS payments ensue.

Field: SOC COLL
Description: The share of cost amount collected, from the recipient, by the Contractor.

Field: APPROVED FOR PAY
Description: The billed amount minus any CUTBACK AMOUNT and/or SOC APPLIED associated with the recipient case.(BILLED AMOUNT – (CUTBACK AMOUNT + SOC APPLIED) = APPROVED FOR PAY)

Field: SERV LVL
Description: The Service Level, represented as a whole number (73%), is determined as the percentage of authorized hours served for the billing period. ((BILLED HOURS/AUTH HOURS) X 100 = SERV LVL.)

Field: P/I
Description: The funding source for the services:

- I – Non-PCSP funding
- P – PCSP funding
- M – Split PCSP/Residual funding
- X – No authorized or denied payments

Contractor Payment Auth Summary

The Contractor Payment Auth Summary Report is comprised of three summaries. It is produced as the last three pages of both the CONTRACTOR AUTH PAYMENT REPORT – ALPHA and CONTRACTOR AUTH PAYMENT REPORT – SOCIAL.

a. Contractor Payment Auth Summary

An overall summary of hours and dollars paid to a contractor for an invoice billing period. This report aggregates PCSP and NON-PCSP payments.

STATE OF CALIFORNIA
IH-HOME SUPPORTIVE SERVICES
CONTRACTOR PAYMENT AUTH REPORT - ALPHA
CONTRACTOR PAYMENT AUTH SUMMARY

JOB: IH2LCAPA
REPORT: RM0041F

CYCLE DATE: 10/29/2004 PAGE: 52
RUN DATE: 10/29/2004 TIME: 20:08:56

CONTRACTOR - IHSS CONSORTIUM
COUNTY - SAN FRANCISCO

INVOICE DATE 10/15/2004
INVOICE NO 0000253A

SERV DELIV MONTH TOTS	SERVICE MONTH	AUTH HOURS	BILLED HOURS	CUTBACK HOURS	AUTH AMOUNT	BILLED AMOUNT	CUTBACK AMOUNT	SOC APPLIED	SOC COLLECTED	APPROVED FOR PAY	NUMBER RECORDS	SPLIT RECS
CURR MONTH	10 2004	69954.4	31948.4	0.0	1500524.45	685295.70	0.00	11523.24	0.00	673772.46	1,064	9
1ST PRI MO	9 2004	9.0	2.5	0.0	193.05	53.63	0.00	0.00	0.00	53.63	1	0
TAPE TOTAL		69963.4	31950.9	0.0	1500717.50	685349.33	0.00	11523.24	0.00	673826.09	1,065	9
SPEC TXNS		957.0	957.0	0.0	20833.91	20833.91	0.00	0.00	0.00	20833.91	30	0
TOT MONTHS		70920.4	32907.9	0.0	1521551.41	706183.24	0.00	11523.24	0.00	694660.00	1095	9

TOTAL CASE MONTHS: 1,075

Fig. XIV-G- 3 – Contractor Payment Auth Report

b. Contractor PCSP Payment Auth Summary

The Contractor PCSP Payment Auth Summary reports the aggregate PCSP funds and hours authorized as well as any SPEC transactions affecting PCSP funds for an invoice billing period.

STATE OF CALIFORNIA
IH-HOME SUPPORTIVE SERVICES
CONTRACTOR PAYMENT AUTH REPORT - ALPHA
CONTRACTOR PCSP PAYMENT AUTH SUMMARY

JOB: IH2LCAPA
REPORT: RM0041F

CYCLE DATE: 10/29/2004 PAGE: 53
RUN DATE: 10/29/2004 TIME: 20:08:56

CONTRACTOR - IHSS CONSORTIUM
COUNTY - SAN FRANCISCO

INVOICE DATE 10/15/2004
INVOICE NO 0000253A

SERV DELIV MONTH TOTS	SERVICE MONTH	AUTH HOURS	BILLED HOURS	CUTBACK HOURS	AUTH AMOUNT	BILLED AMOUNT	CUTBACK AMOUNT	SOC APPLIED	SOC COLLECTED	APPROVED FOR PAY	NUMBER RECORDS	SPLIT RECS
CURR MONTH	10 2004	67511.8	30881.4	0.0	1448129.84	662409.49	0.00	10688.05	0.00	651721.44	998	9
1ST PRI MO	9 2004	9.0	2.5	0.0	193.05	53.63	0.00	0.00	0.00	53.63	1	0
TAPE TOTAL		67520.8	30883.9	0.0	1448322.89	662463.12	0.00	10688.05	0.00	651775.07	999	9
SPEC TXNS		815.8	815.8	0.0	17759.98	17759.98	0.00	0.00	0.00	17759.98	23	0
TOT MONTHS		68336.6	31699.7	0.0	1466082.87	680223.10	0.00	10688.05	0.00	669535.05	1022	9

TOTAL CASE MONTHS: 1,004

Fig. XIV-G- 4 – Contractor PCSP Payment Auth Summary

c. Contractor Non-PCSP Payment Auth Summary

The Contractor Non-PCSP Payment Auth Summary reports the aggregate NON-PCSP funds and hours authorized as well as any SPEC transactions affecting NON-PCSP funds for an invoice billing period.

```
                                        S T A T E   O F   C A L I F O R N I A                                    3
JOB:     IH2LCAPA                          IH-HOME SUPPORTIVE SERVICES          CYCLE DATE:  10/29/2004 PAGE:       54
REPORT: RM0041F                          CONTRACTOR PAYMENT AUTH REPORT - ALPHA  RUN DATE:    10/29/2004 TIME: 20:08:56
                                        CONTRACTOR NON-PCSP PAYMENT AUTH SUMMARY
CONTRACTOR - IHSS CONSORTIUM                                                     INVOICE DATE 10/15/2004
COUNTY - SAN FRANCISCO                                                           INVOICE NO     0000253A

SERV DELIV   SERVICE    AUTH   BILLED CUTBACK      AUTH      BILLED    CUTBACK     SOC      SOC        APPROVED   NUMBER   SPLIT
MONTH TOTS    MONTH    HOURS   HOURS   HOURS     AMOUNT     AMOUNT    AMOUNT   APPLIED  COLLECTED     FOR PAY  RECORDS    RECS
-----------------------------------------------------------------------------------------------------------------------------------

CURR MONTH   10 2004   2442.6  1067.0    0.0    52394.53   22886.12      0.00   835.17       0.00    22050.93       75       9
TAPE TOTAL             2442.6  1067.0    0.0    52394.53   22886.12      0.00   835.17       0.00    22050.95       75       9
SPEC TXNS               141.2   141.2    0.0     3073.93    3073.93      0.00     0.00       0.00     3073.93        7       0

TOT MONTHS             2583.8  1208.2    0.0    55468.46   25960.05      0.00   835.17       0.00    25124.88       82       9
                                                                                                  TOTAL CASE MONTHS:          80

                                          * * *  E N D   O F   R E P O R T  * * *
```

Fig. XIV-G- 5 – Contractor Non-PCSP Payment Auth Summary

Field Descriptions

The following fields, unless otherwise noted, appear on all SUMMARY reports.

Field: RUN DATE
Description: Indicates the date on which the Contractor billing was processed

Field: CONTRACTOR
Description: The name of the Contractor submitting the billing

Field: INVOICE DATE
Description: The invoice date submitted by the Contractor

Field: COUNTY
Description: The county being billed by the Contractor

Field: INVOICE NO
Description: The invoice number submitted by the Contractor

Field: SERV DELIV MONTH TOTS
Description: The following row headings appear in the Service Deliver Month Totals column:
1st PRI MO – The most recent billing month payable.
2nd PRI MO – Cases billed for one month previous to the current billing month. If no billing record for this month was submitted, this row will not appear on the repot.
3rd PRI MO – Cases billed for two months previous to the current billing month. If no billing record for this month was submitted, this row will not appear on the repot.
TAPE TOTAL – Total number of cases submitted for billing by Contractor

SPEC TXN – The number of SPEC transactions processed in CMIPS since the last Contractor billing invoice submission.
TOT MONTHS – The sum of TAPE TOTAL and SPEC TXN.
For counties billing bi-monthly, the current pay period is reported

Field: SERVICE MONTH
Description: The month for which billed services are being reported in MMYYYY format. TAPE TOTAL and SPEC TXN rows will not display dates.

Field: AUTH HOURS
Description: From CMIPS, the aggregate authorized service hours, rounded tenths, for all services months of recipient cases submitted by the Contractor for the invoice billing period.

Field: BILLED HOURS
Description: The aggregate hours submitted by the Contractor for all service months for all recipients.

Field: CUTBACK HOURS
Description: The aggregate cutback hours from all recipient cases.

Field: AUTH AMOUNT
Description: The aggregate authorized amount for all recipient cases submitted by the Contractor for the invoice billing period.

Field: BILLED AMOUNT
Description: The aggregate billed amount for all recipient cases submitted by the Contractor for the invoice billing period.

Field: CUTBACK AMOUNT
Description: The dollars associated with the CUTBACK HOURS.

Field: SOC APPLIED
Description: The aggregate Share of Cost, calculated by CMIPS, recipients are responsible to pay to the Contractor for services provided.

Field: SOC COLLECTED
Description: The aggregate Share of Cost amount collected, from recipients, by the Contractor.

Field: APPROVED FOR PAY
Description: The aggregated billed amount minus any CUTBACK AMOUNT and/or SOC APPLIED associated with recipient cases.(BILLED AMOUNT – (CUTBACK AMOUNT + SOC APPLIED) = APPROVED FOR PAY)

Field: NUMBER RECORDS
Description: The aggregate count of records submitted by the Contractor and, if applicable,

SPEC Adjustment transactions keyed by County staff.

Field: SPLIT RECS
Description: The aggregate record count submitted by the Contractor for the billing period being paid from both PCSP and NON-PCSP (Residual) funding sources.

Field: TOTAL CASE MONTHS
Description: Aggregate, unduplicated recipient case count of recipient records submitted by the Contractor for the invoice billing period. Unduplicated recipient is defined as a recipient not having been previously approved for payment for a current invoice billing period.

Contractor Payment Auth Report Information and Warning Messages

The messages appearing on the Contractor Payment Auth Report result from conflicts in the information submitted by the contractor and CMIPS data. See ***Section XIV-H – Contractor Payment Rejects Report and Summary*** for message descriptions and resolution instructions.

Contractor Payment Rejects Report and Summary

General Description

The Contractor Payment Rejects Report lists recipient records submitted by the Contractor for which payment was rejected, or for which warnings were indicated.

Report Sort

The Contractor Payment Rejects Report is comprised of the following:

Alpha – Lists all recipient cases submitted by the Contractor for the invoice billing period for payment which were rejected or warning messages were applied. This report is sorted by County, District Office, then alphabetically by recipient last name.

Social Worker – Lists, by Social Worker, all recipient cases submitted by the Contractor for payment which were rejected or warning messages were applied. This report is sorted by County, District Office and Service Worker, then alphabetically by recipient last name.

Contractor Payment Rejects Summary Report – List by invoice billing period (Service Delivery Month) Billed Hours, Billed Amount, SOC Collected, Rejected Payment Amt and record count.

Report Availability

The Contractor Payment Reject Report is produced each time Contractor Billing is processed. For counties accessing CMIPS Online Reports this report will be available the next business day in the CONTRACTOR INTERFACE Group. Otherwise, the report will be mailed to the County with the Contractor Payment Tape.

```
                                        S T A T E   O F   C A L I F O R N I A
JOB: IH2LCPRN                                IH-HOME SUPPORTIVE SERVICES              CYCLE DATE:  MM/DD/CCYY PAGE:      999
REPORT: RM0021F                           CONTRACTOR PAYMENT REJECTS REPORT - ALPH    RUN DATE:    MM/DD/CCYY TIME: HH:MM:SS

CONTRACTOR – CONTRACTOR NAME                                                          INVOICE DATE 04/09/2002
COUNTY – COUNTY NAME          DIST. OFFICE - 99                                       INVOICE NO     0000024C

 RECIPIENT        RECIPIENT    SERVICE     BILLED      BILLED      SOC      REJECTED
   NAME            NUMBER      MON/PER      HOURS      AMOUNT   COLLECTED PAYMENT AMT   REJECT AND WARNING CODES
-------------------------------------------------------------------------------------------------------------------------------

ALDANA, WELDON   07-01349943  03/2002 C       6.0       88.38        0.00        0.00  55 - SUBMITTED RATE: 14.73

ALLEN, JACOB     07-01785477  03/2002 C      72.9    1,073.82        0.00        0.00  55 - SUBMITTED RATE: 14.73
                                                                                       90 - BILLED HOURS WERE CUT BACK 0.9
                                                                                       92 - BILLED AMOUNT WAS CUT BACK 13.26

BAXTER, EILEEN   07-01784728  03/2002 C       8.6      126.68        0.00        0.00  55 - SUBMITTED RATE: 14.73

BELL, JOSEPHINE  07-01777457  03/2002 C      38.4      565.63        0.00        0.00  55 - SUBMITTED RATE: 14.73

BROUGHTON, RUSH  07-50186542  03/2002 C      37.5      552.38        0.00        0.00  55 - SUBMITTED RATE: 14.73

CLARKSON, ED     07-95624565  03/2002 C      13.7      201.80        0.00        0.00  55 - SUBMITTED RATE: 14.73

DRAKE, MATTHEW   07-01714914  12/2001 C       1.9       24.89        0.00       24.89  35 - LATE BILLING

FLYNN, JOSEPH    07-01873298  03/2002 C      27.7      408.02        0.00        0.00  55 - SUBMITTED RATE: 14.73

GORDON, DANIEL   07-01722992  03/2002 C      57.0      839.61        0.00        0.00  55 - SUBMITTED RATE: 14.73

HUNT, DANIEL     07-01786545  03/2002 C       7.4      109.00        0.00        0.00  55 - SUBMITTED RATE: 14.73

KOOL, STEPHEN    07-01787507  03/2002 C       7.3      107.53        0.00        0.00  55 - SUBMITTED RATE: 14.73

LOUIS, JERROLD   07-34098734  03/2002 C      39.6      583.31        0.00        0.00  55 - SUBMITTED RATE: 14.73

MCCARTHOR, JOHNR 07-02877711  03/2002 C      15.8      232.73        0.00        0.00  55 - SUBMITTED RATE: 14.73

MILES, RACHEL    07-95539765  03/2002 C      51.3      755.65        0.00        0.00  55 - SUBMITTED RATE: 14.73
                                                                                       65 - SUBMITTED AUTH HOURS 51.3

NORTHWOOD, OTTO  07-59357539  03/2002 C      48.0      707.04        0.00        0.00  55 - SUBMITTED RATE: 14.73
```

Fig. XIV-H- 1 – Contractor Payment Rejects Report – Alpha

```
                                        S T A T E   O F   C A L I F O R N I A
JOB: IH2LCPRN                                IH-HOME SUPPORTIVE SERVICES              CYCLE DATE:  04/18/2002 PAGE:        3
REPORT: RM0021F                           CONTRACTOR PAYMENT REJECTS REPORT - SOCI    RUN DATE:    04/18/2002 TIME: 20:28:20

CONTRACTOR - ADDUS HEALTHCARE                                                         INVOICE DATE 04/09/2002
COUNTY – CONTRA COSTA         DIST. OFFICE - 01                                       INVOICE NO     0000024C
SOCIAL WORKER – B159

 RECIPIENT        RECIPIENT    SERVICE     BILLED      BILLED      SOC      REJECTED
   NAME            NUMBER      MON/PER      HOURS      AMOUNT   COLLECTED PAYMENT AMT   REJECT AND WARNING CODES
-------------------------------------------------------------------------------------------------------------------------------

ALLEN, JACOB     07-01785477  03/2002 C      72.9    1,073.82        0.00        0.00  55 - SUBMITTED RATE: 14.73
                                                                                       90 - BILLED HOURS WERE CUT BACK 0.9
                                                                                       92 - BILLED AMOUNT WAS CUT BACK 13.26

CYMBILLA, JAMES  07-95624565  03/2002 C      13.7      201.80        0.00        0.00  55 - SUBMITTED RATE: 14.73

DRAKE, MATTHEW   07-01714914  12/2001 C       1.9       24.89        0.00       24.89  35 - LATE BILLING

GORDON, DANIEL   07-01722992  03/2002 C      57.0      839.61        0.00        0.00  55 - SUBMITTED RATE: 14.73

HUNTER, STEVEN   07-01786545  03/2002 C       7.4      109.00        0.00        0.00  55 - SUBMITTED RATE: 14.73

LOUIS, JEFFREY   07-34098734  03/2002 C      39.6      583.31        0.00        0.00  55 - SUBMITTED RATE: 14.73

MCCARTHOR, JOHN  07-02877711  03/2002 C      15.8      232.73        0.00        0.00  55 - SUBMITTED RATE: 14.73

MILES, RACHEL    07-95539765  03/2002 C      51.3      755.65        0.00        0.00  55 - SUBMITTED RATE: 14.73
                                                                                       65 - SUBMITTED AUTH HOURS 51.3

NORTHWOOD, OTTO  07-59357539  03/2002 C      48.0      707.04        0.00        0.00  55 - SUBMITTED RATE: 14.73
```

Fig. XIV-H- 2 = Contractor Payment Rejects Report – Social Worker

Field-by-Field Description

Unless otherwise noted, the following fields appear on both the Alpha and Social Worker sort of the Contractor Payment Rejects Report

Field: RUN DATE
Description: Indicates the date on which the Contractor billing was processed

Field: CONTRACTOR
Description: The name of the Contractor submitting the billing

Field: INVOICE DATE
Description: The invoice date submitted by the Contractor

Field: COUNTY
Description: The county being billed by the Contractor

Field: DIST. OFFICE
Description: The District Office to which the recipient case is assigned

Field: INVOICE NO
Description: The invoice number submitted by the Contractor

Field: SOCIAL WORKER – Appears only on SOCIAL sort
Description: The Social Worker assigned to the recipient case.

Field: RECIPIENT NAME
Description: The name of the recipient receiving services (LAST, FIRST, MI)

Field: RECIPIENT NUMBER
Description: The ten-digit case number assigned to the recipient case

Field: SERVICE MON/PER
Description: The month and year (MM/YYYY) services being billed were provided to the recipient. The period (PER) indicates the Contractors billing period. Valid indications are:
A – Days 1 -15 for Contractors billing bimonthly
B – Days 16 – 31 for Contractors billing bimonthly
C – Contractors billing monthly

Field: BILLED HOURS
Description: The number of service hours, rounded to tenths, billed by the contractor for a service month

Field: BILLED AMOUNT
Description: The billed amount submitted by the contractor for payment for services provided for a recipient. (BILLED HOURS X CONTRACTOR RATE = BILLED AMOUNT)

Field: SOC COLL

Description: The share of cost amount collected, from the recipient, by the Contractor.

Field: REJECT PAYMENT AMT
Description: The billed amount minus the share of cost collected.

Contractor Payment Rejects Summary Reports

Each time Contract Billing is processed District Office and County Contractor Payment Rejects Summary Reports are produced.

STATE OF CALIFORNIA
IH-HOME SUPPORTIVE SERVICES
CONTRACTOR PAYMENT REJECTS REPORT - SOCI
CONTRACTOR PAYMENT REJECTS SUMMARY

JOB: IH2LCPRS
REPORT: RM0020F
CYCLE DATE: 10/29/2004 PAGE: 15
RUN DATE: 10/29/2004 TIME: 20:08:48

CONTRACTOR - IHSS CONSORTIUM
COUNTY - SAN FRANCISCO DIST. OFFICE - 16
INVOICE DATE 10/15/2004
INVOICE NO 0000253A

SERVICE DELIVERY MONTH TOTALS	SERVICE MONTH	BILLED HOURS	BILLED AMOUNT	SOC COLLECTED	REJECTED PAYMENT AMT	NUMBER RECORDS
CURR MONTH	10 2004	798.7	17,132.19	0.00	626.34	24
LATE BILLING		787.3	17,139.54	0.00	0.00	20
TOTAL		1,586.0	34,271.73	0.00	626.34	44

Fig. XIV-H- 3 – Contractor Payment Rejects Summary – District Office

STATE OF CALIFORNIA
IH-HOME SUPPORTIVE SERVICES
CONTRACTOR PAYMENT REJECTS REPORT - SOCI
CONTRACTOR PAYMENT REJECTS SUMMARY

JOB: IH2LCPRS
REPORT: RM0020F
CYCLE DATE: 10/29/2004 PAGE: 39
RUN DATE: 10/29/2004 TIME: 20:08:48

CONTRACTOR - IHSS CONSORTIUM
COUNTY - SAN FRANCISCO
INVOICE DATE 10/15/2004
INVOICE NO 0000253A

SERVICE DELIVERY MONTH TOTALS	SERVICE MONTH	BILLED HOURS	BILLED AMOUNT	SOC COLLECTED	REJECTED PAYMENT AMT	NUMBER RECORDS
CURR MONTH	10 2004	3,174.5	68,093.33	0.00	3,616.49	112
1ST PRI MO	9 2004	2.5	53.63	0.00	0.00	1
LATE BILLING		957.0	20,833.91	0.00	0.00	30
TOTAL		4,134.0	88,980.87	0.00	3,616.49	143

*** END OF REPORT ***

Fig. XIV-H- 4 - Contractor Payment Rejects Summary – County

Field-by-Field Description

The following fields appear on the Contractor Payment Rejects Summary Report.

Field: RUN DATE
Description: Indicates the date on which the Contractor billing was processed

Field: CONTRACTOR
Description: The name of the Contractor submitting the billing

Field: INVOICE DATE
Description: The invoice date submitted by the Contractor

Field: COUNTY
Description: The county being billed by the Contractor

Field: DIST. OFFICE – Appears only on District Office Summary
Description: The District Office to which the recipient case is assigned

Field: INVOICE NO
Description: The invoice number submitted by the Contractor

Field: SERVICE MON/PER
Description: The month and year (MM/YYYY) services being billed were provided to the recipient. The period (PER) indicates the Contractors billing period. Valid indications are:
A – Days 1 -15 for Contractors billing bimonthly
B – Days 16 – 31 for Contractors billing bimonthly
C – Contractors billing monthly

Field: BILLED HOURS
Description: The number of service hours, rounded to tenths, billed by the contractor for a service month

Field: BILLED AMOUNT
Description: The billed amount submitted by the contractor for payment for services provided for a recipient. (BILLED HOURS X CONTRACTOR RATE = BILLED AMOUNT)

Field: SOC COLL
Description: The share of cost amount collected, from the recipient, by the Contractor.

Field: REJECT PAYMENT AMT
Description: The billed amount minus the share of cost collected.

Field: NUMBER RECORDS
Description: The number of records rejected

Field: LATE BILLINGS
Description: A total of all records on the contractor's tape that had a service delivery month that was not the current month or the 1st, 2nd or 3rd prior month. These will have to be resubmitted as spec transaction type P 18's by the county.

Field: TOTAL
Description: The totals, by field, of all rejected records that were submitted on the contractor tape

Contractor Reject Report Messages

The Contractor Payment Auth Report and the Contractor Payment Rejects Report list messages produced from conflicting information between the data submitted by the Contractor for an invoice billing period and the data in CMIPS.

The differences may result from changes in CMIPS not being passed on to or updated by the Contractor prior to the invoice billing submission. Changes to CMIPS result in the production of a new SOC 293.

For cases where conflicts exist, the county and contractor are required to jointly research the information, make necessary corrections and, if necessary, resubmit the corrected records with the next Contractor invoice billing.

When the Contractor Payment Rejects Report and the Contractor Payment Auth Report arrive, the county should take the following steps:

1. Provide a **copy** of the "Contractor Payment Authorization" and "Contractor Payment Rejects" reports to the Contractor, thus allowing investigation of Contractor data.
2. The County researches Reject Report messages through CMIPS; current printouts of the case RELA, RELB, RELC, and RSUM screens or a copy of the recipient's most recent SOC 293.
3. After research is completed by both the County and the Contractor which one of the following situations is the issue:
   a. **Contractor data is incorrect –** The county will need to provide the Contractor with the correct information from CMIPS. If payment was rejected for the record, the Contractor will need to resubmit the record with the next invoice billing.
   b. **CMIPS data is incorrect –** The county must complete a SOC 293 to adjust the specific case information.
   c. **Both Contractor and CMIPS data are incorrect –** The county must adjust case specific information using a SOC 293. The Contractor must also make the appropriate data corrections.
4. The County is responsible for providing the Contractor with the correct data.
5. Incorrect data, whether it results in a Reject or Warning message, must be corrected. Only the records appearing on the Contractor Payment Rejects Report with a dollar amount appearing in the 'REJECTED PAYMENT AMT" field will **require** the contractor to submit a corrected record with the next invoice billing.

Report Messages

There are three message types that may be listed on the Contractor Payment Rejects Report or the Contractor Payment Auth Report.

1. **Information Message –** Intended to assist counties in identifying cases for which SPEC Adjustment Transactions were keyed.
2. **Rejection Messages –** Data errors on a record resulting in payment rejection for the associated record. The record data must be investigated, corrected, and resubmitted for payment authorization.
3. **Warning Messages –** Inconsistencies between the data submitted by the Contractor and current CMIPS data. Warning messages do not reject payment authorization, but may result in cutback payment for the record. Affected cases will be listed on both the Contractor Payment Authorization Report and the Contractor Payment Rejects Report. Incorrect data

must be corrected. If cutbacks occurred, the Contractor must correct the data, then resubmit with the next billing invoice.

No	Informational Message	Description
15	ADJUSTMENT TRANSACTION	This record was created by the keying of an adjustment (P or N 18) transaction or on a SOC 312.

No	Rejection Message	Description
25	RECIP NOT ELIGIBLE FOR SERVICE MONTH	The recipient is not eligible for Contractor services for the service month billed.
30	CASE NUMBER NOT ON FILE	The recipient case number submitted does not match CMIPS data.
35	LATE BILLING	The billing submitted is outside the billable timeframe.
40	INCORRECT RECIPIENT NAME	The recipient name associated with the case number does not match CMIPS data.
46	RELATIONSHIP INVALID	Provider Relationship must be: P – Parent S – Spouse O - Other
47	MISSING RELATIONSHIP	The provider relationship code is missing from record.
49	INVALID DATA FORMAT	One of the following numeric fields contains an alpha character: Contractor Rate Auth Hours Billed Hours SOC Coll **Or** the Service Period is something other than A, B or C
50	CORRECT SSN IS:	The SSN submitted does not match CMIPS recipient case data.
91	CASE NOT CC FOR SERVICE MONTH WITH RATE SUBMITTED	Indicates that the recipient case was not CC mode for the billing month or that the rate submitted is incorrect.

No	Warning Message	Description
55	SUBMITTED RATE:	Indicates the rate of pay submitted for billing.
60	SUBMITTED SOC OBLIG:	Indicates the Share of Cost (SOC) obligation of the recipient submitted.
62	SUBMITTED SOC COLL:	Indicates the Share of Cost (SOC) collection indicated by the contractor.
65	SUBMITTED AUTH HOURS:	Indicates the recipients AUTH HRS are incorrect.
70	OVER 60% BILLED	Only appears on records billed bimonthly. Indicates the hours billed for the 1st through 15th are greater than 60% of the TOTAL AUTH HRS.

No	Warning Message	Description
90	BILLED HOURS WERE CUT BACK	The hours billed by the contractor were greater than the hours authorized for the recipient. Payment is approved for only the authorized hours in CMIPS. Billings exceeding the authorized hours will be cutback to pay up to the recipients authorized hours.
92	BILLED AMOUNT WAS CUT BACK:	Indicates that the billed amount exceeds the recipients gross amount authorized for the case. Billings exceeding the recipients authorized gross will be cutback to pay up to the recipients authorized gross.

County Payment Voucher

General Description

The County Payment Voucher is a series of payroll related reports displaying, by county and district office information of warrants issued. Warrants are produced daily, but reported on a weekly "Checkwrite Cycle" basis.

The County Payment Voucher lists recipients and providers to who warrants were issued during a checkwrite cycle. The purpose of this report is to make available to county staff a listing of financial transactions, such as payments, cutbacks, zero payments, voids, liens, union deductions and other adjustments processed by CMIPS during a checkwrite cycle.

The County Payment Voucher is produced from five individual monthly cycles. There are four Arrears and one Advance Pay cycle run each calendar month. The report is made available to each County/District Office through the IHSS-CMIPS Online Reports website, or by hardcopy if the had requested such.

Report Availability

The following listing indicates the timeframes in which the County Payment Voucher is produced. For counties accessing CMIPS Online Reports these report will be available the business day following the production in the MANAGEMENT, PAYROLL and SUMMARY Groups. Otherwise, the report will be mailed to the counties after production.

- **ARREARS PAYMENTS** – Generated four (4) times per month and includes all warrants issued daily since the previous checkwrite. The report title is "COUNTY PAYMENT VOUCHER – ALPHA – PAY CYCLE – ARREARS PAYMENTS".
- **ADVANCE PAYMENTS** – This report is generated monthly and includes all payments (warrant or EFT payments) issued to Advance Pay Recipients. The report title is "ADVANCE VOUCHER – ALPHA – PAY CYCLE – ADVANCE PAYMENTS".
- **WEEKLY MEALS VOUCHER** – Recipients receiving a Restaurant Meals allocation will receive warrants twice monthly. Warrants for the first half of the month are produced when the Advance Pay Cycle runs and included on the "ADVANCE VOUCHER – ALPHA – PAY CYCLE – ADVANCE PAYMENTS" REPORT. Meals warrants for the second half of the month are reported on the 2nd arrears payment report.

A Monthly Vouchers Microfiche is also produced, which is a compilation of all the five paper cycles, is sent to counties the month following the initial reports are produced. (Example: if the report month were July, the microfiche is sent in August.).

Two versions of this report produced. The first is sorted by County, District Office, then alphabetically by Recipient name (ALPHA). The second is by County, District Office, Social Workers, then alphabetically by Recipient name (SOCIAL).

County Payment Voucher

```
                                                    S T A T E   O F   C A L I F O R   N I A
JOB:    IH2LPVMT                                 IN-HOME SUPPORTIVE SERVICES              CYCLE DATE: MM/DD/CCYY PAGE:     9999
REPORT: RM0026F                              COUNTY MONTHLY PAYMENT VOUCHER (ALPHA)       RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

 COUNTY – COUNTY NAME                  *-*   PAY CYCLE   -   DAILY PAYMENTS   *-*
 DIST. OFFICE - 99


   RECIPIENT         PROVIDER        HOURS/   GROSS    SOC/      FICA/   SDI/    NET     CHECK/  EMPLOYER EMPLOYER EMPLOYER  TOTAL IP
  NAME/NUMBER       NAME/NUMBER  PCSP RATE     WAGE   FRM DT      FIT    SIT   PAYMENT   CHECK DT   FICA    FUTA     SUI     EXPENSE
    ---------------------------------------------------------------------------------------------------------------------------------------

 XXXXXXXXXX,XXXXXX XXXXXXXX, XXX     999.9  9999.99  9999.53  9999.99   999.99 99999.99  99999999 9999.99 9999.99 9999.99  999999.99
  99-99999999       999999        P  99.99        MM/DD/CCYY  9999.99   999.99         MM/DD/CCYY
                                                     99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX,XXXXXX XXXXXXXX, XXX     999.9  9999.99  9999.53  9999.99   999.99 99999.99  99999999 9999.99 9999.99 9999.99  999999.99
  99-99999999       999999        P  99.99        MM/DD/CCYY  9999.99   999.99         MM/DD/CCYY
                                                     99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX,XXXXXX XXXXXXXX, XXX     999.9  9999.99  9999.53  9999.99   999.99 99999.99  99999999 9999.99 9999.99 9999.99  999999.99
  99-99999999       999999        P  99.99        MM/DD/CCYY  9999.99   999.99         MM/DD/CCYY
                                                     99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX,XXXXXX XXXXXXXX, XXX     999.9  9999.99  9999.53  9999.99   999.99 99999.99  99999999 9999.99 9999.99 9999.99  999999.99
  99-99999999       999999        P  99.99        MM/DD/CCYY  9999.99   999.99         MM/DD/CCYY
                                                     99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

Fig. VII-I- 1 – County Monthly Payment Voucher – Alpha

Field by Field Description

The following fields appear on the County Payment Voucher:

Field: COUNTY
Description: Indicates the County being reported

Field: DIST. OFFICE
Description: Indicates the District Office within a County being reported

Field: RECIPIENT NAME/NUMBER
Description: Recipient Name – The recipient name associated with the payment
Number – The recipient case number associated with the payment

Field: PROVIDER NAME/NUMBER
Description: Provider Name – The provider name associated with the payment. Advance payments to recipient will list <u>only the recipient name</u>.
Number – The provider number associated with the payment.

Field: PCPS
Description: PCSP – Indicates the funding source from which the case was paid. Valid indication are:
I – IHSS – Residual
P – PCSP
M – Split – Partial IHSS and PCSP. (See PCSP Split / IHSS Split)

Field: HOURS/RATE
Description: The number of hours submitted by the provider that were authorized by the county for services rendered and paid through IHSS/CMIPS. The hourly wage paid to the provider will show on the second line. When a third line entry is displayed it will reflect the original number of hours submitted by the provider.

It is only used when the hours submitted exceed the hours authorized by the county and the system "cutbacks" the hours.

The hours and rate will also be displayed on the Advance Payment Report for Advance pay recipients or special emergency payments to recipients.

Field: GROSS WAGE
Description: The display of the gross amount of money earned by the provider or credited/paid to the recipient.

Field: SOC/ FRM DT
Description: SIC – The display of the SHARE OF COST (SOC) is the amount that the recipient is required to pay to the provider for services rendered. This amount is determined by the county and is deducted from advance payments to recipients or from arrears payments to providers.

FRM DT – The FRM DT represents the beginning date of the pay period for this display.

Field: FICA/FIT
Description: FICA – The amount withheld or credited for FICA and MEDICARE

FIT – The amount withheld for Federal Income Taxes.

Field: SDI/SIT
Description: SDI – The amount withheld and credited for State Disability Insurance.

SIT – The amount withheld for State Income Tax.

Field: NET PAYMENT
Description: This is the gross wage minus all deductions paid to the payee for the specified pay period.

Field: CHECK/CHECK DT
Description: Check – The eight-digit number used for warrant identification. This is assigned by the State Controller's Office when the warrant is printed. Zeroes will display for Electronic Funds Transfer (EFT) payments to Advance Pay recipients.

Check Dt – The date the warrant was issued

Field: EMPLOYER FICA
Description: The amount credited as the employer's share of FICA and MEDICARE Tax. The employer is the IHSS recipient.

Field: EMPLOYER FUTA
Description: The amount credited as the employer's share of the Federal Unemployment Tax. The employer is the IHSS recipient.

Field: EMPLOYER SUI
Description: The amount credited as the employer's share of the State Unemployment Insurance. The employer is the IHSS recipient.

Field: TOTAL IP EXPENSE
Description: The total amount associated with a specific warrant. The cost is determined by taking the gross amount paid (rate x hours) and subtracting the Share of Cost and adding the employers' share of taxes (FICA, FUTA & SUI.)

Field: PAY VOUCHER MESSAGES
Description: Messages will be displayed beneath the payment information for each recipient/provider when a deviation from the normal payroll process has occurred. Messages may include information on warrant types, payment explanations, and warning messages. See Voucher Messages for the explanation of messages which may appear.

Field: PCSP SPLIT / IHSS SPLIT
Description: If a recipient is funded for specific services from both PCSP and IHSS due to provider eligibility or the type of services provided, the words PCSP SPLIT and IHSS SPLIT will be indented below the recipient's name. The funding source split amounts for the PCSP and IHSS programs will be displayed.

Voucher Messages

The following messages, sorted by the numeric code, may appear on the County Payment Voucher.

CODE	MESSAGE	EXPLANATION
05	SHARE OF COST EXCEED PAYMENT	The full share of cost reflected cannot be deducted or credited because the net dollar amount, after appropriate tax deductions or credits is less than the share of cost to be collected.
10	COURT ORDER PAYMENT	Fair Hearing payment ordered by court to be paid to the IHSS recipient
16	EARNED INCOME CREDIT APPLIED $000.00	Specifies the Earned Income Credit added to the Arrears pay provider's net payment. This occurs when a provider annually submits a W-5 form.
17	LIEN/GARNISHMENT PAYMENT	Indicates a warrant was issued to a Lien Holder. All lien requests are entered in CMIPS by the Contractor. CMIPS issues warrant(s) to the lien Holder(s) by reducing net dollars from the arrears pay provider payments by the designated amount on LIEN screen.
18	PAYMENT REDUCED – LIEN	Indicates Arrears pay provider's net warrant was reduced due to payment of Court Ordered Wage Garnishment/Lien.
19	PAYMENT REDUCED – RECOVERY	Indicates the net payment to an arrears pay provider or advance pay recipient was reduced due to a previous overpayment.
21	EMERGENCY CHECK	Warrant issued for initial or supplemental payment to recipient or provider.
22	REPLACEMENT CHECK	Segment reflects the entry of a stop pay replacement request by the county and is awaiting final replacement action by the SCO.
23	VOIDED CHECK	A V05 SPEC transaction key against an issued warrant then determined to be an incorrect or redeposited by the State Contractor at the request of the SCO.
24	AUTHORIZED ADJUSTMENT	Reflects various Adjustment transactions keyed through SPEC. For example, Advance P/N06 adjustments, Refunds, P/N 21, 22, 23, or H01 transactions.
25	RESTAURANT MEAL ALLOWANCE	Restaurant Meal allowance warrant issued by CMIPS in increments of $31.00.
26	SPECIAL DEDUCTION REFUND	Payback to payee for erroneous withholding of FICA, SDI, and/or Share of Cost
27	RECOVERY ADJUSTMENT	Pay segment reflects the net dollar reduction from an arrears pay provider or an advance pay recipient. This net amount is reflected as a credit on the OVER screen.

CODE	MESSAGE	EXPLANATION
28	ADJUSTMENT AGAINST ADVANCE	Adjustment made against Advance pay warrant, such as stop pay.
29	TIMESHEET AGAINST ADVANCE	A reconciling timesheet was processed against an advance pay recipient case to reconcile and allocate hours and taxes to the appropriate provider.
31	REDUCED TO CLIENT AUTHORIZED	Timesheet payment reduced to recipient's authorized gross dollars. The system compared maximum authorized dollars on RELB to the total gross dollars paid out for all providers on a case for a specific pay period then cuts back the dollars paid to the provider so dollars paid out did not exceed the authorized gross dollars.
43	REDUCED TO FINAL AUTHORIZED	Payment reduced by the system to terminated provider's authorized hours.
53	REPL CHECK VOIDED, ORIGINAL CASHING	State Contractor has been instructed by SCO to void the replacement warrant due to original warrant being cashed. No replacement warrant will be issued by the SCO.
54	STOP VOID CANCELED, ORIGINAL CASHED	State Contractor instructed by SCO to reverse straight void transaction requested by county. Original warrant was cashed.
55	FORCED RECONCILIATION ACCEPTED	Reflects N09 Adjustment keyed through SPEC against an Advance Pay un-reconciled pay month.
58	RECOVERY REALLOCATED	Final overpayment collection of dollars has been completed.
86	UNION DUE CHECK	Arrears pay provider whose net dollars have been reduced by the SCO for collection of appropriate Union Dues.
88	ELECTRONIC FUNDS TRANSFER	A Direct Deposit automatically issued by CMIPS to an Advance Pay Recipient.
89	PROVIDER DIRECT DEPOSIT	EFT Payment for Direct Deposit.

Summary Reports

District Office and County Summary pages are also produced for the County Payment Voucher. Both Summary pages have the same format. The County Summary will indicated DIST OFFICE – 99.

