user's MANUAL

Chapter One

Overview of CMIPS II

to
Assist
and
Empower

CMIPS II

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1. General Information

1.1 About the CMIPS II User's Manual

The CMIPS II (Case Management, Information and Payrolling System) User's Manual is a reference document that provides support for In-Home Supportive Services (IHSS) staff, allowing them to perform their jobs effectively and efficiently using CMIPS II.

1.2 How to Use

The CMIPS II User's Manual can either be used as a desktop reference or viewed online in the CMIPS II Web Portal. Information contained in the manual is also available in CMIPS II Online Help. The User's Manual provides users with a variety of ways to find answers to system questions and obtain information on procedures necessary to navigate CMIPS II.

1.3 Target Audience

The audience for this User's Manual includes the following:

- California Office of Systems Integration (OSI) staff
- County In-Home Supportive Services (IHSS) program staff
- County Public Authority (PA) staff
- California Department of Social Services (CDSS) Accounting and Adult Programs Division (APD) staff
- Department of Health Care Services In-Home Operations (DHCS IHO) staff

1.4 Organization

For ease of use, the manual is organized into chapters, each being its own document. The chapters provide instruction for CMIPS II users for specific IHSS functions.

- Chapter 1 - Overview of CMIPS II
- Chapter 2 - Case Management Basic Navigation
- Chapter 3 - Recipient Management
- Chapter 4 - Provider Management
- Chapter 5 - Program Oversight
- Chapter 6 - Time and Attendance
- Chapter 7 - Payroll
- Chapter 8 - Forms, Reports and Data Download
- Chapter 9 - System Security
- Chapter 10 - Advantage Financial and Advantage Human Resource Management
- Chapter 11 – CDSS Accounting Procedures

Note: Each chapter includes a comprehensive glossary of terms used in CMIPS II and a chapter-specific index.

1.5 Help Desk

The HP CMIPS II Help Desk is defined as a Level II Help Desk, which works to provide customer support for issues submitted by the following:

- County staff
- County Help Desks
- OSI CDSS staff
- Office of Technology Services (OTech) staff
- CMIPS II Project team members

The HP CMIPS II Help Desk will provide problem resolution support to incoming inquiries. Users can contact the HP CMIPS II Help Desk in the following ways:

- Phone: 1-877-844-5844
- Fax: 916-960-1121
- Email: CMIPS-II-Service-Desk-Request@hp.com
- Extranet

Note: The HP CMIPS II Help Desk's days and hours of operation are Monday through Friday, 7 a.m. to 6 p.m. Pacific Time.

2. Getting Started

2.1 About CMIPS II

CMIPS II is a web-based case management, payroll and reporting system used by all 58 counties in California to manage the In-Home Supportive Services program. CMIPS II is used to record and track information about IHSS recipients and providers and to determine eligibility for services. CMIPS II is also used to manage payroll for those providers who deliver authorized services to IHSS recipients. In addition, CMIPS II is used by CDSS DHCS to administer the IHSS and Waiver Personal Care Services (WPCS) programs, respectively.

2.1.1 Benefits of CMIPS II

CMIPS II provides many features for managing the IHSS program, including the following:

- Provides real-time updates.
  - CMIPS II's real-time interface with the Statewide Client Index (SCI) provides the Client Index Number (CIN).
  - CMIPS II captures initial Medi-Cal eligibility information from the SCI interface when processing an IHSS application.
- Allows on-demand printing of reports.
- Provides flexible reporting.
  - Exports, filters and sorts report data as needed.
- Prints pre-populated state-mandated forms.
  - Prints forms for IHSS applicants, recipients and providers in the state-defined languages of English, Spanish, Chinese and Armenian.
  - Types of forms include: Applications, Notices of Action (NOA), SOC 404 Recipient Direct Deposit forms and many more.
- Uses plain language to enter information.
  - Less reliance on codes.
- Allows data to be entered once.
  - After initial entry, recipient and provider data are pre-populated on other screens as applicable.

2.2 CMIPS II Functionality

Inquiry or request for service
When counties receive an inquiry or request for service, users can enter and record information in CMIPS II as a referral without creating an application.

Application for service
IHSS applications for service can be taken directly in CMIPS II and immediately assigned to a case owner.

Eligibility for service
CMIPS II provides several features that help determine eligibility for service.

- Existing Medi-Cal information is available automatically (Primary Aid Code, Medi-Cal Share of Cost, Medi-Cal eligibility date, etc.).
- If an applicant is not already receiving Medi-Cal, CMIPS II automatically sends a referral to Statewide Automated Welfare System (SAWS) (C-IV, CalWIN, or LEADER) for a Medi-Cal eligibility determination.
- Medi-Cal Eligibility Data System (MEDS) sends CMIPS II the Medi-Cal eligibility data. CMIPS II updates the case record with that data (including the aid code) once eligibility has been determined. CMIPS II also sends a notification to the case owner of the Medi-Cal eligibility outcome.

Needs assessment
CMIPS II provides several features for managing the needs-assessment process.

- Automatically calculates authorized IHSS hours based on time and frequency of required tasks. Many services include the capability to input multiple tasks with corresponding times and frequencies. For other services, CMIPS II only accepts entry of a single task.
- Automatically applies hourly task guidelines - if a case owner authorizes hours outside of the hourly task guidelines, above or below, CMIPS II prompts the case owner to enter a justification.
- Calculates protective supervision utilizing the assessment data entered, including additional services and companion cases.
- Generates NOA as required by case actions.

Supervisor review and approval
CMIPS II provides features for managing the case review and approval process.

- CMIPS II sends automated communications to the appropriate staff when approvals are needed or have been made.

Case maintenance
CMIPS II provides several features for maintaining IHSS cases.

- Supports variable reassessment dates.
- Provides Overdue Assessments and Assessments Due reports.
- Notifies the case owner of certain case events, such as the expiration of para-medical services, child recipients turning 18 and other case events.
- Generates a unique number for each recipient/case and provider.
- Automatically receives notification of Medi-Cal terminations and sends the appropriate SAWS applications notifications of IHSS terminations.

Inter-county transfers
CMIPS II provides several features for managing inter-county transfers.

- Allows cases to be electronically transferred between counties.
- Allows receiving county access to the case history in CMIPS II.

Payroll
CMIPS II provides several timesheet-processing features.

- Utilizes centralized timesheet processing and storage.
- Automatically scans and records timesheet data.

- Furnishes easy access to timesheet images (for example, searches or error resolution).
- Refers timesheet exceptions to county staff for resolution.
- Offers counties the option to enter timesheets manually if the need arises.
- Allows batch printing of the initial and supplemental timesheets for specific recipient/provider relationships.

Provider enrollment
CMIPS II provides several features for managing provider enrollment.

- Indicates if a background check was completed and which county completed the background check. This information is entered into CMIPS II by the user.
- CMIPS II interfaces with DHCS for the Medi-Cal Suspended and Ineligible (S&I) provider list.
- CMIPS II prohibits the enrollment of a new or inactive provider who is on the Medi-Cal S&I provider list and notifies the case owner when an active IHSS provider is found on the S&I list so the county can take appropriate action.
- Indicates if the provider is on a Public Authority (PA) provider registry list.

Public Authorities
Counties can continue to determine the Public Authority's level of access to CMIPS II as appropriate for that county's processes.

2.3 CMIPS II Overview

CMIPS II is accessed through a Web Portal that provides a single log-on location for users to access the various components and functionality associated with CMIPS II. These components and functionality include Case Management, Reporting, Advantage Financial and Advantage Human Resource Management (HRM).

Case Management
Case Management functionality supports Recipient Case Management, Provider Management and Payroll Management for the IHSS program. Within Case Management, users can do the following:

- Conduct online search, initial contact and intake application.
- Determine program eligibility
- Perform case maintenance
- Conduct recipient management
- Conduct provider management
- Perform program oversight
- Manage time and attendance
- Manage payroll

Reporting
Reporting includes the support for numerous predefined reports covering various aspects of the IHSS program, including Recipient Case Management, Provider Management, Payroll Management and Quality Assurance (QA). These reports are designed for various types of users, including county IHSS program staff, county management and CDSS. Counties can make reports available for use by other agencies, such as the Fair Hearings Unit, Public Authority, or the Fraud Investigations Unit. Each report is automatically generated on a predetermined frequency (daily, monthly and quarterly), and many are available to print as needed. Monthly reports can be generated and printed and/or saved in the middle of

the month. The report includes updates that occurred from the beginning of the month. Within the Reporting component of CMIPS II, users can do the following:

- View predefined reports that are run as part of a nightly batch.
- Schedule a report to run.
- Print reports.
- View historical reports.

Advantage Financial and Human Resource Management
AMS Advantage© is a complete payroll (Advantage HRM) and financial management (Advantage Financial) system specifically designed to support the CMIPS II functions. Using data provided by the users, CMIPS II Advantage maintains a payroll and financial database that can be used to produce a variety of detail and summary information.

2.4 Access the CMIPS II Web Portal

CMIPS II is a browser-based system used to manage the In-Home Supportive Services (IHSS) program. Access to a county network is required.

Log on to CMIPS II Web Portal

1. Go to the CMIPS II Web Portal log-on at **https://cmipsii.ca.gov**. The system displays the CMIPS II Log On screen.
2. Type the **User ID**.
3. Type the **Password**.
4. Click the **Log On** button. The system displays the CMIPS II Web Portal Home screen.

Note: To log out of CMIPS II, click the Logout icon in the upper-right corner of the screen. Web Portal automatically timeouts after 20 minutes of inactivity and the following message will display “CMIPS II Session Timed out. You are successfully logged out of CMIPS II.”

2.5 Navigate in CMIPS II

Web Portal
Refer to the Navigate in the CMIPS II Web Portal section in this chapter for additional information on navigating in the CMIPS II Web Portal.

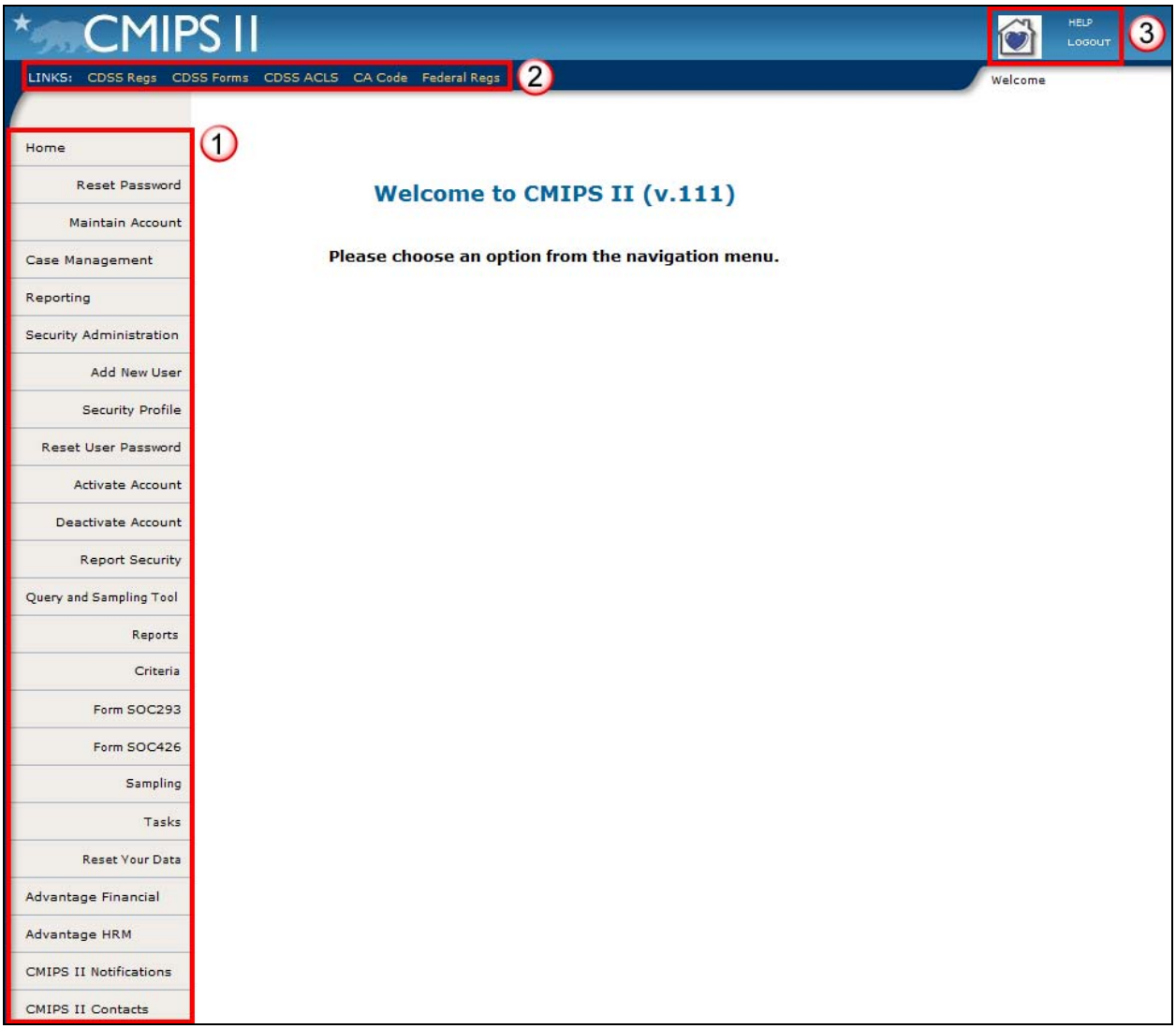
Case Management
Refer to the Case Management Basic Navigation chapter for additional information on navigating in Case Management.

Reporting
Refer to the Reporting section in the Forms, Reports and Data Download chapter for additional information on navigating in Reporting.

Advantage Financial and Advantage Human Resource Management
Refer to the Advantage Financial and Advantage Human Resource Management chapter for additional information on navigating in Advantage Financial and Advantage Human Resource Management.

2.5.1 Navigate in the CMIPS II Web Portal

The following screen shot is the CMIPS II Web Portal home screen. This screen is simple to navigate and provides a single screen from which to access all CMIPS II components and functionality. The left navigation menu provides links to access all CMIPS II functionality. The masthead provides links that launch the website in a new browser window. In addition, the Help link allows users to access Online Help, and the Logout link allows users to log out of the CMIPS II Web Portal.



The numbers displayed on the CMIPS II Web Portal Home screen above match the screen feature in the table below.

#	Feature
1	Left Navigation Menu
2	Masthead (banner)
3	Help/Logout Links

2.5.1.1 Left Navigation Menu

The table below lists all the links available in the left navigation menu of the CMIPS II Web Portal Home screen. CMIPS II displays links based on the areas of the system a user has permission to access. Users can only see parts of the system that they require to complete their jobs. Users can click a link in the left navigation menu to access CMIPS II Web Portal functionality.

Link	Description
Home	Return to the CMIPS II Web Portal Home screen.
Reset Password	Create a new password for the user's account or update an expired password.
Maintain Account	Access the user's account screen, where the user can update contact information and security questions.
Case Management	Access CMIPS II Case Management in a new browser window.
Reporting	Access CMIPS II Reporting in a new browser window.
Security Administration	Displays the Security Officer Home page. Select from the following links: Add New User, Security Profile, Reset User Password, Activate Account or Deactivate Account.
Add New User	Create a new user in the portal and provide access to CMIPS II.
Security Profile	Determine the level of access for a user within CMIPS II.
Reset User Password	Search for a user and reset his/her password.
Activate Account	Activate a user account.
Deactivate Account	Deactivate a user account. The user can no longer log on to the portal.
Report Security	Select report security levels.
Query and Sampling Tool	Access CMIPS II Query and Sampling Tool in a new browser window.
Reports	Run predefined reports against all records in the data set.
Criteria	Select a subset of records from the data set based on specific criteria.
Form SOC293	Select a subset of records from the data set based on criteria from the SOC 293 form.
Form SOC426	Select a subset of records from the data set based on criteria from the SOC 426 form.
Sampling	Generate a random sample of cases from the data set.
Tasks	Request a report, mailing labels, or file based on the current subset of records from the data set.
Reset Your Data	Clear any queries or samples run against the data set.
Advantage Financial	Access the CMIPS II Advantage Financial accounting system in a new browser window.
Advantage HRM	Access the CMIPS II Advantage Human Resource Management payroll system in a new browser window.
CMIPS II Notifications	View messages to and notifications for CMIPS II users.

Link	Description
CMIPS II Contacts	Displays the CMIPS II Help Desk phone number.

2.5.1.2 Masthead

The table below lists all the links available in the masthead of the CMIPS II Web Portal Home screen. Users can click a link in the masthead to launch another browser displaying the website.

Link	Description
CDSS Regs	Access the CDSS Regulations website in a new browser window.
CDSS Forms	Access the CDSS Forms website in a new browser window.
CDSS ACLS	Access the CDSS All County Letters website in a new browser window.
CA Code	Access the California Code website in a new browser window.
Federal Regs	Access the Federal Regulations website in a new browser window.

2.5.1.3 Help/Logout Links

The table below lists the details for the Help and Logout links on the CMIPS II Web Portal Home screen. Users can click the Help link to access Online Help or the Logout link to log out of the CMIPS II Web Portal.

Link	Description
Help	Access Online Help for the CMIPS II Web Portal in a new browser window.
Logout	Allows users to log out of the CMIPS II Web Portal.

2.6 Maintain Account Information in CMIPS II

The Maintain Account Information screen is used to update the user’s contact information in the CMIPS II Web Portal. Users can also set security questions, which can be used to reset the user’s password if he/she has forgotten it. Challenge questions are used by the system to verify the user’s identity.

Note: CMIPS II Security Officers and Security Administrators can view account information for all users in the county.

Maintain Contact Information

1. From the CMIPS II Web Portal left navigation menu, click the **Maintain Account** link. The system displays the Maintain Account Information screen.
2. In the **Office Mailing Address** area, type the following information associated with the user’s account (as applicable):
    - Street address
    - City
    - State
    - ZIP code

- Phone number
- Email address

3. In the **Password** box, type the user's current password.
4. Click the **Update** icon. The system displays the message "The User's Account Information is updated successfully" on the Maintain Account Information screen.

Set Up Challenge Questions

1. From the CMIPS II Web Portal left navigation menu, click the **Maintain Account** link. The system displays the Maintain Account Information screen.
2. In the **Challenge Question** area, select a **question** from each box.
3. Type the **Answer** for each question.

   Note: The answers are case-sensitive.
4. In the **Password** box, type the user's current password.
5. Click the **Update** icon. The system displays the message "The User's Account Information is updated successfully" on the Maintain Account Information screen.

3. System Security

3.1 About CMIPS II System Security

The CMIPS II Web Portal authenticates users via a single sign-on. Users gain access to all CMIPS II functionality via the single sign-on. When users sign on, they are authorized, according to their security profiles, to view certain screens and gain access to links such as Case Management, Reporting, Advantage Financial and Advantage HRM.

3.1.1 User Profile Basics

Each CMIPS II user is assigned a user name, password and user security profile. The security profile determines the parts of the system to which the user has access. The profile also determines whether a user will require approval by another user, such as a supervisor. If the user is a supervisor, the profile may require the approval of actions of other users, such as the approval of new cases.

3.1.2 Security Officers or Security Administrators

Refer to the System Security chapter for additional information on adding a new user, updating a security profile, assigning user roles, resetting passwords and assigning users to a work queue.

3.2 Passwords

In the CMIPS II Web Portal, users can reset and change their CMIPS II passwords. Users are prompted to change their initial system-generated passwords the first time they log on to CMIPS II. Users also must reset their passwords every 60 days, when they expire.

3.2.1 Password Standards

When changing a password, users need to follow certain guidelines. The screen prompts users if a password does not fit the following standards:

- Minimum password length: eight characters
- Passwords must meet complexity requirements and contain characters from three of the following categories:
  - English uppercase characters (A - Z)
  - English lowercase characters (a - z)
  - Base 10 digits (0 - 9)
  - Non-alpha-numeric characters (such as, !,$,#,%)
- Passwords expire every 60 days. Users are prompted to change their passwords upon expiration.
- Passwords can only be reset once a day, excluding the pre-expired initial change.
- A password cannot be reused if it was one of the last 10 passwords. A history of the user’s passwords is maintained by CMIPS II.

3.2.2 Password Change (Initial Login)

The first time a user logs on to CMIPS II, he/she is prompted to reset his/her password and set challenge questions. Challenge questions are used by the system to verify the user's identity.

To Change the Initial Password

1. On the Enter New Password and Verify screen, type the user's **New Password**.

   Note: Passwords must meet complexity requirements, including a minimum length of eight characters.
2. In the **Verify Password** box, retype the user's new password.
3. Click the **Submit** icon. If password requirements are met, the system updates the user's password and displays the Maintain Account Information screen.

   Note: The user is required to answer three Challenge Questions.
4. In the **Password** box, type the user's new password.
5. In the **Challenge Question** area, select a **question** from each box.
6. Type the **Answer** for each question.

   Note: The answers are case-sensitive.
7. Click the **Update** icon. The system displays the message "The User's Account Information is updated successfully" on the Maintain Account Information screen.

3.2.3 Reset Password

While logged on to the CMIPS II Web Portal, reset the user's password.

To Reset Password

1. From the Web Portal left navigation menu, click the **Reset Password** link. The system displays the Enter New Password and Verify screen.
2. In the **New** box, type the user's new password.

   Note: Passwords must meet complexity requirements.
3. In the **Verify** box, retype the user's new password.
4. Click the **Submit** icon. If password requirements are met, the system updates the user's password and displays the Maintain Account Information screen.

4. Online Help

Online Help is similar to the User's Manual but is available online while users are working in CMIPS II. Users can access Online Help at any time to display context-sensitive help information or to research additional help topics. Users can use Online Help to find a screen description or instructions for completing system tasks.

4.1 Access Online Help

CMIPS II has two Online Help systems. One Help system is available on the CMIPS II Web Portal, and the other is available within Case Management. Online Help provides step-by-step instructions for the Web Portal and Case Management screens.

4.1.1 Access Online Help for the CMIPS II Web Portal

Online Help topics display in a new browser window on top of the CMIPS II Web Portal. The icons along the top let users select the type of search feature to use.

To Access Online Help for the CMIPS II Web Portal

1. From any CMIPS II Web Portal screen, click the HELP link in the upper right corner. The system displays the CMIPS II Web Portal Online Help in a new browser window.

4.1.2 Access Online Help for Case Management

Online Help topics display in a new browser window on top of Case Management. The icons along the top let users select the type of search feature to use.

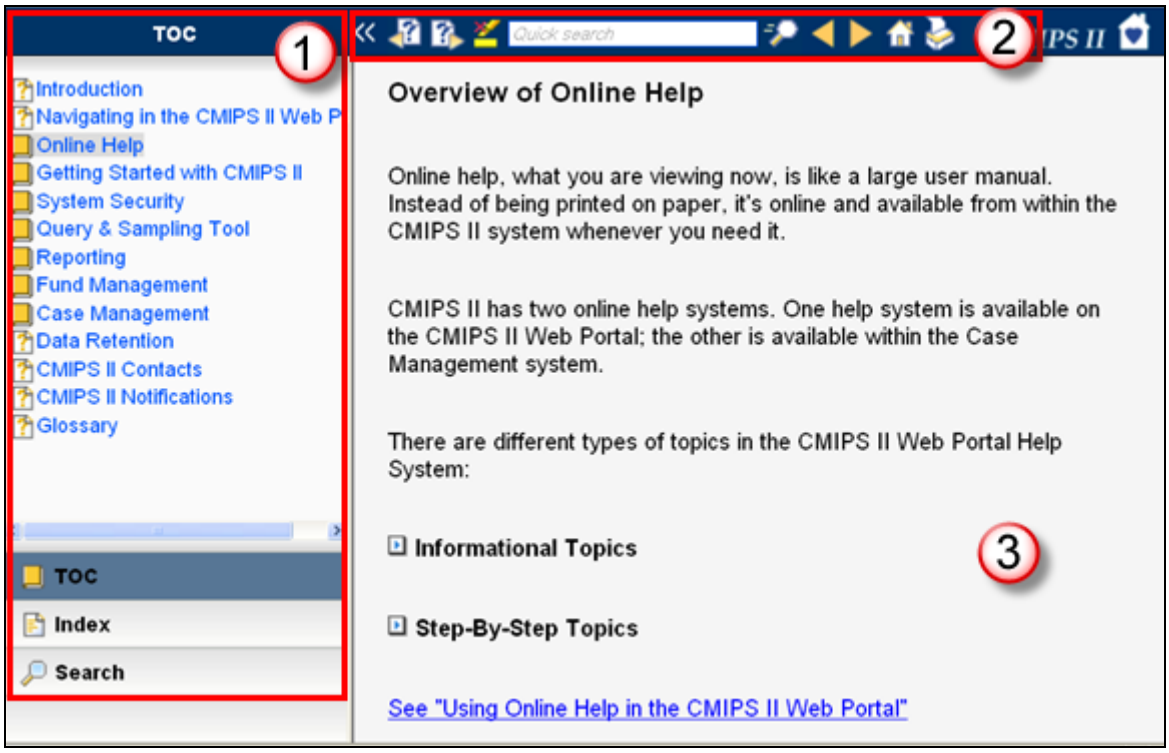
To Access Online Help for Case Management

1. From any Case Management screen, click the **Online Help** icon in the upper right corner. The system displays the Case Management Online Help in a new browser window.