```
                                        S T A T E   O F   C A L I F O R N I A                                  R
JOB:    IH2LWBLS                          IN-HOME SUPPORTIVE SERVICES          CYCLE DATE: 10/28/2004 PAGE:       57
REPORT: RM0027F                          COUNTY PAYMENT VOUCHER - SOCIAL       RUN DATE:   10/28/2004 TIME: 21:15:41

COUNTY - MADERA                     *-*   PAY CYCLE   -   ARREARS PAYMENTS   *-*
DIST. OFFICE - 99                              *-*  SUMMARY  *-*

TOTALS   PAYMENTS      GROSS WAGES      NET PAYMENT  SHARE OF COST   EMPLOYER FICA  EMPLOYER FUTA    EMPLOYER SUI  TOTAL IP EXPENSE
            HOURS                                                    EMPLOYEE FICA                   EMPLOYER SDI
-----------------------------------------------------------------------------------------------------------------------------------
COUNTY        764       197,415.88       171,538.78       8,574.85       11,573.31         751.18        3,986.05       205,151.57
         29,246.6                                                       11,573.31                       1,739.97

VOIDS           2           958.50-          884.56-                                                                      973.44-

TOTAL FIT =       3,347.92   TOTAL SIT =         641.05  TOT. EIC PAYMENT =          0.00  TOT. EMPLOYER CONTRIB. =       16,310.54

WARRANT       760       197,415.88       171,538.78       8,574.85       11,573.31         751.18        3,986.05       205,151.57
         29,246.6                                                       11,573.31                       1,739.97

TOTAL FIT =       3,347.92   TOTAL SIT =         641.05  TOT. EIC PAYMENT =          0.00  TOT. EMPLOYER CONTRIB. =       16,310.54
-----------------------------------------------------------------------------------------------------------------------------------
PCSP          648       158,653.83       135,738.79       7,606.83       10,780.95         708.51        3,711.37       166,247.83
         23,504.1                                                       10,780.95                       1,610.15

VOIDS           1           398.25-          324.31-                                                                      352.27-

TOTAL FIT =       2,485.33   TOTAL SIT =         431.78  TOT. EIC PAYMENT =          0.00  TOT. EMPLOYER CONTRIB. =       15,200.83

WARRANT       646       158,653.83       135,738.79       7,606.83       10,780.95         708.51        3,711.37       166,247.83
         23,504.1                                                       10,780.95                       1,610.15

TOTAL FIT =       2,485.33   TOTAL SIT =         431.78  TOT. EIC PAYMENT =          0.00  TOT. EMPLOYER CONTRIB. =       15,200.83
-----------------------------------------------------------------------------------------------------------------------------------
IHSS          129        38,762.05        35,799.99         968.02          792.36          42.67          274.68        38,903.74
          5,742.5                                                          792.36                          129.82

VOIDS           1           560.25-          560.25-                                                                      560.25-

TOTAL FIT =         862.59   TOTAL SIT =         209.27  TOT. EIC PAYMENT =          0.00  TOT. EMPLOYER CONTRIB. =        1,109.71

WARRANT       127        38,762.05        35,799.99         968.02          792.36          42.67          274.68        38,903.74
          5,742.5                                                          792.36                          129.82

TOTAL FIT =         862.59   TOTAL SIT =         209.27  TOT. EIC PAYMENT =          0.00  TOT. EMPLOYER CONTRIB. =        1,109.71
-----------------------------------------------------------------------------------------------------------------------------------
SPECIAL COUNTS EM/SUPP=        9  REPL=        2  S/P (REPL)=        2  VOIDS=        2  S/P (VOID)=        2  ADJUST=        4
WEEKLY CHECKS  ADVANCE=        0  MEAL=        0  ARREARS=          764  RECON=        0                SPLIT PAYMENTS=       13
                                          * * *  E N D   O F   R E P O R T  * * *
```

Fig. VII-I- 2 – County Monthly Payment Voucher Summary

Unless otherwise noted, the following fields appear on each of both Summary reports:

Field: COUNTY
Description: Indicates the County being reported

Field: DIST. OFFICE
Description: Indicates the District Office within a County being reported. The County Summary page will list the District Office as "99".

The column and row headings of the Summary pages of this report correspond with the numbers and dollars being reported. The Summary report is divided into three funding source sections, OFFICE or COUNTY, PCSP and IHSS. The OFFICE or COUNTY is the sum of the PCSP and IHSS payments being reported.

The following columns will appear across the top of the report:

Field: TOTAL PAYMENT
Description: The total number of payments reported including issued warrants, void and adjustment transactions. Split funding transactions are also included.

Field: HOURS
Description: The total number of hours reported including issued warrants, void and adjustment transactions. Split funding transactions are also included.

Field: GROSS WAGE
Description: Total gross dollars paid or credited

Field: NET PAYMENT
Description: Net dollars paid/credited

Field: SHARE OF COST
Description: Total Share of Cost collected or credited

Field: EMPLOYER FICA
Description: Employer's share for FICA.

Field: EMPLOYEE FICA
Description: Employee's share for FICA.

Field: EMPLOYER FUTA
Description: Employer's share of FUTA.

Field: EMPLOYER SUI
Description: Employer's share of SUI.

Field: EMPLOYEE SDI
Description: Employee's share of SDI.

Field: TOTAL IP EXPENSE
Description: Total employers' IP Expense.

NOTE: TOTAL IP EXPENSE is calculated by deducting the SHARE OF COST from the GROSS WAGE and then adding the EMPLOYER TAX CONTRIBUTION DOLLARS. Using Fig. VII-H-2 as the example for Alameda County, District Office 99, the following calculations apply:

EMPLOYER FICA +	$7,152.19
EMPLOYER FUTA +	688.81
EMPLOYER SUI +	2,916.37
EMPLOYER CONTRIBUTIONS =	**$10,757.37**
GROSS WAGE +	$112,330.70
SHARE OF COST –	8,441.33
=	103,889.37
EMPLOYER CONTRIBUTIONS +	10,757.37
TOTAL IP EXP =	**$114,646.74**

The following row headings will appear on the left side of the report in each of the funding source sections:

Field: OFFICE
Description: Indicates that the reported values are a summary of the District Office.

Field: COUNTY
Description: Indicates that the reported values are a summary of the County.

Field: WARRANTS
Description: The number of physical warrants issued in the report period with the associated dollars.

The row heading titled "VOIDS", data is displayed under the following columns:

Field: PAYMENTS
Description: The number of payments voided in the report period.

Field: GROSS WAGE
Description: The gross wages associated with all voided payments

Field: NET PAYMENT
Description: The net payment associated with all voided payments

Field: TOTAL IP EXPENSE
Description: Total IP expense associated with all voided payments

The row following the VOIDS and WARRANTS, PCSP or IHSS lines in each of the funding source sections displays the following:

Field: TOTAL FIT
Description: Total sum of Federal Income tax withholding credits associated with the indicated payments

Field: TOTAL SIT
Description: Total sum of State Income tax withholding credits associated with the indicated payments

Field: TOT. EIC PAYMENT
Description: Total sum of Advance Earned Income credits associated with the indicated payments

Field: TOT. EMPLOYER CONTRIB
Description: Sum of the (employer's) share of Social Security Tax, Medicare tax, Federal Unemployment Tax, and State Unemployment Tax associated with the indicated payments

The following SPECIAL COUNTS fields are reported at the bottom of each Summary report:

Field: EM/SUPP
Description: EMERGENCY/SUPPLEMENTAL SPEC transactions keyed

Field: REPL
Description: The total number of Stop Pay Replacement SPEC transactions keyed in the report period

Field: S/P (REPL)
Description: The total number of Stop Pay Replacement SPEC transactions keyed in the report period. This field will always be the same as REPL.

Field: VOIDS
Description: Total number of straight voids and re-deposits

Field: S/P (VOID):
Description: The total number of straight voids and re-deposits SPEC transactions keyed in the report period. This field will be the same as S/P VOID count.

Field: ADJUST
Description: Total number of Spec 312 adjustments

The following types of WEEKLY CHECKS (payroll warrants issued) during the report period

Field: ADVANCE
Description: Total number of Advance Pay warrants (paper and EFT)

Field: MEAL
Description: Total number of meals warrants issued to recipients

Field: ARREARS
Description: Total number of Arrears warrants paid to providers

Field: RECON
Description: Total number of Advance Pay Reconciliation timecards processed

Field: SPLIT PAYMENTS
Description: Total number of warrants issued that were paid from both IHSS and PCSP funding sources

Daily Response Exception Report

General Description

The Daily Response Exception Report is produced as the Daily Medi-Cal Response file processes against the CMIPS recipient case file indicating any exceptions encountered between the two files.

Report Purpose

The Daily Response Exception Report alerts county workers to variances between IHSS and Medi-Cal eligibility or when Medi-Cal Denials occur. County staff is responsible to review this report and determine the appropriate action to be taken against the IHSS case to allow proper share of cost (SOC) processing in CMIPS or against the MEDS Point of Service (POS) system.

Report Sort

The Daily Response Exception Report is sorted by County, District Office and then Social Worker.

Report Availability

The Daily Response Exception Report is produced each day as CMIPS processes the MEDS Daily Response file which updates CMIPS with Medi-Cal Eligibility

For counties accessing CMIPS Online Reports, this report is found the in CASELOAD DETAIL Group and is available the next business day. Otherwise, the reports will be mailed to counties after production.

Daily Response Exception Report

```
                      S T A T E   O F   C A L I F O R N I A
JOB - IH2LMERD             IN-HOME SUPPORTIVE SERVICES       CYCLE DATE 06/29/2006   PAGE   1
REPORT - IH2RMERD         DAILY RESPONSE EXCEPTION REPORT       RUN DATE 06/29/2006


COUNTY  XX  DISTRICT OFFICE XX                                     SOCIAL WORKER XXXX

CASE NUMBER    SSN     RECIPIENT NAME                        IHSS          MEDS   MC AID
-------------------------------------------------------------------------------------------
MEDS CIN DOES NOT MATCH IHSS CIN
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  1234567890    1234567890   6E
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  1234567890    1234567890   1H
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  1234567890    1234567890   10

MEDS DOB DOES NOT MATCH IHSS DOB
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X    04151923     04251923    6E
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X    06151916     06151919    6E
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X    12231951     12261951    6E

MEDS SSN DOES NOT MATCH IHSS SSN
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   123456789    123456789    6E
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   123456789    123456789    6E
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   123456789    123456789    6E

MEDI-CAL ELIGIBILITY DENIED
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
```

Fig. XIV-J- 1 – Daily Response Exception Report

The Daily Renewal Exception Report identifies IHSS cases with one of the following conditions:

- MEDS CIN DOES NOT MATCH IHSS CIN – Any recipient case where the CIN on the IHSS case does not match the CIN on the Monthly Renewal File being processed.
- MEDS DOB DOES NOT MATCH IHSS DOB – Any recipient case where the recipient DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.
- MEDS SSN DOES NOT MATCH IHSS SSN – Any recipient case where the SSN on the IHSS case does not match the SSN on the Monthly Renewal File being processed.
- MEDI-CAL ELIGIBILITY DENIED – Any recipient case where the Medi-Cal eligibility has been denied.

Field by Field Description

The following fields appear on the DAILY RESPONSE EXCEPTION REPORT:

Field	Description
CYCLE DATE	The date for which the exceptions being reported (MM/DD/YYYY).
RUN DATE	The date the report was run in CMIPS (MM/DD/YYYY).
COUNTY	Indicates the County being reported.
DISTRICT OFFICE	Indicates the County District Office being reported.
SOCIAL WORKER	Indicates the Social Worker responsible for the case(s) being reported.
CASE NUMBER	The ten (10) digit recipient number associated with the case being reported.
SSN	The SSN indicated on the IHSS recipient case.
RECIPIENT NAME	The name of the recipient associated with the case being reported. Format Last Name, First Name.
IHSS	Depending upon the reporting subcategory, this column may be populated with the IHSS recipient case indication
MEDS	Depending upon the reporting subcategory, this column may be populated with the MEDS Monthly Renewal indication
MC AID	Indicates the MEDS Primary Aid Code

Possible Actions:

If a case is reported in the following category, the indicated action should be taken:

- MEDS CIN DOES NOT MATCH IHSS CIN – When the CMIPS cases was initially set up the correct CIN <u>was not</u> selected from the CLIENT INDEX POTENTIAL MATCH screen. If an IHSS worker "Force Added" a new record into the SCI, then the CIN on MEDS and CMIPS will not match. Counties should always select an existing CIN if the SSN, DOB, SEX and Name match the record being entered in CMIPS. The correct CIN must be selected from the CLIENT INDEX POTENTIAL MATCH screen. To update an incorrect SIN or to use the CIN to add a case to CMIPS, see ***Section V-B SOC 293 Special Instructions***, CIN Processing Instructions.

- MEDS DOB DOES NOT MATCH IHSS DOB – Counties will need to verify that the DOB indicated on CMIPS is correct and has not been mis-keyed. If the IHSS case documentation indicates that the CMIPS case is incorrect, the County will need to update the DOB on the recipient case with the correct DOB. If the DOB in MEDS is incorrect, following existing County process to have MEDS updated.
- MEDS SSN DOES NOT MATCH IHSS SSN – Counties will need to verify that the SSN indicated on CMIPS is correct and has not been mis-keyed. If the IHSS case documentation indicates that the CMIPS case is incorrect, the County will need to update the SSN on the recipient case with the correct SSN. If the SSN in MEDS is incorrect, following existing County process to have MEDS updated.
- MEDI-CAL ELIGIBILITY DENIED – County staff should verify how this denial of Medi-Cal eligibility impacts the recipient's IHSS participation and take appropriate action.

Discontinuance from IHSS Eligibility by Reason

General Description

The Discontinuance from IHSS Eligibility by Reason totals the number of cases in each county discontinued from IHSS eligibility in the report month. Cases are reported based upon the NOA Reason Code keyed on the RELC, SOC 293, during case closure.

This report is intended to be used as a monitoring device to track closure information. The report is produced at the end of each month, reporting case closure information for that month. The Discontinuance from IHSS Eligibility by Reason is part of the REASON Code report.

Report Availability

The Discontinuance from IHSS Eligibility by Reason is produced on the last business day of each month, reporting case closure information for the previous month. For counties accessing CMIPS Online Reports, this report will be available the first business day of the month in the MANAGEMENT and SUMMARY Groups. Otherwise, the report will be mailed to counties after production and printing.

STATE OF CALIFORNIA
IN-HOME SUPPORTIVE SERVICES
DISCONTINUANCE FROM IHSS ELIGIBILITY
BY REASON
IN THE MONTH OF OCT/2004

JOB: IH2LRCOD
REPORT: IH2JRCOD

FOR MONTH: 10/04 PAGE: 1
RUN DATE: 10/29/2004 TIME: 20:31:07

				REASON FOR DISCONTINUANCE, PERCENT OF TOTAL								
				RESIDENCE								
COUNTY	TOTAL DISCON-TINUANCES	TOTAL HOURS DISCON-TINUED	AVERAGE HOURS PER DISCON-TINUED CASE	COMMUNITY CARE FACILITY	MEDICAL FACILITY	OTHER REASON OF RESIDENCE	DEATH	RECIPIENT REQUEST	OTHER REASONS OF INELIGI-BILITY	FINANCIAL INELIG.	ABLE & AVAILABLE SPOUSE	OTHER
ALAMEDA	183	7,521.1	41.1	1 %	8 %	23 %	40 %	3 %	6 %	1 %	0 %	18 %
ALPINE	0	0.0	0.0	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
AMADOR	5	326.2	65.2	0 %	20 %	20 %	0 %	40 %	0 %	0 %	0 %	20 %
BUTTE	60	2,095.3	34.9	3 %	13 %	15 %	27 %	10 %	2 %	2 %	0 %	28 %
CALAVERAS	6	117.7	19.6	0 %	0 %	67 %	17 %	0 %	17 %	0 %	0 %	0 %
COLUSA	5	415.5	83.1	0 %	0 %	0 %	20 %	20 %	40 %	0 %	0 %	20 %
CONTRA COSTA	99	3,977.4	40.2	1 %	10 %	15 %	28 %	4 %	10 %	3 %	1 %	27 %
DEL NORTE	15	1,188.5	79.2	0 %	13 %	13 %	7 %	0 %	7 %	0 %	0 %	60 %
EL DORADO	24	453.0	18.9	4 %	0 %	0 %	25 %	29 %	25 %	4 %	0 %	13 %
FRESNO	198	7,366.6	37.2	1 %	11 %	17 %	36 %	6 %	13 %	1 %	0 %	16 %
GLENN	18	1,423.7	79.1	0 %	17 %	6 %	17 %	6 %	17 %	0 %	0 %	39 %
HUMBOLDT	33	725.7	22.0	0 %	3 %	15 %	27 %	3 %	21 %	3 %	0 %	27 %
IMPERIAL	42	1,559.1	37.1	0 %	10 %	17 %	38 %	12 %	5 %	5 %	0 %	14 %
INYO	2	22.4	11.2	0 %	50 %	0 %	0 %	0 %	0 %	0 %	0 %	50 %
KERN	112	2,742.1	24.5	1 %	15 %	16 %	36 %	6 %	8 %	1 %	0 %	17 %
KINGS	22	648.1	29.5	9 %	14 %	9 %	18 %	5 %	5 %	0 %	0 %	41 %
LAKE	38	3,016.9	79.4	0 %	8 %	16 %	11 %	8 %	21 %	5 %	0 %	32 %
LASSEN	7	338.0	48.3	0 %	29 %	0 %	29 %	0 %	43 %	0 %	0 %	0 %
LOS ANGELES	1,939	67,424.0	34.8	1 %	16 %	18 %	22 %	8 %	18 %	2 %	0 %	15 %
MADERA	35	1,206.2	34.5	3 %	23 %	3 %	11 %	23 %	6 %	3 %	0 %	29 %
MARIN	23	191.7	8.3	4 %	13 %	13 %	30 %	13 %	9 %	4 %	0 %	13 %
MARIPOSA	8	537.1	67.1	0 %	25 %	0 %	38 %	0 %	0 %	13 %	0 %	25 %

CONFIDENTIAL

Fig. XIV-K- 1 – Discontinuance from IHSS Eligibility by Reason

JOB: IH2LRCOD
REPORT: IH2JRCOD

STATE OF CALIFORNIA
IN-HOME SUPPORTIVE SERVICES
DISCONTINUANCE FROM IHSS ELIGIBILITY
BY REASON
IN THE MONTH OF OCT/2004

FOR MONTH: 10/04 PAGE: 4
RUN DATE: 10/29/2004 TIME: 20:31:07

				REASON FOR DISCONTINUANCE, PERCENT OF TOTAL									
				RESIDENCE									
COUNTY	TOTAL DISCON-TINUANCES	TOTAL HOURS DISCON-TINUED	AVERAGE HOURS PER DISCON-TINUED CASE	COMMUNITY CARE FACILITY	MEDICAL FACILITY	OTHER REASON OF RESIDENCE	DEATH	RECIPIENT REQUEST	OTHER REASONS OF INELIGI-BILITY	FINANCIAL INELIG.	ABLE & AVAILABLE SPOUSE	OTHER
ALL COUNTIES	5,556	203,359.3	36.6	2 %	13 %	16 %	25 %	9 %	14 %	2 %	0 %	18 %

* * * E N D O F R E P O R T * * *

CONFIDENTIAL

Fig. XIV-K- 2 – All County Summary

Field by Field Description

The following fields display on both the County Listing and the All County Summary.

Field: IN THE MONTH OF

Description: The month for which data is being reported in MON/CCYY format

The following appear as column headings:

Field: COUNTY

Description: Indicates the county being reported

Field: TOTAL DISCONTINUANCES

Description: The total number of cases that were discontinued from an eligible status during the reporting month

Field: TOTAL HOURS DISCONTINUED

Description: The total authorized hours associated to the cases that were discontinued during the reporting month

Field: AVERAGE HOURS PER DISCONTINUED CASE

Description: The average hours per case for all closed from eligible status during the reporting month. (TOTAL HOURS DISCONTINUED/TOTAL DISCONTINUANCES)

The first three columns display under sub-heading of RESIDENCE indicate the percentage of cases placed in residence from their home. These fields will be reported as percentages of the TOTAL DISCONTINUANCES.

Field: COMMUNITY CARE FACILITY

Description: Percent of cases that were closed due to placement in a community care facility

Field: MEDICAL FACILITY

Description: Percent of cases that were closed due to placement in a medical facility

Field: OTHER REASON OF RESIDENCE

Description: Percent of cases that were closed for any other reason of residence

The remaining six columns indicate the percentage of cases for various reasons. These reasons are derived from the NOA code entered on the SOC 293 – RELC screen on case closure. For a full listing of NOA Reason see ***Section V-F – Notice of Action (NOA) Messages – NA- 69***0. These fields will be reported as percentages of the TOTAL DISCONTINUANCES.

Field: DEATH

Description: Percent of cases closed due to death of the recipient in the report month

Field: RECIPIENT REQUEST

Description: Percent of cases closed at the request of the recipient

Field: OTHER REASONS OF INELIGIBILITY

Description: Percent of cases closed for any other reason of ineligibility, other than financial ineligibility

Field: FINANCIAL INELIG

Description: Percent of cases closed for reasons of financial ineligibility

Field: ABLE AND AVAILABLE SPOUSE

Description: Percent of cases closed because a spouse is able and available to provide all necessary and requested services

Field: OTHER

Description: Cases closed for reasons unable to be determine by NOA reporting, or reasons other than those specified above

Homemaker Detail Time Report

General Description

The Homemaker Detail Time Report provides information about the hours and amounts paid to County Homemakers in the reporting month. The report includes report pages for Pay Periods for which Homemaker timesheets were processed in the report month. For example, the report month of June may have transactions for May and April. Each Homemaker and Pay Period is detailed separately. The Homemaker Detail Time Report includes Details for each Homemaker for each Pay including a summary; a Pay Period Summary and a County Summary.

Report Availability

The Homemaker Detail Report is run on the 10th of the month or the following business day if the 10th is on the weekend, reporting Homemaker Timesheet information for previous month. For counties accessing CMIPS Online Reports, this report will be available the next business day in the HOMEMAKER Group. Otherwise, the report will be mailed to counties after production.

```
IH2LHDTR                                   S T A T E   O F   C A L I F O R N I A                    PAGE            1
                                                IN-HOME SUPPORTIVE SERVICES                          RUN DATE MM-DD-CCYY
                                               HOMEMAKER DETAIL TIME REPORT


                                                COUNTY: 99   COUNTY NAME

 PAY                                                                                                   SI/
PERIOD   WORKER  TXN DT  STAT  RECIP  ID          RECIPIENT NAME            HOURS       RATE        AMOUNT       NSI   PCSP
-------  ------ -------- ----  ----------  ------------------------------   ------      -----      --------      ---   ----

CCYY/MM   XXXX  CCYYMMDD   X   9999999999  XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     999.9      99.99      99999.99       X     X

CCYY/MM   XXXX  CCYYMMDD   X   9999999999  XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     999.9      99.99      99999.99       X     X

CCYY/MM   XXXX  CCYYMMDD   X   9999999999  XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     999.9      99.99      99999.99       X     X

CCYY/MM   XXXX  CCYYMMDD   X   9999999999  XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     999.9      99.99      99999.99       X     X

CCYY/MM   XXXX  CCYYMMDD   X   9999999999  XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     999.9      99.99      99999.99       X     X

                                          TOTAL PCSP                       99999.9                 999,999.99

                                          TOTAL RESID                      99999.9                 999,999.99

                                          TOTAL FOR WORKER XXXX           999999.9                 999,999.99
```

Fig. XIV-L- 1– Homemaker Detail Time Report – Pay Period

Field by Field Description

The following fields appear on the Homemaker Detail Time Report:

Field: COUNTY

Description: The two-digit County Number followed by the County Name

Field: PAY PERIOD

Description: The month and year for which service were provided

Field: WORKER

Description: The four-character alphanumeric code identifying a specific County Homemaker

Field: TXN DT – Format CCYYMMDD

Description: The date the Homemaker timesheet was keyed on the HOME screen in CMIPS

Field: STAT

Description: The status of the transaction

Paid	Paid
Deleted	Deleted – Indicates the Transaction was deleted. Deleted transactions are only reported if the original timesheet was entered in a prior reporting period. When a transaction has been deleted, a minus will show behind the hours and the dollar amount.

Field: RECIP ID

Description: The ten digit IHSS recipient case number

Field: RECIPIENT NAME

Description: The recipient's name in last name, first name format

Field: HOURS

Description: Total hours of service provided by the homemaker to the recipient in the Pay Period

Field: RATE

Description: The rate paid per hour for services from Field M5, N5 or O5 one RELB for the corresponding eligibility segment

Field: AMOUNT

Description: The total amount paid to the Homemaker for services provided in the pay period

Field: SI/NSI

Description: The recipient's impairment status from Field M7, N7 or O7 on RELB for the corresponding eligibility segment

N	Non-Severely Impaired
S	Severely Impaired

Field: PCSP

Description: Indicates if the recipient is eligible, and services are paid through the Personal Care Services Program

P	Funded by PCSP
Blank	Funded by Residual

Field: TOTAL PCSP

Description: The total number of HOURS and AMOUNT paid in the pay period from the PCSP funding source

Field: TOTAL RESID

Description: The total number of HOURS and AMOUNT paid in the pay period from the RESIDUAL funding source

Field: TOTAL FOR WORKER XXXX

Description: The total number of HOURS and AMOUNT paid in the pay period for the indicated Homemaker

Pay Period Summary

Each pay period for which Homemaker timesheets were processed will be reported separately on the Pay Period Summary section of the Homemaker Detail Time Report.

```
IH2LHDTR                                   S T A T E   O F   C A L I F O R N I A                    PAGE            11
                                              IN-HOME SUPPORTIVE SERVICES                           RUN DATE 10-11-2004
                                             HOMEMAKER DETAIL TIME REPORT

                                            COUNTY: 40   SAN LUIS OBISPO

 PAY                                                                                                   SI/
PERIOD   WORKER  TXN DT  STAT  RECIP  ID          RECIPIENT NAME            HOURS      RATE      AMOUNT      NSI   PCSP
-------  ------ -------- ----  ----------  ------------------------------  ------     -----    --------     ---   ----

                                        TOTAL PCSP                          258.0               2,580.00
                                        TOTAL RESID                           6.0                  60.00
                                        TOTAL FOR PAY PERIOD 2004/08        264.0               2,640.00
```

Fig. XIV-L- 2 – Pay Period Summary

The following fields appear on the Pay Period Summary:

Field: COUNTY

Description: The two-digit and name of the county being reported

Field: TOTAL PCSP

Description: The total number of HOURS and AMOUNT paid in the pay period from the PCSP funding source

Field: TOTAL RESID

Description: The total number of HOURS and AMOUNT paid in the pay period from the RESIDUAL funding source

Field: TOTAL FOR PAY PERIOD CCYY/MM

Description: The total number of HOURS and AMOUNT paid in the designated pay period

Homemaker Summary Time

A Homemaker Summary Time Report which is a summary of all timesheet activity for all Pay Periods in the report period will accompany the Homemaker Detail Time Report

```
IH2LHSUM                                  S T A T E   O F   C A L I F O R N I A                    PAGE          2
                                              IN-HOME SUPPORT SERVICES                           RUN DATE 10-11-2004
                                          HOMEMAKER SUMMARY TIME REPORT

                                         COUNTY: 40  SAN LUIS OBISPO

                                                                          HOURS            AMOUNT
                                                                       ----------       ------------

        PAY PERIOD: 2004/07
          TOTAL PCSP                                                        5.5               55.00
          TOTAL RESID                                                       0.0                0.00
          TOTAL  FOR PAY PERIOD 2004/07                                     5.5               55.00

        PAY PERIOD: 2004/08
          TOTAL PCSP                                                      258.0            2,580.00
          TOTAL RESID                                                       6.0               60.00
          TOTAL  FOR PAY PERIOD 2004/08                                   264.0            2,640.00

        COUNTY: 40
          TOTAL PCSP                                                      263.5            2,635.00
          TOTAL RESID                                                       6.0               60.00
          TOTAL  FOR COUNTY 40                                            269.5            2,695.00
```

Fig. XIV-L- 3 – Homemaker Summary Time Report

The COUNTY will appear at the top center of the summary page. The following data are reported for each Pay Period in the report period:

Field: COUNTY

Description: The two-digit and name of the county being reported

Field: PAY PERIOD – CCYY/MM

Description: The month and year for which timesheets were processed in the report period

Field: TOTAL PCSP

Description: The total HOURS and AMOUNT paid in the pay period from the PCSP funding source

Field: TOTAL RESID

Description: The total HOURS and AMOUNT paid in the pay period from the RESIDUAL funding source

Field: TOTAL FOR PAY PERIOD CCYY/MM

Description: The total number of HOURS and AMOUNT paid in the designated pay period

The following data are summarized for the County:

Field: TOTAL PCSP

Description: The total HOURS and AMOUNT paid in the report period from the PCSP funding source

Field: TOTAL RESID

Description: The total HOURS and AMOUNT paid in the report period from the RESIDUAL funding source

Field: TOTAL FOR COUNTY XX

Description: The total HOURS and AMOUNT paid in the report period

IHSS+ Waiver/PCSP Adjustment Report

General Description

The IHSS+ Waiver/PCSP Adjustment Reports are a group of reports detailing the Funding Source adjustments associated with payments issued in a report period. Medi-Cal allows billing for up to two years from the date of service. Therefore, the IHSS+ Waiver/PCSP Adjustment Reports will report adjustments to payments issued in the report period or the **FOR QUARTER** back two years. Payments processed in the report period with service dates older than two years, will be reported on the IHSS+ Waiver/PCSP Adjustment Report – Service Over Two Years Prior.

Example: FOR QUARTER 2 2007 reports payments issued in the 2nd Quarter 2007 (April – June 2007) for service periods from July 2005 through June 2007. The following FOR QUARTER 3 2007 will report payments issued in the 3rd Quarter 2007 (July – September 2007) for service periods from October 2005 – September 2007.

These reports are necessary because CMIPS has not been modified to support reporting the dynamic listing of funding sources associated with payroll processing. Until these modifications are made to CMIPS, the IHSS+ Waiver/ PCSP Adjustment Reports will be produced on a quarterly basis to correctly reconcile the current IHSS Residual and Personal Care Services Program (PCSP) funding source designations to IHSS Residual, PCSP and IHSS+ Waiver.

The following conditions at the time of payment will cause a case to be designated as **IHSS+ Waiver**:

- Eligible for full-scope FFP Medi-Cal
- Advance Pay
- Parent/Spouse Individual Provider
- Protective Supervision by Parent/Spouse Provider
- Domestic and Related Services by Parent/Spouse Provider
- Meal Allowance
- Eligibility in more than one of these categories

The following conditions at the time payment is issued will cause a case to be designated as **PCSP**:

- Eligible for full-scope FFP Medi-Cal – Not a non-qualified alien
- Not Advance Pay
- No Meals Allowance
- No Parent or Spouse Provider

The following conditions at the time payment is issued will cause a case to be designated as **IHSS Residual**:

- Non-qualified Aliens
- Not eligible for full-scope FFP Medi-Cal eligibility
- IHSS Recipients receiving services prior to the completion of a Medi-Cal Eligibility Determination

The following IHSS+ Waiver/PCSP Adjustment Reports are produced quarterly and may be accessed in the designated Online Reports GROUP:

- **IHSS+ Waiver/PCSP Adjustment Report** – Report each recipient for whom payment was issued and adjusted to a new funding source in the Report Quarter for a service period in the past two years. This report is sorted by County, District Office then alphabetically by recipient name and may be accessed through the Online Reports GROUPS Management and Payroll.
- **IHSS+ Waiver/PCSP Adjustment Report – County Summary** – One page summary of the IHSS+ Waiver/PCSP Adjustment Report for a County.. This report may be accessed through the Online Reports GROUPS Management and Summary.
- **IHSS+ Waiver/PCSP Adjustment Report – State Summary** – Reports by County, then as a roll-up State Summary the adjusted total expenses associated with each Funding Source for payments issued in the report period for service months in the past two years. This Report may be accessed through the Online Reports GROUPS Management and Summary.
- **IHSS+ Waiver/PCSP Adjustment Report – Service Over Two Years Prior** – Reports by recipient, by Service Date (month) all payments which would be adjusted from IHSS Residual to PCSP or WAIVER in the report period which were paid for service months more than two years in the past. This report may be accessed through the Online Reports Management GROUP.
- **IHSS Waiver Report by Waiver Year –** Reports payments made in the report period associated with the various IHSS+ Waiver Subcategories for a rolling two year service period. This report may be accessed through the Online Reports GROUPS Management, Payroll and Summary.

Report Availability

The IHSS+ Waiver/PCSP Adjustment Reports are produced quarterly. For counties accessing CMIPS Online Reports, this report will be available the next business day in the GROUPS indicated above. Otherwise, the report will be mailed to counties after production.

IHSS+ Waiver/PCSP Adjustment Report

```
                                S T A T E   O F   C A L I F O R N I A
JOB -    IH2LADJW                 IN-HOME SUPPORTIVE SERVICES          FOR QUARTER 9 CCYY      PAGE   1
REPORT - IH2RADJW           IHSS+ WAIVER/PCSP ADJUSTMENT REPORT        RUN DATE    MM/DD/CCYY  TIME HH:MM:SS
COUNTY - COUNTY NAME
OFFICE - 99

RECIPIENT NAME        RECIP NUMBER        NET    TAX EXPENSE          RESIDUAL            PCSP        WAIVER

XXXXXXXXXX, XXXXXXXXX 9999999999   999,999.99     999,999.99        99,999.99-       99,999.99     99,999.99
XXXXXXXXXX, XXXXXXXXX 9999999999   999,999.99     999,999.99        99,999.99-       99,999.99     99,999.99
XXXXXXXXXX, XXXXXXXXX 9999999999   999,999.99     999,999.99        99,999.99-       99,999.99     99,999.99
XXXXXXXXXX, XXXXXXXXX 9999999999   999,999.99     999,999.99        99,999.99-       99,999.99     99,999.99
XXXXXXXXXX, XXXXXXXXX 9999999999   999,999.99     999,999.99        99,999.99-       99,999.99     99,999.99
XXXXXXXXXX, XXXXXXXXX 9999999999   999,999.99     999,999.99        99,999.99-       99,999.99     99,999.99
```

Fig. XIV-M- 1 – County District Office IHSS+ Waiver/PCSP Adjustment Report

Field by Field Description

The following fields appear on the County District Office IHSS+ Waiver/PCSP Adjustment Report:

Field	Description
FOR QUARTER	Indicates the Quarter in which payments were made and for which adjustments are being reported
RUN DATE	The date the report was run in CMIPS.
COUNTY	Indicates the County for which the adjustments are being reported
OFFICE	Indicates the County District Office for which the adjustments are being reported
RECIPIENT NAME	The name of the recipient to which the adjustment applies. Format Last Name, First Name.
RECIPIENT NUMBER	The ten (10) digit recipient number to which the adjustment applies.
NET	The net amount paid for the recipient in the quarter
TAX EXPENSE	The employee and employer taxes credited to the case in the quarter
RESIDUAL	The amount adjusted to or from (-) the Residual Funding Source
PCSP	The amount adjusted to or from (-) the PCSP Funding Source
WAIVER	The amount adjusted to or from (-) the Waiver Fund Source

IHSS+ Waiver/PCSP Adjustment Report – County Summary

```
                              S T A T E    O F    C A L I F O R N I A
JOB -    IH2LADJW               IN-HOME SUPPORTIVE SERVICES        FOR QUARTER 9 CCYY      PAGE  999
REPORT - IH2RADJW         IHSS+ WAIVER/PCSP ADJUSTMENT REPORT      RUN DATE    MM/DD/CCYY  TIME HH:MM:SS
COUNTY – COUNTY NAME

                                      NET         TAX EXPENSE     TOTAL EXPENSE       COUNTY SHARE

COUNTY TOTAL  RESIDUAL    99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
              PCSP        99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
              WAIVER      99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
              TOTAL       99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
```

Fig. XIV-M- 2 – IHSS+ Waiver/PCSP Adjustment Report – County Summary

Field by Field Description

The following fields appear on the IHSS+ Waiver/PCSP Adjustment Report – County Summary:

Field	Description
FOR QUARTER	Indicates the Quarter to which the adjustments were reported.
RUN DATE	The date the report was run in CMIPS.
COUNTY	Indicates the County for which the adjustments are being reported.
The following row headers appear in the COUNTY TOTAL column on the left side	
RESIDUAL	The amount adjusted to or from (-) the Residual Funding Source
PCSP	The amount adjusted to or from (-) the PCSP Funding Source
WAIVER	The amount adjusted to or from (-) the Waiver Fund Source
TOTAL	The aggregated totals reported categories
The following column headings appear across the top of the COUNTY TOTAL report body	
NET	The net amount for payments issued in the quarter
TAX EXPENSE	The tax liability for payments issued in the quarter
TOTAL EXPENSE	The total expense for payments issued in the quarter
COUNTY SHARE	The County Share in the quarter

IHSS+ Waiver/PCSP Adjustment Report – State Summary

```
                              S T A T E    O F    C A L I F O R N I A
JOB -    IH2LADJW               IN-HOME SUPPORTIVE SERVICES        FOR QUARTER 9 CCYY      PAGE  999
REPORT - IH2RADJW         IHSS+ WAIVER/PCSP ADJUSTMENT REPORT      RUN DATE    MM/DD/CCYY  TIME HH:MM:SS
COUNTY – STATE

COUNTY                                 NET          TAX EXPENSE     TOTAL EXPENSE       COUNTY SHARE

COUNTY NAME   RESIDUAL    99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
              PCSP        99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
              WAIVER      99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
              TOTAL       99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
```

Fig. XIV-M- 3 – IHSS+ Waiver/PCSP Adjustment Report – State Summary

Field by Field Description

The following fields appear on the IHSS+ Waiver/PCSP Adjustment Report – State Summary:

Field	Description
FOR QUARTER	Indicates the Quarter to which the adjustments were reported.
RUN DATE	The date the report was run in CMIPS.
COUNTY	This field will always indicate STATE on the STATE SUMMARY
The following row headers display on the left side of the report	
COUNTY	The county being reported
RESIDUAL	The amount adjusted to or from (-) the Residual Funding Source
PCSP	The amount adjusted to or from (-) the PCSP Funding Source
WAIVER	The amount adjusted to or from (-) the Waiver Fund Source
TOTAL	The aggregated totals reported categories
The following column headings appear across the top of the report body	
NET	The net amount for payments issued in the quarter
TAX EXPENSE	The tax liability for payments issued in the quarter
TOTAL EXPENSE	The total expense for payments issued in the quarter
COUNTY SHARE	The County Share in the quarter

IHSS+ WAIVER REPORT BY WAIVER YEAR

```
                              S T A T E    O F    C A L I F O R N I A
JOB -    IH2LWVRY               IN-HOME SUPPORTIVE SERVICES        FOR QUARTER 9 CCYY      PAGE  999
REPORT - IH2RWVRY             IHSS+ WAIVER REPORT BY WAIVER YEAR    RUN DATE    MM/DD/CCYY  TIME HH:MM:SS
WAIVER YEAR YY (MM/YY – MM/YY)
WAIVER NO. 11W00187/9-YY

SUBCATEGORY                           NET         TAX EXPENSE     TOTAL EXPENSE       COUNTY SHARE
-----------------           -------------     ---------------     -------------     ---------------

PARENT/SPOUSE               99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
ADVANCE PAY                 99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
PROT SUP BY SP/PAR          99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
DOMESTIC BY SP/PAR          99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
MEAL ALLOWANCE              99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
MULTIPLE SVCS               99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-

TOTAL                       99,999,999,99-     99,999,999.99-     99,999,999.99-     99,999,999.99-
```

Fig. XIV-M- 4 – IHSS+ Waiver Report by Waiver Year

Field by Field Description

The following fields appear on the IHSS+ Waiver Report by Waiver Year

Field	Description
FOR QUARTER	Indicates the Quarter to which the adjustments were reported.
RUN DATE	The date the report was run in CMIPS.
WAIVER YEAR	Indicates the Waiver Year – Dates indicated in parenthesis are the months associated to the fiscal waiver year
WAIVER NO.	The Federal Waiver Number associated with the IHSS+ Waiver by Waiver Year
The following row headings indicate the IHSS+ WAIVER SUBCATEGORY being reported:	
PARENT/SPOUSE	Case is IHSS+ WAIVER because the recipient has a Parent or Spouse provider
ADVANCE PAY	Case is IHSS+ WAIVER because the recipient has Advance Pay
PROT SUP BY SP/PAR	Case is IHSS+ WAIVER because the recipient has Protective Supervision provided by a Parent or Spouse Provider
DOMESTIC BY SP/PAR	Case is IHSS+ WAIVER because the recipient has Domestic Services only provided by a Parent or Spouse Provider
MEAL ALLOWANCE	Case is IHSS+ WAIVER because the recipient received a Meals Allowance
MULTIPLE SVCS	Case is IHSS+ WAIVER because the recipient has multiple of the above listed categories.
The following column headings associated with each SUBCATEGORY:	
NET	The NET amount paid for the indicated SUBCATEGORY
TAX EXPENSE	The TAX EXPENSE associated with the indicated SUBCATEGORY
TOTAL	The TOTAL amount paid for the indicated SUBCATEGORY
FEDERAL SHARE	The FEDERAL SHARE associated with the indicated SUBCATEGORY

Inactive Providers Automatically Terminated

General Description

The Inactive Providers Automatically Terminated listing reports provider cases which been automatically terminated during the purge process. At the time of the monthly purge process provider cases are evaluated to determine if a case has been in an "E" or "L" status and has had no warrant processed for 180 days. If a provider record meets these criteria, has no outstanding warrants nor any outstanding recovery actions and the provider has had all required tax filings made to cover their payments, the case will be automatically set to T-Terminated status. For more information regarding purge processing see ***Section II-J – Purge Processing***.

This report lists provider cases that have been automatically set to T – Terminated status during the purge process. The report is produced with the monthly purge process. The report sorts by County, District Office, then Service Worker.

Inactive Providers Automatically Terminated

```
                                  S T A T E  O F  C A L I F O R N I A
JOB: IH2JXXXX                       IN-HOME SUPPORTIVE SERVICES          CYCLE DATE: MM/DD/CCYY PAGE: 9,999
REPORT: IHSRXXXX               INACTIVE PROVIDERS AUTOMATICALLY TERMINATED    RUN DATE: MM/DD/CCYY TIME: HH:MM

County-DO: 99-99                                                                Worker: XXXX-XXXXXXXX, XXXXXXX

                                                                   Last       Recip
Provider Number      Provider Name          Curr Begin & End Dates    Paid Date   Status   Comments
==================   ====================   =====================   ==========   ======   =================
99 99999999 999999   XXXXXXXXXXXX,XXXXXXX   CCYY-MM-DD  CCYY-MM-DD   CCYY-MM-DD     X
99 99999999 999999   XXXXXXXXXXXX,XXXXXXX   CCYY-MM-DD  CCYY-MM-DD   CCYY-MM-DD     X
99 99999999 999999   XXXXXXXXXXXX,XXXXXXX   CCYY-MM-DD  CCYY-MM-DD   CCYY-MM-DD     X
99 99999999 999999   XXXXXXXXXXXX,XXXXXXX   CCYY-MM-DD  CCYY-MM-DD   CCYY-MM-DD     X
```

Fig. XIV-N- 1 – Inactive Providers Automatically Terminated Report

Field by Field Description

The following fields appear on the Inactive Providers Automatically Terminated Report:

Field: COUNTY –DO
Description: Indicates the County and District Office to which the case is assigned. Format 99-99

Field: WORKER
Description: Indicates the Service Worker to whom the case is assigned. Format Last Name, First Name

Field: PROVIDER NUMBER
Description: The sixteen (16) character provider number associated to the case.

Field: PROVIDER NAME
Description: The name of the provider for the indicated case. Format Last Name, First Name

Field: CURR BEGIN & END DATE
Description: The BEG DATE and END DATE as indicated on the F Line on the provider eligibility record. The END DATE field may be blank if there is no END DATE indicated on the Provider record. Format CCYY-MM-DD

Field: LAST PAID DATE
Description: The date the State Controller's Office issued and mailed the last warrant to the provider. This field may appear blank if no warrants have been issued to the provider. This field may also appear blank if the provider has been in an "E" or "L" status for such a time period as to met the purge criteria and all warrants have been purged. Format CCYY-MM-DD

Field: RECIP STATUS
Description: The current status of the associated recipient case.

Field: COMMENTS
Description: This space is provided for the county worker to make notes regarding the case.

Monthly Characteristics Listing

General Description

The Monthly Characteristics Listing provides recipient case and eligibility details. The data are generated from the SOC 293. The listing is sorted by County, District Office, Social Worker, then alphabetically by recipient name.

Report Availability

The Monthly Characteristics Listing is produced on the third to last business day of each month, reporting recipient case data on that day. For counties accessing CMIPS Online Reports this report will be available the next to last business day of the month in the CASELOAD DETAIL and MANAGEMENT Groups. Otherwise, the report will be mailed to the counties after production.

```
JOB -    IH2LRCHR                                S T A T E  O F  C A L I F O R N I A          FOR MONTH MM/CCYY     PAGE     9999
REPORT - IH2RRCHR                                   IN-HOME SUPPORTIVE SERVICES               RUN DATE  MM/DD/CCYY  TIME HH:MM:SS
                                                  MONTHLY CHARACTERISTICS LISTING
COUNTY – XXXXXXXXXXXXXXXXXXX                                                                  SOCIAL WORKER XXXX
DIST. OFFICE 99

 RECIPIENT NAME                    RECIPIENT ADDRESS               MODE AUTH   AGE ES TYPE  FI   FI   PAY   S/P #HH UNMET       SOC
 TELEPHONE #  ETH LANG RECIPIENT #                                      HOURS  PCSP              HRS   AID CD       DP    DUE DATE

 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXX      XX   999.9  99 X  XXX  9.99 999.9  X    99   99 999.9  99999.99
 999-999-9999  X   X   9999999999  XXXXXXXXXXXXXXXXXXXX  XX 99999               X                        99         X    02/28/2003
 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXX      XX   999.9  99 X  XXX  9.99 999.9  X    99   99 999.9  99999.99
 999-999-9999  X   X   9999999999  XXXXXXXXXXXXXXXXXXXX  XX 99999               X                        99         X    02/28/2003
 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXX      XX   999.9  99 X  XXX  9.99 999.9  X    99   99 999.9  99999.99
 999-999-9999  X   X   9999999999  XXXXXXXXXXXXXXXXXXXX  XX 99999               X                        99         X    02/28/2003
 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXX      XX   999.9  99 X  XXX  9.99 999.9  X    99   99 999.9  99999.99
 999-999-9999  X   X   9999999999  XXXXXXXXXXXXXXXXXXXX  XX 99999               X                        99         X    02/28/2003
 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXX      XX   999.9  99 X  XXX  9.99 999.9  X    99   99 999.9  99999.99
 999-999-9999  X   X   9999999999  XXXXXXXXXXXXXXXXXXXX  XX 99999               X                        99         X    02/28/2003
 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXX      XX   999.9  99 X  XXX  9.99 999.9  X    99   99 999.9  99999.99
 999-999-9999  X   X   9999999999  XXXXXXXXXXXXXXXXXXXX  XX 99999               X                        99         X    02/28/2003
```

Fig. XIV-O- 1 – Monthly Characteristics Listing

Field by Field Description

The following data elements are found in the header of the Monthly Characteristics Listing:

Field: COUNTY
Description: The county associated with the case

Field: DIST. OFFICE
Description: The District Office associated with the case

Field: SOCIAL WORKER
Description: The Social Worker to whom the recipient cases are assigned

All data elements are found on the SOC 293. For detailed field definitions, see ***Section V-A-SOC 293 Field by Field Description***. Two lines of data display for each recipient listed. The following data elements display on the first line:

Field: RECIPIENT NAME – Fields B1, B2 and B3 on SOC 293 or RELA
Description: The recipient name

Field: RECIPIENT ADDRESS – Fields C1, C2, C3 and C4 on SOC 293 or RELA
Description: The recipient's physical address

Field: MODE – Field M5 on SOC 293 or RELB
Description: The service delivery mode

Field: AUTH HOURS – Field M5 on SOC 293 or RELB
Description: The recipient's authorized hours

Field: AGE – Derived from Field A6 on SOC 293 or RELA
Description: The age of the recipient

Field: ES – Field F1 on SOC 293 or RELA
Description: The recipient eligibility status

Field: TYPE – Field M7 on SOC 293 or RELB
Description: The recipient's impairment status

Field: FI – Field H2 on SOC 293 or RELA
Description: The recipients Functional Index

Field: FI HRS – Field H2 on SOC 293 or RELA
Description: The recipient's Functional Index Hours

Field: PAY – Field M8 on SOC 293 or RELB
Description: Indicates to whom payment is made for recipient case

Field: S/P – Field G1 on SOC 293 or RELA
Description: Indicates the spouse or parents ability to provide services

Field: #HH – Field G2 on SOC 293 or RELA
Description: The number of persons living in the recipients household

Field: UNMET – Field aa7 on SOC 293 or RELC
Description: The number of hours of service in excess of IHSS benefit maximums. MAX displays if the maximum dollars allowed are received and the recipient has no unmet need.

Field: SOC – Field M6 on SOC 293 or RELB
Description: The monthly Share of Cost amount to be paid by the recipient to the provider before IHSS payments are made.

The following fields appear on the second reported line for the recipient:

Field: TELEPHONE # – Field D1 on SOC 293 or RELA
Description: The recipient's telephone number.

Field: ETH – Field F4 on SOC 293 or RELA
Description: The ethnicity/specific national origin of the recipient

Field: LANG – Field F5 on SOC 293 or RELA

Description: Designates the primary language of the recipient.

Field: RECIPIENT # – Field A1 on SOC 293
Description: The ten-digit recipient case number.

Field: PCSP – Field M7 on SOC 293 or RELB
Description: Indicates whether the recipient's Personal Care Services Program (PCSP) eligibility.

Field: AID CD – Field A3 on SOC 293 or RELA
Description: The recipient's Aid Code defines the recipient's benefit categories for budget, Medi-Cal and accounting purposes.

Field: DP – Field D2 on SOC 293 or RELA
Description: The Disaster Preparedness indication for the recipient

Field: DUE DATE – Field M4 on SOC 293 RELB.
Description: The due date of the next reassessment.

Monthly Characteristics Listing – Social Worker Summary

```
JOB -    IH2LRCHR                          S T A T E  O F  C A L I F O R N I A        FOR MONTH 09/2004     PAGE        14
REPORT - IH2RRCHR                             IN-HOME SUPPORTIVE SERVICES             RUN DATE  09/28/2004  TIME 19:41:42
                                            MONTHLY CHARACTERISTICS LISTING
COUNTY - KERN                                                                          SOCIAL WORKER 2776
DIST. OFFICE 01

 RECIPIENT NAME                  RECIPIENT ADDRESS              MODE AUTH   AGE EG TYPE  PI   PI   PAY   S/P #HH UNMET        SOC
 TELEPHONE #  ETH LANG RECIPIENT #                                  HOURS  PCSP              HRS   AID CD        DP    DUE DATE


    TOTAL          STATUS        NSI         SI      =      TOTAL
                   ======        ===         ==             =====
                     R             0          0                 0
                     I             0          0                 0
                     E           232         85               317
                     L             0          2                 2
                     D             0          0                 0
                     T             2          3                 5

    SW PI:        2.93
    SW PI HOURS:  97.2
```

Fig. XIV-O- 2 – Monthly Characteristics Listing – Social Worker Summary

A Summary totaling the number of cases assigned the indicated status is also produced for each Social Worker. The following fields appear on the summary.

Field: COUNTY
Description: The county associated with the case

Field: DIST. OFFICE
Description: The District Office associated with the case

Field: SOCIAL WORKER
Description: The Social Worker to whom the recipient cases are assigned

Field: STATUS
Description: Indicates the possible recipient case eligibility status

Field: NSI
Description: Indicates the number of Non-Severely Impaired recipient cases with the

designated status

Field: SI
Description: Indicates the number of Severely Impaired recipient cases with the designated status

Field: TOTAL
Description: Indicates the total number of recipient cases with the designated status

Field: SW FI
Description: The average Functional Index for all recipient cases assigned to the Social Worker

Field: SW FI HOURS
Description: The average Functional Index Hours for all recipient cases assigned to the Social Worker

Monthly Data Download

An electronic version of the following data downloads are available to counties on a monthly basis:

- **County Download** – The electronic equivalent of the recipients SOC 293 and providers SOC 311 for recipients with case status of I, E, L, and R. T and D status cases are included if the T or D status was assigned within the last year of the reporting month. Cases with T or D status prior to one year of the reporting month are not included.
- **Provider Paid Hours** – Reports data from the Monthly County Payment Voucher Report for provider payments in the reporting month, regardless of service date.
- **Provider Paid Hours by Month** – Reports data from the Monthly County Payment Voucher for the hours worked by a Provider during the reporting month.
- **Enrollment Data** – The electronic equivalent of the ENRL screens in CMIPS.
- **Medical Certification** – Has two access tables. One lists every active recipient and the current status of their Medical Certification, the other shows recipients that are 35 or more days late in providing Medical Certification.

To begin receiving any or all of these data downloads, Counties must submit a Work Order to CDSS indicating the desired download and the County contact person responsible to receive the download.

Below are the layouts of the monthly downloads.

RELA County Download

FIELD NAME	CHARACTER NUMERIC	WIDTH	DEC POS	DESCRIPTION
RACNTY	CHARACTER	2		COUNTY NUMBER
RARECNUM	CHARACTER	10		RECIPIENT CASE NUMBER
RASEQNUM	NUMERIC	3	0	RECIPIENT 293 SEQUENCE NUMBER
RAAIDCOD	CHARACTER	2		RECIPIENT AID CODE
RASSN	CHARACTER	9	0	RECIPIENT SOCIAL SECURITY NUMBER
RAGENDER	CHARACTER	1		RECIPIENT GENDER
RABIRTHD	NUMERIC	8	0	RECIPIENT BIRTH DATE (CCYYMMDD FORMAT)
RALNAME	CHARACTER	17		RECIPIENT LAST NAME
RAFNAME	CHARACTER	12		RECIPIENT FIRST NAME
RAMINIT	CHARACTER	1		RECIPIENT MIDDLE INITIAL
RASTREET	CHARACTER	30		RECIPIENT STREET ADDRESS
RACITY	CHARACTER	20		RECIPIENT ADDRESS CITY
RASTATE	CHARACTER	2		RECIPIENT ADDRESS STATE
RAPREZIP	CHARACTER	5		RECIPIENT ADDRESS ZIP CODE
RAPSTZIP	CHARACTER	4		RECIPIENT ADDRESS POST ZIP CODE
RAPHONE	CHARACTER	10	0	RECIPIENT PHONE NUMBER
RADSPREP	CHARACTER	3		RECIPIENT DISASTER PREPARDNESS CODE
RAPREAID	CHARACTER	2		RECIPIENT PREVIOUS AID CODE
RAGNAME	CHARACTER	30		RECIPS GUARDIAN NAME

RAGSTRET	CHARACTER	28		RECIPS GUARDIAN STREET ADDRESS
RAGCITY	CHARACTER	12		RECIPS GUARDIAN ADDRESS CITY
RAGSTATE	CHARACTER	2		RECIPS GUARDIAN ADDRESS STATE
RAGPREZP	CHARACTER	5		RECIPS GUARDIAN ADDRESS ZIP CODE
RAGPSTZP	CHARACTER	4		RECIPS GUARDIAN ADDRESS POST ZIP CODE
RASTATUS	CHARACTER	1		RECIPIENTS STATUS CODE
RACITIZN	CHARACTER	1		RECIPIENTS CITIZENSHIP CODE
RAETHNIC	CHARACTER	1		RECIPIENTS ETHNIC CODE
RALANG	CHARACTER	1		RECIPIENTS LANGUAGE CODE
RAOTHCOV	CHARACTER	1		RECIPIENTS OTHER COVERAGE CODE
RASSNV	CHARACTER	1		RECIPIENTS SSN VARIFICATION CODE
RAHICRR	CHARACTER	12		RECIPS HEALTH INSURANCE COVERAGE RR NUMBER
RAFBU	CHARACTER	3		RECIPS (FBU) FAMILY BUDGET UNIT / PERSON
RASPPAR	CHARACTER	2		RECIPS SPOUSE / PARENT STATUS
RAHHOLD	NUMERIC	2		RECIPS HOUSE HOLD NUMBER
RAIHSSNM	NUMERIC	2		NUM OF IHSS RECIPIENTS LIVING IN HOUSEHOLD
RARESID	CHARACTER	2		RECIPIENTS RESIDENT SPECIFICATIONS
RALIVING	CHARACTER	2		RECIPS LIVING ARRANGEMENTS
RAROOMS	CHARACTER	2	0	RECIPIENTS NUMBER OF ROOMS IN HOUSE
RAYARD	CHARACTER	1		RECIPS RESIDENCE HAS A YARD (Y/N)
RAWASHER	CHARACTER	1		RECIPS RESIDENCE HAS A WASHER (Y/N)
RADRYER	CHARACTER	1		RECIPS RESIDENCE HAS A DRYER (Y/N)
RASTOVE	CHARACTER	1		RECIPS RESIDENCE HAS A STOVE (Y/N)
RAREFRIG	CHARACTER	1		RECIPS RESIDENCE HAS A REFRIGERATOR (Y/N)
RALHSWRK	NUMERIC	1		FUNCTIONAL LIMITATIONS - HOUSEWORK
RALLAUND	NUMERIC	1		FUNCTIONAL LIMITATIONS - LAUNDRY
RALSHOP	NUMERIC	1		FUNCTIONAL LIMITATIONS - SHOPPING / ERRANDS
RALMEALP	NUMERIC	1		FUNCTIONAL LIMITATIONS - MEAL PREP
RALMOBIL	NUMERIC	1		FUNCTIONAL LIMITATIONS - MOBILITY
RALBATH	NUMERIC	1		FUNCTIONAL LIMITATIONS - BATHING
RALDRESS	NUMERIC	1		FUNCTIONAL LIMITATIONS - DRESSING
RALBBM	NUMERIC	1		FUNCTIONAL LIMITATIONS - BB AND M
RALTRANS	NUMERIC	1		FUNCTIONAL LIMITATIONS - TRANSPORTATION
RALEATIN	NUMERIC	1		FUNCTIONAL LIMITATIONS - EATING
RALBRETH	NUMERIC	1		FUNCTIONAL LIMITATIONS - BREATHING
RALMEMOR	NUMERIC	1		FUNCTIONAL LIMITATIONS - MEMORY
RALORIEN	NUMERIC	1		FUNCTIONAL LIMITATIONS - ORIENTATION
RALJUDGE	NUMERIC	1		FUNCTIONAL LIMITATIONS - JEDGEMENT
RAFILIMT	NUMERIC	4	2	FUNCTIONAL INDEX SCORE
RAFIHOUR	NUMERIC	6	1	FUNCTIONAL LIMIT HOURS
RAWOIHSS	NUMERIC	1		RECIPIENTS NEEDS WITHOUT IHSS
RANEEDPR	NUMERIC	2	0	RECIPIENT NEEDS HELP FINDING A PROVIDER
RACIN	CHARACTER	10		RECIPIENT CIN
RAMCAID1	CHARACTER	2		MEDI-CAL PRIMARY AID CODE
RAMCAID2	CHARACTER	2		MEDI-CAL SECONDARY AID CODE
RAMCERDT	NUMERIC	8		MEDICAL CERTIFICATION DATE (CCYYMMDD FORMAT)
RAMCERCD	CHARACTER	1		MEDICAL CERTIFICATION CODE

RELB County Download

FIELD NAME	CHARACTER NUMERIC	WIDTH	DEC POS	DESCRIPTION
RBCNTY	CHARACTER	2		COUNTY NUMBER

RBRECNUM	CHARACTER	10		RECIPIENT CASE NUMBER
RBSOCDAT	NUMERIC	8	0	RECIPS SHARE OF COST DATE (CCYYMMDD FORMAT)
RBSOCIND	CHARACTER	1		RECIPS SOC TABLE INDICATOR
RBSOCLNK	CHARACTER	1		RECIPS SOC LINK INDICATOR
RBSOCDEP	NUMERIC	2	0	NUM OF MINOR LEGAL DEPENDENTS W/ NO INCOME
RBSOCSR1	CHARACTER	1	0	RECIP INCOME SOURCE CODE 1
RBSOCIN1	NUMERIC	8	2	RECIP INCOME AMOUNT 1
RBSOCDD1	NUMERIC	8	2	RECIP DEDUCTIONS 1
RBSOCSR2	CHARACTER	1	0	RECIP INCOME SOURCE CODE 2
RBSOCIN2	NUMERIC	8	2	RECIP INCOME AMOUNT 2
RBSOCDD2	NUMERIC	8	2	RECIP DEDUCTIONS 2
RBSOCSR3	CHARACTER	1	0	RECIP INCOME SOURCE CODE 3
RBSOCIN3	NUMERIC	8	2	RECIP INCOME AMOUNT 3
RBSOCDD3	NUMERIC	8	2	RECIP DEDUCTIONS 3
RBSOCSR4	CHARACTER	1	0	RECIP INCOME SOURCE CODE 4
RBSOCIN4	NUMERIC	8	2	RECIP INCOME AMOUNT 4
RBSOCDD4	NUMERIC	8	2	RECIP DEDUCTIONS 4
RBSOCSR5	CHARACTER	1	0	RECIP INCOME SOURCE CODE 5
RBSOCIN5	NUMERIC	8	2	RECIP INCOME AMOUNT 5
RBSOCDD5	NUMERIC	8	2	RECIP DEDUCTIONS 5
RBSTOTIN	NUMERIC	8	2	RECIPS TOTAL INCOME FOR SOC CALCULATIONS
RBSBENCD	CHARACTER	2		RECIPIENTS SOC BENEFIT CODE
RBSBENAM	NUMERIC	8	2	RECIPS SOC BENEFIT LEVEL AMOUNT
RBSTOTAM	NUMERIC	8	2	RECIPIENTS TOTAL SOC AMOUNT
RBLMODE1	CHARACTER	2		L LINE FIRST MODE
RBLRATE1	NUMERIC	5	2	L LINE FIRST RATE
RBLHRS1	NUMERIC	5	1	L LINE FIRST HOURS
RBLMODE2	CHARACTER	2		L LINE SECOND MODE
RBLRATE2	NUMERIC	5	2	L LINE SECOND RATE
RBHRS2	NUMERIC	5	1	L LINE SECOND HOURS
RBRECOVR	NUMERIC	8	2	RECIPIENTS TOTAL RECOVERY AMOUNT
RBFAIRHR	NUMERIC	6	1	RECIPIENTS FAIR HEARING HOURS
RBMBEGDT	NUMERIC	8	0	M LINE BEGIN DATE (CCYYMMDD)
RBMENDDT	NUMERIC	8	0	M LINE END DATE (CCYYMMDD)
RBMGROS1	NUMERIC	7	2	M LINE FIRST GROSS AMOUNT
RBMMODE1	CHARACTER	2		M LINE FIRST MODE
RBMRATE1	NUMERIC	5	2	M LINE FIRST RATE
RBMHRS1	NUMERIC	6	1	M LINE FIRST HOURS
RBMSOC1	NUMERIC	7	2	M LINE FIRST SHARE OF COST AMOUNT
RBMGROS2	NUMERIC	7	2	M LINE SECOND GROSS AMOUNT
RBMMODE2	CHARACTER	2		M LINE SECOND MODE
RBMRATE2	NUMERIC	5	2	M LINE SECOND RATE
RBMHRS2	NUMERIC	6	1	M LINE SECOND HOURS
RBMSOC2	NUMERIC	7	2	M LINE SECOND SHARE OF COST AMOUNT
RBMTYPE	CHARACTER	1		M LINE SEVERITY TYPE (S=SI / N=NSI)
RBMPAY	CHARACTER	1		M LINE PAY OPTION (P=PROV / R=RECIP / F=EFT)
RBMMEALS	CHARACTER	1		M LINE MEALS INDICATOR (Y/N)
RBMPCSP	CHARACTER	1		M LINE PCSP INDICATOR (Y/N)
RBNBEGDT	NUMERIC	8	0	N LINE BEGIN DATE (CCYYMMDD)
RBNENDDT	NUMERIC	8	0	N LINE END DATE (CCYYMMDD)
RBNGROS1	NUMERIC	7	2	N LINE FIRST GROSS AMOUNT
RBNMODE1	CHARACTER	2		N LINE FIRST MODE

RBNRATE1	NUMERIC	5	2	N LINE FIRST RATE
RBNHRS1	NUMERIC	6	1	N LINE FIRST HOURS
RBNSOC1	NUMERIC	7	2	N LINE FIRST SHARE OF COST AMOUNT
RBNGROS2	NUMERIC	7	2	N LINE SECOND GROSS AMOUNT
RBNMODE2	CHARACTER	2		N LINE SECOND MODE
RBNRATE2	NUMERIC	5	2	N LINE SECOND RATE
RBNHRS2	NUMERIC	6	1	N LINE SECOND HOURS
RBNSOC2	NUMERIC	7	2	N LINE SECOND SHARE OF COST AMOUNT
RBNTYPE	CHARACTER	1		N LINE SEVERITY TYPE (S=SI / N=NSI)
RBNPAY	CHARACTER	1		N LINE PAY OPTION (P=PROV / R=RECIP / F=EFT)
RBNMEALS	CHARACTER	1		N LINE MEALS INDICATOR (Y/N)
RBNPCSP	CHARACTER	1		N LINE PCSP INDICATOR (Y/N)
RBOBEGDT	NUMERIC	8	0	O LINE BEGIN DATE (CCYYMMDD)
RBOENDDT	NUMERIC	8	0	O LINE END DATE (CCYYMMDD)
RBOGROS1	NUMERIC	7	2	O LINE FIRST GROSS AMOUNT
RBOMODE1	CHARACTER	2		O LINE FIRST MODE
RBORATE1	NUMERIC	5	2	O LINE FIRST RATE
RBOHRS1	NUMERIC	6	1	O LINE FIRST HOURS
RBOSOC1	NUMERIC	7	2	O LINE FIRST SHARE OF COST AMOUNT
RBOGROS2	NUMERIC	7	2	O LINE SECOND GROSS AMOUNT
RBOMODE2	CHARACTER	2		O LINE SECOND MODE
RBORATE2	NUMERIC	5	2	O LINE SECOND RATE
RBOHRS2	NUMERIC	6	1	O LINE SECOND HOURS
RBOSOC2	NUMERIC	7	2	O LINE SECOND SHARE OF COST AMOUNT
RBOTYPE	CHARACTER	1		O LINE SEVERITY TYPE (S=SI / N=NSI)
RBOPAY	CHARACTER	1		O LINE PAY OPTION (P=PROV / R=RECIP / F=EFT)
RBOMEALS	CHARACTER	1		O LINE MEALS INDICATOR (Y/N)
RBOPCSP	CHARACTER	1		O LINE PCSP INDICATOR (Y/N)
RBAPPDT	NUMERIC	8	0	APPLICATION DATE
RBREFERL	CHARACTER	2		RECIPIENTS REFERAL SOURCE
RBFACEDT	NUMERIC	8	0	RECIPIENTS LAST FACE TO FACE CONTACT DATE
RBCNTYUS	CHARACTER	25		COUNTY USE FIELD
RBDISTOF	CHARACTER	2	0	COUNTIES DISTRICT OFFICE NUMBER
RBSWNAME	CHARACTER	20		SERVICE WORKER NAME
RBSWNUM	CHARACTER	4		SERVICE WORKER IDENTIFICATION NUMBER
RBSWPHON	CHARACTER	10	0	SERVICE WORKER PHONE NUMBER
RBNOTECD	CHARACTER	1		RECIPIENTS MAILING NOTICE OF ACTION CODE
RBNTRSN1	CHARACTER	3	0	RECIPS FIRST NOTICE OF ACTION REASON CODE
RBNTRSN2	CHARACTER	3	0	RECIPS SECOND NOTICE OF ACTION REASON CODE
RBNTRSN3	CHARACTER	3	0	RECIPS THIRD NOTICE OF ACTION REASON CODE
RBNTRSN4	CHARACTER	3	0	RECIPS FOURTH NOTICE OF ACTION REASON CODE
RBWKAUTH	NUMERIC	6	2	RECIPIENTS TOTAL WEEKLY AUTH HOURS
RBMEALHR	NUMERIC	6	2	RECIPS TOTAL HOURS FOR MEALS (BB CC EE)
RBWKX433	NUMERIC	6	2	RECIPS WEEKLY AUTH HRS X 4.33 = MONTHLY
RBAUTHHRS	NUMERIC	6	2	RECIPS TOTAL MONTHLY AUTH HOURS
RBTOTHRS	NUMERIC	6	2	RECIPS TOTAL AUTH HOURS (WEEKLY + MONTHLY)
RBAUTHPR	NUMERIC	6	2	RECIPS TOTAL AUTH TO PURCHASE HOURS
RBUNMET	NUMERIC	6	2	RECIPS TOTAL UNMET NEED HOURS
RBMTDCCYY1	NUMERIC	4		MONTH TO DATE YEAR (CCYY)
RBMTDMM1	NUMERIC	2		MONTH TO DATE MONTH
RBMTDCCHRS1	NUMERIC	4	1	MONTH TO DATE CC HOURS
RBMTDIPHRS1	NUMERIC	4	1	MONTH TO DATE IP HOURS

RBMTDIPAMT1	NUMERIC	6	2	MONTH TO DATE IP DOLLAR AMOUNT
RBMTDSOC1	NUMERIC	6	2	MONTH TO DATE SHARE OF COST
RBMTDCCYY2	NUMERIC	4		MONTH TO DATE YEAR (CCYY)
RBMTDMM2	NUMERIC	2		MONTH TO DATE MONTH
RBMTDCCHRS2	NUMERIC	4	1	MONTH TO DATE CC HOURS
RBMTDIPHRS2	NUMERIC	4	1	MONTH TO DATE IP HOURS
RBMTDIPAMT2	NUMERIC	6	2	MONTH TO DATE IP DOLLAR AMOUNT
RBMTDSOC2	NUMERIC	6	2	MONTH TO DATE SHARE OF COST
RBMTDCCYY3	NUMERIC	4		MONTH TO DATE YEAR (CCYY)
RBMTDMM3	NUMERIC	2		MONTH TO DATE MONTH
RBMTDCCHRS3	NUMERIC	4	1	MONTH TO DATE CC HOURS
RBMTDIPHRS3	NUMERIC	4	1	MONTH TO DATE IP HOURS
RBMTDIPAMT3	NUMERIC	6	2	MONTH TO DATE IP DOLLAR AMOUNT
RBMTDSOC3	NUMERIC	6	2	MONTH TO DATE SHARE OF COST
RBMTDCCYY4	NUMERIC	4		MONTH TO DATE YEAR (CCYY)
RBMTDMM4	NUMERIC	2		MONTH TO DATE MONTH
RBMTDCCHRS4	NUMERIC	4	1	MONTH TO DATE CC HOURS
RBMTDIPHRS4	NUMERIC	4	1	MONTH TO DATE IP HOURS
RBMTDIPAMT4	NUMERIC	6	2	MONTH TO DATE IP DOLLAR AMOUNT
RBMTDSOC4	NUMERIC	6	2	MONTH TO DATE SHARE OF COST
RBMCSOC	NUMERIC	5	0	MEDICAL SHARE OF COST

RELC County Download

FIELD NAME	CHARACTER NUMERIC	WIDTH	DEC POS	DESCRIPTION
RCCNTY	CHARACTER	2		COUNTY NUMBER
RCRECNUM	CHARACTER	10		RECIPIENT CASE NUMBER
RCGRID	CHARACTER	2		GRID SERVICE TYPE (AA, BB, CC ...)
RCTOTNED	NUMERIC	6	2	RECIPS TOTAL NEED FOR THIS GRID SERVICE
RCADJUST	NUMERIC	6	2	ADJUSTMENTS APPLIED TO THIS SERVICE
RCASSESS	NUMERIC	6	2	RECIPS ASSESSED NEED FOR THIS SERVICE
RCALTRES	NUMERIC	6	2	ALTERNATIVE RESOURCES APPLIED TO THIS SERVICE
RCREFUSE	NUMERIC	6	2	REFUSED SERVICES APPLIED TO THIS SERVICE
RCAUTHPR	NUMERIC	6	2	AUTHORIZED TO PURCHASE HOURS FOR THIS SERVICE
RCUNMETN	NUMERIC	6	2	UNMET NEED FOR THIS SERVICE

PELG County Download

FIELD NAME	CHARACTER NUMERIC	WIDTH	DEC POS	DESCRIPTION
PCNTYNUM	CHARACTER	2		COUNTY NUMBER
PRECPNUM	CHARACTER	10		RECIPIENT CASE NUMBER
PPROVNUM	CHARACTER	6		PROVIDER NUMBER
PSEQNUM	NUMERIC	3	0	PROVIDER 311 SEQUENCE NUMBER
PLNAME	CHARACTER	17		PROVIDERS LAST NAME
PFNAME	CHARACTER	12		PROVIDERS FIRST NAME
PMIDINIT	CHARACTER	1		PROVIDERS MIDDLE INITIAL
PSTATUS	CHARACTER	1		PROVIDERS STATUS
PETHNIC	CHARACTER	1		PROVIDERS ETHNIC CODE
PLANG	CHARACTER	1		PROVIDERS LANGUAGE CODE
PSTREET	CHARACTER	30		PROVIDERS STREET ADDRESS
PCITY	CHARACTER	20		PROVIDERS ADDRESS CITY
PSTATE	CHARACTER	2		PROVIDERS ADDRESS STATE

PZIPCODE	CHARACTER	5	0	PROVIDERS ADDRESS ZIP CODE
PPOSTZIP	CHARACTER	4	0	PROVIDERS ADDRESS POST ZIP CODE
PSSN	CHARACTER	9	0	PROVIDERS SOCIAL SECURITY NUMBER
PTAXCODE	CHARACTER	1		PROVIDERS TAX CODE
PPHONE	CHARACTER	10	0	PROVIDERS PHONE NUMBER
PGENDER	CHARACTER	1		PROVIDERS GENDER
PBIRTHDT	NUMERIC	8	0	PROVIDERS BIRTH DATE (CCYYMMDD)
PEICIND	CHARACTER	1		PROVIDERS EARNED INCOME CREDIT IND (Y/N)
PEICFROM	NUMERIC	4		PROVIDERS EARNED INCOME CREDIT FROM YR
PEICTOYR	NUMERIC	4		PROVIDERS EARNED INCOME CREDIT TO YR
PFITIND	CHARACTER	1		PROVIDERS FEDERAL INCOME
PFITEXMP	NUMERIC	2	0	PROV FED INCOME TAX EXEMPTIONS
PCNTYUSE	CHARACTER	40		COUNTY USE FIELD
PRELPROV	CHARACTER	2		PROVIDERS RELATIONSHIP CODE
PNUMPROV	CHARACTER	1		ONE TO ONE PROVIDER = 1 / = M IF MORE THAN 1 PROV
PRECOVER	NUMERIC	8	2	PROVIDERS TOTAL RECOVERY AMOUNT
PFBEGDT	NUMERIC	8	0	F LINE BEGIN DATE (CCYYMMDD)
PFENDDT	NUMERIC	8	0	F LINE END DATE (CCYYMMDD)
PFHOURS	NUMERIC	6	1	F LINE HOURS
PFSOCAMT	NUMERIC	7	2	F LINE SOC AMOUNT
PFRATE	NUMERIC	5	2	F LINE RATE
PFSDIBEG	NUMERIC	8	0	F LINE SDI BEGIN DATE (CCYYMMDD)
PGBEGDT	NUMERIC	8	0	G LINE BEGIN DATE (CCYYMMDD)
PGENDDT	NUMERIC	8	0	G LINE END DATE (CCYYMMDD)
PGHOURS	NUMERIC	6	1	G LINE HOURS
PGSOCAMT	NUMERIC	7	2	G LINE SOC AMOUNT
PGRATE	NUMERIC	5	2	G LINE RATE
PHBEGDT	NUMERIC	8	0	H LINE BEGIN DATE (CCYYMMDD)
PHENDDT	NUMERIC	8	0	H LINE END DATE (CCYYMMDD)
PHHOURS	NUMERIC	6	1	H LINE HOURS
PHSOCAMT	NUMERIC	7	2	H LINE SOC AMOUNT
PHRATE	NUMERIC	5	2	H LINE RATE
PHSDIEND	NUMERIC	8	0	H LINE SDI END DATE (CCYYMMDD)
PFITWHLD	NUMERIC	7	2	PROV FED INCOME TAX WITHHELD
PSITIND	CHARACTER	1		PROVIDERS STATE INCOME TAX INDICATOR
PSITWHLD	NUMERIC	7	2	PROV STATE INCOME TAX WITHHELD
PSITEXMP	NUMERIC	2	0	PROV STATE INCOME TAX EXEMPTIONS
PTIME	CHARACTER	1		PROVIDERS TIMESHEET INDICATOR
PAIDECD	CHARACTER	4		PROVIDERS ASSISTANTS NUMBER
PPCSPIND	CHARACTER	1		PROVIDERS PCSP INDICATOR
PWCIND	CHARACTER	1		PROVIDER WAIVER CODE INDICATOR
PSSNVER	CHARACTER	1		SSN VERIFICATION CODE V=Verified, S=Submitted, Blank=Not Verified 1=SSN not in file, 2=Name and DOB match; gender codes does not match, 3=Name and gender code match; DOB does not match, 4=Name matches; DOB and gender code do not match, 5=Name does not match; DOB and gender code not checked, D=Deceased
PHIREDT	NUMERIC	8	0	PROVIDER HIRE DATE
PUPDDT	NUMERIC	8	0	PROVIDER LAST MODIFIED DATE
PDDIND	CHARACTER	1		PROVIDER DIRECT DEPOSIT INDICATOR Y=Has Direct Deposi Blank=Does not have Direct Deposit. Added 03/2008.

Provider Paid Hours Download

FIELD NAME	WIDTH	DESCRIPTION
County	02	
District Office	02	
Case Number	10	
Case Last Name	17	
Case First Name	12	
Case MI	1	
Provider Number	6	
Prov Last Name	17	
Prov First Name	12	
Prov MI	1	
Prov SSN	9	
Funding Source	1	I – IHSS; P- PCSP
Pay From Date	8	YYYYMMDD format
Hours	4.1	
Rate	3.2	
Gross	7.2	
SOC	4.2	
FICA	7.2	
SDI	7.2	
FIT	7.2	
SIT	7.2	
Union Dues	7.2	
Net Payment	7.2	
Check Number	8	
Paid Date	8	YYYYMMDD format
Auth Number	5	
Reason Code	2	
Void Flag	1	'V' will indicate this is a void payment. All amounts will still be represented as positive amounts.

Provider Paid Hours By Month Download

FIELD NAME	CHARACTER NUMERIC	WIDTH	DESCRIPTION
County	CHARACTER	2	County Code
Prov SSN	CHARACTER	9	Provider SSN
Provider Number	CHARACTER	6	Provider Number
Prov Last Name	CHARACTER	17	Provider Last Name
Prov First Name	CHARACTER	12	Provider First Name
Prov MI	CHARACTER	1	Provider Middle Initial
Street	CHARACTER	30	Provider Street Address
City	CHARACTER	20	Provider City
State	CHARACTER	2	Provider State
Zip Code	CHARACTER	5	Provide Zip
Zip Code + 4	CHARACTER	4	Provider Zip + 4
Area Code	CHARACTER	3	Area Code
Phone1	CHARACTER	3	Phone Prefix
Phone2	CHARACTER	4	Phone Suffix
Hours	NUMERIC	4.1	Hours Accumulated Across Recipients by County

Enrollment Data Download

FIELD NAME	WIDTH	DESCRIPTION
County	2	
District Office	2	
Social Worker	4	
Case Number	10	Recipient Case Number
Provider ID	6	Provider Number
PELG Status	1	E, T, P, etc.
Provider SSN	9	
Enrollment Status	1	
Effective Date	10	MM/DD/CCYY
Termination	1	
426 Enroll Form	1	Y/N
Finger Print/BI	1	Y/N
Orientation	1	Y/N
846 Prov Agreement	1	Y/N
Appeals	1	Y/N
Last County to Update	2	01 - 58

Medical Certification Downloads (Complete List and Overdue List layouts are the same)

FIELD NAME	WIDTH	DESCRIPTION
County	2	
Office Number	2	
Social Worker	4	
Case Number	10	Recipient Case Number
First Name	12	Recipient's First Name
Last Name	17	Recipient's Last Name
Provider SSN	9	
Street	30	
City	20	
State	2	
Zip	5	
Zip+4	4	
Guardian Name	30	
Guardian Street	28	
Guardian City	12	
Guardian State	2	
Guardian Zip	5	
Guardian Zip+4	4	
Language	1	
Phone	10	
Status	1	
Application Date	8	
Face to Face Date	8	
Med Cert Date	8	
Med Cert Code	1	

Monthly Recipient Reimbursement Report

General Description

The Monthly Recipient Reimbursement Report lists, by District Office all IHSS recipients for whom Emergency X-27 – Recipient Reimbursement were keyed in the report month.

Report Sort

The Monthly Recipient Reimbursement Report listing is sorted by County, District Office then alphabetically by recipient last name. If there were no X-27 transactions keyed in a County, then no report will be produced.

Report Availability

The Monthly Recipient Reimbursement Report is produced on the last business day of the month. For counties accessing CMIPS Online Reports, this report will be available the next business day in the MANAGEMENT Group. Otherwise, the report will be mailed to counties after production.

MONTHLY RECIPIENT REIMBURSEMENT REPORT

```
                        S T A T E   O F   C A L I F O R N I A
JOB - IH2LXXXX                IN-HOME SUPPORTIVE SERVICES            DATE 08/2006   PAGE   1
REPORT - IH2RXXXX          MONTHLY RECIPIENT REIMBURSEMENT REPORT    CYCLE DATE 08/31/2006
                                DISTRICT OFFICE - DETAIL


COUNTY  XX - XXXXXXXXXXXXXX    DISTRICT OFFICE – XX

CASE NUMBER WARRANT# RECIPIENT NAME                        DATE    PAY FROM    PYMT AMT OPERATOR
-------------------------------------------------------------------------------------------------
1234567890 123456789 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   MMDDCCYY  MMDDCCYY   99,999.99 12345678
1234567890 123456789 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   MMDDCCYY  MMDDCCYY   99,999.99 12345678
1234567890 123456789 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   MMDDCCYY  MMDDCCYY   99,999.99 12345678
1234567890 123456789 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   MMDDCCYY  MMDDCCYY   99,999.99 12345678
1234567890 123456789 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   MMDDCCYY  MMDDCCYY   99,999.99 12345678

DISTRICT OFFICE TOTAL  XXX,XXX                                                 999,999.99
```

Fig. XIV-Q- 1 – Monthly Recipient Reimbursement Report

Field by Field Description

The following fields appear on the Monthly Recipient:

Field	Description
The following fields appear in the report header section:	
DATE	The calendar month being reported MM/CCYY
CYCLE DATE	The date the report was run in CMIPS MM/DD/CCYY format
COUNTY	Indicates the County number and County name being reported
DISTRICT OFFICE	Indicates the County District Office being reported
The following fields appear as column headings in the body of the report:	
CASE NUMBER	The ten (10) digit recipient number associated with the case being reported
WARRANT NUMBER	The warrant number associated with the X-27 – Recipient Reimbursement
RECIPIENT NAME	The name of the recipient associated with the case being reported in Last Name, First Name, and MI format
DATE	The date the warrant payment was processed
PAY FROM DATE	The first day of the eligibility month for which the Recipient Reimbursement was issued
PYMT AMT	The dollar amount of the X-27 Recipient Reimbursement payment for the indicated eligibility month
OPERATOR	The EDSNET ID of the individual who keyed the X-27 transactions
DISTRICT OFFICE TOTAL	The total number of X-27 transactions keyed in the report month
PYMT AMT	The total dollars amount associated with the X-27 transactions keyed in the report month

Monthly Renewal Exception Report

General Description

The Monthly Renewal Exception Report is produced when the MEDS Monthly Renewal file processes against IHSS recipient cases which have eligibility for the MEDS Renewal month being processed. For instance, when the MEDS Monthly Renewal for July 2006 processes at the end of June 2006, any IHSS recipient case with eligibility for July 2006, regardless of the case status, will be examined for exceptions. If a case is in T (Termination) Status with an END DATE of July 18, 2006 and one of the indicated exceptions exist, the case will appear on the report.

Report Purpose

The purpose of the Monthly Renewal Exception Report is to alert county workers of cases which require update of either eligibility or share of cost data elements to allow IHSS recipient cases to properly collect share of cost (SOC) either in CMIPS or against the MEDS Point of Service (POS) system.

Report Sort

The Monthly Renewal Exception Report is sorted by County, District Office and then Social Worker. CDSS receives a State Summary indicating the number of cases in each report subcategory per county.

Report Availability

The Monthly Renewal Exception Report is produced at the end of each month, after the processing of the MEDS Monthly Response File.

For counties accessing CMIPS Online Reports, this report is found in the Caseload Detail Group and is available the next business day. Otherwise, the reports will be mailed to counties after production.

Monthly Renewal Exception Report

```
                    S T A T E   O F   C A L I F O R N I A
JOB - IH2LMERS            IN-HOME SUPPORTIVE SERVICES  CYCLE DATE 06/29/2006    PAGE  1
REPORT - IH2RMERS       MONTHLY RENEWAL EXCEPTION REPORT  RUN DATE 06/29/2006

MEDI-CAL ELIGIBILITY MONTH: MONTH 2006

COUNTY  XX  DISTRICT OFFICE XX                                    SOCIAL WORKER XXXX

CASE NUMBER    SSN     RECIPIENT NAME                       IHSS          MEDS   MC AID
-------------------------------------------------------------------------------------------
MEDS CIN DOES NOT MATCH IHSS CIN
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  1234567890    1234567890   6E

MEDS DOB DOES NOT MATCH IHSS DOB
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X    04151923      04251923   6E

MEDS SSN DOES NOT MATCH IHSS SSN
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   123456789     123456789   6E

MEDI-CAL ELIGIBILITY TERMINATION
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X

RECIPIENT ADMITTED TO LONG-TERM CARE, IHSS CASE NOT IN L STATUS
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X

IHSS SOC GREATER THAN MEDS SOC
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   16,980.00  15,980.00     1A

IHSS SOC UPDATE REQUIRED
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X    1,980.00     980.00     4A

MEDI-CAL SOC, BUT IHSS CASE NOT 18, 28 OR 68
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X                             6E

RESIDUAL CASE WITH IHSS SOC GREATER THAN NEED
1234567890  123456789  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X                             1A
```

Fig. XIV-R- 1 – Monthly Renewal Exception Report

The Monthly Renewal Exception Report identifies cases which are indicated with one of the following conditions:

- MEDS CIN DOES NOT MATCH IHSS CIN – Includes any case where the CIN on the IHSS case does not match the CIN on the Monthly Renewal File being processed.
- MEDS DOB DOES NOT MATCH IHSS DOB – Includes any case where the recipient DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.
- MEDS SSN DOES NOT MATCH IHSS SSN – Includes any case where the SSN on the IHSS case does not match the SSN on the Monthly Renewal File being processed.
- MEDI-CAL ELIGIBILITY TERMINATION – Notification from MEDS that the IHSS recipient has been terminated from Medi-Cal eligibility for the upcoming month.
- RECIPIENT ADMITTED TO LONG-TERM CARE, IHSS CASE NOT IN L STATUS – Notification from MEDS that the IHSS recipient is currently in a Long-Term care facility and the IHSS case is either in E (Eligible) or I (Interim Eligible) status.
- IHSS SOC GREATER THAN MEDS SOC – Includes Residual (2N) recipient cases where their IHSS SOC is greater than their MEDS SOC.
- RESIDUAL CASE WITH IHSS SOC GREATER THAN NEED – Includes Residual (2N) IHSS Recipients whose IHSS SOC exceeds their Need.

- IHSS SOC UPDATE REQUIRED – Includes Residual (2N) cases where the IHSS SOC (M6) was previously adjusted because the MEDS SOC for the eligibility period was lower. For the currently eligibility period, the MEDS SOC has changed and the recipients IHSS SOC indicated in Field M6 is greater than the MEDS SOC (K3). The IHSS SOC (M6) must be adjusted to reflect the lower SOC either the IHSS SOC or MEDS SOC in field K3.
- MEDI-CAL SOC, BUT IHSS CASE NOT 18, 28 OR 68 – If an IHSS recipient is indicated with a Medi-Cal SOC, it may be that the recipients financial situation has changed and the IHSS program has not yet been notified. The County should take appropriate action to confirm the recipient's financial status and take action as necessary to correct the case.
- NO MEDS ELIGIBILITY – Indicates an IHSS recipient case where MEDS eligibility was received for the prior eligibility month, but there MEDS eligibility was not received for the current eligibility month. The Medi-Cal Secondary Aid Code for these cases will be changed to 2N – Residual until updated MEDS eligibility is received for the eligibility month.

Field by Field Description

The following fields appear on the MONTHLY RENEWAL EXCEPTION REPORT

Field	Description
CYCLE DATE	The date for which the exceptions being reported (MM/DD/YYYY)
RUN DATE	The date the report was run in CMIPS (MM/DD/YYYY)
MEDI-CAL ELIGIBILITY MONTH	Indicates the MEDS Eligibility Month being reported
COUNTY	Indicates the County being reported.
DISTRICT OFFICE	Indicates the County District Office being reported
SOCIAL WORKER	Indicates the Social Worker responsible for the case(s) being reported.
CASE NUMBER	The ten (10) digit recipient number associated with the case being reported.
SSN	The SSN indicated on the IHSS recipient case
RECIPIENT NAME	The name of the recipient associated with the case being reported. Format Last Name, First Name.
IHSS	Depending upon the reporting subcategory, this column may be populated with the IHSS recipient case indication
MEDS	Depending upon the reporting subcategory, this column may be populated with the MEDS Monthly Renewal indication
MC AID	Indicates the MEDS Primary Aid Code

Possible Actions

If a case is reported in the following subcategory, the indicated action may apply:

- MEDS CIN DOES NOT MATCH IHSS CIN – When the CMIPS cases was initially set up the correct CIN was not used. If an IHSS worker "Force Added" a new record to the SCI, then the CIN on MEDS and CMIPS will not match. Counties should always select an existing CIN if

the SSN, DOB, SEX and Name match the record being entered in CMIPS. The correct CIN must be selected from the CLIENT INDEX POTENTIAL MATCH screen. To update an incorrect SIN or to use the CIN to add a case to CMIPS, see Section V-B SOC 293 Special Instructions, CIN Processing Instructions.

- MEDS DOB DOES NOT MATCH IHSS DOB – Counties will need to verify that the DOB indicated on CMIPS. If the IHSS case documentation indicates that the CMIPS case is incorrect, the County will need to update the DOB on the recipient case with the correct DOB. If the DOB in MEDS is incorrect, following existing County process to have MEDS updated.
- MEDS SSN DOES NOT MATCH IHSS SSN – Counties will need to verify that the SSN indicated on CMIPS is correct. If the IHSS case documentation indicates that the CMIPS case is incorrect, the County will need to update the SSN on the recipient case with the correct SSN. If the SSN in MEDS is incorrect, following existing County process to have MEDS updated.
- MEDI-CAL ELIGIBILITY TERMINATION – County staff should verify how the termination of Medi-Cal eligibility affects the recipient's IHSS eligibility and take appropriate action on the IHSS recipient case.
- RECIPIENT ADMITTED TO LONG-TERM CARE, IHSS CASE NOT IN L STATUS – The County is responsible to determine when the recipient was admitted to Long Term Care and update the recipient case to L-Leave status if the recipient will eventually return home. If the recipient will not return home, the IHSS case should be terminated.
- IHSS SOC GREATER THAN MEDS SOC – Includes Residual (2N) recipient cases where the IHSS SOC is greater than their MEDS SOC. The Recipient is responsible for the lower of the two SOC amounts between IHSS and Medi-Cal. These Residual cases must have the M Line updated with the lower of the two SOC amounts.
- RESIDUAL CASE WITH IHSS SOC GREATER THAN NEED – Includes Residual (2N) cases where the IHSS SOC exceeds Need. Cases written to this subcategory have been changed from 2L (Waiver) or 2M (PCSP) where SOC Greater than Need is allowed to 2N (Residual) which may not have SOC Greater than Need. County staff should verify how the termination of Medi-Cal eligibility or the change in FFP eligibility affects the recipient's IHSS eligibility and take appropriate action on the IHSS recipient case.
- IHSS SOC UPDATE REQUIRED – Includes Residual (2N) cases where the IHSS SOC (M6) was previously adjusted because the MEDS SOC for the eligibility period was lower. For the currently eligibility period, the MEDS SOC has changed and is now greater than the IHSS SOC indicated on the eligibility segment (M6) must be adjusted to reflect the lower of the IHSS or MEDS SOC in field (K3).
- MEDI-CAL SOC, BUT IHSS CASE NOT 18, 28 OR 68 – The MEDS Monthly Renewal indicates the recipient has a Medi-Cal SOC amount, but the IHSS case is not an Income Eligible case. The County should take appropriate action to confirm the recipient's financial status and take action as necessary to correct the case.
- NO MEDS ELIGIBILITY – Because this issue is predominately associated to Inter-County Transfer (ICT) cases, the county should verify that the case is a recently authorized ICT case.

1. If so, the county will need to have a MEDS Eligibility Worker verify that the IHSS recipient is eligible in MEDS in the "new" county, then process an EW20 transaction in MEDS to "push" that MEDS eligibility to CMIPS. Remember, this process requires a three day turnaround. The county should then look at the case, after three days, to verify that the MELG record has been updated with the current MEDS eligibility.
2. If the issue is not associated to an ICT, the IHSS staff will need confer with the MEDS eligibility staff to determine the MEDS eligibility issue which is preventing the MEDS Eligibility from being sent to CMIPS.

No Timesheet Activity For 60 Days

General Description

The No Timesheet Activity for 60 Days report identifies E or I status Arrears or Advance Pay recipient cases served by Individual Providers against which no timesheets have been processed for 60 days or cases for which no timesheets have ever been processed. This report assists counties in determining if action should be taken on a recipient case due to lack of timesheet activity.

The following two version of this report are available:

Alpha – This report is sorted by County, District Office, then alphabetically by recipient last name.

Service Worker – This report sorted by County, District Office, Service Worker, then alphabetically by recipient last name.

Report Availability

The No Timesheet Activity for 60 Day report is run on the last business day of the month. For counties accessing CMIPS Online Reports, this report is available in the MANAGEMENT and PAYROLL Groups the next business day. Otherwise, the report will be mailed to counties after production.

```
JOB - IH2LNTSA                                  S T A T E   O F   C A L I F O R N I A
 REPORT - IH2RNTSA                                     IN-HOME SUPPORTIVE SERVICES              CYCLE DATE MM/DD/CCYY PAGE      999
 COUNTY – COUNTY NAME                              NO TIMESHEET ACTIVITY FOR 60 DAYS            RUN DATE   MM/DD/CCYY TIME HH:MM:SS
 DIST. OFFICE 99
                                                                                          SERVICE   NO TIMESHEET
          RECIPIENT NAME          RECIPIENT NUMBER            RECIPIENT ADDRESS           WORKER     ACT. SINCE            REMARKS

 ---------------------------------------------------------------------------------------------------------------------------------------

 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   99-99999999       99999 XXXXXXXXXXXXXXXXXXXX           XXXX   XXXXXXXXXXXXXXXX
                                                     XXXXXXXXXXXXXXXX, XX 99999-9999

 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   99-99999999       99999 XXXXXXXXXXXXXXXXXXXX           XXXX   XXXXXXXXXXXXXXXX
                                                     XXXXXXXXXXXXXXXX, XX 99999-9999

 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   99-99999999       99999 XXXXXXXXXXXXXXXXXXXX           XXXX   XXXXXXXXXXXXXXXX
                                                     XXXXXXXXXXXXXXXX, XX 99999-9999

 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   99-99999999       99999 XXXXXXXXXXXXXXXXXXXX           XXXX   XXXXXXXXXXXXXXXX
                                                     XXXXXXXXXXXXXXXX, XX 99999-9999

 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   99-99999999       99999 XXXXXXXXXXXXXXXXXXXX           XXXX   XXXXXXXXXXXXXXXX
                                                     XXXXXXXXXXXXXXXX, XX 99999-9999

 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   99-99999999       99999 XXXXXXXXXXXXXXXXXXXX           XXXX   XXXXXXXXXXXXXXXX
                                                     XXXXXXXXXXXXXXXX, XX 99999-9999

 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   99-99999999       99999 XXXXXXXXXXXXXXXXXXXX           XXXX   XXXXXXXXXXXXXXXX
                                                     XXXXXXXXXXXXXXXX, XX 99999-9999

                                                  * * *  E N D   O F   R E P O R T  * * *
```

Fig. XIV-S- 1 – No Timesheet Activity for 60 Days – Alpha Sort

Field by Field Description

For a detailed explanation of all the fields form SOC 293 see ***Section V-A Field by Field Description***. The following fields appear in the Report Header:

Field: CYCLE DATE
Description: The date the cycle which produced the report was run in CMIPS

Field: RUN DATE
Description: The date the report was produced in CMIPS

Field: COUNTY
Description: The County name to which the listed cases are assigned

Field: DISTRICT OFFICE – Field Q1 on SOC 293 or RELB
Description: The two-digit District Office to which the listed cases are assigned

The following fields appear as report column headings:

Field: RECIPIENT NAME – Fields B1, B2 and B3 on SOC 293 or RELA
Description: The recipient name Last Name, First Name, MI format.

Field: RECIPIENT NUMBER – Field A1 on SOC 293 or RELA
Description: The ten-digit recipient case number, formatted 99 – 99999999

Field: RECIPIENT ADDRESS - Fields C1, C2, C3 and C4 on SOC 293 or RELA
Description: The physical address of the recipient

Field: SERVICE WORKER – Field Q3 on SOC 293 or RELB
Description: The Social Worker assigned to the recipient case

Field: NO TIMESHEET ACT. SINCE
Description: There will be one of two indicates appearing in this field:

- NO ACTIVITY – Indicates that no timesheet has ever been processed against the recipient case
- MM/DD/CCYY – Indicates the date the last timesheet was processed against the recipient case

Field: REMARKS
Description: Area allocated for the County staff to make notes regarding the case.