4.2 Navigate in Online Help

The following screen shot is the Online Help screen. Users can access Online Help from the CMIPS II Web Portal or Case Management. The left navigation menu and toolbar provide access to common functions in Online Help. The display panel provides access to different types of topics in Online Help.

Note: The Online Help screen colors in the CMIPS II Web Portal and Case Management are different from one another; however, the screen layout and navigation are the same. As a result, this section covers the navigation for both.



The numbers displayed on the Online Help screen above match the screen feature in the table below.

#	Feature
1	Left Navigation Menu
2	Toolbar
3	Display Panel

4.2.1 Left Navigation Menu

The left navigation menu provides access to functions in Online Help. At the top of the left navigation menu is an expandable/collapsible menu of folders and links that allow users to access Online Help topics. At the bottom of the left navigation menu are sections that serve as shortcuts to search methods.

The table below lists the sections available in the left navigation menu of Online Help. The sections do not change as users view different screens in Online Help. Users can click a section in the left navigation menu to access Online Help functionality.

Section	Description
TOC	Displays topics in the Table of Contents (TOC). Use this method of Online Help to search for topics by expanding/collapsing folders to locate a topic.
Index	Helps users find topics in the help files via keywords. Use this method of Online Help to search for topics or words, similar to an index in a book.
Search	Search for topics whose content contains the word entered by the user. Use this method of Online Help to search for specific words across all topics.

4.2.2 Toolbar

The table below lists the icons available in the toolbar of Online Help. The toolbar does not change as users view different topics in Online Help. Users can click an icon in the toolbar to access Online Help functionality.

Icon	Name	Description
	Hide Navigation	Hides the left navigation menu so users can view the display panel in the full screen.
	Show Navigation	Displays the left navigation menu and display panel in the full screen.
	Previous Topic	Displays the previous help topic.
	Next Topic	Displays the next help topic.
	Remove Search Highlighting	Removes the highlighting within the search results.
	Quick Search	Finds words on the currently displayed help page.
	Back	Displays the last topic viewed.
	Forward	Displays the next topic.
	Home	Displays the Overview of Online Help page in the display panel.
	Print Topic	Prints the current topic to the selected printer.

4.2.3 Display Panel

The table below lists the different types of topics available in the display panel of Online Help. When users click the Online Help icon on a screen, immediate and relevant assistance is provided. The topic briefly describes the purpose of the screen being viewed, gives step-by-step instructions for the procedure on the screen and provides links that lead to additional assistance. Some of these topics include field descriptions as well. These topics are also listed in the Online Help Table of Contents. Click the Informational Topics link or the Step-By-Step Topics link for additional information in the display panel.

Name	Description
Informational Topics	Informational topics address the user’s need to find a specific piece of information. Among these topics are overview or workflow information, introductory information, guidelines and related topics. These topics are listed in the Table of Contents and are internal to the Online Help system.
Step-By-Step Topics	Topics with step-by-step instructions accomplish a particular procedure (for example, How to Reset a Password). The step-by-step instructions are listed in the TOC of the online help system in the same manner as in a paper manual.

4.3 Searching in Online Help

Online Help has five search tools available to quickly and easily access informational and step-by-step topics. Search for a topic using the following:

- Quick Search
- Table of Contents
- Index
- Search
- Glossary

4.3.1 Quick Search

Use the Quick Search box in the toolbar to perform a search on an active topic in Online Help.

To Perform a Quick Search on an Active Topic

1. In the toolbar, in the **Quick Search** box, type a word.
2. Click the **Quick Search** icon. The Quick Search finds and highlights the word in the current topic.

4.3.2 Table of Contents

Use the TOC section in the left navigation menu to search for a topic in Online Help.

To Search for a Topic Using the Table of Contents

1. From the Online Help left navigation menu, click the **TOC** section. The Table of Contents displays in the left navigation menu.
2. Expand the **Table of Contents** by clicking on a book.
3. Click the **topic** link. The topic selected displays in the display panel.

4.3.3 Index

Use the Index section in the left navigation menu to search for a topic using a keyword in Online Help.

To Search for a Topic Using the Index

1. From the Online Help left navigation menu, click the **Index** section. The Index displays in the left navigation menu.
2. Click an **index keyword** link to view the topic details. The system displays the first related help topic in the display panel.

   Note: When users click an index keyword related to more than one help topic, those topics are listed in the Index Results display panel.
3. (Optional) To search for an index keyword, type a word in the **Search** box.

4.3.4 Search

Use the Search section in the left navigation menu to search for a topic in Online Help.

To Search for a Topic Using the Search

1. On the Online Help left navigation menu, click the **Search** section. The Search box displays in the updated left navigation menu.
2. Type a topic. For example, type “eligibility.” All topics that have the word “eligibility” in them display in the updated left navigation menu.

   Note: The rank means that topics containing the most occurrences of the keywords are ranked higher.
3. Click the **topic** link to view the topic details. The system displays the help topic in the display panel.

4.3.5 Glossary

Use the Glossary link in the left navigation menu to search for a topic in Online Help.

To Search for a Topic Using the Glossary

1. From the Online Help left navigation menu, click the **TOC** section. The Table of Contents displays in the left navigation menu.
2. Click the **Glossary** link. The system displays the CMIPS II Glossary in the display panel.
3. Click a **glossary** word link. The definition displays under the word.

5. Glossary

A

Advance Pay
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.

Advantage Financial (CDSS only)
A complete financial management system specifically designed to support CMIPS II. Advantage Financial issues vendor payments, and serves as a reconciliation and fund source management tool.

Advantage HRM (Human Resource Management) (CDSS only)
The integrated payroll system responsible for processing payments to CMIPS II case participants. Using data received from scanned and manually-entered timesheets, HRM calculates and reports wages, taxes, and other deductions. In addition, HRM processes payment adjustments entered in the Case Management application, as well as Advance Pay and restaurant meals allowance payments.

Application
The form used to record all information necessary to establish eligibility for IHSS. The application form is dated and signed by the applicant. In Case Management, the “Create Application” link opens a case record and allows the user to enter initial eligibility information.

Authorization to Purchase
The number of hours a recipient is authorized to receive for an authorization period or authorization segment.

Authorization Period
The period of time covered by the assessment.

Authorization Segment
The time period, in hours, within an authorization period.

B

Batch
A system or mode of operation in which inputs are collected and processed all at one time, rather than processed as they are submitted. A batch job once started proceeds to completion without additional input or user interaction.

Business Objects
The database within CMIPS II containing the data elements for all operational reports. (See Reporting)

Business Rules
The logic that enforces the IHSS program policies and practices within Case Management.

C

Case Maintenance
The act of updating and maintaining data related to an applicant or case, including evidence, contact information, provider details, etc.

Case Management
A component of CMIPS II that records and tracks information about IHSS recipients and providers. Case Management provides functionality to support case management, provider management, and payroll management. This includes current and historic demographic and assessment data, as well as payroll information.

Case Note
A note created to record information regarding a case.

Case Owner
In Case Management, the user who is assigned to the case. Each case has a case owner.

CASS
See Coding Accuracy Support System.

CC
See County Contractor.

CIN
See Client Index Number.

Claim
An electronic or paper request for payment.

Client Index Number (CIN)
A ten-digit alphanumeric value assigned by the Statewide Client Index (SCI) to uniquely identify an individual to various California public benefit programs. One of the key activities in creating a case in Case Management is to search the SCI for a CIN that is associated with the IHSS applicant.

CMIPS II Printer
A printer connected to the CMIPS II network and dedicated to printing CMIPS II documents only.

Coding Accuracy Support System (CASS)
A system that enables the United States Postal Service to evaluate the accuracy of software that corrects and matches street addresses. CMIPS II cross-checks the street and mailing address entered with what is on file with the United States Postal Service.

County Contractor (CC)
A mode of service wherein IHSS is provided by an agency under contract with a county.

D

Data Download
Provides access to export-ready reports that can be used for additional analysis and transfer of data to other systems.

DE 4 (California State Employee Withholding Certificate)
A form issued by the Employment Development Department (EDD) and completed by the provider if they wish to have state income tax withheld from their pay at a rate different than federal income tax. The form is sent to HP for processing.

Department of Health Care Services (DHCS)
The State agency responsible for protecting and promoting the health status of Californians through the financing and delivery of individual health care services. The DHCS administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal) and In-Home Operations (IHO).

DHCS
See Department of Health Care Services.

E

EFT (Electronic Funds Transfer)
Also known as Direct Deposit, EFT refers to the computer-based systems used to perform financial transactions electronically from one account to another. The State Controller’s Office (SCO) uses EFT to electronically deposit payments for providers and recipients into the banks of their choice.

Evidence
Information collected to determine eligibility for IHSS. Case Management categorizes evidence into four types: Household, Service, Program, and Share of Cost.

F

Federal Financial Participation (FFP)
An indication of whether the federal government shares in the cost of services. In IHSS, if FFP is yes, the federal government pays for 50% of the cost of services for a case.

FFP
See Federal Financial Participation.

Funding Source
The means of financial support for IHSS program costs. The established governmental sources for IHSS funding are PCSP, IPO, and IHSS-R.

H

HM
See Homemaker.
Homemaker (HM)
A mode of service wherein county staff provide IHSS to eligible IHSS recipients.

I

Icon
A picture or symbol on a menu, toolbar or screen that users select by pointing and clicking with a mouse. Icons are used to display information and navigate within CMIPS II.
ICT (Inter-County Transfer) Coordinator
The person responsible for coordinating the transfer of a case from one county to another in Case Management when the recipient moves to a different county and continues to be eligible for IHSS.
IHO
See In-Home Operations.
IHSS Plus Option (IPO)
A funding source associated with the IHSS program. It includes recipients who are eligible for full scope FFP Medi-Cal and have their services provided by a spouse or parent (if the individual is a minor child under 18), or receive Restaurant Meal Allowance or Advance Pay. Unlike the Demonstration Waiver IPW, the IPO is a State Plan Option, and therefore follows the PCSP State Plan regarding program eligibility and services. Cases paid from the IPO funding source are designated with a Medi-Cal Secondary Aid Code of 2L. CMIPS II supports both IPO and IPW programs.
IHSS Plus Waiver (IPW)
An expired funding source formerly associated with the IHSS program.
IHSS-R
See IHSS Residual.
IHSS Residual (IHSS-R)
A funding source associated with the IHSS program. Recipient cases having one or more of the following indications in an eligibility month shall be associated with the IHSS-R program: No Medi-Cal eligibility or Medi-Cal eligibility without Federal Financial Participation (FFP) eligibility. Recipient cases paid from the IHSS-R funding source are designated with a Medi-Cal Secondary Aid Code of 2N. The IHSS-R funding source is paid at a ratio of state 65% and county 35%.
Individual Provider (IP)
A mode of service wherein a person provides IHSS and is not a County Contractor or Homemaker.
In-Home Operations (IHO)
A section within the Department of Health Care Services (DHCS) that administers the Waiver Personal Care Services (WPCS) program.
IP
See Individual Provider.
IPO
See IHSS Plus Option.
IPW
See IHSS Plus Waiver.

L

LMA
The Legislative Mandated Adjustment (LMA) hours. Displays in (HH:MM) format.

J

Job Aid
A device or tool that allows an individual to quickly access the information he or she needs to perform a task.

M

Medi-Cal Eligibility Data System (MEDS)
A system used to maintain a statewide file of eligible Medi-Cal recipients and issue identification cards.

MEDS
See Medi-Cal Eligibility Data System.

MEDS Monthly Renewal
Refers to the monthly interface with MEDS, which sends a file to CMIPS II regarding a recipient's Medi-Cal monthly eligibility.

N

Notification
Informational items in Case Management where the user is not required to take action. Notifications are generated by Case Management based on case actions or information from another source, such as MEDS and SAWS.

O

Online Help
Online help is topic-oriented, procedural, or reference information delivered through computer software. It is a form of user assistance. When online help is accessed from Case Management or the CMIPS II Web Portal, context-sensitive help is displayed.

P

PA
See Public Authority.

PCSP
See Personal Care Services Program.

Password
A secret word or string of characters used for authentication, to prove identity, or to gain access to a protected resource. A password is required to gain access to CMIPS II.