```
JOB - IH2LNTSA                                  S T A T E   O F   C A L I F O R N I A
REPORT - IH2RNTSA                                     IN-HOME SUPPORTIVE SERVICES              CYCLE DATE MM/DD/CCYY PAGE      999
COUNTY – COUNTY NAM                              NO TIMESHEET ACTIVITY FOR 60 DAYS - SW        RUN DATE   MM/DD/CCYY TIME HH:MM:SS
DIST. OFFICE 99
SERVICE WORKER - 9999
                                                                                   AID   NO TIMESHEET   APPROVAL
         RECIPIENT NAME   RECIPIENT   AUTH    RECIPIENT ADDRESS                    CODE   ACT. SINCE      DATE             REMARKS
    PHONE NUMBER           NUMBER     HOURS
-------------------------------------------------------------------------------------------------------------------------------------

XXXXXXXXXXXXXX, XXXXXXXXX 99-99999999  999.9  XXXXXXXXXXXXXXXXXXXX           99   XXXXXXXXXXXXX   MM/DD/CCYY
                                                XXXXXXXXXXXXXXXXX, XX 99999-99

XXXXXXXXXXXXXX, XXXXXXXXX 99-99999999  999.9  XXXXXXXXXXXXXXXXXXXX           99   XXXXXXXXXXXXX   MM/DD/CCYY
                                                XXXXXXXXXXXXXXXXX, XX 99999-99

XXXXXXXXXXXXXX, XXXXXXXXX 99-99999999  999.9  XXXXXXXXXXXXXXXXXXXX           99   XXXXXXXXXXXXX   MM/DD/CCYY
                                                XXXXXXXXXXXXXXXXX, XX 99999-99

XXXXXXXXXXXXXX, XXXXXXXXX 99-99999999  999.9  XXXXXXXXXXXXXXXXXXXX           99   XXXXXXXXXXXXX   MM/DD/CCYY
                                                XXXXXXXXXXXXXXXXX, XX 99999-99

XXXXXXXXXXXXXX, XXXXXXXXX 99-99999999  999.9  XXXXXXXXXXXXXXXXXXXX           99   XXXXXXXXXXXXX   MM/DD/CCYY
                                                XXXXXXXXXXXXXXXXX, XX 99999-99

XXXXXXXXXXXXXX, XXXXXXXXX 99-99999999  999.9  XXXXXXXXXXXXXXXXXXXX           99   XXXXXXXXXXXXX   MM/DD/CCYY
                                                XXXXXXXXXXXXXXXXX, XX 99999-99

XXXXXXXXXXXXXX, XXXXXXXXX 99-99999999  999.9  XXXXXXXXXXXXXXXXXXXX           99   XXXXXXXXXXXXX   MM/DD/CCYY
                                                XXXXXXXXXXXXXXXXX, XX 99999-99



SERVICE WORKER -9999     TOTAL: 99999

                                                  * * *  E N D  O F  R E P O R T  * * *
```

Fig. XIV-S- 2 – No Timesheet Activity for 60 Days – Social Worker Sort

Field by Field Descriptions

The following fields appear in the Report Header:

Field: CYCLE DATE
Description: The date the cycle which produced the report was run in CMIPS

Field: COUNTY
Description: The County name to which the listed cases are assigned

Field: RUN DATE
Description: The date the report was produced in CMIPS

Field: DISTRICT OFFICE – Field Q1 on SOC 293 or RELB
Description: The two-digit District Office to which the listed cases are assigned

Field: SERVICE WORKER – Field Q3 on SOC 293 or RELB
Description: The Social Worker assigned to the recipient case

The following fields appear as report column headings:

Field: RECIPIENT NAME – Fields B1, B2 and B3 on SOC 293 or RELA
Description: The recipient name Last Name, First Name, MI format

Field: PHONE NUMBER – Field D1 on SOC 293 or RELA
Description: The recipient telephone number, formatted (999) 999-9999
Field: RECIPIENT NUMBER – Field A1 on SOC 293 or RELA
Description: The ten-digit recipient case number, formatted 99 – 99999999

Field: AUTH HOURS – Fields M5, N5 or 05 on SOC 293 or RELA
Description: The Authorized Hours on the recipient case for the eligibility month reported

Field: RECIPIENT ADDRESS – Fields C1, C2, C3 and C4 on SOC 293 or RELA
Description: The physical address of the recipient

Field: AID CODE – Field A3 on the SOC 293 or RELA
Description: The IHSS Aid Code assigned to the recipient case

Field: NO TIMESHEET ACT. SINCE
Description: There will be one of two indicates appearing in this field:

- NO ACTIVITY – Indicates that no timesheet has ever been processed against the recipient case
- MM/DD/CCYY – Indicates the date the last timesheet was processed against the recipient case

Field: APPROVAL DATE
Description: The date the case was initially approved for services, formatted MM/DD/CCYY

Field: REMARKS
Description: Area allocated for the County staff to make notes regarding the case

Field: SERVICE WORKER TOTAL
Description: Indicated the Service Worker number and the total number of recipient cases reported

Office Caseload

General Description

The Office Caseload is a listing of basic recipient case information used by the district offices as a caseload directory. A section is produced for each service mode and lists recipients receiving services from a provider with the indicated service mode. The Office Caseload is sorted by County, District Office, Service Mode, then alphabetically by recipient name.

Report Availability

The Office Caseload runs on the third to last business day of the month. For counties accessing CMIPS Online Reports, this report will be available the next business day in the CASELOAD DETAIL and MANAGEMENT Groups. Otherwise, the report will be mailed to counties after production.

```
JOB -    IH2LMOCL                                S T A T E  O F  C A L I F O R N I A          FOR MONTH MM/CCYY     PAGE      999
REPORT - IH2RMOCL                                    IN-HOME SUPPORTIVE SERVICES              RUN DATE  MM/DD/CCYY  TIME HH:MM:SS
                                                            OFFICE CASELOAD
 COUNTY – COUNTY NAME
 DIST. OFFICE 99
 MODE - IP  (@ = MIXED MODE)

            RECIPIENT NAME         NUMBER                            RECIPIENT ADDRESS                      PHONE    ES TYPE PAY SW

   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
   XXXXXXXXXXXXXXXX  XXXXXXXXXXXX 0123456789 XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXX    XX 99999 999-999-9999 X XXX   X XXXX
```

Fig. XIV-T- 1 – Office Caseload

Field by Field Description

The following fields display in the header of the Office Caseload listing:

Field: FOR MONTH – Format – MM/CCYY

Description: Indicates the month being reported

Field: COUNTY

Description: The County (County Name) responsible for the recipient case management

Field: DIST. OFFICE

Description: The District Office (number) responsible for the recipient case management

Field: MODE – Field M5 on SOC 293 or RELB

Description: The service delivery mode for the recipient case.

??	Cases without eligibility segment for report month	IP	Individual Provider

CC County Contractor HM Homemaker

All reported fields are derived from the SOC 293. See ***Section V-A – SOC 293 Field by Field Description*** for details. The following data fields appear in the body of the Office Caseload listing:

Field: RECIPIENT NAME – Fields B1, B2 and B3 on SOC 293 or RELA
Description: The recipient name.

Field: NUMBER – Field A1 on SOC 293 or RELA
Description: The ten-digit recipient case number.

Field: RECIPIENT ADDRESS – Fields C1, C2, C3 and C4 on SOC 293 or RELA
Description: Recipient physical address.

Field: PHONE – Field D1 on SOC 293 or RELA
Description: Recipient phone number.

Field: ES – Field F1 on SOC 293 or RELA
Description: The eligibility status of the recipient case.

Field: TYPE – Field M7 on SOC 293 or RELB
Description: The recipient's impairment status.

Field: PAY – Field M8 on SOC 293 or RELB
Description: Indicates to whom payment is made.

Field: SW – Field Q3 on SOC 293 or RELB
Description: Social worker assigned to the recipient case.

Out of State Warrants

General Description

The Out of State Warrants Report assists the county in monitoring warrants issued to payee with out-of-state addresses. The report is produced monthly providing each county with a listing of all warrants issued to payees that were mailed to a state other than California. The report excludes warrants issued to Lien Holders and FICA Refunds . The report is sorted by County, District Office, Social Worker then alphabetically by recipient name.

Report Availability

The Out of State Warrants Report is generated the third week of each of each month. For counties accessing CMIPS Online Reports this report will be available the next business day of the month in the MANAGEMENT and PAYROLL Groups. Otherwise, the report will be mailed to the counties after production.

```
JOB:    IH2LOSWR                                S T A T E  O F  C A L I F O R N I A                          PAGE:                 1
 COUNTY: COUNTY NAME                                 IN-HOME SUPPORTIVE SERVICES                              REPORT MONTH:      MONTH
 OFFICE: 99      SOCIAL WORKER: XXXX                    OUT OF STATE WARRANTS                                  RUN DATE:     MM/DD/CCYY

 PAYEE NAME                          TYPE SSN       CASE NUMBER      PAYEE ADDRESS
 RECIPIENT NAME                         WARRANT INFORMATION (NUMBERS AND NET AMOUNTS)


 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    X    999999999 0123456789012345 XXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XX 99999 9999
 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X     99999999  99,999.99     99999999  99,999.99     99999999  99,999.99      99999999  99,999.99

 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    X    999999999 0123456789012345 XXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XX 99999 9999
 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X     99999999  99,999.99     99999999  99,999.99     99999999  99,999.99      99999999  99,999.99

 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    X    999999999 0123456789012345 XXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XX 99999 9999
 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X     99999999  99,999.99     99999999  99,999.99     99999999  99,999.99      99999999  99,999.99

 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    X    999999999 0123456789012345 XXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XX 99999 9999
 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X     99999999  99,999.99     99999999  99,999.99     99999999  99,999.99      99999999  99,999.99

 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    X    999999999 0123456789012345 XXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XX 99999 9999
 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X     99999999  99,999.99     99999999  99,999.99     99999999  99,999.99      99999999  99,999.99

 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    X    999999999 0123456789012345 XXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XX 99999 9999
 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X     99999999  99,999.99     99999999  99,999.99     99999999  99,999.99      99999999  99,999.99

 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    X    999999999 0123456789012345 XXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XX 99999 9999
 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X     99999999  99,999.99     99999999  99,999.99     99999999  99,999.99      99999999  99,999.99

 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    X    999999999 0123456789012345 XXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XX 99999 9999
 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X     99999999  99,999.99     99999999  99,999.99     99999999  99,999.99      99999999  99,999.99
```

Fig. XIV-U- 1 – Out of State Warrants

Field by Field Description

The following data is provided for each out of state warrant. Each warrant displays as two lines on the report. For detailed descriptions of fields on the SOC 293 see ***Section V-A – SOC 293 Field by Field Description***. The following fields appear on the first line:

Field: COUNTY
Description: The name of the County being reported

Field: OFFICE – Field Q1 on SOC 293 or RELB
Description: The two-digit District Office within the County

Field: SOCIAL WORKER – Field Q3 on SOC 293 or RELB
Description: The Social Worker responsible for the management of the case

Field: PAYEE NAME
Description: The name of the warrant payee listed in Last Name, First Name, MI order.

Field: TYPE
Description: Identifies to whom the type of warrant issued

- P – Provider
- R – Recipient

Field: SSN
Description: The payee's Social Security Number

Field: CASE NUMBER – Field A1 on SOC 293 or RELA
Description: The ten-digit recipient or sixteen-digit provider case number against which the warrant was issued.

Field: PAYEE ADDRESS
Description: The mailing address, City, State and Zip Code, to which the warrant was mailed.

The following fields display on the second line of the report. Depending upon the number of warrants issued to an individual in the report month, there may be additional lines added to display all warrants.

Field: RECIPIENT NAME – Fields B1, B2 and B3 on SOC 293 or RELA
Description: The name of the recipient associated with the case for which the warrant was issued listed in Last Name, First Name, MI order.

Field: WARRANT INFORMATION
Description: The warrant number(s) and net amount(s). Up to four warrants may be displayed on each line. Multiple lines may display.

Overdue Assessment Listing

General Description

The Overdue Assessment Listing reports IHSS recipient cases for which the IHSS assessment has expired based upon the recipient case End Date (SOC 293 or RELB Field ZZ4). Any recipient case with an End Date prior to the current month will be reported.

The Overdue Assessment Listing is sorted by Due Date (each Month is reported separately), then by Case Status (SOC 293 or RELB Field F1 – I-Interim, E-Eligible or L-Leave.), and then alphabetically by the recipient name.

Report Sort

The Overdue Assessment Report is made up of two separate reports:

- OVERDUE ASSESSMENT LISTING – ALPHA
- OVERDUE ASSESSMENT LISTING – SOCIAL

Report Availability

The Overdue Assessment Listing is produced the first week of each month reporting cases with assessments which were due any month prior to the current. For counties accessing CMIPS Online Reports, this report will be available the next business day in the CASELOAD DETAIL and MANAGEMENT Groups. Otherwise, the report will be mailed to counties after production.

```
                                                S T A T E   O F   C A L I F O R N I A
JOB:    IH2LOALN                                   IN-HOME SUPPORTIVE SERVICES            CYCLE DATE: MM/DD/CCYY PAGE:     9999
REPORT: RM0013F                                 OVERDUE ASSESSMENT LISTING - ALPHA        RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

COUNTY – COUNTY NAME
DIST. OFFICE 99                                          MONTH       CCYY

       RECIPIENT NAME        RECIPIENT NUMBER                                      SERVICE  AID
         TELEPHONE            RECIPIENT SSN            RECIPIENT ADDRESS            WORKER   CODE    DUE DATE    ST   REMARKS
-------------------------------------------------------------------------------------------------------------------------------------

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX    99    MM/DD/CCYY    X
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX    99    MM/DD/CCYY    X
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX    99    MM/DD/CCYY    X
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX    99    MM/DD/CCYY    X
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX    99    MM/DD/CCYY    X
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX    99    MM/DD/CCYY    X
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXX    XX 99999-9999
```

Fig. XIV-V- 1 – Overdue Assessment Listing – Alpha

```
                                        S T A T E  O F  C A L I F O R N I A
JOB:    IH2LOALS                            IN-HOME SUPPORTIVE SERVICES              CYCLE DATE: 07/08/2008 PAGE:        2
REPORT: RM0014F                           OVERDUE ASSESSMENT LISTING - SOCIAL        RUN DATE:   07/08/2008 TIME: 19:48:50

COUNTY - ALAMEDA
DIST. OFFICE 21                                          JULY      2008

       RECIPIENT NAME        RECIPIENT NUMBER                                    SERVICE    AID
         TELEPHONE            RECIPIENT SSN           RECIPIENT ADDRESS          WORKER     CODE    DUE DATE     ST   REMARKS
-------------------------------------------------------------------------------------------------------------------------------

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX      99      MM/DD/CCYY   X
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX      99      MM/DD/CCYY   X
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX      99      MM/DD/CCYY   X
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX      99      MM/DD/CCYY   X
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX      99      MM/DD/CCYY   X
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX      99      MM/DD/CCYY   X
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXX    XX 99999-9999

 TOTALS BY STATUS      E -       999            I -       999            L -       999           TOTAL -      9999
```

Fig. XIV-V- 2 – Overdue Assessment Listing – Social

Field by Field Description

The following fields, unless otherwise noted, appear on both the Overdue Assessment Listing Alpha and the Overdue Assessment Listing Social Reports. For detailed descriptions of fields on the SOC 293 see ***Section V-A – SOC 293 Field by Field***.

Field: COUNTY
Description: The County name to which the listed cases are assigned

Field: DISTRICT OFFICE – Field Q1 on SOC 293 or RELB
Description: The two-digit District Office to which the listed cases are assigned

Field: MONTH – Format – MONTH CCYY
Description: The month the report was produced

Field: RECIPIENT NAME – Fields B1, B2 and B3 on SOC 293 or RELA
Description: The name of the recipient formatted Last Name, First Name, MI.

Field: TELEPHONE – Field D1 on SOC 293 or RELA
Description: The telephone of the recipient.

Field: RECIPIENT NUMBER – Field A1 on SOC 293 or RELA
Description: The ten-digit case number assigned to the recipient case

Field: RECIPIENT SSN – Field A4 on SOC 293 or RELA
Description: The recipient's Social Security Number

Field: RECIPIENT ADDRESS – Fields C1, C2, C3 and C4 on SOC 293 or RELA
Description: The physical address of the recipient

Field: SERVICE WORKER – Field Q3 on SOC 293 or RELB
Description: The County Social Worker assigned to the recipient case

Field: AID CODE - Field A3 on SOC 293 or RELA
Description: The Aid Code assigned to the recipient case

Field: DUE DATE
Description: The date the assessment was due

Field: ST – SOC 293 or RELB Field F1
Description: The recipient case STATUS

Field: REMARKS
Description: Area made available for documentation of staff notes relating to the case

Field: TOTALS BY STATUS – ***SOCIAL sort only***
Description: Total number of cases by status E, I or L and total..

Overdue Assessment Listing – Summary

There are two Summaries associated with the Overdue Assessment Listing:

- County Summary – Lists for each County by District Office the number of E, I and L Status cases due for assessment in the past twelve months
- State Summary – Lists by County then Status, E, I and L a count of cases which had an assessment due in the indicated month

```
                                        S T A T E  O F  C A L I F O R N I A
                                             IN-HOME SUPPORTIVE SERVICES
JOB:    IH2LOALN                           OVERDUE ASSESSMENT LISTING - ALPHA          CYCLE DATE: MM/DD/CCYY PAGE:     9999
REPORT: RM0013F                                     COUNTY SUMMARY                     RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

COUNTY – COUNTY NAME                                MONTH      CCYY

DISTRICT  ------------------------------------  O V E R D U E  M O N T H  ----------------------------------------  REPORTED
 OFFICE      06/07   05/07   04/07   03/07   02/07   01/07   12/06   11/06   10/06   09/06   08/06   07/06   OTHER       TOTALS


   99          999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
         E     999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
         I     999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
         L     999     999     999     999     999     999     999     999     999     999     999     999     999      9999999

   99          999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
         E     999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
         I     999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
         L     999     999     999     999     999     999     999     999     999     999     999     999     999      9999999

   99          999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
         E     999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
         I     999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
         L     999     999     999     999     999     999     999     999     999     999     999     999     999      9999999

   99          999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
         E     999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
         I     999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
         L     999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
```

Fig. XIV-V- 3 – Overdue Assessment Listing – County Summary

```
                                    S T A T E  O F  C A L I F O R N I A
                                         IN-HOME SUPPORTIVE SERVICES
JOB:    IH2LOALN                       OVERDUE ASSESSMENT LISTING - ALPHA          CYCLE DATE: MM/DD/CCYY PAGE:     9999
REPORT: RM0013F                               STATEWIDE SUMMARY                    RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

COUNTY – ALL COUNTIES                                MONTH      CCYY

-----------------------------------------------  O V E R D U E  M O N T H  ----------------------------------------  REPORTED
 COUNTY      06/07   05/07   04/07   03/07   02/07   01/07   12/06   11/06   10/06   09/06   08/06   07/06   OTHER       TOTALS


 ALAMEDA       999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          E    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          I    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          L    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999

 ALPINE        999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          E    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          I    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          L    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999

 AMADOR        999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          E    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          I    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          L    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999

 BUTTE         999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          E    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          I    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          L    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
```

Fig. XIV-V- 4 – Overdue Assessment Listing – Statewide Summary

Field-by-Field Description

The following fields appear on the Overdue Assessment Listing Summary:

Field: COUNTY

Description: The County name to which the listed cases are assigned. The Statewide Summary will indicate – ALL COUNTIES

Field: MONTH – Format – MONTH CCYY

Description: The month the Overdue Assessment Listing was produced

Field: DISTRICT OFFICE

Description: Each District Office within the County shall have a separate line. The totals for each Case Status E-Eligible, I-Interim Eligible, L-Leave will be reported separately. The Statewide Summary will indicated COUNTY.

Field: OVERDUE MONTH

Description: Indicates the number of cases with overdue assessment for up to 12 months. The OTHER column reports a count of cases with an End Date more than 12 months in the past.

Field: REPORTED TOTALS

Description: The total number of cases with Overdue Assessments for the District Office or County.

Payroll Warning Alert Listing

General Description

The Payroll Warning Alert Listing reports all payroll warning alert messages generated during the weekly checkwrite. The listing alerts counties to specific information pertaining to the issuance of payments and/or adjustments. There are separate listings for Arrears and Advance Payments. The following two sorts of the listing are produced:

ALPHA – Sorts by County, District Office then alphabetically by recipient last name

SOCIAL – Sorts by County, District Office, Social Worker, then alphabetically, by recipient last name

Report Availability

The Payroll Warning Alert Listing is produced five times per month at the end of each weekly arrears checkwrite and the advance checkwrite reporting cases with Alters in the report period. For counties accessing CMIPS Online Reports, this report will be will available the next business day in the MANAGEMENT and PAYROLL Groups. Otherwise, the report will be mailed to counties after production.

```
                                                S T A T E   O F  C A L I F O R N I A
JOB: IH2LPWAN                                     IH-HOME SUPPORTIVE SERVICES              CYCLE DATE: MM/DD/CCYY PAGE:      999
REPORT: RM0038F                                PAYROLL WARNING ALERT LISTING - ALPHA       RUN DATE:   MM/DD/CCYY TIME: HH:MM:DD

COUNTY – COUNTY NAME
DIST. OFFICE 99                                *-*  PAY CYCLE  -  ARREARS PAYMENTS  *-*

  RECIPIENT NAME/            PROVIDER NAME/                WARNING MESSAGE - ALERT                                      SOC WORKER
      NUMBER                    NUMBER                                                                                    NUMBER
-------------------------------------------------------------------------------------------------------------------------------------

XXXXXXXXXXXX, XXXXXXXXXX   XXXXXXXXXXXX,XXXXXXXXXXX    99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  XXXX
99-99999999                999999                            AUTH = 99999 RSN = 99

XXXXXXXXXXXX, XXXXXXXXXX   XXXXXXXXXXXX,XXXXXXXXXXX    99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  XXXX
99-99999999                999999                            AUTH = 99999 RSN = 99

XXXXXXXXXXXX, XXXXXXXXXX   XXXXXXXXXXXX,XXXXXXXXXXX    99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  XXXX
99-99999999                999999                            AUTH = 99999 RSN = 99

XXXXXXXXXXXX, XXXXXXXXXX   XXXXXXXXXXXX,XXXXXXXXXXX    99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  XXXX
99-99999999                999999                            AUTH = 99999 RSN = 99

XXXXXXXXXXXX, XXXXXXXXXX   XXXXXXXXXXXX,XXXXXXXXXXX    99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  XXXX
99-99999999                999999                            AUTH = 99999 RSN = 99

XXXXXXXXXXXX, XXXXXXXXXX   XXXXXXXXXXXX,XXXXXXXXXXX    99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  XXXX
99-99999999                999999                            AUTH = 99999 RSN = 99

XXXXXXXXXXXX, XXXXXXXXXX   XXXXXXXXXXXX,XXXXXXXXXXX    99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  XXXX
99-99999999                999999                            AUTH = 99999 RSN = 99
```

Fig. XIV-W- 1 – Payroll Warning Alert Listing - Alpha

Field by Field Description

The following fields appear on both sorts of the Payroll Warning Alert Listing unless otherwise indicated. For detailed descriptions of fields on the SOC 293 see ***Section V-A – SOC 293 Field by Field Description***. For detailed descriptions of fields on the SOC 311 see ***Section VI-B – SOC 311 Field by Field Description***. The following data appears in the header of the listing:

Field: COUNTY

Description: The County name to which the listed cases are assigned

Field: DISTRICT OFFICE – Field Q1 on SOC 293 or RELB

Description: The two-digit District Office to which the listed cases are assigned

Field: SERVICE WORKER – ***SOCIAL sort only*** – Field Q3 on SOC 293 or RELB

Description: The Social Worker within a County, District Office to whom the recipient case is assigned.

The following fields appear as column headers across the top of the listing:

Field: RECIPIENT NAME – Fields B1, B2 and B3 on SOC 293 or RELA

Description: The name of the recipient formatted Last Name, First Name MI

Field: NUMBER – Field A1 on SOC 293 or RELA

Description: The ten-digit case number assigned to the recipient case

Field: PROVIDER NAME – Fields B1, B2 and B3 on SOC 311 or PELG

Description: The name of the provider as it appears in

Field: NUMBER – Field A2 on SOC 311 or PELG

Description: The six-digit provider number assigned to the case

Field: WARNING MESSAGE – ALTER

Description: A two-digit code followed by the payroll warning message. The messages which may display are the same messages which display on the County Voucher Report. See ***Section XIV-J – County Voucher Report*** for details of message and their definitions.

Provider 300+ Paid Hours Report

General Description

The Provider 300+ Paid Hours Report alerts county staff of providers who have been paid or credited for 300 or more hours for the reporting month. The hours worked in the reporting month are an aggregate of IHSS and hours paid through DHS for the In-Home Operations (IHO) or Waiver Personal Care Services (WPCS) program.

The paid hours and gross amount will be for the reporting month. If a provider works for more than one recipient, each recipient will be listed separately and the hours and amount will be totaled. WPCS hours will be listed on a separate line from IHSS hours.

This report helps to ensure recipients are receiving adequate services. It also is a tool used in fraud detection. If a provider works for multiple recipients in multiple counties, all cases will be listed in all counties. Providers who have the same SSN and whose last name, although spelled differently, sounds similar will be treated as the same provider.

Report Availability

The Provider 300+ Paid Hours Report is produced Friday before the 4th Monday of the month. For counties accessing CMIPS Online Reports, this report will be available the next business day in the CASELOAD DETAIL and MANAGEMENT Groups. Otherwise, the report will be mailed to counties after production.

```
                                        S T A T E  O F  C A L I F O R N I A                          PAGE:                 999
JOB - IH2LP3HR                               IN-HOME SUPPORTIVE SERVICES                             REPORT MONTH - XXXXXXXXX
COUNTY - XXXXXXXXXXXXXXXXXXXXXXXX          PROVIDER 300+ PAID HOURS REPORT                           RUN DATE:     MM/DD/CCYY

 PROVIDER NAME /                 PROV#    SSN#     ADDRESS                                                                  TELEPHONE
  RECIPIENT#  RECIPIENT NAME                          SW    DO  TYPE  PAY        PAID HOURS  WPCS       GROSS AMOUNT
 ---------------------------------------------------------------------------------------------------------------------------------

 XXXXXXXXXXXXXXXX XXXXXXXXXXXX   999999   999999999 XXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXX   XX 99999 9999 (999) 999-9999

  9999999999 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  XXXX  99  XXX    X            999.99    X            9,999.99
  9999999999 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  XXXX  99  XXX    X            999.99    X            9,999.99
  9999999999 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  XXXX  99  XXX    X            999.99    X            9,999.99
                                                                                  --------                 ----------
                                                                                   9,999.9                 99,999.99

 XXXXXXXXXXXXXXXX XXXXXXXXXXXX   999999   999999999 XXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXX   XX 99999 9999 (999) 999-9999

  9999999999 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  XXXX  99  XXX    X            999.99    X            9,999.99
  9999999999 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  XXXX  99  XXX    X            999.99    X            9,999.99
  9999999999 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  XXXX  99  XXX    X            999.99    X            9,999.99
                                                                                  --------                 ----------
                                                                                   9,999.9                 99,999.99

 XXXXXXXXXXXXXXXX XXXXXXXXXXXX   999999   999999999 XXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXX   XX 99999 9999 (999) 999-9999

  9999999999 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  XXXX  99  XXX    X            999.99    X            9,999.99
  9999999999 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  XXXX  99  XXX    X            999.99    X            9,999.99
  9999999999 XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  XXXX  99  XXX    X            999.99    X            9,999.99
                                                                                  --------                 ----------
                                                                                   9,999.9                 99,999.99
```

Fig. XIV-X- 1 – Provider 300+ Paid Hours Report

Field by Field Description

For detailed descriptions of fields on the SOC 293 see ***Section V-A – SOC 293 Field by Field Description***. The following fields appear on the Provider 300+ Paid Hours Report:

Field: COUNTY NAME

Description: Indicates the county to which the report applies

Field: REPORT MONTH

Description: The calendar month from which the report was produced. This report runs toward the end of a calendar month reporting payments made for services rendered in the previous month. (i.e. Report run the end of May will report providers paid for services provided in April.)

Field: PROVIDER NAME – Fields B1, B2 and B3 on SOC 311 or PELG

Description: The name of the provider who has worked in excess of 300 hours in the reporting month.

Field: PROV # – Field A2 on SOC 311 or PELG

Description: The six-digit provider number

Field: SSN# – Field D1 on SOC 311 or PELG

Description: The provider's social security number

Field: ADDRESS – Fields C1, C2, C3 and C4 on SOC 311 or PELG

Description: The address to which the warrants are mailed. Format will be Mailing Address, City, State, Zip+4 Code. If a provider works in multiple counties and their Provider records have different addresses, the address associated with the reporting county will display.

Field: TELEPHONE – Field D3 on SOC 311 or PELG

Description: The provider's telephone number is provided.

Field: RECIPIENT# – Field A1 on SOC 293 or RELA

Description: The recipient's case number

Field: RECIPIENT'S NAME – Fields B1, B2 and B3 on SOC 293 or RELA

Description: The recipient's name in last name, first name format.

Field: SSN# – Field D1 on SOC 293 or RELA

Description: The recipient's social security number.

Field: SW – Field Q3 on SOC 293 or RELB

Description: The number of the social worker associated with the recipient case.

Field: DO – Field Q1 on SOC 293 or RELB

Description: The recipient's district office.

Field: TYPE – Field M7, O8 or P7 on SOC 293 or RELB

Description: The recipient's impairment level for the eligibility segment against which the payment was issued. Valid values are:

- NSI – Non-Severely Impaired
- SI – Severely Impaired

Field: PAY – Field M8, O8 or P8 on SOC 293 or RELB

Description: The provider's pay option for the eligibility segment against which the payment was issued. One of the following indications will apply:

- P - Arrears Pay
- R – Advance Pay
- F - Advance Pay EFT

Field: PAID HOURS

Description: The paid hours associated with each recipient. The hours paid to a provider will be totaled.

Field: WPCS

Description: Waiver Personal Care Services hours paid to the provider for the indicated recipient. These hours, indicated by an "X", are included when aggregating the total hours worked by a provider in the reporting month.

Field: GROSS AMOUNT

Description: The gross amount of money earned by the provider for each recipient for the month the provider works. If more than one recipient, the total paid hours and gross amount will be displayed on the report

Provider SSN Verification Report

General Description

The Provider Social Security Number (SSN) Verification Report is produced weekly as a result of the Social Security Administrations (SSA) response to provider records submitted for SSN verification. IHSS provider records shall be processed weekly on Friday night.

Provider records which appear on this report have failed the SSN Verification process because the information on the Provider record does not match the information at the SSA. The following data elements are sent to SSA for verification:

- Provider Name (Last, Firs MI)
- Provider SSN
- Provider Date of Birth
- Provider Gender

Provider records listed on this report will have failed to be verified by SSA for on of the following reasons indicated in the SSNV field on the PELG:

1	SSN submitted is not on file with the SSA
2	Name and DOB match; Gender code does not match SSA records
3	Name and Gender code match; DOB does not match SSA records
4	Name match; Gender code and DOB do not match SSA records
5	DOB and Gender code match; Name does not match SSA records
6	SSN DID NOT VERIFY, OTHER REASON
D	Person indicated by SSA to be deceased

Report Sort

The SSN Verification Report is sorted by County, District Office, Service Worker, Verification Reason, then alphabetically by Provider Name (Last, First, MI)

Report Availability

The SSN Verification Report is produced as a result to the SSA response file processing in CMIPS. SSA has up to one week to send a response to a submitted file. Therefore, at this time, there is not set processing schedule for the report, but it will be produced at least weekly.

For counties accessing CMIPS Online Reports, this report is available in the CASELOAD DETAIL Group the next business day. Otherwise, the report will be mailed to counties after production.

Provider SSN Verification Report

```
                         S T A T E   O F   C A L I F O R N I A
JOB - IH2LXXXX                IN-HOME SUPPORTIVE SERVICES            RUN DATE   MM/DD/CCYY   PAGE 999
REPORT - IH2RXXXX           PROVIDER SSN VERIFICATION REPORT         CYCLE DATE MM/DD/CCYY


COUNTY  XX DISTRICT OFFICE – XX
WORKER  XXXX

PROVIDER NAME                          PROVIDER NUMBER    RECIPIENT NAME            SSN        DOB        GENDER
(1) SSN NOT IN FILE
XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X       XXXXXXXXXX-XXXXXX  XXXXXXXXXXXX, XXXXXXXXX   XXXXXXXXX  XX/XX/XXXX    X
XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X       XXXXXXXXXX-XXXXXX  XXXXXXXXXXXX, XXXXXXXXX   XXXXXXXXX  XX/XX/XXXX    X
XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X       XXXXXXXXXX-XXXXXX  XXXXXXXXXXXX, XXXXXXXXX   XXXXXXXXX  XX/XX/XXXX    X

(2) NAME AND DOB MATCH; GENDER CODE DOES NOT MATCH
XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X       XXXXXXXXXX-XXXXXX  XXXXXXXXXXXX, XXXXXXXXX   XXXXXXXXX  XX/XX/XXXX    X
XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X       XXXXXXXXXX-XXXXXX  XXXXXXXXXXXX, XXXXXXXXX   XXXXXXXXX  XX/XX/XXXX    X

(3) NAME AND GENDER CODE MATCH; DOB DOES NOT MATCH
XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X       XXXXXXXXXX-XXXXXX  XXXXXXXXXXXX, XXXXXXXXX   XXXXXXXXX  XX/XX/XXXX    X
XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X       XXXXXXXXXX-XXXXXX  XXXXXXXXXXXX, XXXXXXXXX   XXXXXXXXX  XX/XX/XXXX    X

(4) NAME AND GENDER CODE MATCH; DOB DOES NOT MATCH
XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X       XXXXXXXXXX-XXXXXX  XXXXXXXXXXXX, XXXXXXXXX   XXXXXXXXX  XX/XX/XXXX    X

(5) NAME DOES NOT MATCH; DOB AND GENDER CODE NOT CHECKED
XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X       XXXXXXXXXX-XXXXXX  XXXXXXXXXXXX, XXXXXXXXX   XXXXXXXXX  XX/XX/XXXX    X

(6) SSN DID NOT VERIFY, OTHER REASON
XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X       XXXXXXXXXX-XXXXXX  XXXXXXXXXXXX, XXXXXXXXX   XXXXXXXXX  XX/XX/XXXX    X

(D) DECEASED
XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X       XXXXXXXXXX-XXXXXX  XXXXXXXXXXXX, XXXXXXXXX   XXXXXXXXX  XX/XX/XXXX    X
XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X       XXXXXXXXXX-XXXXXX  XXXXXXXXXXXX, XXXXXXXXX   XXXXXXXXX  XX/XX/XXXX    X
```

Fig. XIV-Y- 1 – Provider SSN Verification Report

Field by Field Description

The following fields appear on the Provider SSN Verification Report:

Field: RUN DATE

Description: The date the report was processed in CMIPS

Field: CYCLE DATE

Description: The date the cycle producing the report was run in CMIPS

Field: COUNTY

Description: Indicates the County being reported

Field: DIST. OFFICE

Description: Indicates the District Office within a County being reported

Field: WORKER

Description: Worker – The County Service Worker to whom the recipient case is assigned

The Provider SSN Verification Report is divided into the following report sub-categories:

1 SSN NOT ON FILE

2 NAME AND DOB MATCH; GENDER DOES NOT MATCH

3 NAME AND GENDER MATCH; DOB DOES NOT MATCH

4	NAME MATCH; GENDER CODE AND DOB DO NOT MATCH
5	DOB AND GENDER MATCH; NAME DOES NOT MATCH
6	SSN DID NOT VERIFY, OTHER REASON[1]
D	DECEASED

The following column headings shall be associated with each reporting sub-category

Field: PROVIDER NAME
Description: The provider name associated with the IHSS case

Field: PROVIDER NUMBER
Description: The 16 digit IHSS case number

Field: RECIPIENT NAME
Description: The name of the recipient to which the provider records is associated

Field: SSN
Description: The Social Security Number (SSN – Field D1)indicated on the provider record

Field: DOB
Description: The DOB (DOB – Field D5) indicated on the provider record

Field: GENDER
Description: The GENDER (SX – Field D4) indicated on the provider record

[1] Providers reported in this sub-category should contact the local SSA office for assistance

Rate Change Reports

General Description

Rate Change Reports are produced on an adhoc basis when a county request a Individual Provider or County Contractor rate change. There are two reports produced each time a rate change is applied for a county:

Rate Change Exception Report – Reports cases to which the rate change was not applied. Listed cases must be manually worked by the county and the current rate applied.

Rate Change Warning Report – Reports cases to which the rate change was applied in a limited manner. Listed cases must be manually worked by the county to extend the current eligibility.

Rate Change Reports are sorted by County, District Office, Social Worker, then alphabetically by recipient name.

Report Availability

The Rate Change Reports are produced when rate changes are run for a county. The State Contractor will notify the county when the rate change will run. This report will be available the next business day after the rate change is applied. For counties accessing CMIPS Online Reports in the MANAGEMENT Group. Otherwise, the report will be mailed to counties after production.

```
                                        S T A T E   O F   C A L I F O R N I A
                                                                                                                I5001
JOB:     IH2LRCEX                                IH-HOME SUPPORTIVE SERVICES              CYCLE DATE: MM/DD/CCYY PAGE:     9999
REPORT:  IH2RRCEX                                RATE CHANGE EXCEPTION REPORT             RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

COUNTY - XXXXXXXXXXXXXX
DIST. OFFICE - 99 SOCIAL WORKER - XXXX

RECIPIENT NUMBER   PROVIDER NUMBER  RECIPIENT NAME                    PROVIDER NAME                      EXCEPTION REASON

9999999999         999999           XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999         999999           XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999         999999           XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999         999999           XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

Fig. XIV-Z- 1 – Rate Change Exception Report

```
                                        S T A T E   O F   C A L I F O R N I A
                                                                                                                I5001
JOB:     IH2LRCWN                                IH-HOME SUPPORTIVE SERVICES              CYCLE DATE: MM/DD/CCYY PAGE:      999
REPORT:  IH2RRCWN                                RATE CHANGE WARNING REPORT               RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

COUNTY - XXXXXXXXXXXXXXXXX
DIST. OFFICE - 99 SOCIAL WORKER - XXXX

RECIPIENT NUMBER   PROVIDER NUMBER  RECIPIENT NAME                    PROVIDER NAME                      WARNING MESSAGE

9999999999         999999           XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999         999999           XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999         999999           XXXXXXXXXXXXXXXXX XXXXXXXXXXXX    XXXXXXXXXXXXXXXXX XXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

Fig. XIV-Z- 2 – Rate Change Warning Report

Field by Field Description

The following fields appear on both the Rate Change Warning Report and the Rate Change Exception Report unless otherwise noted. For detailed descriptions of fields on the SOC 293 see ***Section V-A – SOC 293 Field by Field Description***.

Field: COUNTY

Description: The Name of the County to which the rate change applies

Field: DIST. OFFICE – Field Q1 on SOC 293 or RELB

Description: The District Office to which the case is assigned

Field: SOCIAL WORKER – Field Q3 on SOC 293 or RELB

Description: The Social Worker number responsible for the management of the recipient case

Field: RECIPIENT NUMBER – Field A1 on SOC 293 or RELA

Description: The ten-digit recipient case number. Field A1 on SOC 293

Field: PROVIDER NUMBER – Field A1 on SOC 311 or PELG

Description: The six-digit provider number.

Field: RECIPIENT NAME – Field B1, B2 and B3 on SOC 293 or RELA

Description: The name of the recipient formatted Last Name, First Name MI

Field: PROVIDER NAME – Field B1, B2 and B3 on SOC 311 or PELG

Description: The name of the provider formatted Last Name, First Name MI

The following messages may appear on the RATE CHANGE EXCEPTION REPORT:

Field: EXCEPTION MESSAGE – Appears on Rate Change Exception Report only

Description: Reasons the listed case could not have the current Rate Change applied:

Message	Description
ELIGIBILITY IS PRORATED	The current eligibility "M" line segment is prorated and ends more than one day prior to the new effective date to the new effective date.
PROV BEG DATE > 1 YEAR PRIOR	"F" line begin date more than 1 year prior to effective date.
PROV ELIG SEG BEGIN IN FUTURE	Provider eligibility segment begins in the future on the PELG F line.
PROV RATE NOT EQL TO DFLT RATE	The current eligibility rate is not equal to the default rate. Case was not updated.
Message	**Description**
PROV T OR L STAT ON RTE FF DATE	Provider is in "T" or "L" status on the effective date.
RECP BEG DATE > 1 YEAR PRIOR	"M" line begin date more than 1 year prior to effective date.
RECP ELIG END PRIOR TO	Current eligibility ends earlier than the

EFF DATE	month prior to the rate effective date for "E" or "I" status cases.
RECP ELIG SEG BEGIN IN FUTURE	Recipient eligibility segment begins in the future on the RELB M line.
RECP RATE NOT EQL TO DFLT RATE	The current eligibility rate is not equal to the default rate. Case was not updated.
RECP T OR L STATUS ON RTE FF DT	Recipient is in "T" or "L" status on the effective date.

The following messages may appear on the RATE CHANGE WARNING REPORT:

Field: WARNING MESSAGE – Appears on Rate Change Warning Report only

Description: Reasons the listed case could not have the current Rate Change applied:

Message	Description
PROV ELIG EXTENDED FOR 1 MONTH	Provider current eligibility ends the day prior to the effective date for "E" or "I" status cases. Eligibility extended for one month.
RECP ELIG EXTENDED FOR 1 MONTH	Recipient current eligibility ends the day prior to the effective date for "E" or "I" status cases. Eligibility extended for one month.

Reason Code Report

General Description

The Reason Code Report reports by County the numbers of cases against which action was taken in the report period and the outcome of that action. The actions are determined based upon Notices of Action which were generated against cases in the reporting month.

Report Availability

The Reason Code Report is produced on the last business day of each month, reporting actions taken in the previous month. For counties access CMIPS Online Reports this repot will be available the next business day in the MANAGEMENT and SUMMARY Groups. Otherwise, the report will be mailed to the counties after production.

STATE OF CALIFORNIA

JOB: IH2LRCOD
REPORT: IH2JRCOD
COUNTY - LOS ANGELES

IN-HOME SUPPORTIVE SERVICES
REASON CODE REPORT
COUNTY SUMMARY

FOR MONTH: 09/04 PAGE: 19
RUN DATE: 09/30/2004 TIME: 20:25:35

OFFICE	01	19	35	47	73	74	75	77	SUMMARY
APPROVAL - STATUS ELIG	319	163	78	339	149	335	91	562	2036
APPROVAL - INCOME ELIG	68	28	23	32	25	56	21	107	360
DENY - ABL/AVL SPOUSE REQ	3	6	2	8	3	5	0	18	45
DENY - RECIP SAFE/HOME	0	0	0	0	0	0	0	0	0
DENY - ALTERNATE RESOURCE	0	0	0	2	0	0	0	4	6
DENY - RECIP OUT OF CNTRY	1	0	0	0	0	0	0	2	3
DENY - NO CONTACT RECIP	6	0	3	11	0	0	2	29	51
DENY - MED CARE HOME	13	11	2	27	7	13	9	36	118
DENY - NON MED CARE HOME	4	4	1	3	3	13	2	9	39
DENY - RECIP HAS DIED	3	1	2	9	3	4	2	12	36
DENY - RECIP EXCESS SOC	4	0	2	3	2	1	7	3	22
DENY - RECIP NOT ELIG SSI	45	21	16	54	16	28	13	68	261
DENY - RECIP REQUEST	100	52	30	113	50	88	51	292	776
DENY - OTHER	148	102	81	146	203	244	23	290	1237
DECR - ABLE & AVAIL SPOUSE	0	0	0	0	0	0	0	0	0
DECR - TIME FOR TASK	0	0	0	0	0	0	0	0	0
DECR - MEAL ALLOW START	1	0	0	1	0	0	0	0	2
DECR - ALT RESOURCE	45	48	24	79	33	131	16	79	455
DECR - CHG LIVING ARRANG	28	15	13	18	12	44	7	62	199
DECR - RECIP REQ REDUCTION	0	0	0	0	0	0	0	0	0
DECR - SERV W/ FEWER HOURS	67	86	44	96	43	139	24	146	645
DECR - NOT SEV IMPAIRED	2	6	7	10	1	12	0	14	52
DECR - OTHER	7	4	2	3	4	1	1	13	35
INCR - SPOUSE NOT ABLE/AVL	0	0	0	0	0	0	0	0	0
INCR - RECIP HEALTH/SAFETY	830	296	170	751	933	885	352	1091	5308
INCR - ALT RESOURCE N/A	5	5	7	8	10	27	6	21	89
INCR - CHG LIVING ARRANG	166	60	54	129	115	226	29	258	1037
INCR - MAX BENEFIT LEVEL	0	0	0	0	0	0	0	0	0
INCR - SEVERELY IMPAIRED	70	39	19	64	45	87	48	129	501
INCR - MEAL ALLOWANCE STOP	1	0	0	1	0	0	0	0	2
CHNG - INCREASE SOC	32	16	20	43	19	40	13	104	287
CHNG - DECREASE SOC	10	3	4	1	9	7	3	28	65
CHNG - PAY CHG TO ADVANCE	0	0	0	0	0	0	0	0	0
CHNG - ADJUST OVERPAYMENT	0	0	0	0	0	0	0	0	0
CHNG - AID PENDING HEARING	0	0	0	0	0	0	0	0	0
CHNG - PAY CHG TO ARREARS	0	0	0	0	0	0	0	0	0
CHNG - NEW AUTHORIZED PER	1192	781	313	1785	927	1546	668	2811	10023
DISC - ABL/AVL SPOUSE REQ	0	0	0	0	0	0	0	0	0
DISC - RECIP SAFE/HOME	4	5	5	7	3	8	4	23	59
DISC - MED CARE HOME	50	24	10	32	30	57	24	82	309
DISC - NON MEDICARE HOME	5	0	2	1	3	3	0	10	24
DISC - ALTERNATE RESOURCE	0	0	0	1	0	0	0	0	1
DISC - RECIP OUT OF CNTRY	7	5	0	1	1	5	2	7	28
DISC - NO CONTACT RECIP	26	11	36	13	4	41	15	101	247
DISC - RECIP HAS DIED	52	37	25	83	49	93	29	114	482
DISC - RECIP EXCESS SOC	5	1	1	2	2	5	1	11	28
DISC - RECIP NOT ELIG SSI	6	0	0	5	3	2	2	11	29
DISC - RECIP REQUEST	22	13	5	13	13	24	3	57	150
DISC - OTHER	95	84	46	96	25	114	38	248	746
TOTAL CASES	3442	1927	1047	3990	2745	4284	1506	6852	25793

CONFIDENTIAL

Fig. XIV-aa- 1 – Reason Code Report

Field by Field Description

The following fields will appear in the headers section of the report:

Field: COUNTY

Description: The County name being reported

Field: OFFICE

Description: The two-digit District Office code. Each District office will report a total of cases for the indicated REASON

Field: SUMMARY

Description: The county total for each REASON type.

The following REASONS appear down the left side of the report and represent a count of case in the reporting month:

Reason: APPROVAL – STATUS ELIG

Description: Any newly approved case with Aid Code 10, 20, or 60

Reason: APPROVAL – INCOME ELIG

Description: Any newly approved case with Aid Code 18, 28 or 68

Reason: DENY – ABL/AVL SPOUSE REQ

Description: Cases denied because the recipient's spouse is able and available to take care of the recipient

Reason: DENY – RECIP SAFE/HOME

Description: Cases denied because the recipient may remain safely at home without IHSS

Reason: DENY – ALTERNATE RESOURCE

Description: Cases denied because the recipient has another means of receiving help

Reason: DENY – RECIP OUT OF CNTRY

Description: Cases denied because the recipient is located out of the country

Reason: DENY – NO CONTACT RECIP

Description: Cases denied because the recipient could not be contacted by county staff

Reason: DENY – MED CARE HOME

Description: Cases denied because the recipient is in a medical care home

Reason: DENY – NON MED CARE HOME

Description: Cases denied because the recipient is residing in the home of relatives and is

receiving board and care

Reason: DENY – RECIP HAS DIED

Description: Cases denied because the recipient had died

Reason: DENY – RECIP EXCESS SOC

Description: Cases denied because the share of cost exceeds the assessed cost of IHSS. Status change to D

Reason: DENY – RECIP NOT ELIG SSI

Description: Cases denied because the recipient is not 65 years or older, blind, or disabled, and able to work

Reason: DENY – RECIP REQUEST

Description: Cases denied because the recipient requested that the application for IHSS services be withdrawn

Reason: DENY – OTHER

Description: Cases denied services due to reasons other than the above

Reason: DECR – ABLE & AVAIL SPOUSE

Description: Cases with decreased hours because the recipient's spouse is able and available

Reason: DECR – TIME FOR TASK

Description: Cases with decreased hours as a result of reassessment of need for Laundry, Food Shopping, and Other Errands, taking into consideration statewide standards effective July 1, 1993

Reason: DECR – MEAL ALLOW START

Description: Cases with decreased hours because recipient chose to receive a restaurant meal instead of meal preparation services

Reason: DECR – ALT RESOURCE

Description: Cases with decreased need/hours because alternate resources available have increased

Reason: DECR – CHG LIVING ARRANG

Description: Cases where the living arrangement has changed causing a decrease in IHSS hours

Reason: DECR – RECIP REQ REDUCTION

Description: Cases with decreased hours because the recipient has requested a reduction

Reason: DECR – SERV W/ FEWER HOURS

Description: Cases where the need for services has decreased

Reason: DECR – NOT SEV IMPAIRED

Description: Cases where the recipient does not meet the criteria of 20 hours or more per week of starred (* and **) services. Advance Pay is no longer available to pay provider.

Reason: DECR – OTHER

Description: Cases with decreased hours due to reasons other than the above

Reason: INCR – SPOUSE NOT ABLE/AVL

Description: Cases with increased hours because the spouse is no longer able and available to provide services

Reason: INCR – RECIP HEALTH/SAFETY

Description: Cases with increased hours because the recipient needs additional hours of service to remain safely at home

Reason: INCR – ALT RESOURCE N/A

Description: Cases where the alternate resources available have been reduced, causing an increase in hours

Reason: INCR – CHG LIVING ARRANG

Description: Cases where a change in living arrangements resulted in a need for increased hours

Reason: INCR – MAX BENEFIT LEVEL

Description: Cases where the share of cost has changed because of living adjustments to Social Security and SSI/SSP, causing increased hours

Reason: INCR – SEVERELY IMPAIRED

Description: Cases where increased hours has resulted in a change in eligibility type. (From non-severely to severely impaired)

Reason: INCR – MEAL ALLOWANCE STOP

Description: Cases whose hours increased because the recipient chose to receive meal preparations instead of a restaurant meal allowance

Reason: CHNG – INCREASE SOC

Description: Cases changed due to an increase in the share-of-cost

Reason: CHNG – DECREASE SOC
Description: Cases changed due to a decrease in the share-of-cost

Reason: CHNG – PAY CHG TO ADVANCE
Description: Cases changed from arrears to advance payment because the severely impaired recipient requested to pay his/her own provider

Reason: CHNG – ADJUST OVERPAYMENT
Description: Cases changed due to a monthly overpayment adjustment

Reason: CHNG – AID PENDING HEARING
Description: Cases changed because the recipient requested a State Hearing prior to the date of change

Reason: CHNG – PAY CHG TO ARREARS
Description: Cases changed from advance payment to arrears due to the recipient's request

Reason: CHNG – NEW AUTHORIZED PER
Description: Cases changed because the reassessment has authorized a new period of eligibility with no service changes from the previous period of eligibility

Reason: DISC – ABL/AVL SPOUSE REQ
Description: Cases discontinued because the spouse is able and available to provide services

Reason: DISC – RECIP SAFE/HOME
Description: Cases discontinued because the recipient has no assessed need for services and may remain safely at home

Reason: DISC – MED CARE HOME
Description: Cases discontinued because the recipient has been placed in a medical care home

Reason: DISC – NON MEDICARE HOME
Description: Cases discontinued because the recipient is residing in the home of relatives or a community care facility where s/he may receive board and care

Reason: DISC – ALTERNATE RESOURCE
Description: Cases discontinued because all IHSS needs have been met by alternate resources

Reason: DISC – RECIP OUT OF CNTRY
Description: Cases discontinued because the recipient was out of the country for a full calendar month

Reason: DISC – NO CONTACT RECIP
Description: Cases discontinued because recipient could not be contacted by county staff

Reason: DISC – RECIP HAS DIED
Description: Cases discontinued because the recipient died

Reason: DISC - RECIP EXCESS SOC
Description: Cases discontinued because the recipient share of cost exceeds their need

Reason: DISC – RECIP NOT ELIG SSI
Description: Cases discontinued because the recipient is not 65 years or older, blind, or disabled and is able to work

Reason: DISC – RECIP REQUEST
Description: Cases discontinued because the recipient requested termination of all IHSS services

Reason: DISC – OTHER
Description: Cases discontinued due to reasons other than the above

Reason: TOTAL CASES
Description: Total number of cases affected by changes in each district office

Recipient Summary Characteristics Listing

General Description

The Recipient Summary Characteristics Listing is a three-page County specific report indicating totals of various recipient characteristics. The listing is useful in obtaining an overview of the IHSS population. The Recipient Summary Characteristics Listing is a summary of the Monthly Characteristic Listing, providing data by characteristics rather than by individual recipients.

The data source for this listing is the recipient SOC 293 as of the date the report is created. The listing <u>is not</u> an "activity" report.

Report Availability

The Recipient Summary Characteristics Listing is produced on the next to last business day of each month, reporting case characteristics on that day. Cases assigned a T-Terminated or D-Denied status in the report month will be reported along with all E-Eligible, I-Interim or L-Leave status cases. For counties accessing CMIPS Online Reports this report will be available the last business day of the month in the MANAGEMENT Group. Otherwise, the report will be mailed to the counties after production.