Person
The record of an individual in Case Management. A person may be associated with multiple person type indicators. For example, if someone is both an IHSS recipient and a provider he/she will have a single person record in Case Management.

Person Note
A note created to record information regarding a person. (e.g., provider, recipient, applicant, recipient, provider).

Personal Care Services Program
A funding source associated with the IHSS program. This program provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institute Code Section 14132.95 and Title 22, California Code of Regulations. It is one of three funding sources associated with the IHSS program. Individuals meeting all of the following conditions are funded for PCSP: eligible for full scope FFP Medi-Cal, no Advance Pay, no Restaurant Meal Allowance, and no parent/spouse provider. Recipient cases paid from the PCSP funding source are designated with a Medi-Cal Secondary Aid Code of 2M.

POS
See Point of Service Spend Down Transaction.

Point of Service Spend Down Transaction
A real-time transaction sent from CMIPS II to the MEDS Share of Cost system when an IHSS payment is made. It reduces any outstanding MEDS share of cost for the corresponding Medi-Cal eligibility month.

Position
During user setup, each user is assigned a position within a workflow structure in Case Management. The position determines the workflow for notifications and tasks, the path in which tasks are escalated, and the cases which he/she can modify.

Provider
A person paid to perform IHSS.

Provider Registry
A registry of approved providers most commonly compiled by a county Public Authority (PA) used to assist recipients in identifying and contacting potential providers. These providers have completed State mandated requirements.

Public Authority (PA)
An entity authorized to act as Employer of Record for Individual Providers for collective bargaining.

R

Receiving County
The county that takes ownership of a case that is being transferred from a sending county, as part of the Inter-County Transfer (ICT) process.

Reduced Hours
The hours and minutes the recipient hours will be reduced based upon the reduced hours percentage. Displays in (HH:MM) format.

Reinstated Hours
The number of reduced hours the case owner reinstated to the recipient. Displays in (HH:MM) format.

Reporting
The Reporting link on the CMIPS II Web Portal provides access to many predefined reports covering various aspects of the IHSS program. Reports can be generated for immediate viewing and printing or generated for future use. Report information can be exported for use in other applications such as Microsoft Word or Excel, Crystal Reports, or Adobe Acrobat Reader. Reporting is used by case owners for a variety of case intake and case management tasks. Managers, supervisors, QA, and payroll also use reporting for auditing and planning purposes.

S

SAWS
See Statewide Automated Welfare System.

SCI
See Statewide Client Index.

SCO
See State Controller’s Office.

SEIN
See State Employer Identification Number.

State Employer Identification Number (SEIN)
An identification number assigned by the Employment Development Department (EDD) to each IHSS recipient.

Sending County
The county that currently owns a case that is being transferred to a receiving county, as part of the Inter-County Transfer (ICT) process.

Sensitivity Level
Notes in Case Management have sensitivity levels from 1 to 5. One is the lowest sensitivity and 5 is the highest. Each Case Management user is assigned a sensitivity level that determines what notes he/she can see and what sensitivity level he/she can assign to notes. For example, everyone can see notes with a sensitivity of 1, but only users with a sensitivity of 3 can see or create notes of level 3.

Social Worker Certification
Indicates whether or not the recipient met the criteria for the social worker to certify the reinstatement of all reduced hours.

Stale Dated Warrant
A warrant that remains un-cashed after one year from the date of issue.

State Controller's Office (SCO)
The office managed by the state's chief fiscal officer, responsible for administration and oversight of fiscal affairs for the state. CMIPS II exchanges data with SCO, and in Case Management, the user can request copies of cashed warrants from the SCO.

Statewide Automated Welfare System (SAWS)
The generic term used to refer to CalWIN, C-IV and LEADER, the systems used to determine eligibility for a variety of welfare benefits, including Medi-Cal. Case Management interfaces with these systems to request Medi-Cal eligibility determinations for applicants who are not currently receiving Medi-Cal and to exchange status information.

Statewide Client Index (SCI)
The California Department of Health Care Services' (DHCS) Statewide Client Index generates and controls Client Identification Numbers (CINs). The CIN is the primary identifier for individuals who have applied for public benefits.

T

Task
An item that requires a Case Management user to take action. A task may be generated by Case Management or may be manually created by a user. Each task is assigned a unique task number. A task generated automatically by Case Management and not completed by its deadline escalates to a supervisor.

Timesheet Processing Facility (TPF)
A central facility responsible for the scanning and processing of IHSS timesheets.

TPF
See Timesheet Processing Facility.

W

W-2 Form
Refers to the federal Wage and Tax Statement.

W-4 Form
Refers to the federal Employee's Withholding Allowance Certificate.

W-5 Form
Refers to the federal Earned Income Credit Advance Payment Certificate.

Waiver Personal Care Services (WPCS)
A program administered by In-Home Operations (IHO) in which individuals are either eligible for Nursing Facility (NF) or Model Nursing Facility Waiver services. Both waivers provide personal care services to categorically needy and medically needy Medi-Cal recipients who would otherwise spend at least 90 days in a nursing facility. PCSP/IPO beneficiaries can apply to IHO and receive both IHSS and WPCS program services simultaneously. CMIPS II is the system used by WPCS to pay its providers. Providers of WPCS must be created in CMIPS II to facilitate payment.

Web Portal
A site that creates a single point of access to various components and functionality associated with CMIPS II. The portal offers a structured approach to navigating information, e.g. by subject

(category) then sub-category. The systems in CMIPS II include Case Management, Reporting, Advantage Financial and Advantage Human Resource Management (HRM).

Work Queue

Shared task lists to which a user has been given access. The work queues contain both manually generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county.

WPCS

See Waiver Personal Care Services.

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Chapter Two

Case Management
Basic Navigation

to
Assist
and
Empower

CMIPS II

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1. Introduction

There are various ways to navigate within Case Management. This chapter contains basic navigation procedures that facilitate using the Case Management, including the following:

- Accessing Case Management
- Navigating in Case Management
- Conducting searches
- Working with tasks, work queues and notifications

In addition, this chapter provides navigation tips, enabling the user to become more comfortable with the system and eventually more productive in his/her job. If more navigation information is needed, there is Online Help in Case Management. Access the Online Help system by clicking the icon in the upper-right corner of any screen.

2. Access Case Management

Users can access Case Management by clicking the link on the CMIPS II Web Portal home page.

Log on to CMIPS II Web Portal

1. Go to the CMIPS II Web Portal log on screen located at **https://cmipsii.ca.gov**. The system displays the CMIPS II Log On screen.
2. Type the **User ID**.
3. Type the **Password**.
4. Click the **Log On** button. The system displays the CMIPS II Web Portal Home screen.
5. From the Web Portal left navigation menu, click the **Case Management** link. The system displays Case Management in a new browser window.

Note: Case Management automatically timeouts after 20 minutes of inactivity.

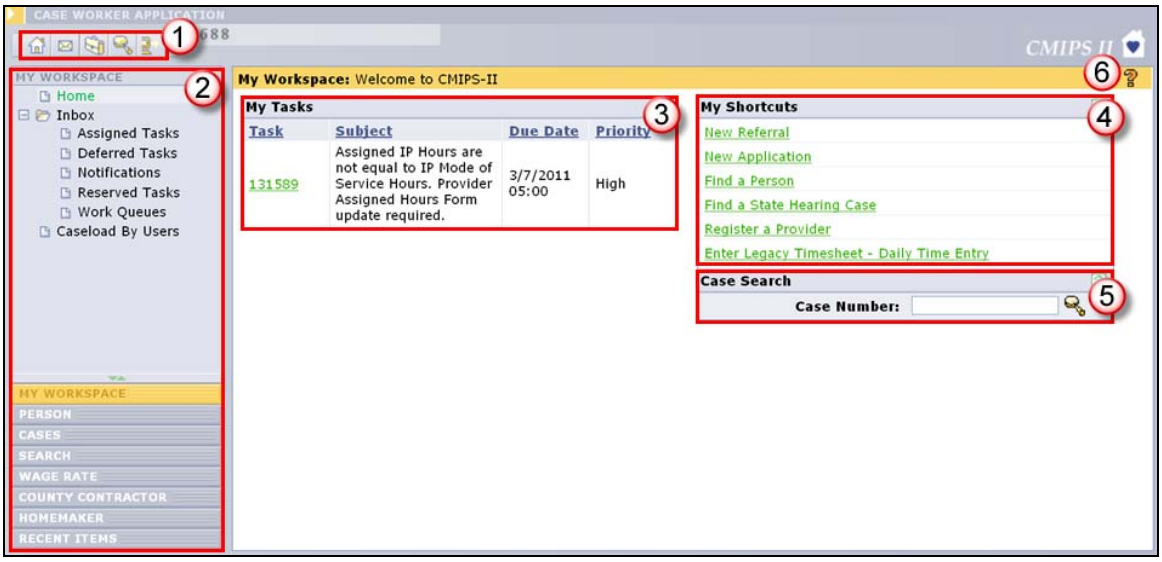
3. Navigate in Case Management

When a user accesses Case Management from the CMIPS II Web Portal, the first screen he/she comes to is the My Workspace screen. This section discusses how to navigate in Case Management, using the My Workspace screen as a starting point.

3.1 My Workspace

The following screen shot is the My Workspace screen. This screen is the starting point for Case Management activities. Access the My Workspace screen from anywhere in Case Management by clicking the Home icon located on the toolbar.

Note: Case Management displays links and sections based on the areas of the system the user has permission to access.



Every user has a My Workspace screen. Each My Workspace screen consists of six features. The features have sections, links and icons that, when clicked, take the user to the appropriate next step. The numbers displayed on the My Workspace screen above match the screen feature in the table below.

#	Feature
1	Toolbar
2	Left Navigation Menu
3	My Tasks
4	My Shortcuts
5	Case Search
6	Online Help

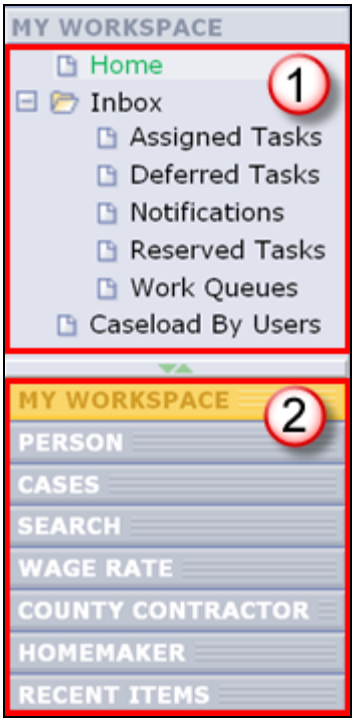
3.2 Toolbar

The table below lists the icons available in the toolbar of the My Workspace screen. The toolbar provides easy access to common functions used in Case Management. The toolbar does not change as the user views different screens in the system. Users can click an icon in the toolbar to access Case Management functionality.

Icon	Name	Description
	Home	Displays the My Workspace home screen, where the user can view and initiate many types of Case Management tasks. Allows access to the My Workspace screen from anywhere in the system.
	Inbox	Displays the Inbox screen, where the user can view his/her tasks including the status and priority of each.
	My Cases	Displays the My Cases screen, where the user can view all of the cases in his/her caseload.
	Search	Displays the Person Search screen, where the user can search for any person in Case Management.
	Log Out	Allows users to log out of Case Management.

3.3 Left Navigation Menu

The left navigation menu displays links to various screens and functions in the system. At the top of the left navigation menu is an expandable/collapsible menu structure of folders and links that allow users to access other functions in Case Management. The menu structure is context-specific and changes depending on the screen or functionality viewed. At the bottom of the left navigation menu are sections that serve as shortcuts to other screens. The sections displayed vary based on the areas of the system the user has permission to access.



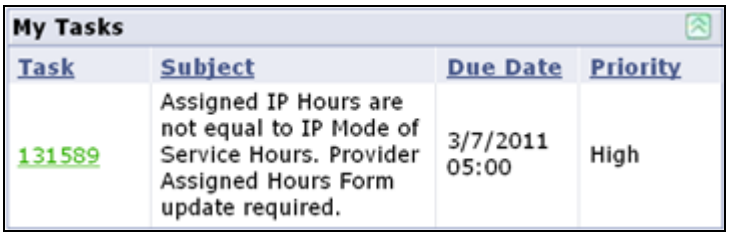
The numbers displayed on the left navigation menu above match the screen feature in the table below.