```
                                    S T A T E   O F   C A L I F O R N I A
JOB - IH2LRCHR                          IN-HOME SUPPORTIVE SERVICES          FOR MONTH 09/2004     PAGE        1
REPORT - IH2RRCHR                  RECIPIENT SUMMARY CHARACTERISTICS LISTING  RUN DATE  09/28/2004  TIME 20:08:47
                                          COUNTY - LAKE

DISTRICT OFFICE                    01  SUMMARY

ELIGIBILITY STATUS CODES
  R -  RECORD                           0       0
  I -  INTERIM ELIGIBILITY              0       0
  E -  ELIGIBLE                     1,605   1,605
  L -  LEAVE                            5       5
  D -  DENY                            36      36
  T -  TERMINATED                      36      36
  TOTAL                             1,682   1,682

IMPAIRMENT STATUS
  NSI - NON-SEVERLY IMPAIRED        1,118   1,118
  SI  - SEVERLY IMPAIRED              531     531

MAXIMUM PAYMENT CASES
  NSI - NONSEVERLY IMPAIRED             1       1
  SI  - SEVERLY IMPAIRED               55      55
  UMN - UNMET NEEDS                    50      50

PCSP/IHSS CASES
  PCSP CASES                        1,551   1,551
  IHSS CASES                           98      98
  PERCENTAGE OF PCSP CASES             94      94

FUNCTIONAL INDEX                     2.70    2.70
FUNCTIONAL HOURS                    111.7   111.7
FUNCTIONAL INDEX CASES              1,648   1,648

SEX
  M -  MALE                           643     643
  F -  FEMALE                       1,039   1,039

SPOUSE/PARENT CODES
  00 - NONE                         1,298   1,298
  11 - SPOUSE: ABLE/AVAILABLE          91      91
  12 - SPOUSE: ABLE/PART AVAIL         17      17
  13 - SPOUSE: ABLE/NOT AVAIL           9       9
  14 - SPOUSE: AVAIL/NOT ABLE          85      85
  15 - SPOUSE: IHSS RECIPIENT          99      99
  21 - PARENT: PROV. ALL SVCS          40      40
  22 - PARENT: PROV. SOME SVCS          5       5
  23 - PARENT: PROV. NO SVCS            1       1
  24 - PARENT: IHSS RECIPIENT           4       4

DELIVERY MODES
  IP - INDIVIDUAL                   1,649   1,649
  CC - CONTRACT                         0       0
  HM - HOMEMAKER                        0       0
  MM - MIXED                            0       0

                                    CONFIDENTIAL
```

Fig. XIV-bb- 1 – Recipient Summary Characteristics Listing – Page 1

Field by Field Description

The following fields appear in the header of all pages of the Recipient Summary Characteristics Listing. For detailed field descriptions from the SOC 293, see ***Section V-A Field by Field Description***.

Field: COUNTY
Description: The name of the County being reported

Field: DISTRICT OFFICE – Field Q1 on SOC 293 or RELB
Description: The two-digit District Office code. Each District office will report a total of cases for each characteristic.

Field: SUMMARY
Description: The county total for each characteristic type.

The following row headings designate indicated characteristics. Due to incomplete individual recipient records entered in the CMIPS, the totals in various sections may not balance against one another.

Field: ELIGIBILITY STATUS CODES – Field F1 on SOC 293 or RELA
Description: Code indicates the current eligibility status of the recipient

Field: TOTAL
Description: The total of all cases and their status at the end of the month when the report is created

Field: IMPAIRMENT STATUS – Field M7 on SOC 293 or RELB
Description: Designates the recipient's impairment status

Field: MAXIMUM PAYMENT CASES
Description: The total number of maximum payment cases (by impairment status) and unmet need cases

Field: PCSP/IHSS CASES
Description: Breakout of total recipients according to their PCSP eligibility

Field: FUNCTIONAL INDEX – Field H2 on SOC 293 or RELA
Description: Represents the average composite score indicating the relative need for IHSS for recipients

Field: FUNCTIONAL INDEX HOURS – Field H2 on SOC 293 or RELA
Description: Represents the average of the sum of the total need hours for all uniformity tasks

Field: FUNCTIONAL INDEX CASES
Description: The number of cases which were assessed using the Uniformity Standards and thereby used to determine the average Functional Index and Functional Index Hours

Field: SEX – Field A5 on SOC 293 or RELA

Description: Recipient's gender

Field: SPOUSE/PARENT CODES – Field G1 on SOC 293 or RELA
Description: Indicates the status of the recipient's spouse or parent

Field: DELIVERY MODES – Field L1 and L2 on SOC 293 or RELB
Description: Types of service delivery

```
                                    S T A T E   O F   C A L I F O R N I A                                  Y
JOB - IH2LRCHR                        IN-HOME SUPPORTIVE SERVICES          FOR MONTH 09/2004     PAGE        2
REPORT - IH2RRCHR                  RECIPIENT SUMMARY CHARACTERISTICS LISTING  RUN DATE  09/28/2004  TIME 20:08:47
                                          COUNTY - LAKE

DISTRICT OFFICE                    01  SUMMARY

AGE
  0  THRU 6  YEARS                     5      5
  7  THRU 18 YEARS                    42     42
  19 THRU 44 YEARS                   258    258
  45 THRU 64 YEARS                   708    708
  65 THRU 79 YEARS                   408    408
  80 AND OVER                        261    261

PAY OPTIONS
  R  - RECIPIENT (ADVANCE)             4      4
  P  - PROVIDER (ARREARS)          1,645  1,645
  M  - REST MEAL ALLW (RECIP)          0      0
  F  - DIRECT DEP (RECIP ADV)          0      0

LINKAGE

   STATUS ELIGIBLE
     10  -  AGED SSI                 194    194
     20  -  BLIND SSI                 31     31
     60  -  DISABLED SSI             894    894
     14  -  AGED MN                    0      0
     24  -  BLIND MN                   0      0
     64  -  DISABLED MN                2      2
     16  -  AGED PICKLE               59     59
     26  -  BLIND PICKLE               1      1
     36  -  DISABLED WIDOW             0      0
     66  -  DISABLE PICKLE            49     49
     6A  -  BLIND DAC                  0      0
     6C  -  DAC PICKLE                 3      3
     30  -  AFDC-FG                    1      1
     35  -  AFDC-U                     0      0
     03  -  AAP                       0      0
     44  -  185% CASE                 0      0
     47  -  185% CHILD                0      0
     48  -  185% WOMEN                0      0
     49  -  185% WOMEN                0      0
     72  -  133% CHILD                0      0
     7A  -  100% CHILD                0      0

   INCOME ELIGIBLE
     18  -  AGED                     243    243
     28  -  BLIND                      5      5
     68  -  DISABLED                 200    200

INCOME ELIGIBLE
  SOC  - SHARE OF COST               303    303
  0SOC - ZERO SHARE OF COST          145    145

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Fig. XIV-bb- 2 – Recipient Summary Characteristics Listing – Page 2

Field: AGE – Derived from Field A6 on SOC 293 or RELA
Description: Provides a count of the number of recipients in each of the indicated age groups.

Field: PAY OPTIONS – Field M8 on SOC 293 or RELB
Description: Indicates to whom payment is to be made in individual provider mode only

Field: LINKAGE – Field I2 on SOC 293 or RELB
Description: The recipient's aid code defines the linkage to SSI/SSP, or categorically needy Medi-Cal eligibility.

Field: INCOME ELIGIBLE
Description: Income Eligible Cases (includes Aid Codes 18, 28 and 68) which either have or

do not have a share of cost
SOC Those income eligible cases with a share of cost
0 SOC Those income eligible cases with zero share of cost

STATE OF CALIFORNIA
JOB - IH2LRCHR IN-HOME SUPPORTIVE SERVICES FOR MONTH 09/2004 PAGE 3
REPORT - IH2RRCHR RECIPIENT SUMMARY CHARACTERISTICS LISTING RUN DATE 09/28/2004 TIME 20:08:47
COUNTY - LAKE

DISTRICT OFFICE	01	SUMMARY
ETHNIC		
1 - WHITE	1,476	1,476
2 - HISPANIC	50	50
3 - BLACK	78	78
4 - OTH ASIAN/PACIFIC ISLNDR	5	5
5 - AMER INDIAN/ALASKA NATVE	31	31
7 - FILIPINO	5	5
C - CHINESE	1	1
H - CAMBODIAN	0	0
J - JAPANESE	1	1
K - KOREAN	0	0
M - SAMOAN	0	0
N - ASIAN INDIAN	0	0
P - HAWAIIAN	2	2
R - GUAMANIAN	0	0
T - LAOTIAN	0	0
V - VIETNAMESE	0	0
LANGUAGE		
0 - AMERICAN SIGN LANGUAGE	0	0
1 - SPANISH: RECVD SPAN NOA	2	2
2 - CANTONESE	0	0
3 - JAPANESE	3	3
4 - KOREAN	0	0
5 - TAGALOG	1	1
6 - OTHER NON-ENGLISH	0	0
7 - ENGLISH	1,641	1,641
9 - SPANISH: RECVD ENG NOA	0	0
A - OTHER SIGN LANGUAGE	0	0
B - MANDARIN	0	0
C - OTHER CHINESE LANGUAGES	0	0
D - CAMBODIAN	0	0
E - ARMENIAN	0	0
F - ILACANO	0	0
G - MIEN	0	0
H - HMONG	0	0
I - LAO	0	0
J - TURKISH	0	0
K - HEBREW	0	0
L - FRENCH	1	1
M - POLISH	0	0
N - RUSSIAN	0	0
P - PORTUGUESE	0	0
Q - ITALIAN	0	0
R - ARABIC	0	0
S - SAMOAN	0	0
T - THAI	0	0
U - FARSI	1	1
V - VIETNAMESE	0	0

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Fig. XIV-bb- 3 – Recipient Summary Characteristics Listing – Page 3

Field: ETHNIC – Field F4 on SOC 293 or RELA
Description: The number of recipients with the indicated ethnicity.

Field: LANGUAGE – Field F5 on SOC 293 or RELA
Description: The number of recipients designating the indicated as their primary language.

Reconciliation of Advance Payments

General Description

The Reconciliation of Advance Payments report identifies financial details of each warrant issued to advance pay recipients against which no timesheets have been submitted or the timesheet submitted did not reconcile with the advance payment. It is used to reconcile all money paid to Advance Pay recipients. The report allows county staff an up-to-date status of reconciliation of Advance Pay cases.

The report may be used by the county to determine:

1. If a recipient should be terminated from Advance Pay to Arrears pay because no timesheets have been submitted for 90 days or more (MPP Section 30-767.133).
2. If a refund is due to the recipient for an over-withholding of taxes from the Advance Payment
3. If a recoupment is necessary because the authorized hours paid exceed the hours associated with timesheet submission.
    a. If a reassessment is necessary because the hours submitted on timesheets are consistently less than the authorized hours paid

The Reconciliation of Advance Payments is available by two different sort options:

ALPHA – County, District Office, Alphabetically by recipient name, then by oldest unbalanced Advance Payment

SOCIAL – County, District Office, Social Worker, Alphabetically by recipient name, then by oldest unbalanced Advance Payment

Report Availability

The Reconciliation of Advance Payments is produced after the last arrears checkwrite, reflecting the processing of Advance Payment Timesheets in the month. For counties accessing CMIPS Online Reports this report will be available the next business day in the MANAGEMENT and PAYROLL Groups. Otherwise, the report will be mailed to the counties after printing.

Report Layout

The Reconciliation of Advance Payments report lists Advance Payment recipient cases which have not been "balanced" by the submission of reconciling Advance Payment Timesheets.

Each Advance Payment which has not been balanced will be listed beginning with the oldest payment to the most recent. Before unbalanced payments are listed an entire month must pass because providers to Advance Pay recipients submit timesheet at the end of the month for all hours worked in a month. For example, the report run the end of September will report any unbalanced Advance Payment for August or before.

Each unbalanced monthly payment will be listed with the reconciling timesheet information that has been processed for the same time period.

REPORT PURPOSE

The Reconciliation of Advance Pay report is produced to assist counties in ensuring that Advance Pay Recipients are receiving the authorized services and that their providers are being correctly credited their earned wages.

If, after all reconciling timesheets are submitted and processed the HOURS, GROSS, FICA, MEDICARE, SDI and NET PAYMENT amounts match the case will be considered BALANCED. Recipient Advance Pay cases which are BALANCED will not appear on this report and the recipient RSUM for the PAY MO will display a Status (S) of B for Balanced. See ***Section VIII-A – RSUM Screen*** for detailed information.

If, when the Reconciliation of Advance Pay report processed, no reconciling timesheets have been processed, the case will be considered OPEN.

If, after all reconciling timesheets are submitted and processed the HOURS, GROSS, FICA, MEDICARE, SDI and NET PAYMENT amounts do not match the case will be considered either OVER or PARTIAL reconciled.

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                                                  S T A T E   O F   C A L I F O R N I A
JOB - IH2LROAP                                        IN-HOME SUPPORTIVE SERVICES            CYCLE DATE  MM/DD/CCYY  PAGE      999
REPORT - IH2RRAPW                                  RECONCILIATION OF ADVANCE PAYMENTS        RUN   DATE  MM/DD/CCYY  TIME HH:MM:SS
COUNTY - 99 – XXXXXXXXXXXXXXXXXX
OFFICE - 99   SOCIAL WORKER NUMBER XXXX                                  SORT SEQ:          COUNTY, OFFICE, SOCIAL WORKER

RECIPIENT      PROVIDER           PAY     CHECK       HOURS/   GROSS    EMPLOYEE   EMPLOYEE   EMPLOYEE    NET     REMARKS
NAME/NUMBER    NAME/NUMBER        MO.    DATE/NUM      RATE    WAGE       FICA     MEDICARE     SDI     PAYMENT
 ---------------------------------------------------------------------------------------------------------------------------

 XXXXXXXXXXXXXXXXX, XXXXXXXXX MM/CCYY  MM/DD/CCYY   999.9  99999.99     9999.99     999.99    999.99   99999.99  XXXXXXXXXXXXXXXXX
  9999999999                          99999999     99.99  SOC AMOUNT  99999.99      RECOVERY AMT      99999.99
  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                       NET WARRANT      99999.99
  XXXXXXXXXXXXXXXXXXXX, XX 99999-9999

       XXXXXXXXXXXXXXXXX, XXXXXXXXXXX MM/CCYY   999.9  99999.99     9999.99     999.99    999.99   99999.99
                 999999               MM/DD/CCYY   99.99
       XXXXXXXXXXXXXXXXX, XXXXXXXXXXX MM/DD/CCYY   999.9  99999.99     9999.99     999.99    999.99   99999.99
                 999999               MM/DD/CCYY   99.99

  SUBMITTED ---------                               999.9  99999.99     9999.99     999.99    999.99   99999.99

  NET DIFFERENCE ----                               999.9- 99999.99-    9999.99-    999.99-   999.99-  99999.99-

*****************************************************************************************************************************
  XXXXXXXXXXXXXXXXX, XXXXXXXXX MM/CCYY  MM/DD/CCYY   999.9  99999.99     9999.99     999.99    999.99   99999.99  XXXXXXXXXXXXXXXXX
   9999999999                          99999999     99.99  SOC AMOUNT  99999.99       NET WARRANT      99999.99
   XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXXX, XX 99999-9999

       XXXXXXXXXXXXXXXXX, XXXXXXXXXXX MM/CCYY   999.9  99999.99     9999.99     999.99    999.99   99999.99
                 999999               MM/DD/CCYY   99.99
       XXXXXXXXXXXXXXXXX, XXXXXXXXXXX MM/DD/CCYY   999.9  99999.99     9999.99     999.99    999.99   99999.99
                 999999               MM/DD/CCYY   99.99
       XXXXXXXXXXXXXXXXX, XXXXXXXXXXX MM/DD/CCYY   999.9  99999.99     9999.99     999.99    999.99   99999.99
                 999999               MM/DD/CCYY   99.99
       XXXXXXXXXXXXXXXXX, XXXXXXXXXXX MM/DD/CCYY   999.9  99999.99     9999.99     999.99    999.99   99999.99
                 999999               MM/DD/CCYY   99.99

SUBMITTED ---------                               999.9   99999.99    99999.99    9999.99   9999.99   99999.99

MET DIFFERENCE ----                               999.9   99999.99    99999.99    9999.99   9999.99   99999.99
```

Fig. XIV-cc- 1 – Reconciliation of Advance Payments report – Social Worker Sort

Field by Field Description

The following fields appear in the header of both sorts of the Reconciliation of Advance Payments unless otherwise noted:

Field: COUNTY
Description: The two-digit County code, following by the County name

Field: DISTRICT OFFICE – Field Q1 on SOC 293 or RELB
Description: The two-digit District Office code

Field: SOCIAL WORKER NUMBER – SOCIAL sort only – Field Q3 on SOC 293 or RELB
Description: The Social Worker Number to whom the recipient case is assigned

Field: SORT SEQ
Description: Indicates the sort order being reported

The following fields are specific to the Advance Payment issued to the recipient and correspond to the fields outlined with a solid blue line Fig. XIV-cc-1. For detailed descriptions of the fields from the SOC 293, see ***Section V-A – SOC 293 Field by Field Description*** or ***Section VI-B – SOC 311 Field-by-Field Description***

The first line associated with the RECIPIENT NAME reports the following data elements:

Field: RECIPIENT NAME – Field B1, B2 and B3 on SOC 293 or RELA
Description: The name of the recipient (Last Name, First Name MI)

Field: Untitled Field – Address – Fields C1, C2, C3 or C4 on SOC 293 or RELA
Description: The recipient address will appear below the recipient number for the first instance of payment to the recipient. Any subsequent payments to the recipient will list only the RECIPIENT NAME and NUMBER.

Field: PAY MO
Description: The month and year for which the recipient's advance payment was issued.

Field: CHECK DATE
Description: The issue date assigned to the warrant

Field: HOURS – Field M5 on RELC or SOC 293
Description: The authorized hours paid

Field: RATE – Field M5 on RELB or SOC 293
Description: The hourly rate of payment for the authorized hours

Field: GROSS WAGE – Field M4 on RELB or SOC 293
Description: The gross wage paid for authorized services, prior to SOC and tax deductions

Field: EMPLOYEE FICA
Description: The amount withheld from the Advance Payment for employee Social Security benefits

Field: EMPLOYEE MEDICARE
Description: The total amount withheld from the Advance Payment for employee Medicare benefits

Field: EMPLOYEE SDI
Description: The amount withheld from the Advance Payment for employee State Disability Insurance

Field: NET PAYMENT
Description: The total amount, minus payroll tax deductions, to be paid to the Advance Pay recipient to be used as payment to providers. If there is a SOC deduction, it will be noted on the next line. The actual NET WARRANT may differ from the NET PAYMENT.

Field: REMARKS
Description: System generated notices for reconciliation status are shown in this column

PARTIAL	Only a portion of hours, gross wages, share of cost or tax deductions are accounted for this month
OPEN	No hours/gross wages are accounted for this month
OVER	Too many service hours, wages or taxes have been credited for this month
OTHER	If a recipient case has been terminated, the message "T MM/DD/CCYY" will appear below one of the above stated indications

The second line, below the RECIPIENT NAME, reports the following data elements:

Field: NUMBER – Field A1 on SOC 293 or RELA
Description: The ten-digit recipient case number

Field: NUM
Description: The seven digit warrant number. If the warrant number displays as zeros the warrant was issued as a direct deposit

Field: SOC AMOUNT
Description: The SOC amount deducted from the Advance Pay warrant

Field: RECOVERY AMT
Description: The RECOVERY amount deducted from the Advance Pay warrant

Field: NET WARRANT
Description: The NET WARRANT amount paid to the recipient. This amount will be the NET PAYMENT from the first line, minus any SOC and/or RECOVERY amounts deducted

The following fields display based upon the submission of reconciling timesheets. If no reconciling timesheets for the pay month have been submitted no provider information will display as in the section outlined within Fig. XIV-cc-1 and the REMARKS column will indicate

OPEN. If reconciling timesheets have been processed, but the associated dollars and hours do not reconcile against the original payment, the case will be listed as in the section with a dashed purple line in Fig. XIV-cc-1.

Field: PROVIDER NAME
Description: The name of the provider submitting the reconciling timesheet (Last Name, Firsts Name MI). Fields B1, B2 and B3 of the PELG or SOC 311.

Field: NUMBER
Description: The six-digit provider number

Field: CHECK DATE
Description: The payment period (TO and FROM Dates) associated with the HOURS indicated

Field: HOURS
Description: The hours credited to the provider

Field: RATE
Description: The hourly rate at which the hours were credited (SOC 311 – Fields F6, G6 or H6)

Field: GROSS WAGE
Description: The gross wages credited to the provider, based on the hours submitted and hourly rate applied

Field: EMPLOYEE FICA
Description: The total amount of FICA tax credited to the provider based upon the FICA rate on the date the timesheet was processed

Field: EMPLOYEE MEDICARE
Description: The total amount Medicare tax credited to that provider based upon the Medi-Care rate on the date the timesheet was processed

Field: EMPLOYEE SDI
Description: The total amount of State Disability Insurance credited to the provider based upon the SDI rate on the date the timesheet was processed

Field: NET PAYMENT
Description: The total amount, minus deductions, credited to the provider for the pay period

The two lines following the listing of providers, outlined with a dotted pink line display the difference between the submitted timesheets and the advance payment.

Field: SUBMITTED
Description: The total hours, gross wage, FICA, MEDICARE, SDI and net payment, based on the timesheet(s) submitted and/or adjustments keyed against a provider or recipient for the PAY MO

Field: NET DIFFERENCE
Description: The difference between the amounts credited to the provider(s), adjustments to the recipient and the initial Advance Payment to the recipient for HOURS, GROSS WAGE, FICA, MEDICARE, SDI and NET PAYMENT

Referrals by Source by County

General Description

The Referrals by Source by County report is a quarterly reporting the Referral Source for all new IHSS cases. The Referral Source is Field P2 – REF on the SOC 293.

Reporting Parameters

The Referrals by Source by County is runs on the next to last business day of a quarter and reports based upon the State Fiscal Year, July – June. The report quarters are as follows:

1st Quarter – July – September

2nd Quarter – October – December

3rd Quarter – January – March

4th Quarter – April - June

Report Availability

The Referrals by Source by County report is run on the next to last business day of a quarter and is accessible the next business day.

For counties accessing CMIPS Online Reports, this report is available in the MANAGEMENT and SUMMARY Groups the next business day. Otherwise, the report will be mailed to counties after production.

Referrals by Source by County

JOB: IH2LRCHR
REPORT: IH2RQRBS

STATE OF CALIFORNIA
IN-HOME SUPPORTIVE SERVICES
REFERRALS BY SOURCE BY COUNTY

CYCLE DATE: 03/29/2007 PAGE: 01
RUN DATE: 03/29/2007 TIME: 19:48:09

3RD QUARTER JANUARY/MARCH 2007

COUNTY	TOTAL NEW REFERRALS YEAR	TOTAL NEW REFERRALS QTR	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
			21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
ALAMEDA	3,365	1,321	24	1	0	0	0	0	0	6	1	0	3	1	1	0	1	10	1	0	0	0
			0	0	0	0	1	6	3	0	6	6	0	1	0	0	0	2	10	1230	7	0
ALPINE	3	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AMADOR	24	9	5	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0
			0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
BUTTE	503	193	41	0	0	0	0	0	1	17	0	0	0	1	2	0	3	3	0	0	1	0
			0	0	0	10	9	23	22	3	17	9	0	1	1	0	0	1	2	3	0	23
CALAVERAS	63	14	0	0	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0
COLUSA	52	34	18	0	0	0	0	0	0	1	0	1	0	1	0	1	2	0	0	0	0	2
			0	0	0	3	2	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0
CONTRA COSTA	1,533	724	170	1	0	3	0	0	1	37	2	3	4	1	1	0	2	7	0	0	2	1
			0	0	1	19	37	124	37	6	61	18	3	0	2	0	0	16	34	125	0	6
DEL NORTE	72	36	31	0	0	0	0	0	0	2	0	0	2	0	0	0	1	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL DORADO	120	16	4	0	0	0	0	1	1	2	0	0	0	1	1	0	0	0	0	0	0	0
			0	1	0	0	1	0	0	1	1	1	0	0	0	0	0	0	1	0	0	0
FRESNO	1,991	1,111	280	7	0	8	0	0	0	9	0	0	2	1	0	0	1	3	0	0	0	1
			0	0	0	37	76	243	66	11	162	65	4	0	0	0	0	0	1	110	12	12

Fig. XIV-dd- 1 – Referrals by Source by County

Field by Field Description

The following fields appear on the Referrals by Source by County report:

Field: CYCLE DATE
Description: The date the cycle producing the report was run in CMIPS

Field: RUN DATE
Description: The date the report was processed in CMIPS

Field: COUNTY
Description: Indicates the County being reported

Field: NEW REFERRALS – YEAR QTR
Description: Indicates the number of new referrals made YTD for the fiscal year (YEAR) and in the reporting quarter (QTR)

Field: REFERRAL SOURCES
Description: Indicates the number of referrals made in the report quarter from the following sources:

01	Self	21	Senior Day Care Center
02	Linkage Program	22	Senior Center
03	Multipurpose Senior Services Center	23	Law Enforcement
04	Adult Day Health Care Center	24	Spouse
05	Early Hospital Discharge (Diagnostically Related Group)	25	Adult Son
06	Preadmission Screening (Gatekeeper)	26	Adult Daughter
07	Reported Adult Abuse	27	Mother
08	County Social Service Worker	28	Father
09	County Eligibility Worker	29	Other Relative
10	Medi-Cal Review (AB 3398)	30	Friend
11	Physician	31	Neighbor
12	Mental Health Department	32	Conservator
13	Health Services Department	33	Guardian
14	Rehabilitation Department	34	Religious Organization
15	Regional Center	35	Nutrition Center
16	Hospital Discharge Planner	36	Social Security Administration
17	Skilled Nursing Facility Discharge Planner	37	Other Community Agency
18	Intermediate Care Facility Discharge Planner	38	Other
19	Community Care Facility	39	Unknown
20	Area Agency on Aging	40	Home Health Agency

Residual Recipient Cases

General Description

The Residual Recipient Cases listing is produced weekly reporting all E or I status recipient cases which have a Medi-Cal Secondary Aid Code of 2N – IHSS Residual. Cases will be indicated in one of two subcategories:

- NO MEDS ELIG IN CMIPS – The case is indicated as Residual because the MEDS eligibility associated with the case has not yet been returned to CMIPS or the current MEDS eligibility was added by CMIPS during the last Monthly Renewal Process. Cases having MEDS eligibility added by CMIPS will have a MELG record for the current month and the T (Type) field will indicate "N".
- FFP EQUALS 'N' – The case is Residual because the MEDS eligibility indicates that the recipient is not eligible for Federal Financial Participation, FFP = N.

Report Sort

The Residual Recipient Cases listing is sorted by County, District Office, Social Worker then alphabetically by recipient last number into one of the two report subcategories. If there are no Residual Recipient cases associated with a particular Service Worker, no listing will be produced.

Report Availability

The Residual Recipient Cases listing is produced in the Friday night cycle. For counties accessing CMIPS Online Reports, this report will be available the next business day in the CASELOAD DETAIL Group. Otherwise, the report will be mailed to counties after production.

RESIDUAL RECIPIENT CASES

```
                                  S T A T E   O F   C A L I F O R N I A
JOB -    IH2LRP2N                     IN-HOME SUPPORTIVE SERVICES          CYCLE DATE – MM/DD/CCYY  PAGE     9999
REPORT - IH2RRP2N                       RESIDUAL RECIPIENT CASES           RUN DATE -   MM/DD/CCYY  TIME HH:MM:SS
COUNTY - 99
OFFICE - 99      SW - XXXX

CASE NUMBER  RECIPIENT NAME            SSN          CIN          DATE OF BIRTH IHSS AID  MEDS AID    FFP
-------------------------------------------------------------------------------------------------------------------
FFP EQUALS 'N'

9999999999   XXXXXXXXXXX, XXXXXXXXXX 999-99-9999  9999999999     MM-DD-CCYY     99        XX         X
9999999999   XXXXXXXXXXX, XXXXXXXXXX 999-99-9999  9999999999     MM-DD-CCYY     99        XX         X
9999999999   XXXXXXXXXXX, XXXXXXXXXX 999-99-9999  9999999999     MM-DD-CCYY     99        XX         X

NO MEDS ELIG IN CMIPS

9999999999   XXXXXXXXXXX, XXXXXXXXXX 999-99-9999  9999999999     MM-DD-CCYY     99        XX         X
9999999999   XXXXXXXXXXX, XXXXXXXXXX 999-99-9999  9999999999     MM-DD-CCYY     99        XX         X
9999999999   XXXXXXXXXXX, XXXXXXXXXX 999-99-9999  9999999999     MM-DD-CCYY     99        XX         X
```

Fig. XIV-ee- 1 – RESIDUAL RECIPIENT CASES

Field by Field Description

The following fields appear on the RESIDUAL RECIPIENT CASES:

Field	Description
The following fields appear in the report header section:	
CYCLE DATE	The date the cycle which produced the report was run (MM/DD/CCYY) format
RUN DATE	The date the report was run in CMIPS MM/DD/CCYY format
COUNTY	Indicates the County being reported
DISTRICT OFFICE	Indicates the County District Office being reported
SOCIAL WORKER	Indicates the Social Worker responsible for the case(s) being reported
The following report subcategories may have cases listed	
FFP EQUALS 'N'	Case is Residual because the MEDS eligibility indicates that the recipient is not eligibility for Federal Financial Participation, FFP = N. See ***Section V-H – Medi-Cal Eligibility Look-Up*** for detailed information.
NO MEDS ELIG IN CMIPS	The case is indicated as Residual because the MEDS eligibility associated with the case has not yet been returned to CMIPS or the current MEDS eligibility was added by CMIPS during the Monthly Renewal Process. Cases have had MEDS eligibility added by CMIPS will have a MELG record for the current month with a T (Type) field indication of "N". See ***Section V-H – Medi-Cal Eligibility Look-Up*** for detailed information.
The following fields appear as column headings in the body of the report:	
CASE NUMBER	The ten (10) digit recipient number associated with the case being reported.
RECIPIENT NAME	The name of the recipient associated with the case being reported in Last Name, First Name, and MI format.
SSN	The Social Security Number associated with the recipient case being reported.
CIN	The Client Index Number associated with the recipient case being reported.
DATE OF BIRTH	The Date of Birth associated with the recipient case being reported.
IHSS AID	The IHSS Aid Code associated with the recipient case being reported.
MEDS AID	The Medi-Cal Primary Aid Code, from the MEDS Eligibility Record corresponding to the recipient case being reported. For cases listed in the NO MEDS ELIG IN CMIPS section this field will be blank.
FFP	The Federal Financial Participation (FFP) flag, from the MEDS Eligibility Record corresponding to the recipient case being reported. For cases listed in the NO MEDS ELIG IN CMIPS section this field defaults to N.

SCO Undeliverable FICA Refund Report

General Description

The SCO Undeliverable FICA Refund Report was developed as a tool to allow counties to know if provider FICA refund warrants have been returned as undeliverable by the US Post Office. When a warrant is returned to the SOC as undeliverable the FICA refund warrant is VOIDED by the State Contractor. The report lists FICA refund warrants voided since the last run of the report.

Each time the SCO Undeliverable FICA Refund Report runs it will report FICA Refund warrants which have been voided since the last run of the report.

Report Sort

Because FICA Refund Warrants may be associated to multiple recipients for which the provider has worked which may be in various counties, a FICA refund warrant cannot be associated with a particular County. When CMIPS creates payment files, it is based upon Zip Code. Because the payment file is based upon Zip Code, when the SOC processes payments the warrant numbers will also be associated Therefore, this report will be sorted by Zip Code.

Report Availability

The SCO Undeliverable FICA Refund Report is produced semi-monthly. For counties accessing CMIPS Online Reports, this report will be found in the Report Group, "Taxes Accounting". The report will be accessible through Online Reports the next business day. Otherwise, the report will be mailed to counties after production.

Report Purpose

The purpose of the SCO Undeliverable FICA Refund Report is to alert counties to FICA refund warrants which were returned to the SCO as undeliverable by the US Post Office. The Report indicates the Name and Address as indicated on the Warrant as well as the FICA

County Actions

When counties receive calls from providers indicating they didn't receive a FICA Refund warrant. The county should first verify through CMIPS that the provider was issued a FICA Refund for the tax year using the TAXS and TAXD screens. See ***Section XIII-H – TAXS Screen and Section XIII-I – TAXD Screen*** for specific instructions of use.

If the provider was issued a FICA refund and the TAXD screen indicates a refund warrant has been issued and voided. The county may then correct the address on the TAXD screen and then contact the IHSS Payroll Department (916/636-4427) to have the FICA Refund Warrant reissued.

SCO Undeliverable FICA Refund Report

```
                                                S T A T E  O F  C A L I F O R N I A
JOB:    IH2LFVOD                                    IN-HOME SUPPORTIVE SERVICES              CYCLE DATE: MM/DD/CCYY PAGE:     9999
REPORT: IH2RFUND                                   DEPARTMENT OF SOCIAL SERVICES             RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS
                                                SCO UNDELIVERABLE FICA REFUND REPORT

COUNTY - XXXXXXXXXXXXXXXXXXXXXXXXX


WARRANT NO./          NET        PAYEE NAME ADDRESS/ZIP CODE         PAYEE          NOTICE              VOID
DATE ISSUED          AMOUNT      AS IT APPEARS ON THE WARRANT        SSN            NUMBER              DATE
-------------------------------------------------------------------------------------------------------------------------------


99999999      $      9999.99      XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX    999999999      99999999            MM/DD/CCYY
MM/DD/CYY4                        XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                  XXXXXXXXXXXXXXXXXXXX, XX 99999-9999

99999999      $      9999.99      XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX    999999999      99999999            MM/DD/CCYY
MM/DD/CYY4                        XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                  XXXXXXXXXXXXXXXXXXXX, XX 99999-9999

99999999      $      9999.99      XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX    999999999      99999999            MM/DD/CCYY
MM/DD/CYY4                        XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                  XXXXXXXXXXXXXXXXXXXX, XX 99999-9999

99999999      $      9999.99      XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX    999999999      99999999            MM/DD/CCYY
MM/DD/CYY4                        XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                  XXXXXXXXXXXXXXXXXXXX, XX 99999-9999

99999999      $      9999.99      XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX    999999999      99999999            MM/DD/CCYY
MM/DD/CYY4                        XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                  XXXXXXXXXXXXXXXXXXXX, XX 99999-9999