#	Feature
1	Expandable/Collapsible Menu
2	Sections

3.4 My Tasks

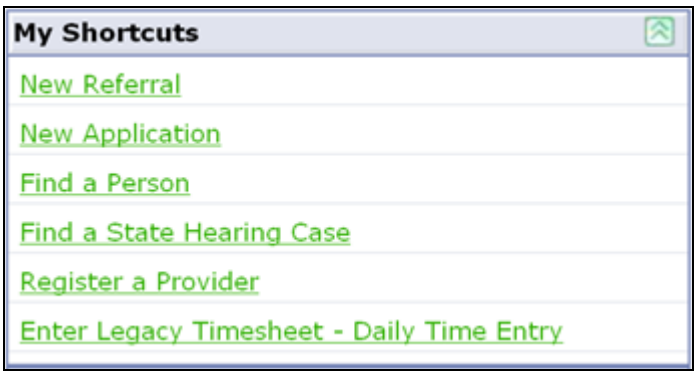
The My Tasks area provides access to tasks by subject, due date and priority. Each task is assigned a unique task number. To display task details, users can click the task number link.

Note: By default, tasks are sorted by date, starting with the oldest task.



3.5 My Shortcuts

The table below lists the links available in the My Shortcuts area of the My Workspace screen. The My Shortcuts area displays links to various screens and functions in the system. Instead of using the left navigation menu, use the shortcuts as a fast way to access different areas in the system. The links displayed vary based on the areas of the system the user has permission to access. Users can click a link in the My Shortcuts area to access Case Management functionality.



Link	Description
New Referral	Displays the Person Search screen. This function allows users to search for a person record. If the person does not exist, click the Continue Referral link and create a person record with a person type of referral.
New Application	Displays the Person Search screen. This function allows users to search for a person record. If the person does not exist, click the Continue Application link to start a new application with a new person.

Link	Description
Find a Person	Displays the Person Search screen. This function allows users to search for a person record. It can also be accessed by selecting the Search section from the left navigation menu and then click the Person Search link.
Find a State Hearing Case	Displays the State Hearing Search screen. This function allows users to search for state hearings based upon state hearing status associated with a case in the user's county. When executed, the state hearing results display the Case Number, Recipient Name and State Hearing Status. From the displayed results, click the Case Number link to access the Case Home screen, or click the State Hearing Status link to access the View State Hearing screen associated with the case.
Register a Provider	Displays the Person Search screen. This function allows users to search for a person record. If the person does not exist, click the Continue Registration link to create a new person record with a person type of provider.
Enter Legacy Timesheet - Daily Time Entry	Displays the Legacy Timesheet Entry screen. This function allows counties and In-Home Operations (IHO) staff to enter legacy (pre-CMIPS II) timesheets into CMIPS II for processing.

3.6 Case Search

The Case Search area allows the user to quickly search for a case by entering a case number and clicking the (magnifying glass) icon. If there is a match, the Case Home screen displays. If there is no match, an error message displays.

3.7 Online Help

Click the Online Help icon to display the Case Management Online Help in a new browser window. Online Help is like a User's Manual, but it is available online while the user is working in Case Management. Click the Online Help icon at any time to view information specific to the current page. Online Help is dynamic and allows users to research additional Case Management topics.

Note: Refer to the Online Help section in the Overview of CMIPS II chapter for additional information.

3.8 Case Management Icons

The table below lists the icons available throughout Case Management. The icons provide easy access to common functions used in Case Management. Hover the mouse pointer over the icon, and a message appears describing the icon function. Users can click an icon to access Case Management functionality.

Icon	Name
	Add New Evidence
	Administration
	Addresses
	Alternative Names
	Alternative IDs
	Approve Evidence

Icon	Name
	Assessments
	Case
	Case Withdraw, Leave, or Terminate
	Check Eligibility
	Close Task
	Communication - Email
	Eraser - Clear Fields
	Evidence - New
	Evidence - Pending
	Evidence - Submit for Approval
	Forward Task
	Inbox
	Notes
	Person Home
	Person Search
	Reactivate or Rescind Case
	Reallocate Task
	Reject Evidence
	Reserve Task
	Search
	Submit for Approval
	Tasks
	Un Reserve Task

4. Searches

Case Management has four search tools to access information quickly and easily about a person, case or state hearing:

- Search for a person
- Search for an assigned worker
- Search for a case
- Search for a state hearing

Note: The search tools are available from anywhere in the system.

4.1 Search for a Person

Use the Person Search screen to determine if a person exists in Case Management. An individual person exists only once in Case Management but can be associated with different person types. For instance, if a person is both an IHSS recipient and a provider, that individual has a single person record in the system with a person type of Recipient, Provider.

A search for a person can be done using one or more search criteria. Choose from the following: last name, Social Security Number (SSN), Client Index Number (CIN) or address (street address, city). If more than one search criterion is used, the number of responses is narrowed. Soundex searches allow users to search for names that sound the same and can have different spellings. For example, if the last name Smith is keyed and the Soundex Search is selected, the search results include those individuals with the last name of Smith, Smythe, Smyth, or some other phonetic variance of the name.

There are two types of person searches in Case Management:

- Duplicate Checks - to avoid the creation of multiple records for the same individual, Case Management automatically performs a duplicate check prior to creating a new referral, application or provider record.
- Person Searches - users can search for recipients and providers in order to view or modify his/her personal information (address, contact information, etc.).

To Search for a Person

1. On the My Workspace screen, in the **My Shortcuts** area, click one of the following links:
    - New Referral
    - New Application
    - Find a Person
    - Register a Provider

    The system displays the Person Search screen.
2. In the **Search Criteria** area, enter search criteria in one or more of the following fields:
    - First Name and Last Name
    - SSN
    - CIN
    - Provider Number
3. (Optional) Select the **Person Type**.

4. (Optional) Select the **Date of Birth**.
5. (Optional) Select the **Gender**.
6. (Optional) Select the **County**.
7. (Optional) Select the **District Office**.
8. (Optional) In the **Address** area, type any combination of the address information.
9. Click the **Search** link. The search results display on the Person Search screen.
10. Click the **Full Name** link to display the person record. The system displays the Person Home screen.

To Search for all People at an Address
The user can perform a primary search on just address information. This is used to show information about any person listed at an address.

1. On the Person Search screen, in the **Address** area, type the **Street Number**.
2. Type the **Street Name**.

   Note: Only enter the street name. Do not enter prefix (for example, SE or West) or suffix (for example, Way, St or Ave).
3. Type the **City**.
4. Click the **Search** link. The search results display on the Person Search screen.
5. Click the **Full Name** link to display the person record. The system displays the Person Home screen.

4.2 Search for a Case

Use the Case Search screen to search for a case using the case number or recipient name. When a case search is successful, the Case Home screen displays.

Case Management allows users to access cases using the unique case number. Each person exists only once in Case Management. When a case is created, it is assigned a unique case number. If a person moves to another county, the case moves with him/her, and the case number remains the same.

To Search for a Case on the Case Search Screen

1. From the left navigation menu, click the **Cases** section. The system displays the Cases screen.
2. In the **Case Shortcuts** area, click the **Search for a Case** link. The system displays the Case Search screen.
3. Type the **Case Number** or the **Last Name**.
4. Click the **Search** link. The search results display on the Case Search screen.

   Note: A successful search displays the case in the search results on the Case Search screen. If the search is unsuccessful, double-check the search criteria and correct before doing another search.
5. In the Case Number column, click the **Case** link. The system displays the Case Home screen.

To Search for a Case on the My Workspace Screen

1. On the My Workspace screen, in the **Case Search** area, type the **Case Number** and click the (magnifying glass) to search for a case. The system displays the Case Home screen.

4.3 Search for an Assigned Worker

Use the Case Home screen to view the assigned worker for a case.

To Search for an Assigned Worker

1. From the left navigation menu, click the **Cases** section. The system displays the Cases screen.
2. In the **Case Shortcuts** area, click the **Search for a Case** link. The system displays the Case Search screen.
3. Type the **Case Number** or the **Last Name**.
4. Click the **Search** link. The search results display on the Case Search screen.

   Note: A successful search displays the case in the search results on the Case Search screen. If the search is unsuccessful, double-check the search criteria and correct before doing another search.
5. In the Case Number column, click the **Case** link. The system displays the Case Home screen.
6. Review the assigned worker in the Case Owner box.

4.4 Search for a State Hearing

Use the State Hearing Search screen to search for state hearings associated with a case in the user's county. State hearing search results include the case number, recipient name and state hearing status. From the displayed results, click the Case Number link to access the Case Home screen or click the State Hearing Status link to access the View State Hearing screen associated with the case.

The status options available to search are the following:

- State Hearing Requested
- State Hearing Scheduled
- State Hearing Requested & State Hearing Scheduled
- State Hearing Resolved

To Search for a State Hearing on the State Hearing Search Screen

1. From the left navigation menu, click the **Search** section. The system displays the Person Search screen.
2. From the left navigation menu, click **State Hearing Search** link. The system displays the State Hearing Search screen.
3. In the **State Hearing Status** box, select a status.
4. In the **County** box, select a county.

   Note: User's can view state hearings for all counties.
5. In the **Hearing Request Date** area, select the **From Date**.
6. (Optional) Select the **To Date**.

   Note: The state hearing search is limited to six months at a time. If a To Date is not specified, then the results are returned based on a To Date six months after the From Date.
7. Click the **Search** link. The search results display on the State Hearing Search screen.

8. In the Case Number column, click the **Case** link. The system displays the Case Home screen.

To Search for a State Hearing Case on the My Workspace Screen

1. On the My Workspace screen, in the **My Shortcuts** area, click the **Find a State Hearing Case** link. The system displays the State Hearing Search screen.
2. In the **State Hearing Status** box, select a status.
3. In the **County** box, select a county.

   Note: Users can view State Hearings for all counties.
4. In the **Hearing Request Date** area, select the **From Date**.
5. (Optional) Select the **To Date**.

   Note: The state hearing search is limited to six months at a time. If a To Date is not specified, then the results are returned based on a To Date six months after the From Date.
6. Click the **Search** link. The search results display on the State Hearing Search screen.
7. In the Case Number column, click the **Case** link. The system displays the Case Home screen.

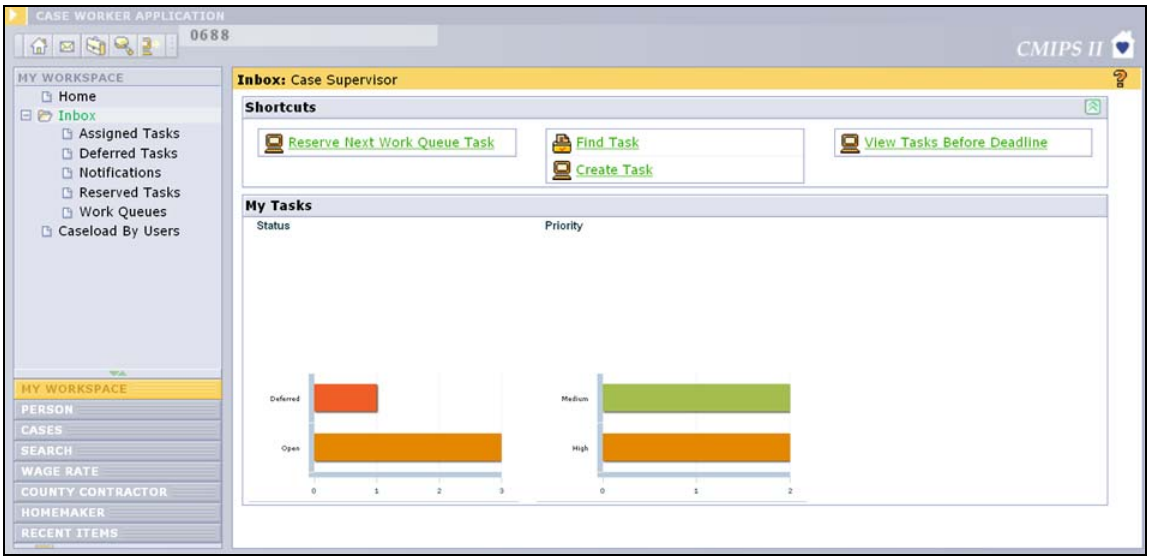
5. Events

Case Management generates two types of events: Tasks and Notifications. Tasks require an action on a case. Notifications are informational. The following table includes descriptions of the two types of events.

Event Type	Definition	Example	Generated By
Task	Action required items. Case Management requires the user to take action.	When Case Management receives a message from CalWIN that a 10-day notice to terminate Medi-Cal has been sent to an IHSS recipient, Case Management will generate a task to the case owner. The user must enter a comment on the action taken.	A task can be generated by: • Case Management • Case Management User
Notification	Informational items. Case Management does not require the user to take any action.	Case Management notifies the case owner when Medi-Cal Termination is indicated on the Monthly Renewal file.	Case Management via information from another source: MEDS, SAWS, or a case action.