                                                * * *  E N D  O F  R E P O R T  * * *
-------------------------------------------------------------------------------------------------------------------------------
```

XIV-ff- 1 – SCO Undeliverable FICA Refund Report

Field by Field Description

The following fields appear on the SCO UNDELIVERABLE FICA REFUND REPORT

Field	Description
CYCLE DATE	The date (MM/DD/YYYY)
RUN DATE	The date the report was run in CMIPS MM/DD/YYYY
COUNTY	ALL – This report is not sorted by County, but is a single listing sorted by Zip Code.
WARRANT NO./ DATE ISSUE	The FICA Refund Warrant Number with the date the warrant was issued directly below the Warrant Number.
NET AMOUNT	The Net Amount of the FICA Refund Warrant
PAYEE NAME ADDRESS/ZIP CODE AS IT APPEARS ON THE WARRANT	The Name (Last Name, First Name MI) of the provider to whom the FICA warrant was issued. The address (Street, City, ST, ZIP) as it appear on the warrant.
PAYEE SSN	The Social Security Number of the Payee
NOTICE NUMBER	The FICA Refund Notice Number associated with the FICA Refund
VOID DATE	The date the FICA Refund VOID was keyed.

Service Assessment Summary Report

General Description

The Service Assessment Summary Report summarizes, by Social Worker, all eligible case assessments in the month reported as well as a three month average. The report contains three reporting sections:

The "MONTH" outlined in a solid blue line in Fig. XIV-gg-1, reports data for the current report month.

The "3 MONTH AVERAGE" outlined with a dashed green line in Fig. XIV-gg-1, reports the data averages for a three month period (current + two prior).

The "CASE AVERAGES by SERVICE DELIVERY MODE outlined in dashed, dotted red line in Fig. XIV-gg-1, reports the data averages by provider service delivery mode.

The Service Assessment Summary Report is sorted by County, District Office then Social Worker. District Office, County and Statewide Summary pages are also produced.

Report Availability

The Service Assessment Summary Report runs the last business day of the month, reporting case information for the month. For counties accessing CMIPS Online Reports this report will be available the next business day in the CASELOAD DETAIL, MANAGEMENT and SUMMARY Groups. Otherwise, the report will be mailed to the counties after printing.

STATE OF CALIFORNIA
IN-HOME SUPPORTIVE SERVICES
SERVICE ASSESSMENT SUMMARY REPORT

JOB: IH2LCASE
REPORT: RM0041F
COUNTY: LOS ANGELES
OFFICE - 01 SW - 5100

CYCLE DATE: 09/30/2004 PAGE: 2
RUN DATE: 09/30/2004 TIME: 19:54:01

SOCIAL WORKER SUMMARY

SERVICES AUTH	SEPTEMBER CASES	% OF TOTAL	HOURS ASSESSED	AUTH	$AMOUNT	AUTH/CASE HRS	$AMT	3 MONTHS AVERAGE CASES	% OF TOTAL	AUTH HOURS	$AMOUNT	AUTH/CASE HRS	$AMT
1 DOMESTIC SRVCS	307	100	1,034	998	7,485	3	24	306	100	989	7,416	3	24
2 RELATED													
MEAL PREP	292	95	4,828	4,549	34,119	16	117	291	95	4,509	33,816	15	116
MEALS CLEAN UP	298	97	1,561	1,471	11,031	5	37	297	97	1,463	10,971	5	37
LAUNDRY	304	99	1,183	1,144	8,578	4	28	303	99	1,136	8,518	4	28
FOOD SHOPPING	296	96	725	696	5,224	2	18	295	96	691	5,182	2	18
SHOPPING/ERRAND	300	98	517	493	3,696	2	12	298	97	489	3,666	2	12
3 HEAVY CLEANING	0	0	0	0	0	0	0	0	0	0	0	0	0
4 NON-MEDICAL													
RESPIRATION	33	11	297	294	2,206	9	67	33	11	295	2,214	9	66
BOWEL BLADDER	134	44	1,731	1,653	12,398	12	93	134	44	1,648	12,362	12	92
FEEDING	81	26	847	803	6,019	10	74	81	26	801	6,006	10	74
BED BATHS	27	9	253	236	1,769	9	66	27	9	235	1,761	9	66
DRESSING	233	76	1,458	1,433	10,752	6	46	232	76	1,420	10,650	6	46
MENSTRUAL CARE	22	7	85	85	634	4	29	22	7	85	634	4	29
AMBULATION	151	49	913	908	6,810	6	45	150	49	902	6,762	6	45
MOVE IN/OUT BED	136	44	609	576	4,324	4	32	136	45	574	4,308	4	32
BATHING/HYGIENE	270	88	2,733	2,668	20,013	10	74	269	88	2,649	19,868	10	74
RUBBING SKIN	198	64	1,561	1,509	11,318	8	57	196	64	1,476	11,069	8	57
PROSTHESIS CARE	65	21	293	283	2,124	4	33	64	21	271	2,033	4	32
5 TRANSPORTATION													
ACCMPNY MEDICAL	263	86	768	745	5,590	3	21	263	86	752	5,639	3	21
ACCMPNY ALT REG	1	0	13	13	97	13	97	1	0	13	97	13	97
6 YARD HAZARD													
REMOVE RUBBISH	0	0	0	0	0	0	0	0	0	0	0	0	0
REMOVE ICE SNOW	0	0	0	0	0	0	0	0	0	0	0	0	0
7 PROTECT SUPEVSN	6	2	4,001	1,134	8,506	189	1,418	6	2	1,134	8,506	189	1,418
8 TEACHING DEMO	0	0	0	0	0	0	0	0	0	0	0	0	0
9 PARAMEDICAL SRV	23	7	1,003	913	6,850	40	298	23	8	913	6,850	40	298
TOTAL CASES	307	100	26,412	22,604	169,541	74	552	306	100	22,443	168,329	73	550
A-E TOTALS													
NON-ESSENTIAL	307	100	5,020	4,801	36,013	16	117	306	100	4,767	35,754	16	117
DOMESTIC ONLY	1	0	6	6	45	6	45	1	0	6	45	6	45
MEALS	0	0	0	0	0	0	0	0	0	0	0	0	0

CASE AVERAGES	IP CASES	IP HOURS ASSESS	IP HOURS AUTH	CC CASES	CC HOURS ASSESS	CC HOURS AUTH	HM CASES	HM HOURS ASSESS	HM HOURS AUTH	MM CASES	MM HOURS ASSESS	MM HOURS AUTH	TOTAL CASES	TOTAL HOURS ASSESS	TOTAL HOURS AUTH
SI	49	159.08	149.27	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	49	159.08	149.27
NSI	258	72.16	59.26	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	258	72.16	59.26
TOTAL	307	86.03	73.63	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	307	86.03	73.63

Fig. XIV-gg- 1 – Service Assessment Summary Report – Social Worker Report

Field by Field Description

The following fields appear in the header unless otherwise noted.

Field: COUNTY

Description: The County name being reported

Field: DISTRICT OFFICE

Description: The two-digit District Office code

Field: SW# – Appears on only SOCIAL WORKER SUMMARY pages

Description: Indicates a specific Social Worker in a County, District Office

The following column headers display in the both the "MONTH" and "3 MONTH AVERAGE" sections of the report unless otherwise noted.

Field: SERVICES AUTH

Description: Lists all In-Home Supportive Services which may be authorized for recipients

Field: CASES

Description: The total number of recipient cases assessed/authorized for the indicated service

Field: % of TOTAL

Description: The percentage of TOTAL CASES assessed/authorized for the indicated service

Field: HOURS ASSESSED

Description: The total hours assessed for all recipient cases for the indicated service. From the "INDIVIDUAL ASSESSED NEED" column of the SOC 293

Field: AUTH

Description: The total hours authorized for all recipient cases for each of the indicated service. From the "AUTHORIZED TO BE PURCHASED" column of the SOC 293.

Field: $ AMOUNT

Description: The total dollars authorized for each indicated service

Field: AUTH./CASE HRS

Description: The average authorized hours per case for the indicated service

Field: AUTH /CASE $AMT

Description: The average authorized dollar amount per case for the indicated service

The following row headers will appear after the listed SERVICES AUTH

Field: TOTAL CASES

Description: The total number of cases assessed and authorized.

The following fields appear below the A-E TOTALS section

Field: NON-ESSENTIAL

Description: The number of recipient cases the following services which are considered non-essential IHSS services. Domestic Services (AA), Meals Preparation (BB), Meal Clean-up (CC), Routine Laundry(DD), and Shopping for Food (EE), Heavy Cleaning (GG), Remove Grass, Weeds, Rubbish (UU) and Teaching & Demonstration (XX)

Field: DOMESTIC ONLY

Description: The number of recipient cases which had only Domestic Services (AA) authorized.

Field: MEALS

Description: The number of recipient cases receiving a monthly Meals Allowance.

The following headings apply to the CASE AVERAGES by SERVICE DELIVERY MODE at the bottom of the report page.

Field: CASE AVERAGES

Description: Indicates the Impairment Level assigned to recipient cases

SI	Severely Impaired
NSI	Non-Severely Impaired
TOTAL	The totals of SI and NSI cases. On District Office Summary Reports the District Office Number will precede the indication.

The following Service Mode headers appear at the bottom of the report page

Field: SERVICE MODE

Description: The three service delivery details for each county. The following are reported:

IP	Individual Provider
CC	County Contractor
HM	County Homemaker
MM	Mixed Mode – Recipient cases serviced by more than one Service Mode
TOTAL	The total number of cases by service delivery mode with the designated Impairment Level served.

The following sub-headings appear for each SERVICE MODE

Field: CASES

Description: The total number of recipient cases with the indicated Impairment Level

Field: HOURS ASSESS

Description: The average assessed hours for recipient cases with the indicated Impairment Level

Field: HOURS AUTH

Description: The average authorized hours for recipient cases with the indicated Impairment Level

District Office Summary

The Service Assessment Summary Report displays the same fields as the Social Worker report.

STATE OF CALIFORNIA
IN-HOME SUPPORTIVE SERVICES
SERVICE ASSESSMENT SUMMARY REPORT

JOB: IH2LSASR
REPORT: RM0041F
COUNTY: LOS ANGELES
OFFICE - 74

CYCLE DATE: 11/30/2004 PAGE: 463
RUN DATE: 11/30/2004 TIME: 19:55:07

DISTRICT OFFICE SUMMARY

SERVICES AUTH	NOVEMBER CASES	% OF TOTAL	NOVEMBER HOURS ASSESSED	NOVEMBER AUTH	NOVEMBER $AMOUNT	NOVEMBER AUTH/CASE HRS	NOVEMBER AUTH/CASE $AMT	3 MONTHS AVERAGE CASES	3 MONTHS AVERAGE % OF TOTAL	3 MONTHS AVERAGE AUTH HOURS	3 MONTHS AVERAGE $AMOUNT	3 MONTHS AVERAGE AUTH/CASE HRS	3 MONTHS AVERAGE AUTH/CASE $AMT
1 DOMESTIC SRVCS	26,109	100	80,436	75,412	609,214	3	23	25,910	100	74,933	576,378	3	22
2 RELATED													
MEAL PREP	25,653	98	529,366	492,716	3,981,318	19	155	25,462	98	488,977	3,761,925	19	148
MEALS CLEAN UP	25,682	98	150,794	139,507	1,127,197	5	44	25,492	98	138,595	1,066,245	5	42
LAUNDRY	26,052	100	105,655	100,503	811,957	4	31	25,858	100	99,583	766,177	4	30
FOOD SHOPPING	25,938	99	62,354	58,400	471,835	2	18	25,747	99	58,005	446,271	2	17
SHOPPING/ERRAND	26,059	100	38,951	36,730	296,788	1	11	25,867	100	36,395	280,050	1	11
3 HEAVY CLEANING	0	0	0	0	0	0	0	0	0	0	0	0	0
4 NON-MEDICAL													
RESPIRATION	839	3	5,738	5,514	44,596	7	53	822	3	5,320	40,980	6	50
BOWEL BLADDER	13,591	52	166,880	162,203	1,310,464	12	96	13,422	52	160,214	1,232,804	12	92
FEEDING	4,882	19	75,065	71,295	575,861	15	118	4,810	19	70,451	542,087	15	113
BED BATHS	1,128	4	11,988	11,704	94,357	10	84	1,111	4	11,553	88,832	10	80
DRESSING	20,626	79	142,673	140,808	1,137,820	7	55	20,405	79	139,474	1,073,201	7	53
MENSTRUAL CARE	820	3	2,007	1,972	15,949	2	19	816	3	1,965	15,125	2	19
AMBULATION	13,178	50	92,624	91,174	736,802	7	56	13,021	50	90,217	694,231	7	53
MOVE IN/OUT BED	12,858	49	51,128	50,545	408,363	4	32	12,702	49	50,052	385,114	4	30
BATHING/HYGIENE	23,947	92	293,348	289,017	2,335,816	12	98	23,720	91	286,125	2,201,737	12	93
RUBBING SKIN	15,380	59	121,212	119,637	966,707	8	63	15,222	59	118,457	911,461	8	60
PROSTHESIS CARE	15,531	59	50,109	49,305	398,513	3	26	15,239	59	48,563	373,796	3	25
5 TRANSPORTATION													
ACCMPNY MEDICAL	24,215	93	50,736	45,434	367,103	2	15	24,029	93	45,023	346,416	2	14
ACCMPNY ALT REC	171	1	974	690	5,556	4	32	171	1	701	5,381	4	31
6 YARD HAZARD													
REMOVE RUBBISH	0	0	0	0	0	0	0	1	0	0	2	0	2
REMOVE ICE SNOW	0	0	0	0	0	0	0	0	0	0	0	0	0
7 PROTECT SUPRVSN	562	2	358,450	95,092	768,951	169	1,368	563	2	95,287	733,343	169	1,303
8 TEACHING DEMO	0	0	0	0	0	0	0	0	0	0	0	0	0
9 PARAMEDICAL SRV	1,857	7	56,670	52,704	425,953	28	229	1,831	7	52,195	401,789	29	219
TOTAL CASES	26,165	100	2,447,159	2,090,364	16,891,866	80	646	25,970	100	2,072,084	15,944,087	80	614
A-E TOTALS													
NON-ESSENTIAL	26,159	100	438,191	410,552	3,316,992	16	127	25,964	100	407,512	3,135,121	16	121
DOMESTIC ONLY	8	0	45	45	361	6	45	7	0	43	330	6	45
MEALS	12	0	0	0	744	0	62	12	0	0	744	0	62

CASE AVERAGES	IP CASES	IP HOURS ASSESS	IP HOURS AUTH	CC CASES	CC HOURS ASSESS	CC HOURS AUTH	HM CASES	HM HOURS ASSESS	HM HOURS AUTH	MN CASES	MN HOURS ASSESS	MN HOURS AUTH	TOTAL CASES	TOTAL HOURS ASSESS	TOTAL HOURS AUTH
74 SI	5,553	162.86	141.01	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	5,553	162.86	141.01
74 NSI	20,617	74.83	63.41	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	20,617	74.83	63.41
74 TOTAL	26,165	93.53	79.89	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	26,165	93.53	79.89

Fig. XIV-gg- 2 – Service Assessment Summary Report – District Office Summary

County Summary

The County Summary is similar to the District Office Summary, but includes an additional page listing the numbers of cases assigned to each Impairment Level and Total, by Service Mode for each District Office.

STATE OF CALIFORNIA
IN-HOME SUPPORTIVE SERVICES
SERVICE ASSESSMENT SUMMARY REPORT

JOB: IH2LCASR
REPORT: RM0041F
COUNTY: LOS ANGELES
OFFICE - ALL

CYCLE DATE: 10/29/2004 PAGE: 697
RUN DATE: 10/29/2004 TIME: 20:00:21

OFFICE SUMMARY BY CASE

CASE	IP CASES	IP HOURS ASSESS	IP HOURS AUTH	CC CASES	CC HOURS ASSESS	CC HOURS AUTH	HM CASES	HM HOURS ASSESS	HM HOURS AUTH	MM CASES	MM HOURS ASSESS	MM HOURS AUTH	TOTAL CASES	TOTAL HOURS ASSESS	TOTAL HOURS AUTH
01 GI	3,724	172.02	148.10	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	3,724	172.02	148.10
01 NGI	17,174	75.23	63.92	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	17,174	75.23	63.92
01 TOTAL	20,896	92.49	78.93	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	20,896	92.49	78.93
19 GI	2,524	187.02	151.59	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	2,524	187.02	151.59
19 NGI	7,375	84.54	63.87	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	7,375	84.54	63.87
19 TOTAL	9,898	110.68	86.24	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	9,898	110.68	86.24
35 GI	1,402	178.53	154.94	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	1,402	178.53	154.94
35 NGI	4,179	81.70	64.24	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	4,179	81.70	64.24
35 TOTAL	5,580	106.04	87.04	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	5,580	106.04	87.04
47 GI	2,448	162.84	141.15	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	2,448	162.84	141.15
47 NGI	17,513	72.04	63.40	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	17,513	72.04	63.40
47 TOTAL	19,960	83.18	72.93	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	19,960	83.18	72.93
73 GI	1,822	158.83	140.76	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	1,822	158.83	140.76
73 NGI	16,833	65.97	61.04	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	16,833	65.97	61.04
73 TOTAL	18,650	75.06	68.84	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	18,650	75.06	68.84
74 GI	5,430	163.21	141.32	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	5,430	163.21	141.32
74 NGI	20,042	74.96	63.62	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	20,042	74.96	63.62
74 TOTAL	25,462	93.81	80.22	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	25,462	93.81	80.22
75 GI	2,503	158.23	150.07	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	2,503	158.23	150.07
75 NGI	6,922	79.42	73.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	6,922	79.42	73.00
75 TOTAL	9,415	100.46	93.57	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	9,415	100.46	93.57
77 GI	8,906	169.31	146.20	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	8,906	169.31	146.20
77 NGI	29,710	82.90	68.74	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	29,710	82.90	68.74
77 TOTAL	38,611	102.84	86.62	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	38,611	102.84	86.62

Fig. XIV-gg- 3 – Service Assessment Summary Report – County Summary – District Office Impairment Level indications.

STATE OF CALIFORNIA
IN-HOME SUPPORTIVE SERVICES
SERVICE ASSESSMENT SUMMARY REPORT

JOB: IH2LCASR
REPORT: RM0041F
COUNTY: LOS ANGELES
OFFICE - ALL

CYCLE DATE: 10/29/2004 PAGE: 698
RUN DATE: 10/29/2004 TIME: 20:00:21

COUNTY SUMMARY

SERVICES AUTH	OCTOBER CASES	% OF TOTAL	OCTOBER HOURS ASSESSED	OCTOBER AUTH	OCTOBER $AMOUNT	OCTOBER AUTH/CASE HRS	OCTOBER AUTH/CASE $AMT	3 MONTHS AVERAGE CASES	% OF TOTAL	3 MONTHS AVERAGE AUTH HOURS	3 MONTHS AVERAGE $AMOUNT	3 MONTHS AVERAGE AUTH/CASE HRS	3 MONTHS AVERAGE AUTH/CASE $AMT
1 DOMESTIC SRVCS	147,688	99	508,464	486,416	3,645,380	3	25	146,621	99	483,398	3,622,747	3	25
2 RELATED													
MEAL PREP	145,993	98	2,850,863	2,681,076	20,095,638	18	138	144,946	98	2,659,169	19,931,338	18	138
MEALS CLEAN UP	146,083	98	980,214	921,966	6,910,609	6	47	145,038	98	915,070	6,858,885	6	47
LAUNDRY	148,018	100	590,890	567,793	4,256,081	4	29	146,960	100	562,903	4,219,404	4	29
FOOD SHOPPING	147,342	99	386,782	365,277	2,738,173	2	19	146,289	99	362,862	2,720,052	2	19
SHOPPING/ERRAND	147,648	99	243,700	231,836	1,738,034	2	12	146,587	99	229,794	1,722,714	2	12
3 HEAVY CLEANING	2	0	25	25	184	12	92	5	0	52	388	11	83
4 NON-MEDICAL													
RESPIRATION	5,991	4	46,590	45,446	340,782	8	57	5,882	4	44,815	336,051	8	57
BOWEL BLADDER	71,119	48	960,031	940,189	7,047,933	13	99	70,213	48	928,109	6,957,332	13	99
FEEDING	24,252	16	407,206	391,504	2,935,085	16	121	23,890	16	386,149	2,894,921	16	121
BED BATHS	6,582	4	70,461	69,217	518,713	11	79	6,472	4	68,075	510,147	11	79
DRESSING	119,230	80	877,956	870,415	6,525,229	7	55	118,015	80	861,230	6,456,333	7	55
MENSTRUAL CARE	4,272	3	11,857	11,698	87,719	3	21	4,243	3	11,620	87,134	3	21
AMBULATION	70,727	48	563,642	558,921	4,190,153	8	59	69,824	47	553,272	4,140,285	8	59
MOVE IN/OUT BED	73,708	50	367,437	364,715	2,734,137	5	37	72,770	49	359,934	2,698,274	5	37
BATHING/HYGIENE	134,811	91	1,659,723	1,643,632	12,321,306	12	91	133,630	91	1,625,942	12,188,632	12	91
RUBBING SKIN	65,245	44	537,487	530,811	3,979,406	8	61	64,330	44	522,989	3,920,742	8	61
PROSTHESIS CARE	59,079	40	224,888	221,883	1,663,734	4	28	57,942	39	218,149	1,635,723	4	28
5 TRANSPORTATION													
ACCMPNY MEDICAL	135,305	91	304,446	281,299	2,108,904	2	16	134,194	91	278,773	2,089,959	2	16
ACCMPNY ALT REC	1,216	1	6,812	5,581	41,840	5	34	1,184	1	5,454	40,890	5	35
6 YARD HAZARD													
REMOVE RUBBISH	1	0	0	0	2	0	2	1	0	0	2	0	2
REMOVE ICE SNOW	1	0	2	2	15	2	15	1	0	2	15	2	15
7 PROTECT SUPRVSN	3,341	2	2,123,748	564,517	4,233,315	169	1,267	3,331	2	562,955	4,221,594	169	1,267
8 TEACHING DEMO	6	0	58	41	308	7	51	6	0	32	238	6	42
9 PARAMEDICAL SRV	8,249	6	261,978	242,034	1,814,454	29	220	8,158	6	239,857	1,798,125	29	220
TOTAL CASES	148,472	100	13,985,259	11,996,294	89,938,666	81	606	147,412	100	11,879,604	89,063,448	81	604
A-E TOTALS													
NON-ESSENTIAL	148,383	100	2,710,109	2,573,330	19,288,588	17	130	147,322	100	2,554,059	19,144,042	17	130
DOMESTIC ONLY	29	0	165	165	1,238	6	43	29	0	163	1,223	6	43
MEALS	186	0	0	0	11,532	0	62	186	0	0	11,532	0	62

CASE AVERAGES	IP CASES	IP HOURS ASSESS	IP HOURS AUTH	CC CASES	CC HOURS ASSESS	CC HOURS AUTH	HM CASES	HM HOURS ASSESS	HM HOURS AUTH	MM CASES	MM HOURS ASSESS	MM HOURS AUTH	TOTAL CASES	TOTAL HOURS ASSESS	TOTAL HOURS AUTH
GI	28,759	168.34	145.99	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	28,759	168.34	145.99
NGI	119,748	76.36	65.12	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	119,748	76.36	65.12
TOTAL	148,472	26.84	13.45	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	148,472	94.19	80.80

* * * END OF REPORT * * *

Fig. XIV-gg- 4 – Service Assessment Summary – County Summary

Share-of-Cost Report for Arrears Payments

General Description

The Share-of-Cost Report for Arrears Payments identifies IHSS recipients with a Medi-Cal Secondary Aid Code of 2N – IHSS Residual, for which outstanding Share of Cost (SOC) liability remains for the current month or three prior months. This means that the SOC assigned to the recipient case has not been collected in full; or recipients having paid an excess SOC, meaning a SOC greater than that owed by the recipient has been collected. The report shows:

- The difference between the required SOC and the collected share of cost for a recipient
- The eligible provider(s) for a recipient
- If the recipient has no eligible providers for the time period, the statement * NO ACTIVE PROVIDER FOR MONTH* prints in place of the provider information

Report Sort

The Share of Cost Report for Arrears Payments is sorted by County, District Office, Social Worker, then alphabetically by recipient name. Each recipient will have the current and three prior months listed for which a SOC difference occurs. Payment months will be listed from oldest to most recent.

Report Availability

The Share-of-Cost Report for Arrears Payments is run the 4th business day before the end of the month. For counties accessing CMIPS Online Reports, this report will be available the next business day in the MANAGEMENT, PAYROLL and SUMMARY Groups. Otherwise, the report will be mailed to counties after production.

```
                                                S T A T E   O F   C A L I F O R N I A
JOB:    IH2LSOCR                                  IN-HOME SUPPORTIVE SERVICES            CYCLE DATE: MM/DD/CCYY PAGE:      999
COUNTY: (99) XXXXXXXXXXXXXX                          SHARE-OF-COST REPORT                RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS
OFFICE: 99      SOCIAL WORKER: XXXX                  FOR ARREARS PAYMENTS

PAYMT    RECIPIENT NAME                                                    SUBMT         GROSS           SHARE
MONTH      RECIPIENT NUMBER                 STAT                           HOURS         WAGES          OF COST          STATUS
-----    -------------------------------    ----                           -----       ---------       ---------        -----------
99/99    XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX    X       RECP SUBMITTED         999.9       999999.99        99999.99
           99-99999999                               LESS RECP AUTH         999.9       999999.99        99999.99
                                                                            =====       =========       =========
                                                     NET DIFFERENCE         999.9-      999999.99-       99999.99-       * OPEN *


                                                     PROV ELG    AUTH      SUBMT         GROSS           SHARE           NET
 PROVIDER NAME                     NUMBER    STAT    END DATE    HOURS     HOURS         WAGES          OF COST        PAYMENT
 ------------------------------    ------    ----    --------    -----     -----       ---------       ---------      ---------
 XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX   999999     X      MM/DD/YY    999.9     999.9        99999.99        99999.99       99999.99
                                                                 =====     =====       =========       =========      =========
                                                                 999.9     999.9        99999.99        99999.99       99999.99
*****************************************************************************************************************************
```

Fig. XIV-hh- 1 – Share-of-Cost Report for Arrears Payments – Social Worker

Field Description

The following fields in the header of the Share-of-Cost Report for Arrears Payments.

Field: COUNTY

Description: The County associated with the reported cases

Field: DIST. OFFICE – Field Q1 on SOC 293 or RELB

Description: The District Office to which the case is assigned.

Field: SOCIAL WORKER – Field Q3 on SOC 293 or RELB

Description: The Social Worker assigned to the case

The following fields appear as column heading across the tope of the Share-of-Cost Report for Arrears Payments. For detailed descriptions of fields associated with SOC 293 or RELA, RELB or RELC, see ***Section V-A – SOC 293 Field by Field Description***.

Field: PAYMT MONTH – Format – MM/YY

Description: The payment month and year for which the SOC difference exists

Field: RECIPIENT NAME – Field B1, B2 and B3 on SOC 293 or RELA

Description: The recipient name

Field: RECIPIENT NUMBER – Field A1 on SOC 293 or RELA

Description: The recipient case number

Field: STAT – Field F1 on SOC 293 or RELA

Description: The recipient's eligibility status during the payment month

Field: SUBMT HOURS

Description: The hours submitted for payment in the payment month

Field: GROSS WAGES

Description: The gross wages paid in the payment month

Field: SHARE OF COST:

Description: The SOC associated to the payment month

Field: STATUS

Description: The difference between the SOC authorized and the SOC collected in the payment month:

- **OPEN** – The SOC collected is less than the SOC authorized, and none of the authorized hours have been used
- **PARTIAL** – The SOC collected is less than the SOC authorized, and some, but not all, authorized hours have been used
- **UNDER** – The SOC collected is more than the SOC authorized
- **OVER** – The SOC collected is less than the SOC authorized, and all the authorized hours have been used

The following three fields indicate the payment information associated with the SOC difference:

Field: RECP SUBMITTED

Description: Hours associated with timesheet submission associated with all providers for the payment period

Field: LESS RECP AUTH

Description: The authorized hours, gross wage and SOC associated with the recipient case for the payment period

Field: NET DIFFERENCE

Description: The net difference between the submitted timesheet data and the recipient authorization

The following fields display information relating to the providers for whom timesheets were submitted in the payment period. For detailed descriptions of fields associated with SOC 311 or PELG, see ***Section VI-B – SOC 311 Field by Field Description***.

Field: PROVIDER NAME – Fields B1, B2 and B3 on SOC 311 or PELG

Description: The provider's name

Field: NUMBER – Field A2 on SOC 311 or PELG

Description: The provider's six digit number.

Field: STAT – Field B4 on SOC 311 or PELG

Description: The provider's eligibility status during the payment month.

Field: PROV ELIG END DATE – Field F3, G3 or H3 on SOC 311 or PELG

Description: The eligibility end date corresponding to the payment month

Field: AUTH HOURS – Field F4, G4 or H4 on SOC 311 or PELG

Description: The hours authorized for the provider for the payment month

Field: SUBMT HOURS

Description: The hours paid or credited to the indicated provider for the payment month as indicated on provider PSUM

Field: GROSS WAGES

Description: The gross wages paid or credited to the indicated provider for the payment month, as indicated on the provider PSUM.

Field: SHARE OF COST

Description: The SOC withheld or credited to the provider for the payment month, as indicated on the provider PSUM

Field: NET PAYMENT

Description: The net amount paid or credited to the indicated provider for the payment month, as indicated on the provider PSUM

Share of Cost County Summary

A Share of Cost County Summary is produced indicating the net difference between SOC authorized and SOC collected for all recipients for each of the payment months reported.

```
                                        S T A T E   O F   C A L I F O R N I A
JOB:    IH2LGOCR                          IN-HOME SUPPORTIVE SERVICES          CYCLE DATE: 10/26/2004 PAGE:       26
COUNTY: (05) CALAVERAS                       SHARE-OF-COST REPORT              RUN DATE:   10/27/2004 TIME: 00:57:36

                                              COUNTY SUMMARY

                                            PAYMT       SHARE
                                            MONTH      OF COST
                                            -----     ---------
                                            07/04      5,785.37-
                                            08/04      4,771.54-
                                            09/04      4,771.54-
                                            10/04      4,002.16-
                                                      =========
                                            TOTAL     19,330.61-
```

Fig. XIV-hh- 2 – Share-of-Cost Report for Arrears Payments – County Summary

The following fields appear in the header of the Share of Cost County Summary

Field: COUNTY – (99) COUNTY NAME

Description: The two-digit county code and County name being reported

The following fields appear on the Share of Cost County Summary

Field: PAYMT MONTH – Format – MM/YY

Description: The payment month and year for which the SOC difference was reported

Field: SHARE OF COST

Description: The net difference between the AUTHORIZED SOC and SOC paid in the indicated payment period. A negative value represents the SOC owed by the recipients in the payment period. A positive value indicates the SOC owed to a recipient in the payment period.

Field: TOTAL

Description: The total SOC difference for all payment periods.

SSI/SSP Terminations

General Description

The SSI/SSP Termination report indicates IHSS recipients who have been terminated from the SSI/SSP program or have had an SSI/SSP status change resulting from enrollment in the Substantial Gainful Activity (SGA) program.

Substantial Gainful Activity is work activity that is both substantial and gainful. Substantial work activity involves the performance of significant and productive physical or mental duties, or a combination of both. Gainful work activity is work activity that is done for pay or profit, whether or not a profit is realized.

The SSI/SSP Terminations, intended to identify recipients no longer eligible for IHSS due to termination from SSI/SSP, reports the current SSI/SSP payment Status, Reason and Date of termination. If the IHSS recipient has enrolled in the SGA program the SSI/SSP Terminations will report the SSI/SSP status resulting from that enrollment.

This monthly listing is sorted by County, District Office, Social Worker, then alphabetically by recipient name. A District Office Summary with the totals for each social worker is included at the end of the Social Worker listings.

The following two sections comprise the SSI/SSP Termination Listing:

- SSI/SSP TERMINATIONS – County, District Office, Social Worker
- SSI/SSP TERMINATIONS – District Office Summary

Report Availability

The SSI/SSP Terminations is produced on a variable basis when the SSI/SSP Terminations Tape is received from the Department of Social Services. The tape is typically processed the third (3rd) week of the month. For counties accessing CMIPS Online Reports this report will be available the day after processing in the CASELOAD DETAIL, MANAGEMENT and SUMMARY Groups. Otherwise, the report will be mailed to the counties after production.

```
   JOB:  IH2JSSIR                          S T A T E   O F   C A L I F O R N I A                          PAGE:         25
COUNTY:  99   XXXXXXXXXXXXXXXXXXXX              IN-HOME SUPPORTIVE SERVICES                          RUN DATE: MM/DD/CCYY
OFFICE:  99     SOCIAL WORKER:   XXXX                 SSI/SSP TERMINATIONS                               FOR MONTH:  XXXXXXXXX

                                                                                          SSI/SSP
                                                                                 ----------------------------------------------------
                                                                                                                                  COMMENTS
                                CASE       SOCIAL      CURR PCSP AID  STAT SGA   APP       DEATH      DENIAL     LAST PAY   COUNTY
   RECIPIENT NAME               NUMBER     SECURITY #  STAT Y/N  CODE CODE CODE  DATE      DATE       DATE       DATE       USE ONLY
------------------------------ ---------- ----------- ---- ---- ---- ---- ---- ---------- ---------- ---------- ---------- --------

XXXXXXXXXXXXXXXXX XXXXXXXXXX X 9999999999 999-99-9999   X    X   99   X99      MM/DD/CCYY                          MM/DD/CCYY
XXXXXXXXXXXXXXXXX XXXXXXXXXX X 9999999999 999-99-9999   X    X   99   X99      MM/DD/CCYY                          MM/DD/CCYY
XXXXXXXXXXXXXXXXX XXXXXXXXXX X 9999999999 999-99-9999   X    X   99   X99      MM/DD/CCYY                          MM/DD/CCYY
XXXXXXXXXXXXXXXXX XXXXXXXXXX X 9999999999 999-99-9999   X    X   99   X99      MM/DD/CCYY                          MM/DD/CCYY
XXXXXXXXXXXXXXXXX XXXXXXXXXX X 9999999999 999-99-9999   X    X   99   X99      MM/DD/CCYY                          MM/DD/CCYY
XXXXXXXXXXXXXXXXX XXXXXXXXXX X 9999999999 999-99-9999   X    X   99   X99      MM/DD/CCYY                          MM/DD/CCYY
XXXXXXXXXXXXXXXXX XXXXXXXXXX X 9999999999 999-99-9999   X    X   99   X99      MM/DD/CCYY                          MM/DD/CCYY


    WORKER TOTAL:  9999
```

Fig. XIV-ii- 1 – SSI/SSP Terminations – Social Worker Sort

Field by Field Description

The following fields appear in the header of the SSI/SSP Terminations report.

Field COUNTY

Description The two-digit county code and name associated with the county being reported

Field OFFICE – Field Q1 on SOC 293 or RELB

Description The two-digit number of the District Office within the county to which the case is assigned

Field SOCIAL WORKER – Field Q3 on SOC 293 or RELB

Description The four-character Social Worker in the District Office responsible for the management of the recipient case

Field FOR MONTH – MONTH

Description The month being reported

The following field headers appear across the top of the SSI/SSP Terminations report. For detailed descriptions of fields associated with SOC 293 or RELA, RELB or RELC, see ***Section V-A – SOC 293 Field by Field Description***.

Field RECIPIENT NAME – Field B1, B2 and B3 on SOC 293 or RELA

Description The name of the recipient

Field CASE NUMBER – Field A1 on SOC 293 or RELA

Description The recipients ten-digit case number assigned by the county

Field SOCIAL SECURITY # – Field A4 on SOC 293 or RELA

Description The recipients nine-digit Social Security Number

Field CURR STAT – Field F1 on SOC 293 or RELA

Description The recipients current IHSS eligibility status

Field PCSP Y/N – Field M7 on SOC 293 or RELB

Description The recipients current fund source indication

Field AID CODE – Field A3 on SOC 293 or RELA

Description The recipients current Aid Code

Field STAT CODE

Description A 3-digit code that identifies the reason for termination from the SSI/SSP program. The code is comprised of the following elements:

A one-digit alpha character indicating the SSI/SSP status. Values N, S or T are explained below.

A two-digit numeric code specifies the reason for the SSI/SSP status

N **Not Eligible –** Indicates the claimant/recipient is not eligible for SSI/SSP or that a previously eligible recipient is not currently eligible. The following Reason Codes are associated with an "**N**" Status

01 Recipient's countable income exceeds Title XVI payment amount and his/her State's payment standard. Also used for 1619(b) participants.
02 Inmate of public institution.
03 Outside of the U.S.
04 Non-excludable resources exceed Title XVI limitation.
05 Unable to determine if eligibility exists
06 Failed to file for other benefits
07 Recipient's disability ceased. Not disabled
08 Recipient's blindness ceased. Not blind.
09 Refused vocational rehabilitation without good cause.
10 Refused treatment for drug addition
11 Recipient refused treatment for alcoholism
12 Recipient voluntarily withdrew from program
13 Not a citizen or an eligible alien
14 Aged claim denied for age
15 Blind claim denied. Applicant not blind. (No longer applicable)
16 Disability claim denied. Applicant not disabled. (No longer applicable)
17 Failure to pursue claim by the claimant
18 Failure to cooperate.
19 Recipient has voluntarily terminated participation in the SSI program
20 Recipient fails to furnish a required report or information
30 Slight impairment – Medical consideration alone, no visual impairment
34 Impairment is no longer severe at time of adjudication and did not last

twelve months, no visual

35 Impairment is severe at time of adjudication but not expected to last twelve months, no visual impairment.

36 Insufficient, or no medical data furnished, no visual impairment.

37 Failure, or refusal, to submit to consultative examination, no visual impairment.

38 Applicant does not want to continue development of the claim, no visual impairment

39 Applicant willfully fails to follow prescribed treatment, no visual impairment

40 Impairment(s) does not meet or equal listing (disabled child under age eighteen only), no visual impairment

41 Slight impairment - medical condition alone, visual impairment.

45 Impairment no longer severe at time of adjudication and did not last twelve months, visual impairment

46 Impairment is severe at the time of adjudication but not expected to last twelve months, visual impairment.

47 Insufficient, or no, medical evidence furnished, visual impairment

48 Failure, or refusal, to submit to consultative examination, visual impairment

49 Applicant does not want to continue development of the claim, visual impairment

50 Applicant willfully fails to follow prescribed treatment, visual impairment

51 Impairment(s) does not meet or equal listing (disabled child under age eighteen only), visual impairment

52 Deleted from the State rolls before January 1973 payment

53 Deleted from the State rolls after January 1973 payment

54 District office unable to locate applicant

S **Suspended –** Indicates the SSI/SSP payment is on Administrative suspension. The recipient may still be eligible for SSI/SSP payments, but payment is being withheld at this time. The following Reason Codes are associated with an "**S**" Status:

01 Suspension of payments due to report of death by Treasury, potential automated death case

04 System is awaiting disability determination (system generated)

06 Recipient address unknown

07 Returned check for other than death, address, payee change, or death of representative payee

08 Representative payee development pending

09 Miscellaneous suspense code

10 Adjudicative suspension (system generated)

20 Potential rollback case or disability made prior to July 1973 (inactive)

21 The recipient is presumptively disabled or blind and has received three

months payments.

T **Terminated –** Indicates the SSI/SSP eligibility is terminated for this claimant/recipient. A record may be terminated and a new record established, in certain situations. The following Reason Codes are associated with a "**T**" Status:

01 Death of the recipient

20 Received payment under two different account numbers

22 Received payment under two different accounts, termination resulted from electronic screening

30 Manual termination (payment previously made). Change in record composition requires termination of existing record (see SI 02601.510)

31 System generated termination (payment previously made)

50 Manual termination (no previous payment made)

51 System generated termination (no previous payment made)

Field SGA CODE

Description The following codes describe the SSI/SSP status as a result of enrollment in SGA

N27 Non-pay – Disability terminated due to SGA

N31 Non-pay – Capacity for SGA – customary past work, no visual impairment.

N32 Non-pay – Capacity for SGA – other work, no visual impairment

N33 Non-pay – Engaging in SGA despite impairment, no visual impairment

N42 Non-pay – Capacity for SGA – customary work, visual impairment

N43 Non-pay – Capacity for SGA – other work, visual impairment

N44 Non-pay – Engaging in SGA despite impairment, visual impairment

S05 Suspended – SGA decision pending

Field APP DATE

Description The date the recipient filed an application for SSI benefits or the date the individual is deemed to have filed the application

Field DEATH DATE

Description The date of death of the claimant

Field DENIAL DATE

Description The date the claimant was denied SSI benefits and/or State supplementation

Field LAST PAY DATE

Description The last date the SSI/SSP client received payment

Field COMMENTS COUNTY USE ONLY

Description Blank area left for county staff use

The following field appears after all IHSS recipient indications:

Field WORKER TOTAL

Description Total number of recipients listed on report for specified social worker

SSI/SSP TERMINATIONS – District Office Social Worker Totals

In addition, at the end of each district office SSI/SSP Termination report, a summary of all social worker's case counts is broken out by social worker number and recipient.

JOB: IH2JSSIR
COUNTY: 13
OFFICE: 01

STATE OF CALIFORNIA
IN-HOME SUPPORTIVE SERVICES
SSI/SSP TERMINATIONS

PAGE: 200
RUN DATE: 10/21/2004
FOR MONTH: OCTOBER

SW #	RECIPIENTS	SW #	RECIPIENTS	SW #	RECIPIENTS
ANDR	2	ARCE	6	BELA	13
CRMN	3	GRCE	11	IMEL	5
INTK	4	JANE	8	LISA	9
MARA	6	MINA	15	MRTA	10
ROSA	14	SALY	9	STEF	8

TOTAL: 123

Fig. XIV-ii- 2 – SSI/SSP Terminations – District Office Summary

State Only Funds Payment Voucher

General Description

The State Only Funds Payment Voucher lists, by District Office all IHSS recipients for whom Emergency X-27 – Recipient Reimbursement were keyed in the report month.

Report Sort

The State Only Funds Payment Voucher is sorted by County, District Office then alphabetically by recipient last name. If there were no X-27 transactions keyed in a County, then no report will be produced.Report Availability

The State Only Funds Payment Voucher is produced on the last business day of the month. For counties accessing CMIPS Online Reports, this report will be available the next business day in the MANAGEMENT and PAYROLL Groups. Otherwise, the report will be mailed to counties after production.

State Only Funds Payment Voucher

```
                                        S T A T E  O F  C A L I F O R  N I A
JOB:    IH2LPVMT                                IN-HOME SUPPORTIVE SERVICES              CYCLE DATE: MM/DD/CCYY PAGE:     9999
REPORT: RM0026F                                STATE ONLY FUNDS PAYMENT VOUCHER          RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

 COUNTY - XXXXXXXXXXXXX              *-*   PAY CYCLE   -   DAILY PAYMENTS   *-*
 DIST. OFFICE - 99



  RECIPIENT         PROVIDER        HOURS/   GROSS    SOC/      FICA/   SDI/    NET     CHECK/  EMPLOYER EMPLOYER EMPLOYER  TOTAL IP
 NAME/NUMBER       NAME/NUMBER  PCSP RATE     WAGE   FRM DT      FIT    SIT   PAYMENT   CHECK DT   FICA    FUTA     SUI     EXPENSE
 ---------------------------------------------------------------------------------------------------------------------------------------

 XXXXXXX, XXXXXX  XXXXXXXX, XXXXX    999.9  9999.00 9999.99     999.99   999.99 99999.99 99999999                          999999.99
  99-99999999                      9999.99        MM/DD/CCYY    999.99   999.99         MM/DD/CCYY 999.99  999.99   999.99
                                                     21 – EMERGENCY CHECK AUTH 22222 RSN=27
```

Fig. XIV-jj- 1 – State Only Funds Payment Voucher

Field by Field Description

The following fields appear on the State Only Funds Payment Voucher:

Field: CYCLE DATE

Description: The date the cycle producing the report was run in CMIPS

Field: RUN DATE

Description: The date the report was processed in CMIPS

Field: COUNTY

Description: Indicates the County being reported

Field: DIST. OFFICE

Description: Indicates the District Office within a County being reported

Field: RECIPIENT NAME/NUMBER

Description: Recipient Name – The recipient name associated with the payment

Number – The recipient case number associated with the payment

Field: PROVIDER NAME/NUMBER

Description: This field will always be blank

Field: PCPS

Description: PCSP – Indicates the funding source from which the case was paid. Valid indication are:

I – IHSS – Residual

P – PCSP

Field: HOURS/RATE

Description: The Hours and Rate associated with an X-27 transaction will always be zero

Field: GROSS WAGE

Description: This will indicated the GROSS amount of the X-27 transaction

Field: SOC/ FRM DT

Description: The SOC on the X-27 transaction will always be zero. The FRM DT will be the first day of the month for which the X-27 is being processed.

Field: FICA/FIT

Description: These fields will always be zero as X-27 transaction are paid to recipients and not subject to tax withholding

Field: SDI/SIT

Description: These fields will always be zero as X-27 transaction are paid to recipients and not subject to tax withholding

Field: NET PAYMENT

Description: This is the gross wage minus all deductions paid to the payee for the specified pay period

Field: CHECK/CHECK DT

Description: Check – The eight-digit number used for warrant identification. This is assigned by the State Controller's Office when the warrant is printed.

Check Dt – The date the warrant was issued to the recipient.

Field: EMPLOYER FICA

Description: This field will always be zero as X-27 transaction are paid to recipients and not subject to tax withholding

Field: EMPLOYER FUTA

Description: This field will always be zero as X-27 transaction are paid to recipients and not subject to tax withholding

Field: EMPLOYER SUI

Description: This field will always be zero as X-27 transaction are paid to recipients and not subject to tax withholding

Field: TOTAL IP EXPENSE

Description: The total amount associated with the X-27 transaction warrant

Field: PAY VOUCHER MESSAGES

Description: All X-27 transactions the voucher messages will be:

21 – EMERGENCY CHECK AUTH XXXXX RSN=27

Weekly Statutory Max Report

General Description and Purpose

The Weekly Statutory Maximum Report indicates those recipient cases where the recipient's Medi-Cal Secondary Aid Code has not been changed because of the addition or terminations of a parent or spouse provider or because of a change to the recipient Federal Financial Participation (FFP) status reported to CMIPS through the MEDS Response Update process. These changes affect the recipient case in the following manner:

- Recipient case Medi-Cal Secondary Aid Code changed from PCSP (2M) to Waiver (2L) or Residual (2N) and the recipient is NSI and the Authorized to Purchase hours are greater than 195 Statutory Maximum
- Recipient case Medi-Cal Secondary Aid Code changed from Waiver (2L) or Residual (2N) to PCSP (2M) and the recipient is NSI with Authorized to Purchase hours less than 283 Statutory Maximum with unmet need

The Weekly Statutory Max Report alerts county workers of cases for which the Medi-Cal Secondary Aid Codes has changed thereby affecting the Statutory Maximum of the case. The recipient case must be assigned an eligibility segment which corresponding with the change affecting the recipient case.

Report Sort

The Weekly Statutory Max Report will be sorted by County, District Office and then Social Worker.

Report Availability

The Weekly Statutory Max Report is produced in the Friday night batch cycle. This report is <u>not cumulative</u>, but reports only those cases meeting the criteria since the last report production.

For counties accessing CMIPS Online Reports, this report will be available the next business day in the CASELOAD DETAIL Group. Otherwise, the report will be mailed to counties after production.

Weekly Statutory Max Report

```
JOB - IH2LSMXR                    S T A T E    O F    C A L I F O R N I A        RUN DATE   MM/DD/CCYY  PAGE  999
REPORT - IH2RSMXR                       IN-HOME SUPPORTIVE SERVICES              CYCLE DATE MM/DD/CCYY
                                        WEEKLY STATUTORY MAX REPORT
COUNTY 99  DISTRICT OFFICE 99                                                    SOCIAL WORKER XXXX

CASE NUMBER           RECIPIENT NAME                      CIN        AUTH    UNMET
                                                                     HOURS   NEED
-------------------------------------------------------------------------------------------------------------------------
----------
RECIPIENT IHSS-RESIDUAL, NSI WITH HOURS GREATER THAN 195
9999999999   XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX           99999999X9   999.9
9999999999   XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX           99999999X9   999.9
9999999999   XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX           99999999X9   999.9
9999999999   XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX           99999999X9   999.9

RECIPIENT PCSP, AUTH HRS LESS THAN 283 WITH UNMET NEED
9999999999   XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX           99999999X9           999.9
9999999999   XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX           99999999X9           999.9

RECIPIENT IHSS+ WAIVER, NSI WITH HOURS GREATER THAN 195
9999999999   XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX           99999999X9   999.9
```

XIV-kk- 1 – Weekly Statutory Max Report

Field by Field Description

The following fields appear on the WEEKLY STATUTORY MAX REPORT

Field	Description
RUN DATE	The date the report was run in CMIPS MM/DD/YYYY
CYCLE DATE	The date the cycle which produced the report was run in CMIPS MM/DD/YYYY
COUNTY	The County responsible for the management of the IHSS recipient case
DISTRICT OFFICE	The District Office to which the case is assigned
SOCIAL WORKER	The Social Worker to whom the case is assigned
CASE NUMBER	The ten-digit IHSS Case Number
RECIPIENT NAME	The recipient name
CIN	The Client Index Number associated with the recipient case
AUTH HRS	The number of hours currently authorized on the recipient case
UNMET NEED	The current unmet need on the recipient case

Report Subcategories

The following three sub-categories may appear on the report:

- RECIPIENT IHSS-RESIDUAL, NSI WITH HOURS GREATER THAN 195 – The recipient Medi-Cal Secondary Aid Code has changed from 2M or 2L **to 2N** and the recipient is NSI and the Authorized to Purchase hours are greater than 195
- RECIPIENT PCSP, AUTH HRS LESS THAN 283 WITH UNMET NEED – The recipient Medi-Cal Secondary Aid Code has changed from 2L or 2N **to 2M** and the recipient is NSI and the Authorized to Purchase hours are less than 283
- RECIPIENT IHSS+ WAIVER, NSI WITH HOURS GREATER THAN 195 – The recipient Medi-Cal Secondary Aid Code has changed from 2M or 2N **to 2L** and the recipient is NSI and the Authorized to Purchase hours are greater than 195

County Action

The county will need to access the recipient case and create recipient eligibility segments to coincide with the provider or MEDS eligibility changes. To verify changes of the FFP indication, see ***Section IV-D – Medi-Cal Eligibility Look-up Screen***.

Assessment Due Face to Face

General Description

The Assessment Due Face to Face report lists recipient cases in E, I or L Status which are due for an IHSS reassessment in the next three months. The assessment due date is based upon the recipient case FACE TO FACE date (SOC 293/RELB Field ZZ4), plus one year (08072006 plus one year = Due Date 08072007).

The report is sorted by calendar month in which the Assessment is due, then by Status – E – Eligible, I – Interim Eligible, L – Leave and then alphabetically by Recipient Name.

There are two version of this report:

- SOCIAL – Sorted by County, District Office, Service Worker, Due Date, Status, and then alphabetically by recipient name
- ALPHA – Sorted by County, District Office, Due Date, Status, and then alphabetically by recipient name

Report Availability

The Assessment Due Report is produced on the last business day of each month, reporting recipient cases due for reassessment in the next three calendar months. For counties accessing CMIPS Online Reports this report will be available the first business day of the month in the CASELOAD DETAIL and SUMMARY Groups. Otherwise, the report will be mailed to the counties after production.

```
                                                S T A T E   O F   C A L I F O R N I A

JOB:    IH2LADLS                                     IN-HOME SUPPORTIVE SERVICES            CYCLE DATE: MM/DD/CCYY PAGE:      999
REPORT: RM0003F                                ASSESSMENT DUE FACE TO FACE - SOCIAL        RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

 COUNTY – COUNTY NAME
 DIST. OFFICE 99                                        MONTH / MONTH    CCYY
                                                                                                                (SERVICE WORKER – XXXX)
        RECIPIENT NAME        RECIPIENT NUMBER                                                  AID
          TELEPHONE            RECIPIENT SSN            RECIPIENT ADDRESS                      CODE      DUE DATE   ST   REMARKS
 ---------------------------------------------------------------------------------------------------------------------------------------

  XXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999

  XXXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999

  XXXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999

  XXXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999

  XXXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999

  XXXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999

  XXXXXXXXXXXXXXXXXX, XXXXXXXXXX 99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX           99      MM/DD/CCYY   X
  999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXXXXX XX 99999-9999
```

Fig. XIV-ll- 1 – Assessment Due Face to Face – Social

Field by Field Description

The following fields appear on the ALPHA and SOCIAL sorts of the Assessment Due Face to Face report unless otherwise noted.

Field:	COUNTY
Description:	The name of the county being reported

Field:	DISTRICT OFFICE
Description:	The two-digit number associated with the District Office within the County being reported

Field:	REPORT MONTHS – Format MONTH/MONTH CCYY
Description:	The months being reported

For a detailed explanation of all the remaining fields see ***Section V-A Field by Field Description SOC 293***.

Field:	SERVICE WORKER – Field Q3 on SOC 293 or RELB
Description:	The Service Worker responsible for the cases listed. This field only appears on the SOCIAL sort of the report.

Field:	RECIPIENT NAME – Fields B1, B2 and B3 on SOC 293 or RELA
Description:	Recipient name listed Last Name, First Name, MI

Field:	RECIPIENT NUMBER – Field A1 on SOC 293
Description:	Case Number associated to recipient case

Field:	TELEPHONE – Field D1 on SOC 293 or RELA
Description:	Recipient telephone number as listed on recipient case

Field:	RECIPIENT SSN – Field A4 on SOC 293 or RELA
Description:	The Social Security Number of the recipient

Field:	RECIPIENT ADDRESS – Fields C1, C2, C3 and C4 on SOC 293 and RELA
Description:	The physical address of the recipient

Field:	AID CODE – Field A3 on SOC 293 or RELA
Description:	State Aid Code defines the recipient's benefit categories for budget, Medi-Cal, and accounting purposes.

Field:	DUE DATE – SOC 293 Field P3 (Face to Face) or RELB plus one year
Description:	The date the next Face-to-Face assessment is due.

Field:	ST – Field E1 on SOC 293 or RELA
Description:	The IHSS Recipient case STATUS as of the report Cycle Date.

Field:	REMARKS
Description:	Blank area of report left for county use

Assessment Due Summary Reports

```
                                S T A T E  O F  C A L I F O R N I A
 JOB:    IH2LADLD                  IN-HOME SUPPORTIVE SERVICES          CYCLE DATE: MM/DD/CCYY PAGE:    99999
REPORT: RM0002F                    ASSESSMENT DUE FACE TO FACE          RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS
                                         COUNTY SUMMARY
 COUNTY - XXXXXXXXXXXXXXXXXX
                                       MONTH/MONTH CCYY

     DISTRICT OFFICE            MONTH              MONTH                  MONTH        REPORTED TOTALS

          01                      XXX                XXX                    XXX                  XXXXX
                   E              XXX                XXX                    XXX                  XXXXX
                   I              XXX                XXX                    XXX                  XXXXX
                   L              XXX                XXX                    XXX                  XXXXX

          02                      XXX                XXX                    XXX                  XXXXX
                   E              XXX                XXX                    XXX                  XXXXX
                   I              XXX                XXX                    XXX                  XXXXX
                   L              XXX                XXX                    XXX                  XXXXX

      TOTAL                       XXX                XXX                    XXX                  XXXXX
                   E              XXX                XXX                    XXX                  XXXXX
                   I              XXX                XXX                    XXX                  XXXXX
                   L              XXX                XXX                    XXX                  XXXXX
```

Fig. XIV-ll- 1 – Assessment Due Face to Face – County Summary

```
                                S T A T E  O F  C A L I F O R N I A
 JOB:    IH2LADLD                  IN-HOME SUPPORTIVE SERVICES          CYCLE DATE: MM/DD/CCYY PAGE:    99999
REPORT: RM0002F                    ASSESSMENT DUE FACE TO FACE          RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS
                                         STATE SUMMARY
 COUNTY – ALL COUNTIES
                                       MONTH/MONTH CCYY

       COUNTY                   MONTH              MONTH                  MONTH        REPORTED TOTALS

    CALAVERAS                     XXX                XXX                    XXX                  XXXXX
                   E              XXX                XXX                    XXX                  XXXXX
                   I              XXX                XXX                    XXX                  XXXXX
                   L              XXX                XXX                    XXX                  XXXXX

    COLUSA                        XXX                XXX                    XXX                  XXXXX
                   E              XXX                XXX                    XXX                  XXXXX
                   I              XXX                XXX                    XXX                  XXXXX
                   L              XXX                XXX                    XXX                  XXXXX

    CONTRA COSTA                  XXX                XXX                    XXX                  XXXXX
                   E              XXX                XXX                    XXX                  XXXXX
                   I              XXX                XXX                    XXX                  XXXXX
                   L              XXX                XXX                    XXX                  XXXXX
```

Fig. XIV-ll- 2 – Assessment Due Face to Face– State Summary

The Assessment Due Face to Face County and State Summary reports provide counts of cases requiring assessment in the reported time periods by case status. The same summary is provided for both the SOCIAL and ALPHA sorts of the report. The following fields will appear on the County Summary:

Field:	COUNTY
Description:	The county being reported

Field:	REPORT MONTHS – Format MONTH/MONTH CCYY
Description:	The months being reported

Field:	DISTRICT OFFICE/COUNTY
Description:	County Summary – The District Office within a County State Summary – The County

Field:	MONTH
Description:	Indicates the number of assessments due in the indicated calendar month

Field:	REPORTED TOTAL
Description:	Total number of case assessments due for the District Office

Field:	TOTALS
Description:	Totals for each month and grand total for all case assessments due

Overdue Assessment Face to Face

General Description

The Overdue Assessment Face to Face reports IHSS recipient cases for which the IHSS assessment has expired based upon the recipient case Face to Face Date (SOC 293 or RELB Field P3). Any recipient case with a Face to Face prior to the current month will be reported.

The Overdue Assessment Face to Face is sorted by Due Date (each Month is reported separately), then by Case Status (SOC 293 or RELB Field F1 – I-Interim, E-Eligible or L-Leave.), and then alphabetically by the recipient name.

Report Availability

The Overdue Assessment Face to Face is produced the first week of each month reporting cases with assessments which were due any month prior to the current. For counties accessing CMIPS Online Reports, this report will be available the next business day in the CASELOAD DETAIL and MANAGEMENT Groups. Otherwise, the report will be mailed to counties after production.

```
                                   S T A T E   O F   C A L I F O R N I A
JOB:    IH2LOALN                     IN-HOME SUPPORTIVE SERVICES              CYCLE DATE: MM/DD/CCYY PAGE:    9999
REPORT: RM0013F                   OVERDUE ASSESSMENT FACE TO FACE - ALPHA     RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

COUNTY – COUNTY NAME
DIST. OFFICE 99                                          MONTH       CCYY

       RECIPIENT NAME        RECIPIENT NUMBER                                  SERVICE  AID
         TELEPHONE            RECIPIENT SSN            RECIPIENT ADDRESS        WORKER   CODE  ST   DUE DATE       REMARKS
-------------------------------------------------------------------------------------------------------------------------------

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX    99    X   MM/DD/CCYY
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX    99    X   MM/DD/CCYY
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX    99    X   MM/DD/CCYY
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX    99    X   MM/DD/CCYY
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX    99    X   MM/DD/CCYY
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXX    XX 99999-9999

 XXXXXXXXXXXXXXXX, XXXXXXXXXX  99-99999999       XXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXX    99    X   MM/DD/CCYY
 999-999-9999                  999-99-9999       XXXXXXXXXXXXXXXXX    XX 99999-9999
```

Fig. XIV-mm- 1 – Overdue Assessment Face to Face – Social

Field by Field Description

The following fields appear on the Overdue Assessment Face to Face. For detailed descriptions of fields on the SOC 293 see ***Section V-A – SOC 293 Field by Field***.

Field:	COUNTY
Description:	The County name to which the listed cases are assigned

Field:	DISTRICT OFFICE – Field Q1 on SOC 293 or RELB
Description:	The two-digit District Office to which the listed cases are assigned

Field:	MONTH – Format – MONTH CCYY
Description:	The month the report was produced

Field:	RECIPIENT NAME – Fields B1, B2 and B3 on SOC 293 or RELA
Description:	The name of the recipient formatted Last Name, First Name, MI.

Field:	TELEPHONE – Field D1 on SOC 293 or RELA
Description:	The telephone of the recipient.

Field:	RECIPIENT NUMBER – Field A1 on SOC 293 or RELA
Description:	The ten-digit case number assigned to the recipient case

Field:	RECIPIENT SSN – Field A4 on SOC 293 or RELA
Description:	The recipient's Social Security Number

Field:	RECIPIENT ADDRESS – Fields C1, C2, C3 and C4 on SOC 293 or RELA
Description:	The physical address of the recipient

Field:	SERVICE WORKER – Field Q3 on SOC 293 or RELB
Description:	The County Social Worker assigned to the recipient case

Field:	AID CODE - Field A3 on SOC 293 or RELA
Description:	The Aid Code assigned to the recipient case

Field:	ST – Field F1 on SOC 293 or RELA
Description:	The IHSS recipient case Status

Field:	DUE DATE – Face to Face Date plus one year
Description:	The date the assessment was due

Field:	ST – SOC 293 or RELB Field F1
Description:	The recipient case STATUS on the case the date the report was run

Field:	REMARKS
Description:	Area made available for documentation of staff notes relating to the case

Overdue Assessment Face to Face – Summary

There are two Summaries associated with the Overdue Assessment Face to Face:

- County Summary – Lists for each County by District Office the number of E, I and L Status cases with a Face to Face date in the past
- State Summary – Lists by County the number of E, I and L Status cases with a Face to Face date in the past

```
                                   S T A T E  O F  C A L I F O R N I A
                                        IN-HOME SUPPORTIVE SERVICES
JOB:    IH2LOALN                  OVERDUE ASSESSMENT FACE TO FACE - ALPHA          CYCLE DATE: MM/DD/CCYY PAGE:     9999
REPORT: RM0013F                              COUNTY SUMMARY                        RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

COUNTY – COUNTY NAME                                MONTH      CCYY

DISTRICT  ------------------------------------  O V E R D U E  M O N T H  ----------------------------------------  REPORTED
 OFFICE      06/07   05/07   04/07   03/07   02/07   01/07   12/06   11/06   10/06   09/06   08/06   07/06   OTHER       TOTALS


   99          999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          E    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          I    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          L    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999

   99          999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          E    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          I    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          L    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999

   99          999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          E    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          I    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          L    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999

   99          999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          E    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          I    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          L    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
```

Fig. XIV-mm- 2 – Overdue Assessment Face to Face – County Summary

```
                                   S T A T E  O F  C A L I F O R N I A
                                        IN-HOME SUPPORTIVE SERVICES
JOB:    IH2LOALN                  OVERDUE ASSESSMENT FACE TO FACE - ALPHA          CYCLE DATE: MM/DD/CCYY PAGE:     9999
REPORT: RM0013F                              STATEWIDE SUMMARY                     RUN DATE:   MM/DD/CCYY TIME: HH:MM:SS

COUNTY – ALL COUNTIES                               MONTH      CCYY

----------------------------------------------  O V E R D U E  M O N T H  ----------------------------------------  REPORTED
 COUNTY      06/07   05/07   04/07   03/07   02/07   01/07   12/06   11/06   10/06   09/06   08/06   07/06   OTHER       TOTALS


 ALAMEDA      999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          E    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          I    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          L    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999

 ALPINE       999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          E    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          I    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          L    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999

 AMADOR       999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          E    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          I    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          L    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999

 BUTTE        999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          E    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          I    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
          L    999     999     999     999     999     999     999     999     999     999     999     999     999      9999999
```

Fig. XIV-mm- 3 – Overdue Assessment Face to Face – Statewide Summary

Field-by-Field Description

The following fields appear on the Overdue Assessment Face to Face Summary:

Field:	COUNTY
Description:	The County name to which the listed cases are assigned. The Statewide Summary will indicate – ALL COUNTIES

Field:	MONTH – Format – MONTH CCYY
Description:	The month the Overdue Assessment Listing was produced

Field:	DISTRICT OFFICE
Description:	Each District Office within the County shall have a separate lines reporting the total number of recipient cases, by Status E-Eligible, I-Interim Eligible, L-Leave which have a Face to Face date in the past. The Statewide Summary will report by COUNTY.

Field:	OVERDUE MONTH
Description:	Indicates the number of cases with overdue assessment for up to 12 months. The OTHER column reports a count of cases with a Face to Face date more than 12 months in the past.

Field:	REPORTED TOTALS
Description:	The total number of cases with Overdue Assessments for the District Office or County.

Overpayment Recovery Report

General Description

The Overpayment Recovery Report is produced monthly as a means of assisting county in the management of existing overpayment recovery sequences in CMIPS.

The report is divided into two report subcategories:

ACTIVE OVER SEQUENCE WITH INELIGIBLE CASE – Reports cases with an A-Active status OVER sequence for which either the recipient or the provider case in T-Terminated status. Cases will continue to be reported until either the OVER screen sequence is closed or the recipient or provider case status is set to a status other than T-Terminated.

CLOSED OVER SEQUENCE – Reports cases which have had a C-Closed status assigned to a OVER sequence since the last report period. After the initial report production cases will only be reported once, in the report month in which the C-Closed status was assigned.

Report Availability

The Overpayment Recovery Report is produced the last business day of each month reporting activity since the last report run.

For counties accessing CMIPS Online Reports, this report will be available the next business day in the PAYROLL Group. Otherwise, the report will be mailed to counties after production.

```
                              S T A T E   O F   C A L I F O R N I A
JOB -    XXXXXXXX                                                    REPORT PERIOD - MM/CCYY   PAGE    999
REPORT - XXXXXXXX                  OVERPAYMENT RECOVERY REPORT       RUN DATE   - MM/DD/CCYY  TIME HH:MM:SS

COUNTY – 01   DISTRICT OFFICE – 99  SW - XXXX

ACTIVE OVER SEQUENCE WITH INELIGIBLE CASE

RECIPIENT  S  SEQ  PROVIDER  S  PAID TO  FROM DATE   TO DATE   ORIGINAL    APPLIED    BALANCE
9999999999 X   01   999999   X     1     MMDDCCYY   MMDDCCYY    9999.99    9999.99    9999.99
9999999999 X   01   999999   X     2     MMDDCCYY   MMDDCCYY    9999.99    9999.99    9999.99
9999999999 X   01   999999   X     3     MMDDCCYY   MMDDCCYY    9999.99    9999.99    9999.99
9999999999 X   01   999999   X     1     MMDDCCYY   MMDDCCYY    9999.99    9999.99    9999.99
9999999999 X   01   999999   X     2     MMDDCCYY   MMDDCCYY    9999.99    9999.99    9999.99

CLOSED OVER SEQUENCE

RECIPIENT     SEQ  PROVIDER     PAID TO  FROM DATE   TO DATE   ORIGINAL    APPLIED    BALANCE
9999999999     01   999999         1     MMDDCCYY   MMDDCCYY    9999.99    9999.99    9999.99
9999999999     01   999999         2     MMDDCCYY   MMDDCCYY    9999.99    9999.99    9999.99
9999999999     01   999999         3     MMDDCCYY   MMDDCCYY    9999.99    9999.99    9999.99
9999999999     01   999999         1     MMDDCCYY   MMDDCCYY    9999.99    9999.99    9999.99
9999999999     01   999999         2     MMDDCCYY   MMDDCCYY    9999.99    9999.99    9999.99
```

Fig. XIV-nn- 1 – Overpayment Recovery Report

Field by Field Description

The following fields appear on the Overpayment Recovery Report. Unless otherwise indicated all field are from the SOC 330. See ***Section XII-B – SOC 330 Field by Field Description*** for detailed information.

Field:	REPORT PERIOD – Format – MM/CCYY
Description:	The calendar month being reported

Field:	RUN DATE – Format – MM/DD/CCYY
Description:	The date the report was processed in CMIPS

Field:	COUNTY
Description:	The County name to which the listed cases are assigned

Field:	DISTRICT OFFICE – Field Q1 – DO on SOC 293 or RELB
Description:	The two-digit District Office to which the listed cases are assigned

Field:	SW – Field Q3 – SW# on SOC 293 or RELB
Description:	The Social Worker number to whom the recipient case is assigned

The following fields are reported in the ACTIVE OVER SEQUENCE WITH INELIGIBLE CASE report subcategory:

Field:	RECIPIENT
Description:	The ten-digit recipient case number

Field:	S
Description:	The recipient case status – RELA – Field E1

Field:	SEQ
Description:	The sequence number associated with the OVER screen

Field:	PROVIDER
Description:	The six-digit provider number

Field:	S – Field B4 – Status – SOC 311 or PELG
Description:	The provider case status

Field:	PAID TO
Description:	A code indicating to whom the overpayment was issued. This field assists the county in knowing to whom the recovery amount should be credited. Valid indicates are:

- 1 – Recipient – Original overpayment was issued to the recipient
- 2 – This provider – Original overpayment was issued to the provider against which the overpayment recovery is applied
- 3 – Other provider - Original overpayment was issued to a provider other than provider against which the overpayment recovery sequence is applied.

Field:	FROM DATE
Description:	The beginning date of the first pay period for the period in which an overpayment occurred.

Field:	TO DATE
Description:	The ending date of the last pay period for the period in which an overpayment occurred.

Field:	ORIGINAL
Description:	The outstanding overpayment amount to be collected from the indicated recipient or provider case.

Field:	APPLIED
Description:	The cumulative overpayment amount collected to date against the indicate recipient or provider case.

Field:	BALANCE
Description:	The outstanding recovery amount still payable by the indicated recipient or provider.

The following fields are reported in the CLOSED OVER SEQUENCE report subcategory:

Field:	RECIPIENT
Description:	The ten-digit recipient case number

Field:	SEQ
Description:	The two-digit OVER screen sequence number assigned the C-Closed status

Field:	PROVIDER
Description:	The six-digit provider number associated to the OVER screen sequence. If this field is blank the OVER sequence is not associated to a provider

Field:	FROM DATE
Description:	The beginning date of the first pay period for the period in which an overpayment occurred.

Field:	TO DATE

Description:	The ending date of the last pay period for the period in which an overpayment occurred.

Field:	ORIGINAL
Description:	The outstanding overpayment amount to be collected from the indicated recipient or provider case.

Field:	APPLIED
Description:	The cumulative overpayment amount collected to date against the indicate recipient or provider case.

Field:	BALANCE
Description:	The outstanding recovery amount still payable by the indicated recipient or provider.

Provider Pending Status Report

General Description

The Provider Pending Status Report is produced weekly as a means of assisting counties with the Provider Enrollment process in CMIPS.

The report will display all Pending status PELGs for a county with the associated ENRL screen data if one exists. The report will be available in the County and District Office or by County, District Office and Social Worker sorts.

Report Availability

The Provider Pending Status Report is produced every Friday night. For counties accessing CMIPS Online Reports, this report will be available the next business day in the Caseload Group.

```
                              S T A T E   O F   C A L I F O R N I A
JOB -    XXXXXXXX                                                    REPORT PERIOD - MM/CCYY   PAGE    999
REPORT - XXXXXXXX                  PROVIDER PENDING STATUS REPORT    RUN DATE   - MM/DD/CCYY  TIME HH:MM:SS

COUNTY – 01   DISTRICT OFFICE – 99  SW - XXXX

ACTIVE OVER SEQUENCE WITH INELIGIBLE CASE

CASE NUMBER       PROV NAME                        RECIP NAME                      ENRL ST    ENRL TERM CD
9999999999999999  AAAAAAAAAAAAAAAAA AAAAAAAAAAAA A  AAAAAAAAAAAAAAAAAA AAAAAAAAAAAA A    I           11
9999999999999999  BBBBBBBBBBBBBBBBB AAAAAAAA        AAAAAAAAAAAAAAAAAA AAAAAAAAAAAA A    P
9999999999999999  BBBBBBBBBBBBBBBBB CCCCCCC         BBBBB              NNNNNNNNN         E
9999999999999999  XXXXXXX           XXXXX           XXXXXXXXXXXX       XXXXXXXXXXXXXX    P
```

Fig. XIV-oo- 1 – Provider Pending Status Report

Field by Field Description

The following fields appear on the Provider Pending Status Report.

Field:	REPORT PERIOD – Format – MM/CCYY
Description:	The calendar month being reported

Field:	RUN DATE – Format – MM/DD/CCYY
Description:	The date the report was processed in CMIPS

Field:	COUNTY
Description:	The County name to which the listed cases are assigned

Field:	DISTRICT OFFICE – Field Q1 – DO on SOC 293 or RELB
Description:	The two-digit District Office to which the listed cases are assigned

Field:	SW – Field Q3 – SW# on SOC 293 or RELB
Description:	The Social Worker number to whom the recipient case is assigned

The following fields are reported in the PROVIDER PENDING STATUS report subcategory:

Field:	CASE NUMBER
Description:	The sixteen-digit case number (ten-digit Recipient and six-digit Provider numbers)

Field:	PROV NAME
Description:	The provider name – PELG – Fields B1 – B3

Field:	RECIP NAME
Description:	The recipient name – RELA – Fields B1 – B3

Field:	ENRL ST
Description:	The status of the associated ENRL screen

Field:	ENRL TERM CD
Description:	The termination reason code field on the associated ENRL screen

Section XV
CSUM and IHSS
Management Statistics
Summary

County Summary (CSUM) Screen

Field By Field Description

The CSUM screen provides system-generated program and fiscal information by service delivery mode to county managers.

Individual Provider (IP) information is system-generated by CMIPS based on actual payroll information. No manual input is permitted. County Contract (CC) information is system-generated from the Contractor Interface (COIN) sub-system input which is obtained from the data provided by the IHSS contractor through the county. Homemaker (HM) information is system-generated from the Homemaker Interface sub-system input which creates monthly cost estimates. The information in the Homemaker Quarterly Expense section is entered by the county each quarter when actual expenditures are available from the CWD Administrative Expense Claim.

All data is reported by program - the Personal Care Services (PCSP) Program and/or the Residual IHSS (Residual) Program. The field-by-field descriptions refer to both programs.

Display Fields

Field: FOR MM/YY, System Generated, Numeric
Description: For Month/Year - Report month/year for the data being reported.

Field: MONTHLY CASELOAD AND _____-_____ MODE, System Generated, Numeric
Description: Monthly Caseload and _____ - _____Mode - There are two blank spaces in this field. When information is accessed on this screen, the system generated information in the first blank section will read either EXPENDITURES (for the IP and CC mode) or EST. EXPENDITURES (for the HM mode). The system generated information on the second blank section is the mode of service (IP, CC, or HM) for the data being reported.

Field: CASES, System Generated, Numeric
Description: Cases - Total Case-Months for which services were paid during the report month. A case month is defined as all payments made for a specific month. If a provider is paid for two or more unique months then each of those payments are counted as case months.

Field: HOURS, System Generated, Numeric
Description: Hours - Total hours paid for services during the report month.

Field: EXPENDITURES or EST. EXPEND., System Generated, Numeric
Description: Expenditures or Est. Expend. - Either the total expenditures reported for services during the report month in the IP and CC modes or the total estimated expenditures in the HM mode reported for services during the report month. The HM expenditures are estimated until the CWD Administrative Expense Claim supplies the actual amount claimed.

Field: SOC CASES, System Generated, Numeric
Description: SOC Cases - Total cases having a share-of-cost which showed an expenditure during the report month.

Field: SOC AMOUNT, System Generated, Numeric
Description: SOC Amount - Total amount paid by recipients as their shares of cost during the report month.

For the fields above, CASES through SOC AMOUNT, the information is summarized in the GRAND TOTAL, PCSP TOTAL AND RESD TOTAL rows described below.

Field: GRAND TOTAL, System Generated, Numeric
Description: Grand Total - The sum of the two funding sources - PCSP and Residual - with sub-totals for the disability rating of the recipients.

SI - Severely Impaired
NSI - Non-Severely Impaired

Field: PCSP TOTAL, System Generated, Numeric
Description: PCSP Total - The total expenditures which were funded by PCSP, with sub-totals for SI and NSI.

Field: RESD TOTAL, System Generated, Numeric
Description: Resd Total - The total expenditures which were funded by the Residual Program, with sub-totals for SI and NSI.

HOMEMAKER QUARTERLY EXPENSE

Counties using the Homemaker mode report their expenditures in this section. They report only expenditures for direct service delivery; these are the costs reported on the CWD Administrative Expense Claim to PINs 101060 and 108060. Failure to report CWD Administrative Expense Claim data will result in faulty information used in program management and budget planning for the county and the IHSS Program.

The following four fields display data related to the HOMEMAKER QUARTERLY EXPENSE.

Field: QTR:, Input Required, Numeric
Description: Quarter - The fiscal year quarter for which data is being entered.

1 - July-September	3 - January-March
2 - October-December	4 - April-June

Field: DATE:, System Generated, Numeric
Description: Date - Month, day and year that the data was entered.

Field: PCSP EXPENSE, Optional, Numeric
Description PCSP Expense - Total homemaker mode expenditures reported on the Administrative Expense Claim by program code for the PCSP. Entry in this field updates the monthly expenditure reporting which was based on estimates.

Field: RESD EXPENSE, Optional, Numeric
Description: Residual Cost - Total homemaker mode expenditures reported on the Administrative Expense Claim by program code for the Residual IHSS Program. Entry in this field updates the monthly expenditure reporting which was based on estimates.

YEAR TO DATE

The information in the following fields is reported for the TOTAL and for the sub-totals - PCSP and RESIDUAL.

Field: ALLOCATION, System Generated, Numeric
Description: Allocation - Total allocation, workers' compensation, CMIPS' contracts, and all adjustments to the allocation made during the fiscal year to date.

Field: IP EXPENSE, System Generated, Numeric
Description: IP Expense - Total fiscal year-to-date expenditures for the Individual Provider mode. The total is computed by adding the gross provider wages, employer taxes and restaurant meal allowances, minus shares of cost. This field is derived from the CMIPS data base and is updated whenever CMIPS Arrears and Advance reports are generated during the month.

Field: CC EXPENSE, System Generated, Numeric
Description: CC Expense - Total fiscal year-to-date expenditures for the County Contract mode, minus shares of cost. This data is obtained from the information on the Contractor Interface (COIN) screen.

Field: HM EXPENSE, System Generated, Numeric
Description: HM Expense - Total fiscal year-to-date expenditures for Welfare Staff Homemaker (HM) services, minus shares of cost. This data is obtained from the information in the Homemaker sub-system and updated by the quarterly entries.

Field: ADJUSTMENTS, System Generated, Numeric
Description: Adjustments - The total adjustments between the PCSP and Residual Program entered on the report month.

Field: WKRS COMP EXPENSE, System Generated, Numeric
Description: Worker's Compensation Expense - Total fiscal year-to-date pro rata share of Worker's Compensation cost. This field is deducted from the total allocation at the beginning of the fiscal year.

Field: CMIPS EXPENSE, System Generated, Numeric
Description: CMIPS Expense - Total fiscal year-to-date pro rata share of CMIPS contracts cost. This field is deducted from the total allocation at the beginning of the fiscal year.

Field: TOTAL EXPENSE, System Generated, Numeric
Description: Total Expense - Total fiscal year-to-date expenditures for IP (including employer taxes), CC, HM, Worker's Compensation, and CMIPS contracts.

Field: BALANCE, System Generated, Numeric
Description: Balance - Balance of the current allocation after year-to-date expenditures, including Worker's Compensation and CMIPS contracts, have been deducted.

Field: IP EMPLR TAX, System Generated, Numeric
Description: IP Employer Tax - Total fiscal year-to-date FICA, SUI, and FUTA employer contributions in the IP mode. This is a display-only field of the taxes already calculated as part of the IP EXPENSE above.

ALLOCATION REVISION

The following two fields display information related to Allocation Revision.

Field: DATE:, System Generated, Numeric
Description: Date: - The date the revised allocation was entered by the Adult Services Management Branch (ASMB).

Field: NBR:, System Generated, Numeric
Description: Number: - The sequence number of revisions to the intial allocation entered by the ASMB.

Screen Access

The three available CSUM screens display information on expenditures for each county by one of the service delivery modes: IP, CC, or HM.

The CSUM screen is accessed from either the MENU or another screen by entering on the NEXT line, CSUM, "I" for inquiry or "C" for change, and the two digit county code, the mode (IP, CC or HM), and the year/month (i.e. 9506) of the report (CSUM I 01IP9506). Hit either **Ent** or **PF8** and the CSUM screen will be displayed.

Once one of the three CSUM screens has been accessed, the other two screens within that county can be displayed by hitting either **Ent** or **PF8**. The screen will alternate between the three service delivery modes. In addition, once the CSUM screen is up, a prior month can be displayed by changing the month on the NEXT line and hitting either **Ent** or **PF8**.

IP Mode

```
THIS CSUM I 37IP9506
NEXT CSUM I 37CC9506
 FOR MM/YY: 06/95    MONTHLY CASELOAD AND EXPENDITURES - IP MODE
             CASES       HOURS        EXPENDITURES   SOC CASES  SOC AMOUNT
 GRAND TOTAL  11,442     864,619.5    3,879,890.10        919     133,346.62
       SI      2,232     351,764.9    1,563,384.33        341      69,499.99
       NSI     9,210     512,854.6    2,316,505.77        578      63,846.63
 PCSP  TOTAL   7,223     510,783.2    2,375,117.60
       SI      1,424     204,467.9      958,876.64  HOMEMAKER QUARTERLY EXPENSE
       NSI     5,799     306,315.3    1,416,240.96  QTR: 4 94/95  DATE: 00/00/00
 RESD  TOTAL   4,914     353,836.3    1,504,772.50  PCSP EXPENSE            0.00
       SI        971     147,297.0      604,507.69  RESD EXPENSE            0.00
       NSI     3,943     206,539.3      900,264.81
 YEAR-TO-DATE        TOTAL            PCSP           RESIDUAL     ALLOC REVISION
 ALLOCATION      62,187,519.00    32,897,628.00    29,289,891.00  DATE: 05/03/95
 IP EXPENSE      46,168,481.32    26,749,802.64    19,418,678.68  NBR:  05
 CC EXPENSE       8,227,073.39     4,794,613.06     3,432,460.33
 HM EXPENSE               0.00             0.00             0.00
 ADJUSTMENTS                       4,500,887.34     4,500,887.34-
 WKRS COMP EXP    1,321,518.00       705,174.00       616,344.00
 CMIPS EXPENSE      708,016.00       425,338.00       282,678.00
 TOTAL EXPENSE   56,425,088.71    37,175,815.04    19,249,273.67
 BALANCE          5,762,430.29     4,278,187.04-   10,040,617.33
 IP EMPLR TAX     3,728,319.90     2,301,134.82     1,427,185.08
```

CC Mode

```
THIS CSUM I 37CC9506
NEXT CSUM I 37HM9506
 FOR MM/YY: 06/95    MONTHLY CASELOAD AND EXPENDITURES - CC MODE
             CASES       HOURS        EXPENDITURES   SOC CASES  SOC AMOUNT
 GRAND TOTAL   1,915      55,800.3      589,626.59        209      17,480.75
       SI         57       4,971.5       53,186.00          8         903.91
       NSI     1,858      50,828.8      536,440.59        201      16,576.84
 PCSP  TOTAL     835      34,223.9      372,355.88
       SI         48       4,186.4       45,548.02  HOMEMAKER QUARTERLY EXPENSE
       NSI       787      30,037.5      326,807.86  QTR: 4 94/95  DATE: 00/00/00
 RESD  TOTAL   1,081      21,576.4      217,270.71  PCSP EXPENSE            0.00
       SI          9         785.1        7,637.98  RESD EXPENSE            0.00
       NSI     1,072      20,791.3      209,632.73
 YEAR-TO-DATE        TOTAL            PCSP           RESIDUAL     ALLOC REVISION
 ALLOCATION      62,187,519.00    32,897,628.00    29,289,891.00  DATE: 05/03/95
 IP EXPENSE      46,168,481.32    26,749,802.64    19,418,678.68  NBR:  05
 CC EXPENSE       8,227,073.39     4,794,613.06     3,432,460.33
 HM EXPENSE               0.00             0.00             0.00
 ADJUSTMENTS                       4,500,887.34     4,500,887.34-
 WKRS COMP EXP    1,321,518.00       705,174.00       616,344.00
 CMIPS EXPENSE      708,016.00       425,338.00       282,678.00
 TOTAL EXPENSE   56,425,088.71    37,175,815.04    19,249,273.67
 BALANCE          5,762,430.29     4,278,187.04-   10,040,617.33
 IP EMPLR TAX     3,728,319.90     2,301,134.82     1,427,185.08
```

HM Mode

```
THIS CSUM I 57HM9506
NEXT CSUM I 57IP9506
 FOR MM/YY: 06/95    MONTHLY CASELOAD AND EST. EXPEND. - HM MODE
             CASES        HOURS        EST. EXPEND.   SOC CASES  SOC AMOUNT
 GRAND TOTAL      29         243.7        6,360.37          0           0.00
       SI          0           0.0            0.00          0           0.00
       NSI        29         243.7        6,360.37          0           0.00
 PCSP  TOTAL      24         217.4        5,774.24
       SI          0           0.0            0.00  HOMEMAKER QUARTERLY EXPENSE
       NSI        24         217.4        5,774.24  QTR: 4 94/95  DATE: 08/04/95
 RESD  TOTAL       5          26.3          586.13  PCSP EXPENSE       20,138.12
       SI          0           0.0            0.00  RESD EXPENSE        2,079.32
       NSI         5          26.3          586.13
 YEAR-TO-DATE        TOTAL            PCSP           RESIDUAL     ALLOC REVISION
 ALLOCATION       2,159,252.00     1,372,851.00       786,401.00  DATE: 05/02/95
 IP EXPENSE       2,107,214.88     1,513,900.67       593,314.21  NBR:  04
 CC EXPENSE               0.00             0.00             0.00
 HM EXPENSE          63,501.50        50,848.15        12,653.35
 ADJUSTMENTS                          28,721.34        28,721.34-
 WKRS COMP EXP       61,559.00        41,142.00        20,417.00
 CMIPS EXPENSE       29,027.00        17,438.00        11,589.00
 TOTAL EXPENSE    2,261,302.38     1,652,050.16       609,252.22
 BALANCE            102,050.38-      279,199.16-      177,148.78
 IP EMPLR TAX       180,679.15       130,416.84        50,262.31
```

Management Statistics Summary

General Description

The Management Statistics Summary (Management Stats) is a monthly, six-page report produced for each County summarizing authorized and paid services, funding source adjustments, year-to-date expenditures, wages, employer paid taxes, and warrant counts.

The majority of the data reported on Management Stats is payment driven. However, the authorized (AUTH) section of the AUTHORIZED/PAID REPORT (Pages 1-3) and the Caseload Summary (Page 4) provide information on case eligibility and assessment.

The CASELOAD SUMMARY section lists individual case status counts as of the date Management Stats runs and is not intended to reconcile between months.

It is important to understand that all data related to PAID cases is based upon issued payments or adjustment transactions rather than services provided to a recipient during the report month. While the majority of the warrants issued may be for services provided within the report month, some payments and adjustments may apply to services provided in previous months. Therefore, the numbers reported in Management Stats AUTH may significantly differ from the PAID. The PAID cases are an aggregation of all payments issued in the report month. The AUTH cases are an aggregation of all authorized hours from all E – Eligible, I – Interim Eligible or L - Leave status recipient cases in CMIPS.

Please keep in mind, it is only after an arrears pay Individual Providers' timesheet is processed that the PAID hours and amount are reflected on Management Stats. Therefore, if a provider "saves" timesheets for several pay periods and submits several together, all payments may be reflected in a single Management Stats Report.

County Contract cases are included in Management Stats only after the COIN screen has been assigned a WARRANT DATE. Therefore, if the WARRANT DATE for a monthly billing was not assigned to the COIN prior to the date the Management Stats program runs, then the Contractor Payments will not be included. See ***Section X-B – COIN Screen*** for detailed information regarding Adjustment and Approval processing of the COIN screen.

Homemaker hours and payments are included when a Homemaker timesheet is keyed before the Management Statistics report runs in CMIPS. See ***Section IX – Homemaker Procedures*** for details regarding Homemaker services.

All information reported on Management Stats is associated with a Recipient case. For detailed field definitions of a recipient case eligibility see ***Section V-A – SOC 293 Field-by-Field Descriptions***.

The following terms may appear throughout this section of the IHSS/CMIPS User's Manual. For additional term definitions, see ***Section II-F – Glossary***.

TERM	DEFINITION
CASE COUNTS	The AUTHORIZED case count on Page 1 of Management Stats is based on the recipient case status as of the end of the report month allowing for status adjustments between month end and job run date. The Caseload Summary counts on Page 4 are based upon recipient case status changes as of the end of the month. The caseload counts reflect the status as of the actual reporting month.
CC	County Contract – A service mode wherein a county enters into a third party contract for provision of IHSS/PCSP services.
FUNDING SOURCE	The monetary resource responsible for payment. The following two funding sources apply to the IHSS program: **PCSP** – Federal, State and County funds **Residual** – County and State funds A case funding source is based upon the PCSP indication on the RELC (Field ZZ – PCP?) rather than PCSP eligible service hours from the service grid. A PCP? field indication of "Y" increases the PCSP authorized case count; an "N" increases the Residual authorized case count.
HM	Homemaker – A service mode wherein a county welfare department employs individuals to provide IHSS/PCSP services to designated eligible IHSS/PCSP recipients. These individuals are employed by a county rather than the IHSS recipient.
IMPAIRMENT LEVEL	IHSS recipient will be ranked as either Severely Impaired (SI) or Non-severely Impaired (NSI).
IP	Individual Provider – A person who provides services to a recipient. An Individual Provider is not under an agency contract (CC) nor a county welfare department employee (HM) and is the employee of the IHSS/PCSP recipient.
MIX MODE CASE	A case wherein multiple provider types IP & CC or IP & HM are utilized by the recipient to provide authorized services.
NSI	Non-Severely Impaired –A recipient is determined to be non-severely impaired if s/he has an Individual Assessed Need of less than 20 hours per week of starred (*) services calculated from the SOC 293, IHSS Assessment form.
PAID SERVICES	Payments issued in the reporting period.
PCSP	Personal Care Services Program – Federal, State and County funding
REPORT MONTH	The calendar month being reported
RESIDUAL	An individual receiving non-federally eligible services or an individual with personal care services who has a spouse provider; is a minor child with a parent provider, or is an advance pay recipient.
RESTAURANT MEAL ALLOWANCE	A provision for a recipient who has adequate cooking facilities at home, but whose disability prevents their use. Provided in lieu of services associated to meals preparation, clean up, and shopping for food.

TERM	DEFINITION
SERVICE MODE	The provider type through which a recipient receives his/her services. (i.e. IP, CC or HM)
SI	Severely Impaired – A recipient is determined to be severely impaired if s/he has an Individual Assessed Need for a minimum of 20 hours per week of starred (*) services calculated from the SOC 293, IHSS Assessment form.
SOC – Share of Cost	An individual's net non-exempt income in excess of the applicable SSI/SSP benefit level which must be paid to a provider before IHSS funds will be paid.
SPLIT CASE	Case which is paid with both PCSP and Residual funds.
UNDUPLICATED PROVIDER COUNT	A process by which a provider associated to a specific recipient is counted as a single provider, regardless of the number of warrants issued in a reporting period. A provider serving three different recipients will be counted as three providers. On the other hand, three providers serving a single recipient will be counted as three providers.

Management Stats Count Criteria

The program which produces Management Stats runs on the 1st business day after the 9th of each month. The program which produces the AUTHORIZED/PAID REPORT evaluates recipient cases at the county level to determine cases which will be reported based upon:

- Cases added to CMIPS after the last day of the Report Month are excluded, regardless of status
- 'D' and 'R' status cases are excluded
- 'T' status cases terminated in the Report Month are included; all other 'T' status cases are excluded
- 'E' and 'I' status cases with assessment changes after the end of the Report Month, but before the Management Stats program runs (1st business day after the 9th of the month) are included
- 'E' and 'I' status cases with eligibility segment end dates prior to the last day of the Report Month presume eligibility and are included
- All other 'E', 'I' or 'L' status cases with an eligibility segment in the Report Month are included

This program also counts by county, cases, hours, gross amounts, restaurant meal payments, and SOC case and payments for the Report Month. Each of these designations is accumulated separately by impairment level, funding source, and provider service mode.

The following **fields on the RELB** are evaluated:

1. RELB eligibility segment corresponding to the Report Month:
2. RELB **TYPE** to determine
   a. Impairment Level

b. Funding Source

Counts are increased based upon the indications:

1. If the **TYPE** (Field M7, N7 or O7 – Impairment Level) is an 'N' the case is counted as Non-Severely Impaired (NSI). If it is an 'S' the case is counted as a Severely Impaired (SI).
2. If the RELB **TYPE** has a 'C' designation below the Impairment Level, it is counted as PCSP. If the field is BLANK it is counted as RESIDUAL.
3. Service modes are counted using the first mode indicated in Field M5. When a case has two service mode designations and the second is different, mixed mode, the case is counted for each mode.
4. Gross Amount (Field M4, N4 or O4), Hours (Field M5 N5, or O5) and Share of Cost (Field M6, N6 or O6) are counted by Impairment Level for each service mode. The gross amount is reduced by the SOC amount before it is added to the appropriate Funding Source gross amount.
5. Restaurant/Meal Allowance is determined only when the first service mode is IP and PAY OPT (Field M8, N8 or o8) is 'M'. When these conditions are present, the IP gross amount is reduced by the meals allowance. Restaurant/Meal Allowances are always paid from the RESIDUAL funding source, regardless of whether the case has other authorized PCSP services.

Report Overview:

The following areas are reported for each county in this seven section, six-page report:

1. **Pages 1 – 3 AUTHORIZED/PAID REPORT** – all county service delivery modes (IP, CC or HM) and funding sources (PCSP or Residual) for the report month.
   a. Page 1 – **TOTALS** (PCSP and Residual) payments and authorized services
   b. Page 2 – **PCSP** payments and authorized services
   c. Page 3 – **RESIDUAL** payments and authorized services
2. Page 4 – Contains the following three reports:
   a. PAID PCSP TO TOTAL PERCENTAGE
   b. CASELOAD SUMMARY
   c. ALLOCATION/EXPENDITURES YEAR-TO-DATE
3. Page 5 – The following two Individual Provider reports:
   a. WAGE AND BENEFIT REPORT – **INDIVIDUAL PROVIDER**
   b. WARRANTS ISSUES – **INDIVIDUAL PROVIDERS**
4. Page 6 – **PCSP ADJUSTMENTS**

AUTHORIZED / PAID REPORT – Pages 1-3

The first three pages of Management Stats report AUTHORIZED –vs – PAID information as it relates to numbers of cases, hours and payments by impairment levels and funding sources (i.e. PCSP or Residual).

Page 1 reports GRAND TOTAL of both PCSP and RESIDUAL funding. Page 2 reports PCSP Funding Totals. Page 3 reports RESIDUAL Funding Totals.

Field-by-Field Descriptions

The first page of Management Stats aggregates the following recipient case information:

- AUTH – Authorized services for a recipient in the reporting period.
- PAID – Payments issued in the reporting period.

This page displays a GRAND TOTAL for all service modes broken out by impairment levels.

Management Statistics Summary – Page 1 – GRAND TOTAL