5.1 Tasks

Tasks are accessed either through the My Workspace screen or the Inbox screen. The tasks due within one week will display on the My Workspace screen. A user can view a list of all of his/her tasks from the Inbox screen. When the user clicks the Inbox link in the left navigation menu or the Inbox icon on the toolbar, by default two graphs for status and priority are displayed. Click on either graph to display the task ID, subject, priority and deadline for tasks that have been assigned to the user. Priorities are assigned by Case Management or the user to indicate the relative importance of one task over another. The available priorities associated with a task are high, medium and low. The priorities of system-generated tasks are based on program rules. Manual tasks created by a user are assigned the priority deemed appropriate by the user.

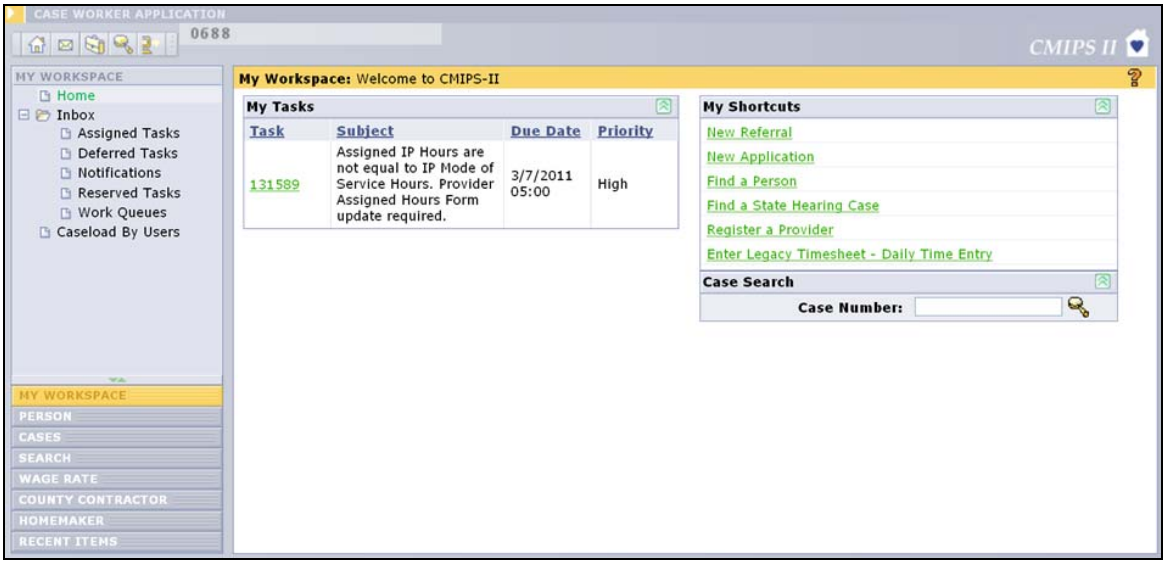


There are two types of tasks:

- System-generated tasks - tasks generated by Case Management as the user interacts with the system or during nightly batch processing. There are approximately 50 tasks defined to be system-generated.
- Manually generated tasks - user generated tasks.

As users work in Case Management, tasks are automatically generated and sent to the appropriate user's Inbox. Tasks display on the My Workspace screen with information about the task and a link to the case.

For example, if the assigned provider hours do not match what has been entered on the Modes of Service screen, the appropriate case owner is assigned a task that indicates "Provider Assigned Hours Form Update Required."



Tasks can be viewed in different ways from several different screens. The tasks that have due dates up to one week in the future display on the My Workspace screen. Use the left navigation menu in the Inbox folder to view tasks from the following screens:

- Assigned Tasks - Tasks created by a user from the Create User Task screen, are referred to as manual tasks. Manual tasks that were once reserved but have been unreserved are placed in the user's Assigned Tasks inbox.
- Deferred Tasks - Tasks that the user has marked as deferred. Deferring a task takes it out of reserved status and places it in the user's Deferred Tasks list. The user can set an automatic restart date for deferred tasks. Any escalations on a task still calculate from the due date.
- Reserved Tasks - All tasks appear here first. Tasks are placed in this list when a manual task is created for/by the user; when the user reserves a task from a work queue; and when a user restarts a deferred task. Any task not completed by the deadline will be escalated.

Note: All system-generated tasks have a due date. Whether a task is reserved, unreserved or deferred, it does not change the due date and subsequent task escalation if the task is not completed in a timely manner.

5.1.1 My Tasks

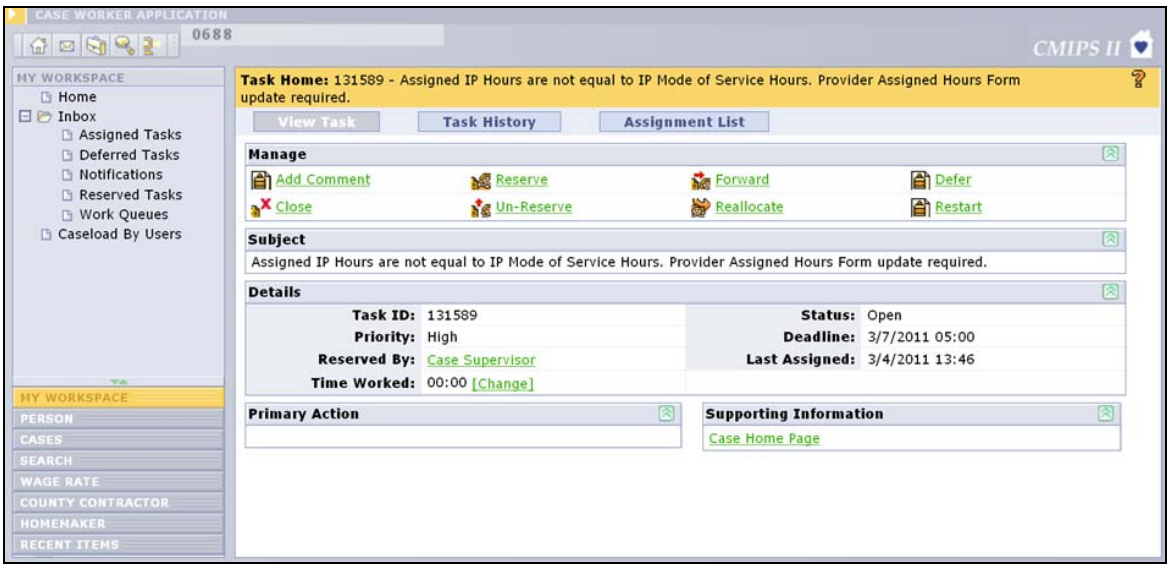
Use the My Tasks area on the My Workspace screen to display tasks that have due dates up to one week in the future.

To View a Task from the My Workspace Screen

1. On the My Workspace screen, in the **My Tasks** area, click the **Task** link for the task to view. The system displays the Task Home screen.

5.1.2 Task Home

Use the Task Home screen to display task details such as Task ID, Status, Priority, Deadline and Reserved By. Links at the top of the Task Home screen allow the user to perform the following actions: Add Comment, Close, Reserve, Un-Reserve, Forward, Reallocate, Defer and Restart. Users can also view the task history and the assignment list.

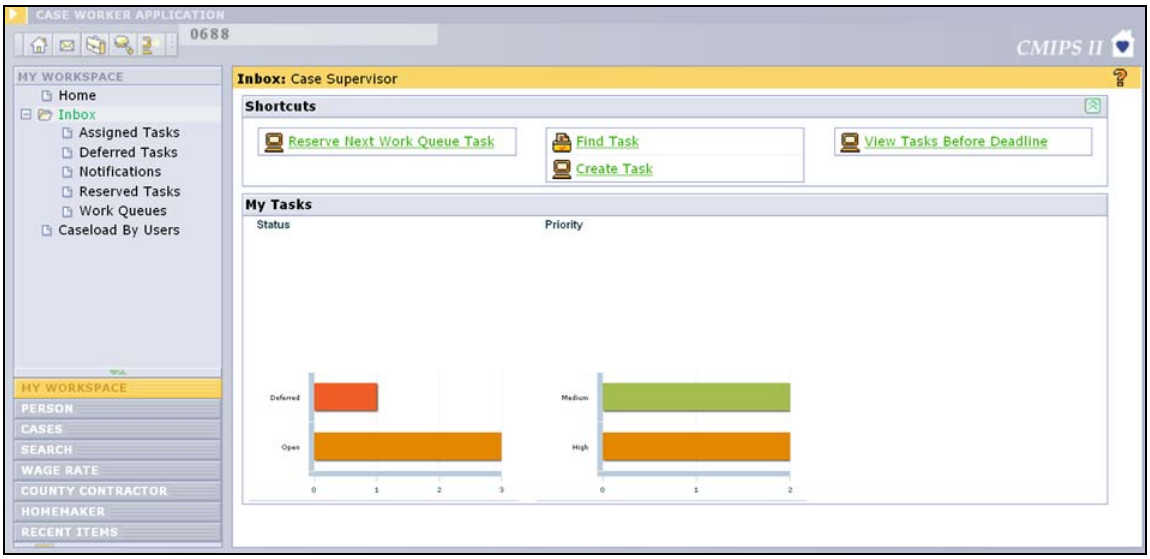


To View a Task

1. From the left navigation menu, click the **Inbox** folder and then click one of the following links:
   - Assigned Tasks
   - Deferred Tasks
   - Reserved Tasks
2. In the Task ID column, click the task ID for the appropriate task. The system displays the Task Home screen.

5.1.3 Shortcuts to Tasks

From the Inbox screen, the user can view tasks from the Shortcuts area and My Tasks area.



Shortcuts

The table below lists the links available in the Shortcuts area of the Inbox screen. Users can click a link in the Shortcuts area to access Case Management functionality.

Link	Description
Reserve Next Work Queue Task	Displays the Reserve Next Task from Work Queue screen. This screen allows the user to reserve the next available task from the work queue. The task being reserved is determined using the task priority and the date on which the task was assigned to the work queue.
Find a Task	Displays the Task Search screen. This screen allows the user to search for a task by entering the Task ID, Case Reference Number, Case number or Recipient. Results are displayed in the Search Results area.
Create a Task	Displays the Create User Task screen. This screen allows the user to create a new task (manual task).
View Tasks Before Deadline	Displays the Reserved Tasks Due On Date or Before screen. This screen allows the user to view a list of reserved tasks due before a specific due date.

My Tasks

The table below lists the graphs available in the My Tasks area of the Inbox screen. The My Tasks area displays tasks in graphic form by status and priority. The graphs indicate the number of tasks for each status and priority. Click on the graph to display a listing of open tasks.

Graph	Description
Status	Displays the Reserved Tasks by Status screen. This screen allows the user to view a list of reserved tasks by their status.
Priority	Displays the Reserved Tasks by Priority screen. This screen allows the user to view a list of reserved tasks by their priority.

To View the Inbox

1. From the left navigation menu, click the **Inbox** folder. The system displays the Inbox screen.

5.1.4 Search for a Task

Use the Task Search screen to search for a task based upon the Task ID, Case Reference Number, Case number, or Recipient. The search results are limited to 50 tasks, with the most recent tasks displayed.

To Search for a Task

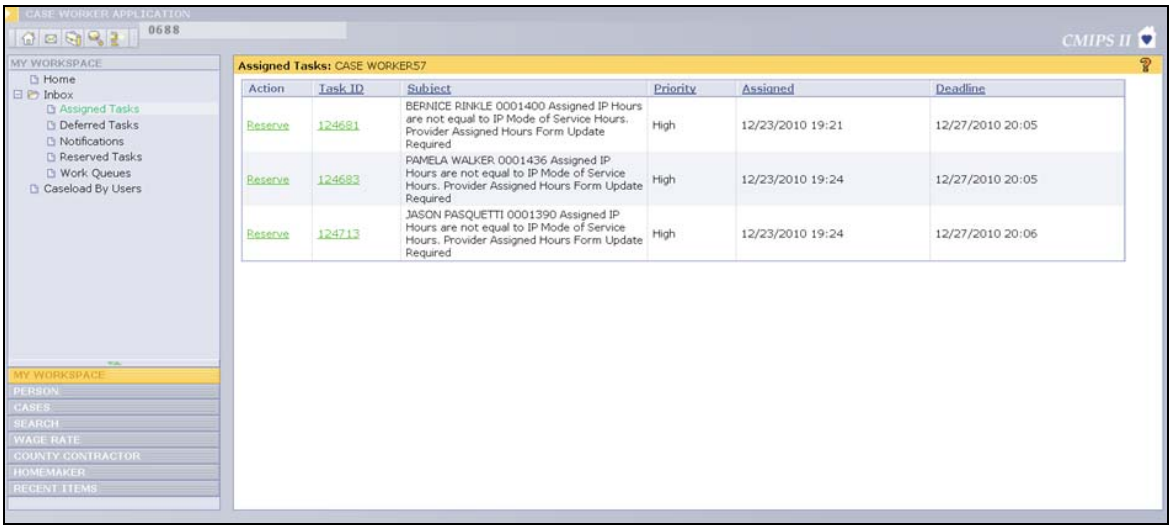
1. From the left navigation menu, click the **Inbox** folder. The system displays the Inbox screen.
2. In the **Shortcuts** area, click the **Find Task** link. The system displays the Task Search screen.
3. Type the **Task ID** or **Case Reference Number**.

   OR

   (Optional) In the **Case** box, click the (magnifying glass) to search for the case number or the recipient name.
4. Click the **Search** link. The search results display on the Task Search screen.
5. In the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.

5.1.5 Assigned Tasks List

Use the Assigned Tasks screen to view tasks that have been assigned to the user but have not yet been reserved.

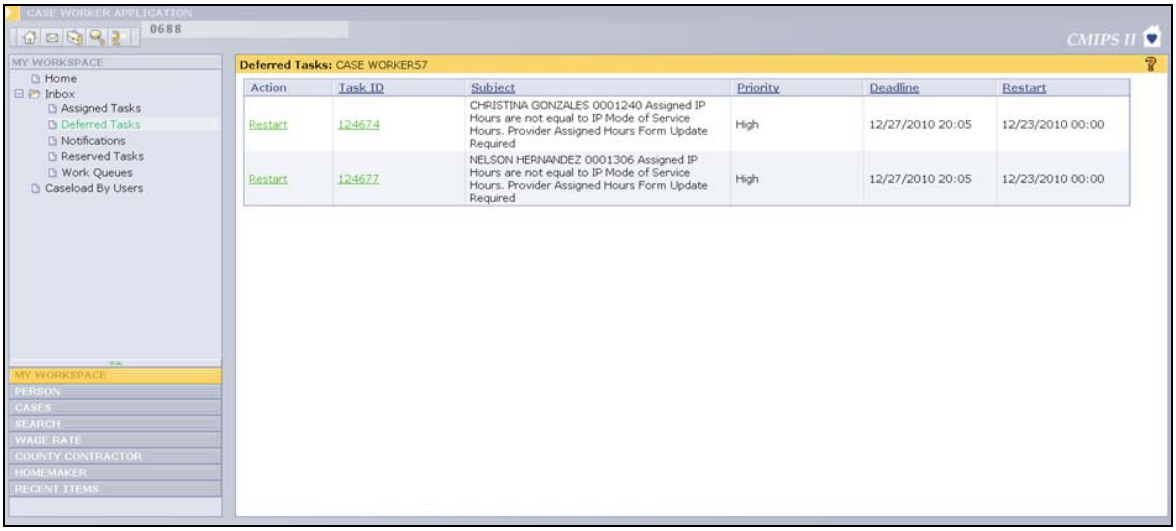


To View Assigned Tasks

1. From the left navigation menu, click the **Inbox** folder and then click the **Assigned Tasks** link. The system displays the Assigned Tasks screen.
2. In the Task ID column, click the task ID to view the task. The system displays the Task Home screen.

5.1.6 Deferred Tasks List

Use the Deferred Tasks screen to view tasks that have been marked as deferred. Deferring a task moves it from the user's reserved tasks list to the deferred tasks list. Deferring a task does not extend its deadline. Any task that is not completed by the deadline is escalated.



To View Deferred Tasks

1. From the left navigation menu, click the **Inbox** folder and then click the **Deferred Tasks** link. The system displays the Deferred Tasks screen.
2. In the Task ID column, click the task ID to view the task. The system displays the Task Home screen.

5.1.7 Reserved Task List

Use the Reserved Tasks screen to view a list of reserved tasks. These tasks originated in a work queue and were either reserved by the user, or the task was assigned to the user and the user accepted it. Each task has a deadline. Any task that is not completed by the deadline is escalated.

To View Reserved Tasks

1. From the left navigation menu, click the **Inbox** folder and then click the **Reserved Tasks** link. The system displays the Reserved Tasks screen.
2. In the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.

5.1.8 Case-Related Tasks

Use the Tasks screen to view a list of all tasks associated with a particular case.

To View Case-Related Tasks

1. On the My Workspace screen, in the **Case Search** area, type the **Case Number** and click the (magnifying glass) to search for a case. The system displays the Case Home screen.
2. From the left navigation menu, click the **Tasks** link. The system displays the Tasks screen.

   Note: By default, only active tasks are displayed.
3. (Optional) Click the **All Tasks** button at the top of the screen to search for all tasks associated with the case.

   Note: The task search is limited to a 6 month period. The From Date must be no more than 6 months before the To Date.

5.1.9 Task Assignment List

Use the Task Assignment List screen to view the assignment details for the task. The assignment details include the names of all users who have ever been assigned to work on the task, as well as the names of work queues to which the task has been assigned.

To View the Task Assignment List

1. From the left navigation menu, click the **Inbox** folder and then click one of the following links:
   - Assigned Tasks

- Deferred Tasks
- Reserved Tasks

2. In the Task ID column, click the task ID to view the task. The system displays the Task Home screen.
3. Click the **Assignment List** button at the top of the screen. The system displays the Task Assignment List screen.

5.1.10 Task History and Comments

Use the Task History screen to view the task history details and comments. This screen displays a chronological list and description of all actions taken on a task and comments.

To View the Task History and Comments

1. From the left navigation menu, click the **Inbox** folder and then click one of the following links:
   - Assigned Tasks
   - Deferred Tasks
   - Reserved Tasks
2. In the Task ID column, click the task ID to view the task. The system displays the Task Home screen.
3. Click the **Task History** button at the top of the screen. The system displays the Task History screen.

5.1.11 Add Comments to a Task

Use the Add Comment screen to add a comment to an existing task.

To Add Comments to a Task

1. From the left navigation menu, click the **Inbox** folder and then click one of the following links:
   - Assigned Tasks
   - Deferred Tasks
   - Reserved Tasks
2. In the Task ID column, click the task ID to view the task. The system displays the Task Home screen.
3. In the **Manage** area, click the **Add Comment** link. The system displays the Add Comment screen.
4. Type the **Comments**.
5. Click the **Save** link. The system displays the Task Home screen.
6. (Optional) To view task comments, click the **Task History** button at the top of the screen. The system displays the Task History screen.

5.1.12 Close a Task

Use the Close Task screen to close a task. Closing a task indicates that it is complete. The task remains in the system and is available for research purposes but is no longer included in the reserved tasks list and will no longer display in any work queue.

To Close a Task

1. From the left navigation menu, click the **Inbox** folder and then click one of the following links:
   - Assigned Tasks
   - Deferred Tasks
   - Reserved Tasks
2. In the Task ID column, click the task ID to view the task. The system displays the Task Home screen.
3. In the **Manage** area, click the **Close** link. The system displays the Close Task screen.
4. Type the **Comments**.
5. Click the **Yes** link to confirm closing the task. The system displays the Task Home screen.

5.1.13 Create a User Task

The user can manually create a task from the Create User Task screen or the Inbox. The user can create a task, assign a task to himself/herself, assign a task to another user or assign a task to a work queue.

If the user creates a task, it automatically displays in the reserved tasks list and is reflected in the Status and Priority graphs on the Inbox screen. In addition, if the due date is within one week, the task displays on the My Workspace screen. If the user creates a task to a Work Queue, the task displays in the associated Work Queue list.

To Create a User Task

1. From the left navigation menu, click the **Inbox** folder. The system displays the Inbox screen.
2. In the **Shortcuts** area, click the **Create Task** link. The system displays the Create User Task screen.
3. In the **Task Details** area, in the **Subject** box, type a short summary of the purpose or content of the task.
4. In the **Priority** box, select the priority.
5. (Optional) In the **Deadline** box, select the date and hours if the task has a deadline.
6. In the **Concerning** area, in the **Case Participant** box, click the (magnifying glass) to search for the recipient for whom the task is created.

   OR

   In the **Case Number** box, click the (magnifying glass) to search for the case number for which the task is created.
7. In the **Assignment Details** area, select the **Reserve To Me** checkbox.

   OR

   In the **Assign To** box, select **User** from the list and click the (magnifying glass) to search for the user to assign the task to.

OR

In the **Assign To** box, select **Work Queue** from the list and click the (magnifying glass) to search for the work queue to assign the task to.

8. Click the **Save** link. A new record is created and the system displays the Inbox screen.

Note: Tasks may only be created for users within a county. There is no cross-county tasking (with the exception of the ICT work queue).

5.1.14 Defer a Task

Use the Defer Task screen to postpone the task but still keep track of it. Deferring a task moves it from the reserved tasks list to the deferred tasks list. Deferring a task does not extend the task's original deadline or prevent escalation if the task is not completed according to its original due date. System-generated tasks that are not completed by the deadline are escalated.

To Defer a Task

1. From the left navigation menu, click the **Inbox** folder, then click one of the following links:
   - Assigned Tasks
   - Reserved Tasks
2. In the Task ID column, click the task ID to view the task. The system displays the Task Home screen.
3. In the **Manage** area, click the **Defer** link. The system displays the Defer Task screen.
4. In the **Details** area, select the **Restart Date**.

   Note: If the user does not enter a restart date, the task remains in the deferred tasks list until the user manually restarts the task.
5. (Optional) Type the **Comments**.
6. Click the **Save** link. The task status is updated to Deferred on the Task Home screen.

   Note: The task is available on the Deferred Tasks screen.

5.1.15 Restart a Task

Use the Restart screen to restart a task that has been deferred. The task is taken out of deferred status and set to open status. The task is returned to the user’s reserved tasks list, and the Restart Date is blank. Restarting a task does not extend the task's original deadline. System-generated tasks that are not completed by the deadline are escalated.

To Restart a Task

1. From the left navigation menu, click the **Inbox** folder and then click the **Deferred Tasks** link. The system displays the Deferred Tasks screen.
2. In the Action column, click the **Restart** link for the appropriate task. The system displays the Restart Task screen.
3. (Optional) Type the **Comments**.
4. Click the **Restart** link. The system displays the Deferred Tasks screen.

   Note: The task is available on the Reserved Tasks screen.

5.1.16 Forward a Task

Use the Forward Task screen to forward a task to another user or work queue. The task must be reserved by the user in order for that user to forward it. Forwarding a task removes the task from the user's reserved tasks list and places it in the other user's reserved tasks list. The task status for the forwarded task is set to open status.

To Forward a Task

1. From the left navigation menu, click the **Inbox** folder and then click the **Reserved Tasks** link. The system displays the Reserved Tasks screen.
2. In the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.
3. In the **Manage** area, click the **Forward** link. The system displays the Forward Task screen.
4. In the **Assignment Details** area, in the **Forward To** list, select **User** and click the (magnifying glass) to search for the user to forward the task to.

   OR

   In the **Forward To** list, select **Work Queue** and click the (magnifying glass) to search for the work queue to forward the task to.
5. Type the **search criteria**.
6. Click the **Search** link. The search results display on the Forward Task screen.
7. In the Action column, click the **Select** link. The system displays the Forward Task screen.
8. (Optional) Type the **Comments**.
9. Click the **Save** link. The system displays the Task Home screen. The task is forwarded to the selected user or work queue.

5.1.17 Change Time Worked

Use the Change Time Worked screen to update the hours and minutes worked on a specific task.

Note: This is an optional process.

To Change Time Worked

1. From the left navigation menu, click the **Inbox** folder and then click one of the following links:
   - Assigned Tasks
   - Deferred Tasks
   - Reserved Tasks
2. In the Task ID column, click the task ID to view the task. The system displays the Task Home screen.
3. In the **Details** area, in the **Time Worked** box, click the **Change** link. The system displays the Change Time Worked screen.
4. In the **Time Worked** box, change the time worked for the task.
5. (Optional) Type the **Comments**.
6. Click the **Save** link. The time worked on the task is updated on the Task Home screen.

5.1.18 Reserve Task

Reserving a task removes it from a user's task list or a work queue and moves it to the user's reserved tasks list. There are several screens in Case Management where tasks can be reserved:

- Assigned Tasks screen - from this screen, the user can reserve tasks individually.
- Task Home screen - from this screen, the user can reserve the task he/she is currently viewing.
- Inbox screen - from this screen, the user can reserve the next task available from a work queue to which he/she has access. The task to reserve is determined using the task priority and the date on which the task was assigned to the work queue.
- Work Queue Tasks screen - from this screen, the user can reserve tasks individually or reserve five tasks at a time.