```
                                  S T A T E   O F   C A L I F O R N I A
JOB     - IH2L540N                    IN-HOME SUPPORTIVE SERVICES                    PAGE -                  1
COUNTY -    ALL COUNTIES             MANAGEMENT STATISTICS SUMMARY                   REPORT MONTH -  SEPTEMBER
                                                                                      RUN DATE -     10/10/2003

                                  AUTHORIZED / PAID REPORT
                                  ------------------------

      TYPE            CATEGORY              TOTAL        INDV PROVIDER     CONTRACTOR        HOMEMAKER
==============  ===================   ==============   ==============   ==============   ==============
   GRAND TOTAL   AUTH CASES                321,426          315,093           7,422              129
                 AUTH HOURS             27,263,099.4     26,911,317.2       349,580.6          2,201.6
                 AUTH AMOUNT           221,903,780.25   216,147,853.16    5,722,366.65       33,560.44
                 AUTH AVG HOURS                84.8             85.4            47.1             17.0
                 AUTH AVG AMT                 690.37           685.98          771.00           260.16
                 AUTH REST/M ALLOW         54,002.00        54,002.00            0.00             0.00
                 AUTH SOC CASES             8,398            8,194             203                1
                 AUTH SOC AMT           2,446,399.05     2,400,667.52       45,719.53            12.00
                 PAID CASES (UNDUP)        308,515          305,937           2,453              125
                 PAID CASES (SPLITS)        10,633           10,626               7                0
                 PAID HOURS             26,309,388.4     26,182,187.1       125,933.8          1,267.5
                 PAID AMOUNT           226,694,285.12   224,696,347.14    1,979,176.02       18,761.96
                 PAID AVG HOURS                85.2             85.5            51.3             10.1
                 PAID AVG AMT                 734.79           734.45          806.84           150.10
                 PAID REST/M ALLOW         60,109.00        60,109.00            0.00             0.00
                 PAID SOC CASES (UN)        7,391            7,333              58                0
                 PAID SOC CASES (SP)          438              438               0                0
                 PAID SOC AMT           2,230,650.04     2,217,354.83       13,295.21            0.00

      TYPE            CATEGORY              TOTAL        INDV PROVIDER     CONTRACTOR        HOMEMAKER
==============  ===================   ==============   ==============   ==============   ==============
    TOTAL SI     AUTH CASES                 72,232           71,847             646                5
                 AUTH HOURS             11,353,459.3     11,278,525.9        74,854.9           78.5
                 AUTH AMOUNT            92,218,120.60    90,964,231.71    1,253,036.69          852.20
                 AUTH AVG HOURS                157.1            156.9           115.8             15.7
                 AUTH AVG AMT                1,276.69         1,266.08        1,939.69          170.44
                 AUTH REST/M ALLOW           4,898.00         4,898.00            0.00             0.00
                 AUTH SOC CASES              4,012            3,981              31                0
                 AUTH SOC AMT           1,451,131.17     1,438,208.64       12,922.53            0.00
                 PAID CASES (UNDUP)         70,725           70,481             236                8
                 PAID CASES (SPLITS)         3,710            3,706               4                0
                 PAID HOURS             11,060,853.7     11,033,284.9       27,486.0           82.8
                 PAID AMOUNT            93,761,384.31    93,337,900.96      422,601.22         882.13
                 PAID AVG HOURS                156.3            156.5           116.4             10.3
                 PAID AVG AMT                1,325.72         1,324.30        1,790.68          110.27
                 PAID REST/M ALLOW           5,332.00         5,332.00            0.00             0.00
                 PAID SOC CASES (UN)         3,629            3,615              14                0
                 PAID SOC CASES (SP)           203              203               0                0
                 PAID SOC AMT           1,362,170.22     1,357,029.80        5,140.42            0.00

      TYPE            CATEGORY              TOTAL        INDV PROVIDER     CONTRACTOR        HOMEMAKER
==============  ===================   ==============   ==============   ==============   ==============
   TOTAL NSI     AUTH CASES                249,194          243,246           6,776              124
                 AUTH HOURS             15,909,640.1     15,632,791.3       274,725.7          2,123.1
                 AUTH AMOUNT           129,685,659.65   125,183,621.45    4,469,329.96       32,708.24
                 AUTH AVG HOURS                63.8             64.2            40.5             17.1
                 AUTH AVG AMT                 520.42           514.64          659.58           263.78
                 AUTH REST/M ALLOW         49,104.00        49,104.00            0.00             0.00
                 AUTH SOC CASES              4,386            4,213             172                1
                 AUTH SOC AMT              995,267.88       962,458.88       32,797.00            12.00
                 PAID CASES (UNDUP)        237,790          235,456           2,217              117
                 PAID CASES (SPLITS)         6,923            6,920               3                0
                 PAID HOURS             15,248,534.7     15,148,902.2       98,447.8          1,184.7
                 PAID AMOUNT           132,932,900.81   131,358,446.18    1,556,574.80       17,879.83
                 PAID AVG HOURS                64.1             64.3            44.4             10.1
                 PAID AVG AMT                 559.03           557.89          702.11           152.82
                 PAID REST/M ALLOW         54,777.00        54,777.00            0.00             0.00
                 PAID SOC CASES (UN)         3,762            3,718              44                0
                 PAID SOC CASES (SP)           235              235               0                0
                 PAID SOC AMT              868,479.82       860,325.03        8,154.79            0.00
```

Fig. XV-B- 1 – Management Stats – Page 1 – Grand Totals for report month

The report used as an example throughout this section is the ALL COUNTY version provided to CDSS.

The following header fields appear at the top of each of the six pages of the Management Statistics Summary:

Field: COUNTY
Description: County – Indicates the two digit County Number (01-58) followed by the County Name.

Field: REPORT MONTH
Description: Indicates the calendar month being reported. Reports run on the 1st business day after the 9th of each month, reporting data for the previous calendar month as described in Management Stats Count Criteria.

Field: RUN DATE
Description: The date the report was run.

The following column descriptions apply to Pages 1-3:

Column: TYPE
Description: Indicates the Funding Source Total and associated impairment level being reported.

Column: CATEGORY
Description: Indicates the category being reported. See detailed CATEGORY descriptions below.

Column: TOTAL
Description: The TOTAL associated with the category being reported.

One or more of the following provider service modes will display depending upon the service providers utilized in a county.

Column: INDV PROVIDER
Description: Indicates those cases, hours and dollars associated to Individual Providers.

Column: CONTRACTOR
Description: Indicates those cases, hours and dollars associated to County Contractors.

Column: HOMEMAKER
Description: Indicates those cases, hours and dollars associated to County Homemaker staff.

The following row headings appear down the left side of Page 1:

Row: GRAND TOTAL
Description: The GRAND TOTAL of Severely Impaired and Non-Severely Impaired recipient cases associated with all authorized cases and payments issued for the report month.

Row: TOTAL SI
Description: The total authorizations and payments associated with Severely Impaired recipients in the Report Month.

Row:	TOTAL NSI
Description:	The total authorizations and payments associated with Non-severely Impaired recipients in the Report Month.

Return to Report Overview

Management Statistics Summary – Page 2 – PCSP Funding

A case will be counted as a PCSP ***AUTH*** CASE, when the PCSP indicator on the recipient case is set to 'Y'.

A case will be counted as a PCSP ***PAID*** CASE, both the recipient and provider PCSP indicators must be set to 'Y'.

Thus, the PCSP TOTAL ***AUTH*** CASES will most likely be higher than the PCSP TOTAL ***PAID*** CASES.

```
                                   S T A T E   O F   C A L I F O R N I A
JOB    - IH2L540N                     IN-HOME SUPPORTIVE SERVICES                    PAGE -                  2
COUNTY -    ALL COUNTIES              MANAGEMENT STATISTICS SUMMARY                   REPORT MONTH -  SEPTEMBER
                                                                                      RUN DATE -     10/10/2003

                                     AUTHORIZED / PAID REPORT
                                     ------------------------

     TYPE            CATEGORY              TOTAL        INDV PROVIDER     CONTRACTOR        HOMEMAKER
==============  ==================   ==============   ==============   ==============   ==============
  PCSP TOTAL     AUTH CASES               280,892          275,727           5,054              111
                 AUTH HOURS            25,134,151.0     24,836,814.5       295,406.1          1,930.4
                 AUTH AMOUNT          204,552,181.55   199,655,926.70    4,866,517.32       29,737.53
                 AUTH AVG HOURS                89.4             90.0            58.4             17.3
                 AUTH AVG AMT                 728.22           724.11          962.90           267.91
                 AUTH SOC CASES                6,985            6,846             139                0
                 AUTH SOC AMT           2,215,117.45     2,173,711.38       41,406.07             0.00

                 PAID CASES               251,902          249,851           1,942              109
                 PAID HOURS            20,792,059.4     20,678,912.7       112,048.0          1,098.7
                 PAID AMOUNT          180,846,599.28   179,084,755.98    1,745,370.00       16,473.30
                 PAID AVG HOURS                82.5             82.7            57.7             10.0
                 PAID AVG AMT                 717.92           716.77          898.75           151.13
                 PAID SOC CASES                5,323            5,323               0                0
                 PAID SOC AMT           1,661,497.67     1,661,497.67            0.00             0.00

     TYPE            CATEGORY              TOTAL        INDV PROVIDER     CONTRACTOR        HOMEMAKER
==============  ==================   ==============   ==============   ==============   ==============
    PCSP SI      AUTH CASES                67,914           67,271             638                5
                 AUTH HOURS            10,649,264.0     10,575,055.1        74,130.4             78.5
                 AUTH AMOUNT           86,582,036.57    85,338,819.02    1,242,365.35           852.20
                 AUTH AVG HOURS                156.8            157.2           116.1             15.7
                 AUTH AVG AMT                1,274.88         1,268.58        1,947.28           170.44
                 AUTH SOC CASES                3,494            3,463              31                0
                 AUTH SOC AMT           1,310,611.19     1,297,688.66       12,922.53             0.00

                 PAID CASES                59,120           58,876             236                8
                 PAID HOURS             8,804,502.6      8,777,103.0        27,316.8             82.8
                 PAID AMOUNT           75,533,267.66    75,112,216.76      420,168.77           882.13
                 PAID AVG HOURS                148.9            149.0           115.7             10.3
                 PAID AVG AMT                1,277.63         1,275.77        1,780.38           110.27
                 PAID SOC CASES                2,607            2,607               0                0
                 PAID SOC AMT           1,015,030.88     1,015,030.88            0.00             0.00

     TYPE            CATEGORY              TOTAL        INDV PROVIDER     CONTRACTOR        HOMEMAKER
==============  ==================   ==============   ==============   ==============   ==============
   PCSP NSI      AUTH CASES               212,978          208,456           4,416              106
                 AUTH HOURS            14,484,887.0     14,261,759.4       221,275.7          1,851.9
                 AUTH AMOUNT          117,970,144.98   114,317,107.68    3,624,151.97       28,885.33
                 AUTH AVG HOURS                68.0             68.4            50.1             17.4
                 AUTH AVG AMT                 553.91           548.40          820.69           272.50
                 AUTH SOC CASES                3,491            3,383             108                0
                 AUTH SOC AMT             904,506.26       876,022.72       28,483.54             0.00

                 PAID CASES               192,782          190,975           1,706              101
                 PAID HOURS            11,987,556.8     11,901,809.7        84,731.2          1,015.9
                 PAID AMOUNT          105,313,331.62   103,972,539.22    1,325,201.23       15,591.17
                 PAID AVG HOURS                62.1             62.3            49.6             10.0
                 PAID AVG AMT                 546.28           544.43          776.79           154.37
                 PAID SOC CASES                2,716            2,716               0                0
                 PAID SOC AMT             646,466.79       646,466.79            0.00             0.00
```

Fig. XV-B- 2 - Management Stats – Page 2 – PCSP Funds for report month

The following row headings appear down the left side of Page 2:

Row:	PCSP TOTAL – Page 2
Description:	The total of Severely and Non-Severely Impaired recipient authorizations and payments issued for the report month funded by PCSP in the report month.

Row:	PCSP SI – Page 2
Description:	The total of Severely Impaired recipient authorizations and payments funded by PCSP in the report month.

Row:	PCSP NSI – Page 2
Description:	The total of Non-severely Impaired recipient authorizations and payments funded by PCSP in the report month.

Return to Report Overview

Management Statistics Summary – Page 3 – RESIDUAL Funding

A case will be counted as a RESIDUAL ***AUTH*** CASE if the PCSP indicator on the recipient case is set to 'N'.

A case will be counted as a RESIDUAL ***PAID*** CASE if the either the recipient or the provider PCSP indicator is set to 'N'.

Thus, the RESIDUAL TOTAL ***AUTH*** CASES will most likely be fewer than the RESIDUAL TOTAL ***PAID*** CASES.

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                                   S T A T E   O F   C A L I F O R N I A
JOB     - IH2L540N                     IN-HOME SUPPORTIVE SERVICES                    PAGE -                  3
COUNTY -    ALL COUNTIES               MANAGEMENT STATISTICS SUMMARY                  REPORT MONTH -  SEPTEMBER
                                                                                      RUN DATE -     10/10/2003

                                      AUTHORIZED / PAID REPORT
                                      ------------------------

      TYPE            CATEGORY              TOTAL        INDV PROVIDER     CONTRACTOR        HOMEMAKER
==============  ===================   ==============   ==============   ==============   ==============
RESIDUAL TOTAL  AUTH CASES                  41,752           39,366           2,368               18
                AUTH HOURS               2,128,948.4      2,074,502.7       54,174.5            271.2
                AUTH AMOUNT             17,351,598.70    16,491,926.46     855,849.33        3,822.91
                AUTH AVG HOURS                50.9             52.7            22.8             15.0
                AUTH AVG AMT                 415.59           418.94          361.42           212.38
                AUTH REST/M ALLOW          54,002.00        54,002.00            0.00             0.00
                AUTH SOC CASES              1,413            1,348              64                1
                AUTH SOC AMT              231,281.60       226,956.14       4,313.46            12.00

                PAID CASES                  67,246           66,712             518               16
                PAID HOURS               5,517,329.0      5,503,274.4      13,885.8            168.8
                PAID AMOUNT             45,847,685.84    45,611,591.16     233,806.02        2,288.66
                PAID AVG HOURS                82.0             82.4            26.8             10.5
                PAID AVG AMT                 681.79           683.71          451.36           143.04
                PAID REST/M ALLOW          60,109.00        60,109.00            0.00             0.00
                PAID SOC CASES              2,506            2,448              58                0
                PAID SOC AMT              569,152.37       555,857.16      13,295.21             0.00

      TYPE            CATEGORY              TOTAL        INDV PROVIDER     CONTRACTOR        HOMEMAKER
==============  ===================   ==============   ==============   ==============   ==============
  RESIDUAL SI   AUTH CASES                   4,584            4,576               8                0
                AUTH HOURS               704,195.3        703,470.8           724.5              0.0
                AUTH AMOUNT            5,636,084.03     5,625,412.69      10,671.34             0.00
                AUTH AVG HOURS               153.6            153.7            90.5              0.0
                AUTH AVG AMT               1,229.51         1,229.33         1,333.92            0.00
                AUTH REST/M ALLOW          4,898.00         4,898.00            0.00             0.00
                AUTH SOC CASES               518              518               0                0
                AUTH SOC AMT              140,519.98       140,519.98          0.00             0.00

                PAID CASES                  15,315           15,311               4                0
                PAID HOURS               2,256,351.1      2,256,181.9        169.2              0.0
                PAID AMOUNT             18,228,116.65    18,225,684.20      2,432.45            0.00
                PAID AVG HOURS               147.3            147.3            42.3              0.0
                PAID AVG AMT               1,190.21         1,190.37         608.11            0.00
                PAID REST/M ALLOW          5,332.00         5,332.00            0.00             0.00
                PAID SOC CASES              1,225            1,211              14                0
                PAID SOC AMT              347,139.34       341,998.92       5,140.42            0.00

      TYPE            CATEGORY              TOTAL        INDV PROVIDER     CONTRACTOR        HOMEMAKER
==============  ===================   ==============   ==============   ==============   ==============
 RESIDUAL NSI   AUTH CASES                  37,168           34,790           2,360               18
                AUTH HOURS               1,424,753.1      1,371,031.9       53,450.0            271.2
                AUTH AMOUNT             11,715,514.67    10,866,513.77     845,177.99        3,822.91
                AUTH AVG HOURS                38.3             39.4            22.6             15.0
                AUTH AVG AMT                 315.20           312.35          358.13           212.38
                AUTH REST/M ALLOW          49,104.00        49,104.00            0.00             0.00
                AUTH SOC CASES                895              830              64                1
                AUTH SOC AMT               90,761.62        86,436.16       4,313.46            12.00

                PAID CASES                  51,931           51,401             514               16
                PAID HOURS               3,260,977.9      3,247,092.5      13,716.6            168.8
                PAID AMOUNT             27,619,569.19    27,385,906.96     231,373.57        2,288.66
                PAID AVG HOURS                62.7             63.1            26.6             10.5
                PAID AVG AMT                 531.85           532.79          450.14           143.04
                PAID REST/M ALLOW          54,777.00        54,777.00            0.00             0.00
                PAID SOC CASES              1,281            1,237              44                0
                PAID SOC AMT              222,013.03       213,858.24       8,154.79            0.00
```

Fig. XV-B- 3 – Management Stats – Page 3 – Residual Funds for report month

The following row headings appear down the left side of Page 3:

Row: RESIDUAL TOTAL
Description: The total of Severely and Non-Severely Impaired recipient authorizations and payments issued for the report month funded by RESIDUAL in the report month.

Row: RESIDUAL SI
Description: The total of Severely Impaired recipient authorizations and payments funded by RESIDUAL in the report month.

Row: RESIDUAL NSI
Description: The total of Non-severely Impaired recipient authorizations and payments funded by PCSP in the report month.

Authorized / Paid Report – Category

Each category indication is reported for each TYPE appearing on the first three pages unless otherwise noted. The AUTH section reports those services which the recipient is authorized to receive in the reporting period.

Field: AUTH CASES
Description: Total number of cases meeting the count criteria for the report month.

Field: AUTH HOURS
Description: Total HOURS authorized from RELB Field M5, N5 or O5 for cases in the report month.

Field: AUTH AMOUNT
Description: The amount of money associated with the hours authorized to be purchased (RELB GROSS), including the share of cost (RELB SOC) to be paid by the recipient.

Field: AUTH AVG HOURS
Description: The average number of hours per case to be purchased. The calculation used is AUTH HOURS/AUTH CASES = AUTH AVG HOURS

Field: AUTH AVG AMT
Description: The average per case cost for hours authorized to be purchased. The calculation used is AUTH AMOUNT/AUTH CASES = AUTH AVG AMT

Field: AUTH REST/M ALLOW
Description: Total number of cases meeting the Restaurant Meal Allowance count criteria for the report month. ***Does not display on Page 2 – PCSP because Restaurant Meals Allowance is paid from Residual funds.***

Field: AUTH SOC CASES
Description: Total cases having a share of cost liability in the report month. A mixed mode case will be counted in each service mode, but the TOTAL column is unduplicated.

Field: AUTH SOC AMT
Description: Total share-of-cost liability the recipient is responsible to pay during the report month. A mixed mode will be counted in each service mode, but the TOTAL column is unduplicated.

The PAID section reports payments issued in the reporting period. Again, it must be stressed, these payments may be associated with any pay month in or prior to the reporting month.

Field: PAID CASES (UNDUP)
Description: Total unduplicated cases for which service hours were paid during the report month. A split case will be counted in each service mode, but the TOTAL column is unduplicated. ***Displays only on Page 1 – TOTALS***.

Field: PAID CASES (SPLITS)
Description: The number of cases for which funding split between the PCSP and RESIDUAL programs. A mixed mode case will be counted in each service mode, but the TOTAL column is unduplicated. ***Displays only on Page 1 – TOTALS.***

Field: PAID CASES – ***Appears on Page 2 – PCSP and Page 3 - Residual.***
Description: The number of cases for which payments were issued in the reporting period with PCSP (Page 2) or RESIDUAL (Page 3) funds. A mixed mode case will be counted in each service mode, but the TOTAL column is unduplicated.

Field: PAID HOURS
Description: Total service hours paid during the report month. A mixed mode case will be counted in each service mode, but the TOTAL column is unduplicated.

Field: PAID AMOUNT
Description: Total payments in the Report Month for each service mode provider:

- TOTAL = INDV PROVIDER + CONTRACTOR + HOMEMAKER
- INDV PROVIDER – Reflects the total wages plus employer taxes, less restaurant meal allowances and shares of cost, paid to individual providers. This amount is equal to the TOTAL EXPENSE on the WAGE AND BENEFIT REPORT – INDIVIDUAL PROVIDER – Page 5.
- CONTRACTOR – Reflects the dollar amount paid to County Contractors during the report month
- HOMEMAKER – Reflects the dollar amount paid to the County for Welfare Department employees (Homemaker) who provide IHSS/PCSP services in the report month.

Field: PAID AVG HOURS
Description: The average hours paid per case. Calculation is PAID HOURS/PAID CASES = PAID AVG HOURS.

Field: PAID AVG AMT
Description: The average amount paid per case. This average does not include the PAID SOC

	AMT or PAID REST/M ALLOW amounts.
Field:	PAID REST/M ALLOW
Description:	Total amount of money paid to recipients for restaurant meal allowances during the report month. ***Does not display on Page 2 – PCSP.***
Field:	PAID SOC CASES (UN)
Description:	The total number of cases for which a share-of-cost was paid in the report month. If a share of cost was applied to multiple providers for a single recipient, the case will be counted only once. ***Appears only on Page 1 – TOTAL.***
Field:	PAID SOC CASES (SP)
Description:	Total number of split cases on which a share-of-cost was paid in the report month. ***Appears only on Page 1 – TOTAL.***
Field:	PAID SOC CASES – ***Appears on Page 2 – PCSP and Page 3 - Residual.***
Description:	The total number of cases for which a share-of-cost was obligated to be paid in the report month.
Field:	PAID SOC AMOUNT
Description:	Total share-of-cost dollars paid in report month. Homemaker cases are not included.

Return to Report Overview

Management Statistics Summary – Page 4

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                                   S T A T E   O F   C A L I F O R N I A
JOB    - IH2L540N                     IN-HOME SUPPORTIVE SERVICES                    PAGE -                  4
COUNTY -    ALL COUNTIES              MANAGEMENT STATISTICS SUMMARY                   REPORT MONTH -  SEPTEMBER
                                                                                      RUN DATE -     10/10/2003

                                   PAID PCSP TO TOTAL PERCENTAGES
                                   ------------------------------

     TYPE            CATEGORY              TOTAL        INDV PROVIDER     CONTRACTOR        HOMEMAKER
     =====           ========              =====        =============    =============    =============
     TOTAL           CASES                 75.59            75.56            78.65            87.20
                     HOURS                 79.02            78.98            88.97            86.68
                     AMOUNT                79.77            79.70            88.18            87.80
     SI              CASES                 74.44            74.36            96.66           100.00
                     HOURS                 79.60            79.55            99.38           100.00
                     AMOUNT                80.55            80.47            99.42           100.00
     NSI             CASES                 75.94            75.93            76.71            86.32
                     HOURS                 78.61            78.56            86.06            85.75
                     AMOUNT                79.22            79.15            85.13            87.19

                                         CASELOAD SUMMARY
                                         ----------------

 CATEGORY                TOTAL                PCSP              RESIDUAL
==========              =======              =======            ========
LAST MONTH              313,613              272,969              40,644
APPROVALS                 5,822                4,810               1,012
PENDING                  13,038                2,377              10,661
LEAVE                     1,000                  876                 124
TERMINATED                5,254                4,536                 718
DENIED                    5,099                  249               4,850
NEXT MONTH              315,653              275,141              40,512

                      ALLOCATION / ESTIMATED EXPENSE SUMMARY (YEAR-TO-DATE)
                      -----------------------------------------------------

         CATEGORY                      TOTAL                PCSP                RESIDUAL
========================          =================    =================    =================
TOTAL ALLOCATION                            $0.00                $0.00                $0.00
LESS ADJUSTED TOTAL EXP.            $671,285,382.68      $535,328,823.87      $135,956,558.81
------------------------          -----------------    -----------------    -----------------
BALANCE                             $671,285,382.68-     $535,328,823.87-     $135,956,558.81-
PERCENT SPENT (YTD EST)                        0.00                 0.00                 0.00

TOTAL EXPENSE BREAK DOWN

   INDIVIDUAL PROVIDER              $659,013,833.63      $525,043,683.76      $133,970,149.87
       PCSP ADJUSTMENTS                                     $159,093.12          $159,093.12-
------------------------                                -----------------    -----------------
       ADJUSTED TOTAL                                     $525,202,776.88      $133,811,056.75

   CONTRACTOR                        $12,218,820.44       $10,236,808.58        $1,982,011.86
       PCSP ADJUSTMENTS                                           $0.00                $0.00
------------------------                                -----------------    -----------------
       ADJUSTED TOTAL                                      $10,236,808.58        $1,982,011.86

   HOMEMAKER                             $52,728.61           $48,331.53            $4,397.08
       PCSP ADJUSTMENTS                                           $0.00                $0.00
------------------------                                -----------------    -----------------
       ADJUSTED TOTAL                                       $48,331.53            $4,397.08

   WORKERS COMP                                $0.00                $0.00                $0.00
   CMIPS                                       $0.00                $0.00                $0.00
========================          =================    =================    =================
TOTAL EXPENSE                       $671,285,382.68      $535,328,823.87      $135,956,558.81
       PCSP ADJUSTMENTS                                     $159,093.12          $159,093.12-
------------------------                                -----------------    -----------------
       ADJUSTED TOTAL                                     $535,487,916.99      $135,797,465.69
```

Fig. XV-B- 4 – Management Stats – Page 4

PAID PCSP TO TOTAL PERCENTAGE – Page 4

The PAID PCSP TO TOTAL PERCENTAGE reports the percentage of total IHSS Program expenditures for CASES, HOURS and AMOUNT which were PCSP expenditures. The data is displayed both by service mode and Impairment Level.

The following column headings appear:

Column:	TYPE
Description:	The three types indicated are: TOTAL – Severely Impaired + Non-severely Impaired SI – Severely Impaired NSI – Non-severely Impaired

Column:	CATEGORY
Description:	Designations for each TYPE reported: CASES – Calculation based on number of cases HOURS – Calculation based on number of hours AMOUNT – Calculation based on dollar amount

Column:	TOTAL
Description:	Corresponds to the TOTAL from AUTHORIZED / PAID REPORT: The following formulas are used to derive the TOTAL. The formula uses the following data elements from Pages 1 and 2 of the AUTHORIZED / PAID REPORT. (PCSP TOTAL PAID CASES – PAID CASES (SPLITS)/(PAID CASES (UNDUP) + PAID CASES (SPLITS)) * 100. 251,902 PCSP TOTAL PAID CASES – Pages 2 – Fig. XV-B-2 – PAID CASES -10,633 PAID CASES (SPLITS) – Page 1 – Fig. XV-B-1 – PAID CASES (SPLIT) 241,269 PCSP CASES 308,515 TOTAL PAID CASES (UNDUP) – Page 1 – Fig. XV-B-1 – PAID CASES (UNDUP) +10,633 PAID CASES (SPLITS) – Page 1 – Fig. XV-B-1 – PAID CASES (SPLIT) 319,148 TOTAL CASES (241,269/319,148) * 100 = 75.59 – Page 4 – Fig. XV-B-4 – PAID PCSP TO TOTAL CASES TOTAL

One or more of the following may appear as a column heading:

Column:	INDV PROVIDER
Description:	Corresponds to the INDV PROVIDER from AUTHORIZED / PAID REPORT. The same formulas may be applied using the INDV PROVIDER values from the same pages of the report.

Column:	HOMEMAKER
Description:	Corresponds to the HOMEMAKER from AUTHORIZED / PAID REPORT. The same formulas may be applied to using the HOMEMAKER values from the same pages of the report.

Column:	CONTRACTOR
Description:	Corresponds to the CONTRACTOR from AUTHORIZED / PAID REPORT. The same formulas may be applied to using the CONTRACTOR values from the same pages of the report.

Return to Report Overview

CASELOAD SUMMARY – Page 4

The CASELOAD SUMMARY assists the counties in knowing the approximate case volume as of the end of the Report Month. This section reports the TOTAL, PCSP and Residual counts associated to the reported CATEGORIES. This section is not meant to reconcile, but is a snap shot of the count of

PCSP or Residual funding source is determined by the designated funding source on the Recipient case, (RELC Field – PCP?) for the Report Month.

The Recipient case statuses are:

I	Interim Eligible	E	Eligible
L	Leave	R	Record
D	Denied	T	Terminated

The following row headers are associated with the CASELOAD SUMMARY

Field:	LAST MONTH
Description:	Total number of cases assigned an I, E, or L in the prior report month. This value matches the previous report months NEXT MONTH value.

Field:	APPROVALS
Description:	The number of new cases added to CMIPS with E, I or L status or cases changed from R status to an E, I, or L status.

Field:	PENDING
Description:	The number of cases currently assigned an R status, awaiting eligibility determination.

Field:	LEAVE
Description:	The number of cases currently assigned an L status at the end of the report month.

Field:	TERMINATED
Description:	The number of cases assigned a T status in the report month.

Field:	DENIED
Description:	The number of cases assigned a D status in the report month.

Field:	NEXT MONTH
Description:	Total number of cases in status E, I, or L on the last day of the Report Month. These totals will be reflected as next months LAST MONTH category totals.

Return to Report Overview

ALLOCATION / ESTIMATED EXPENSE SUMMARY (YEAR-TO-DATE) – Page 4

The original intent of this section of Management Stats was to compare the annual allocation (PCSP and Residual) against the actual expenditures for each County for the IHSS program. As the year progressed, the expenditures would be tracked against those original allocations. Today, county allocations are not entered in CMIPS; therefore this section reports only the Year-To-Date (YTD) expenditures and adjustments.

Each CATEGORY listed below will display a TOTAL, PCSP, and RESIDUAL designation.

Field:	TOTAL ALLOCATION
Description:	If a value appears, it should be tied to the CSUM YEAR-TO-DATE ALLOCATIONS fields. See ***Section XV-A – CSUM Screen*** for detailed information. Otherwise, the field will be $0.00.

Field:	LESS ADJUSTED TOTAL EXP
Description:	Total YTD Individual Provider wages and employer paid taxes, County Contractor and Homemaker expenditures.

Field:	BALANCE
Description:	Because there are no TOTAL ALLOCATION entries, the BALANCE will always appear as the negative value of LESS ADJUSTED TOTAL EXP.

Field:	PERCENT SPENT (YTD EST)
Description:	Because there are no TOTAL ALLOCATION entries this field will always be 0.00

Field:	TOTAL EXPENSE BREAKDOWN – INDIVIDUAL PROVIDER
Description:	Total money paid for the fiscal year-to-date by the county for the purchase of services, including wages and employer taxes.

Field:	PCSP ADJUSTMENTS
Description:	The amount that was adjusted from the Residual Program to the PCSP by the county. Adjustments are actions taken based on an examination of recipient eligibility for PCSP funding.

Field:	ADJUSTED TOTAL
Description:	The total expenditure after correcting for PCSP adjustments.

Field:	TOTAL EXPENSE BREAKDOWN – CONTRACTOR
Description:	Total money paid for the fiscal year-to-date by a county for contract services.

Field:	PCSP ADJUSTMENTS
Description:	The amount that was adjusted from the Residual Program to the PCSP by the county. Adjustments are actions taken based on an examination of recipient eligibility for PCSP funding.

Field:	ADJUSTED TOTAL

Description:	The total expenditure after correcting for PCSP adjustments.

Field:	TOTAL EXPENSE BREAKDOWN – HOMEMAKER
Description:	Total monies paid YEAR-TO-DATE by a county for homemaker services. These values are extracted from the Homemaker sub-system

Field:	PCSP ADJUSTMENTS
Description:	The amount adjusted from the Residual Program to the PCSP by the county relating to HOMEMAKER services. Adjustments are actions taken based on an examination of recipient eligibility for PCSP funding.

Field:	ADJUSTED TOTAL
Description:	The total expenditure for HOMEMAKER services after correcting for PCSP adjustments.

Field:	WORKERS COMP
Description:	Not currently tracked

Field:	CMIPS
Description:	Not currently tracked

Field:	TOTAL EXPENSE
Description:	Total IP wages and employer taxes, Contractor, Homemaker, Workers' Compensation, and CMIPS contract costs for the fiscal year to date.

Field:	PCSP ADJUSTMENTS
Description:	The amount adjusted from the Residual Program to the PCSP by the county. The adjustment was a result of an action based on an examination of recipient eligibility for PCSP funding. This entry will match the YTD – PCSP EXPENDITURES and RESD EXPENDITURES.

Field:	ADJUSTED TOTAL
Description:	The total expenditure after correcting for PCSP adjustments.

Return to Report Overview

Management Statistics Summary – Page 5

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                                   S T A T E   O F   C A L I F O R N I A
JOB    - IH2L540N                     IN-HOME SUPPORTIVE SERVICES                    PAGE -                 5
COUNTY -    ALL COUNTIES              MANAGEMENT STATISTICS SUMMARY                   REPORT MONTH -  SEPTEMBER
                                                                                      RUN DATE -     10/10/2003

                              WAGE AND BENEFIT REPORT - INDIVIDUAL PROVIDER
                              ---------------------------------------------

         CATEGORY                          TOTAL                  PCSP                  RESIDUAL
=========================        ================       ================       ================
TOTAL:  NUMBER OF CASES                   305,937                249,851                 66,712
        AVERAGE COST/CASE                  $734.45                $716.77                $683.71

        GROSS WAGES                 $209,499,317.67        $165,405,225.11        $44,094,092.56
        EMPLR TAX:  FICA             $13,200,299.41         $11,598,893.94         $1,601,405.47
                    SUI               $3,340,175.82          $3,000,767.18           $339,408.64
                    FUTA                $813,800.07            $741,367.42            $72,432.65
        -----------------        ----------------       ----------------       ----------------
        TAX SUB TOTAL               $17,354,275.30         $15,341,028.54         $2,013,246.76

        RESTAURANT/MEAL                 $60,109.00                  $0.00            $60,109.00
        LESS SHARE OF COST           $2,217,354.83          $1,661,497.67           $555,857.16
=========================        ================       ================       ================
        TOTAL EXPENSE              $224,696,347.14        $179,084,755.98        $45,611,591.16

SI:     NUMBER OF CASES                    70,481                 58,876                 15,311
        AVERAGE COST/CASE                $1,324.30              $1,275.77              $1,190.37

        GROSS WAGES                 $88,580,996.25         $70,531,381.16         $18,049,615.09
        EMPLR TAX:  FICA             $5,173,184.21          $4,776,759.10           $396,425.11
                    SUI                 $754,838.48            $655,684.15            $99,154.33
                    FUTA                $180,579.82            $163,423.23            $17,156.59
        -----------------        ----------------       ----------------       ----------------
        TAX SUB TOTAL                $6,108,602.51          $5,595,866.48           $512,736.03

        RESTAURANT/MEAL                  $5,332.00                  $0.00             $5,332.00
        LESS SHARE OF COST           $1,357,029.80          $1,015,030.88           $341,998.92
=========================        ================       ================       ================
        TOTAL EXPENSE               $93,337,900.96         $75,112,216.76         $18,225,684.20

NSI:    NUMBER OF CASES                   235,456                190,975                 51,401
        AVERAGE COST/CASE                  $557.89                $544.43                $532.79

        GROSS WAGES                 $120,918,321.42         $94,873,843.95         $26,044,477.47
        EMPLR TAX:  FICA             $8,027,115.20          $6,822,134.84          $1,204,980.36
                    SUI              $2,585,337.34          $2,345,083.03           $240,254.31
                    FUTA               $633,220.25            $577,944.19            $55,276.06
        -----------------        ----------------       ----------------       ----------------
        TAX SUB TOTAL               $11,245,672.79          $9,745,162.06          $1,500,510.73

        RESTAURANT/MEAL                 $54,777.00                  $0.00            $54,777.00
        LESS SHARE OF COST             $860,325.03            $646,466.79           $213,858.24
=========================        ================       ================       ================
        TOTAL EXPENSE              $131,358,446.18        $103,972,539.22        $27,385,906.96


                                WARRANTS ISSUED - INDIVIDUAL PROVIDER
                                -------------------------------------

   CATEGORY                 TOTAL                        PCSP                        RESIDUAL
================  ========================    ========================    ========================

                   NUMBER       AMOUNT         NUMBER       AMOUNT         NUMBER       AMOUNT
                  -------   ---------------   -------   ---------------   -------   ---------------
ADVANCE               837    $1,697,234.91         0           $0.00         837    $1,697,234.91
EMERGENCY           8,259    $1,092,203.16     6,199      $657,665.61       2,060      $434,537.55
REGULAR PAYROLL   666,496  $206,925,999.19   529,904  $164,896,654.45     136,592   $42,029,344.74
REPLACEMENTS/ADJ    6,647      $216,708.59-    4,935      $149,094.95-      1,712       $67,613.64-
RESTAURANT/MEAL     1,955       $60,698.00         0            $0.00       1,955       $60,698.00
                  -------   ---------------   -------   ---------------   -------   ---------------
TOT ALL WARRANTS  684,194  $207,342,071.84   541,038  $163,743,727.44     143,156   $43,598,344.40

PAID PROVIDERS    295,072
```

Fig. XV-B- 5 – Management Stats – Page 5

WAGE AND BENEFIT REPORT – INDIVIDUAL PROVIDER – Page 5

Reported are wages paid to and benefits (employer paid taxes) paid for Individual Providers in the report month. The report designates total amounts and breakouts by funding source and impairment level.

The following column headings appear on the Wage and Benefit Report – Individual Provider:

Column: CATEGORY
Description: The indication of reporting category for TOTAL, SI and NSI

Column: TOTAL
Description: Aggregate wages and benefits paid for both PCSP and Residual funding sources

Column: PCSP
Description: The wage and benefits paid from PCSP funds

Column: RESIDUAL
Description: The wage and benefits paid from the Residual funds

The following row headings apply to each column and are reported by TOTAL, SI and NSI.

Field: NUMBER OF CASES
Description: The IP service mode cases for which payments were issued in the report month, or restaurant meal allowances were paid. This number is the Individual Provider PAID CASES (UNDUP) from Page 1 of the report.

Field: AVERAGE COST/CASE
Description: The average cost per case the report month. The calculation is TOTAL EXPENSES divided by NUMBER OF CASES = AVERAGE COST/CASE

Field: GROSS WAGES
Description: Total wages paid in the report month. Does not include employer paid taxes or share of cost.

Field: EMPLR TAXES
Description: Amount of each employer paid tax in the report month:

- FICA – Social Security and Medicare tax
- SUI – State Unemployment Insurance tax
- FUTA – Federal Unemployment Training Act tax

Each of these values is the same as the EMPLOYER FICA, EMPLOYER SUI and EMPLOYER FUTA amounts reported on the COUNTY MONTHLY PAYMENT VOUCHER report.

Field: TAX SUB TOTAL
Description: Sum EMPLR TAXS of FICA, SUI, and FUTA paid in the report month

Field: RESTAURANT/ MEAL
Description: Total Restaurant Meal allowances paid in the report month

Field: LESS SHARE OF COST
Description: Total share of cost paid in the report month

Field: TOTAL EXPENSE
Description: Calculation is GROSS WAGES + EMPLR TAX FICA + EMPLR TAX FUTA + EMPLR TAX FUTA + RESTAURANT/MEAL – SHARE OF COST = TOTAL EXPENSES. This value is the same as the TOTAL IP EXPENSE amount indicated on the COUNTY MONTHLY PAYMENT VOUCHER.

WARRANTS ISSUED – INDIVIDUAL PROVIDER – Page 5

This section reports the number of individual warrants issued in the reporting month. The following column headings apply to the WARRANTS ISSUED – INDIVIDUAL PROVIDER report.

Field: CATEGORY
Description: Indicates one of the following payment categories listed.

Field: TOTAL
Description: The aggregate of PCSP and Residual

Field: PCSP
Description: Payments issued from PCSP fund source

Field: RESIDUAL
Description: Payments issued from Residual fund source

The following sub-column headings will appear for the TOTAL, PCSP AND RESIDUAL columns:

Field: NUMBER
Description: The number of payments associated with the CATEGORY and COLUMN

Field: AMOUNT
Description: The payment dollar amounts associated with the CATEGORY and COLUMN

The following row headings are indicated beneath the CATEGORY column

Field: ADVANCE
Description: The number and associated payment amount of Advance payments issued in the report month.

Field: EMERGENCY
Description: The number and associated payment amount of Emergency payments issued in the report month.

Field: REGULAR PAYROLL
Description: The number and associated payment amount of Regular (Arrears) payments issued in the report month.

Field:	REPLACEMENTS/ ADJS
Description:	The number and associated payment amount of Replacement and Adjustment payments issued in the report month.

Field:	RESTAURANT/MEAL
Description:	The number and associated payment amount of Restaurant Meal Allowance payments issued in the report month.

Field:	TOT ALL WARRANTS
Description:	The TOTAL, PCSP and RESIDUAL columns reflect the following calculations: • **NUMBER** – Calculation is the number of ADVANCE AMOUNT + EMERGENCY + REGULAR PAYROLL + REPLACEMENTS/ADJ + RESTAURANT/MEAL = TOTAL ALL WARRANTS NUMBER • **AMOUNT** – Calculation is the amount of ADVANCE AMOUNT + EMERGENCY + REGULAR PAYROLL – REPLACEMENTS/ADJ + RESTAURANT/MEAL – TOTAL LESS SHARE OF COST = TOTAL ALL WARRANTS AMOUNT

Field:	PAID PROVIDERS
Description:	Total number of providers paid from SPEC transactions, Arrears and Advance Pay timesheets processed. This an unduplicated provider count.

Return to Report Overview

Management Statistics Summary – Page 6

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                                   S T A T E   O F   C A L I F O R N I A
JOB    - IH2L540N                     IN-HOME SUPPORTIVE SERVICES                    PAGE -                 6
COUNTY -    ALL COUNTIES              MANAGEMENT STATISTICS SUMMARY                   REPORT MONTH -  SEPTEMBER
                                                                                      RUN DATE -     10/10/2003

                                          PCSP ADJUSTMENTS
                                          ----------------

                      CASE          PCSP              PCSP              RESD              RESD
                     MONTHS         HOURS          EXPENDITURES         HOURS          EXPENDITURES
                    --------    -------------    --------------    -------------    --------------
 IP     N21              19           585.9-         4,369.20-           585.9           4,369.20
        P21             113         6,462.1         43,785.20         6,462.1-         43,785.20-
                    ========    =============    ==============    =============    ==============
        TOTAL/NET       132         5,876.2         39,416.00         5,876.2-         39,416.00-

        YTD               0             0.0              0.00               0.0              0.00


 CC     N21               0             0.0              0.00               0.0              0.00
        P21               0             0.0              0.00               0.0              0.00
                    ========    =============    ==============    =============    ==============
        TOTAL/NET         0             0.0              0.00               0.0              0.00

        YTD               0             0.0              0.00               0.0              0.00


 HM     N21               0             0.0              0.00               0.0              0.00
        P21               0             0.0              0.00               0.0              0.00
                    ========    =============    ==============    =============    ==============
        TOTAL/NET         0             0.0              0.00               0.0              0.00

        YTD               0             0.0              0.00               0.0              0.00


 GRAND  NEG PCSP         19           585.9-         4,369.20-           585.9           4,369.20
        POS PCSP        132         5,876.2         39,416.00         5,876.2-         39,416.00-
                    ========    =============    ==============    =============    ==============
        TOTAL/NET       132         5,876.2         39,416.00         5,876.2-         39,416.00-

        YTD             537        22,598.3        159,093.12        22,598.3-        159,093.12-
```

Fig. XV-B- 6 – Management Stats – Page 6

PCSP ADJUSTMENTS

The PCSP ADJUSTMENTS reports the reallocation of fund sources by service delivery mode in the report month. The TOTAL/NET displays the report month total while the YTD line reports the total of funds reallocated from Residual to PCSP. The data displayed is a duplication of the data displayed on the CMIPS PADJ screen. See ***CMIPS 2000 User's Manual Section XI-C – PADJ Screen*** for additional screen information.

N21, N22, and N23 refer to negative adjustments relative to PCSP meaning monies originally issued from the PCSP fund which have been reallocated to the Residual fund through SPEC transactions.

P21, P22, and P23 refer to positive adjustments relative to the PCSP fund meaning monies originally issued from the Residual fund which have been reallocated to the PCSP fund through SPEC transactions.

The following columns appear on the PCSP Adjustments report:

Field: CASE MONTH
Description: The number of transactions keyed for the report month

Field: PCSP HOURS
Description: The number of Personal Care Service Program hours being adjusted

Field:	PCSP EXPENDITURES
Description:	The dollar amount associated with PCSP HOURS transactions reported

Field:	RESD HOURS
Description:	The number of Residual program hours being adjusted

Field:	RESD EXPENDITURES
Description:	The dollar amount associated with RESD HOURS transactions reported

The following row headings appear on the PCSP ADJUSTMENTS report.

Field:	IP
Description:	Positive (P) and negative (N) adjustments made against recipients cases with Individual Provider service mode. Also listed are the TOTAL/NET for the reporting month.

Field:	CC
Description:	Associated adjustments were made against recipient cases with County Contract service mode. Also listed are the TOTAL/NET for the reporting month.

Field:	HM
Description:	Associated adjustments were made against recipient cases with Homemaker service mode. Also listed are the TOTAL/NET for the reporting month.

Field:	GRAND NEG PCSP
Description:	The aggregated total all negative transaction for (IP, CC, HM) all service delivery modes.

Field:	POS PCSP
Description:	The aggregated total all positive transaction for (IP, CC, HM) all service delivery modes.

Field:	TOTAL/NET
Description:	The report month transaction count and net dollar amount for all transaction (IP, CC and HM) service delivery modes.

Field:	YTD
Description:	The year-to-date total of all transactions and service delivery modes.

Return to Report Overview