To Reserve a Task from the Assigned Tasks Screen

1. From the left navigation menu, click the **Inbox** folder and then click the **Assigned Tasks** link. The system displays the Assigned Tasks screen.
2. In the Action column, click the **Reserve** link for the appropriate task. The system displays the Reserve Task screen.
3. (Optional) Type the **Comments**.
4. Click the **Reserve** link. The system displays the Assigned Tasks screen.

   Note: The task is available on the Reserved Tasks screen.

To Reserve a Task from the Task Home Screen

1. From the left navigation menu, click the **Inbox** folder. The system displays the Inbox screen.
2. In the **Shortcuts** area, click the **Find Task** link. The system displays the Task Search screen.
3. Type the **Task ID** or **Case Reference Number**.

   OR

   (Optional) In the **Case** box, click the (magnifying glass) to search for the case number or the recipient name.
4. Click the **Search** link. The search results display on the Task Search screen.
5. In the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.
6. In the **Manage** area, click the **Reserve** link. The system displays the Reserve Task screen.
7. (Optional) Type the **Comments**.
8. Click the **Reserve** link. The system displays the Task Home screen.

   Note: The task is available on the Reserved Tasks screen.

To Reserve a Task from the Inbox Screen

1. From the left navigation menu, click the **Inbox** folder. The system displays the Inbox screen.
2. In the **Shortcuts** area, click the **Reserve Next Work Queue Task** link. The system displays the Reserve Next Task From Work Queue screen.

   Note: The task to reserve is determined using the task priority and the date on which the task was assigned to the work queue.

3. Select the **Work Queue** from the list.
4. Click the **Reserve** link. The system displays the Task Home screen.

   Note: The task is available on the Reserved Tasks screen.

   OR

   Click the **Reserve Next 5 Tasks** link. The system displays the Inbox screen.

   Note: The tasks are available on the Reserved Tasks screen.

To Reserve a Task from the Work Queue Tasks Screen

1. From the left navigation menu, click the **Inbox** folder and then click the **Work Queues** link. The system displays the My Work Queues screen.
2. In the Action column, click the **View** link for the appropriate work queue. The system displays the Work Queue Tasks screen.
3. In the Action column, click the **Reserve** link. The system displays the Reserve Task screen.
4. (Optional) Type the **Comments**.
5. Click the **Reserve** link. The system displays the Work Queue Tasks screen.

   Note: The task is available on the Reserved Tasks screen.

To Reserve the Next Five Tasks from the Work Queue Tasks Screen

1. From the left navigation menu, click the **Inbox** folder and then click the **Work Queues** link. The system displays the My Work Queues screen.
2. In the Action column, click the **View** link for the appropriate work queue. The system displays the Work Queue Tasks screen.
3. At the top of the Work Queue Tasks screen, click the **Reserve Next 5 Tasks** link.
4. (Optional) Type the **Comments**.
5. Click the **Reserve Next 5 Tasks** link. The system reserves the next five tasks from the work queue and displays the Work Queue Tasks screen.

   Note: The tasks are available on the Reserved Tasks screen.

5.1.19 Un-reserve Task

Use the Un-reserve Task screen if the user is unable to perform a reserved task. This action removes the task from the user’s reserved task list and returns the task to the assigned tasks list in an open status or to its associated work queue. Un-reserving a task does not extend the task's original deadline. System-generated tasks that are not completed by the deadline are escalated.

To Un-reserve a Task

1. From the left navigation menu, click the **Inbox** folder and then click the **Reserved Tasks** link. The system displays the Reserved Tasks screen.
2. In the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.
3. In the **Manage** area, click the **Un-Reserve** link. The system displays the Un-reserve Task screen.
4. (Optional) Type the **Comments**.
5. Click the **UnReserve** link. The system displays the Task Home screen.

Note: The task is no longer reserved and is available on the Work Queue Tasks screen.

5.1.20 Reallocate Task

Use the Reallocate Task screen to reset a task to the beginning of its workflow process. If the user reserves a task from a work queue and then forwards the task, the user can reallocate the task, and it is returned to the work queue. The task status for the reallocated task is set to open status. Reallocating a task to the work queue does not extend the task's original deadline. System-generated tasks that are not completed by the deadline are escalated.

To Reallocate a Task

1. From the left navigation menu, click the **Inbox** folder and then click one of the following links:
   - Deferred Tasks
   - Reserved Tasks
2. In the Task ID column, click the task ID to view the task. The system displays the Task Home screen.
3. In the **Manage** area, click the **Reallocate** link. The system displays the Reallocate Task screen.
4. (Optional) Type the **Comments**.
5. Click the **Yes** link. The reallocation of the task is confirmed, and the system displays the Task Home screen. The Last Assigned box is reset to the current date and time.

5.1.21 Reserve Next Task from Work Queue

Reserving a task in a work queue adds it to the user’s reserved tasks list and removes it from the work queue. If the user unreserves the task later, it goes back into the work queue.

Two criteria are used to determine which task is reserved next:

- Task priority
- Date the task was added to the work queue

The highest priority task that has been in the work queue the longest is the next task assigned when someone reserves a task.

To Reserve the Next Task in the Work Queue

1. From the left navigation menu, click the **Inbox** folder. The system displays the Inbox screen.
2. In the **Shortcuts** area, click the **Reserve Next Work Queue Task** link. The system displays the Reserve Next Task From Work Queue screen.
3. In the **Work Queue** box, select the work queue from which to reserve the next available task.

   Note: The only work queues that display are based on the user’s subscriptions (for example, Payroll, Quality Assurance, or Public Authority)
4. Click the **Reserve** link. The next task in the Work Queue is reserved. The system displays the Task Home screen.

   OR

   Click the **Reserve Next 5 Tasks** link. The next five tasks in the Work Queue are reserved. The system displays the Inbox screen.

5.1.22 Redirect Task

Use the Task Redirection screen to view a list of tasks that have been redirected to users. Task redirection can be used to redirect tasks to other users that the supervisor chooses.

To Redirect a Task

1. From the left navigation menu, click the **User Search** section. The system displays the User Home screen.
2. In the **Contact Details** area, click the **Task Redirected** link. The system displays the Task Redirection screen.

   Note: This link is available to supervisors and Security Administrators.
3. In the **New Task Direction** area, click the (magnifying glass) to search for the user to redirect a task to.
4. In the **Start** box, type the date and time when the task redirection begins**.**
5. In the **End** box, type the date and time when the task redirection ends**.**
6. Click the **Save** link. The system displays the Redirected Task screen.

To Clear the Task Redirection

1. From the left navigation menu, click the **User Search** section. The system displays the User Home screen.
2. In the **Contact Details** area, click the **Task Redirected** link. The system displays the Task Redirection screen.
3. In the **Active and Pending Redirections** area, in the Action column, click the **Clear** link. The task redirection is cleared and the system displays the Redirected Task screen.

5.1.23 Task List

The table below lists the tasks generated by Case Management.

Note: Table sorted by Recipient, Topic and Task Priority.

Name (Subject)	Topic	Description/Comment	Recipient	Required Action (for closure)	Task Priority
[case name] [case number] No Initial Medi-Cal Eligibility Received	Case Maintenance	If no initial Medi-Cal eligibility is received in 45 days from MEDS eligibility referral, case should be denied because applicant did not complete Medi-Cal application.	Case owner	Issue manual NOA and process determination to deny case or close the task with a comment.	High
[case name] [case number] Para-medical Service Authorization Expiring	Case Maintenance	Recipient Event: Fifteen days prior to a para-medical services authorization expiration.	Case owner	Assessment must be updated or close task with a comment.	High

Name (Subject)	Topic	Description/Comment	Recipient	Required Action (for closure)	Task Priority
[case name] [case number] Disability Determination received from Medi-Cal	Case Maintenance	When a Medi-Cal disability determination is received, CMIPS II shall produce a task to the case owner. Update from MEDS to the disability onset date for cases with presumptive eligibility.	Case owner	Assessment must be updated to remove the presumptive eligibility indicator or close task with a comment.	High
[case name] [case number] Assigned IP Hours are not equal to IP Mode of Service Hours. Provider Assigned Hours Form Update Required	Case Maintenance	When a change in the recipient case authorized to purchase hours are not equal to the aggregated provider assigned hours, produce a notification to the case owner. When a case has hours associated only with the individual provider mode of service and the total recipient case authorized hours have not been assigned to single or multiple individual providers, CMIPS II shall produce an online notification indicating unassigned hours.	Case owner	Provider assigned hours must be updated to be equal to the recipient authorized hours.	High
[case name] [case number] Change in Recipient Auth Hours; Verify Modes of Service	Case Maintenance	When a change in a recipient's authorized hours occurs and the case has multiple modes of service assigned, CMIPS II shall produce a case notification to the case owner to modify the assignment of hours by modes of service.	Case owner	Assigned modes of services hours equals the total authorized hours.	High
[case name] [case number] SAWS discontinuance of IHSS Recipient effective [discontinuance date] for reason [discontinuance reason]	Case Maintenance	SAWS issues discontinuance from MEDS notice and transaction is sent to CMIPS II. Notification is sent to the case owner. Depending upon the reason, the case owner may need to terminate the case for non-compliance or do an IHSS-R determination.	Case owner	Re-determine residual eligibility, or if case is already terminated, add a task comment and close task with a comment.	High
[case name] [case number] Advance Pay Timesheets not Received in 75 Days	Case Maintenance	CMIPS II shall produce a case event for the case owner when no reconciling timesheets have been received within 75 days of an Advance Payment issuance.	Case owner	Remove from Advance Pay or close task with a comment.	High

Name (Subject)	Topic	Description/Comment	Recipient	Required Action (for closure)	Task Priority
[case name] [case number] Recipient Death Notification - Source [MEDS, CDPH]	Case Maintenance	CMIPS II shall produce a case event when a death notification is received from MEDS through the daily batch interface.	Case owner	Case is terminated or task is closed with a comment.	High
[case name] [case number] Recipient Address Changed to Out of State	Case Maintenance	A recipient's address change from California to any other state shall trigger a notification for the user to verify eligibility, pursuant to MPP 30-770.42 and 30-770.452.	Case owner	Task is closed with a comment or case is terminated.	High
[case name] [case number] Recipient Turns Eighteen (18)	Case Maintenance	Recipient Event: when the Recipient turns eighteen (18).	Case owner	Assessment must be updated or close task with a comment.	Medium
[case name] [case number] Recipient's Child Turns 14	Case Maintenance	CMIPS II shall produce a case event to the case owner at the beginning of the month in which the "child" of a recipient turns 14.	Case owner	Assessment must be updated or close task with a comment.	Medium
[case name] [case number] Change in Medi-Cal Share of Cost	Case Maintenance	Upon receipt of a change to the Medi-Cal share of cost for the current service month, CMIPS II shall create a task to the case owner indicating "MEDS SOC change."	Case owner	Trigger request for SAWS income information or close task with a comment. Create change assessment and update income evidence and authorize the evidence or close task with a comment.	Medium
[case name] [case number] State Hearing Compliance Form Due	Case Maintenance	When a state hearing with an outcome of grant or partial grant/partial denial is indicated and the Compliance Form Sent Date field is blank, notify the case owner with “Compliance Form Required.” The Task due is 30 days from outcome date.	Case owner	Compliance Form Sent Date must be completed.	Medium
[case name] [case number] Recipient SSN pending 60 Days	Case Maintenance	Recipient SSN is not provided after 60 days.	Case owner	SSN must be updated to valid SSN or close task with a comment.	Medium

Name (Subject)	Topic	Description/Comment	Recipient	Required Action (for closure)	Task Priority
[case name] [case number] Recipient SSN pending for 120 days	Case Maintenance	When an applicant or recipient person type record has had a “Blank SSN Reason” other than “Blank” for 120 days from the application date and the case status is pending, eligible, presumptive eligible or leave	Case owner	Create Alternative ID – Type SSN for the person record or close with comment.	Medium
[case number] Case Review Rejection - [reason]	Final Determination	CMIPS II shall allow the supervisor to produce a case event indicating to the case owner either approval for authorization or that corrective action is required on the case being reviewed.	Case owner	Resubmit case for approval.	High
[case name] [case number] Authorized Hours Less than Hours Paid	Final Determination	From the payroll GSD session, if the recipient's authorized hours are reduced to less than what has already been paid for a service period (due to leave or terminated status), send task to the case owner.	Case owner	Establish overpayment or close task with a comment.	Medium
[case name] [case number] Treatment Authorization Request (TAR) Approval for [claim type] units [units] effective [start date] to [end date]	Fraud Prevention	CMIPS II shall produce a notification to a designated county worker when a recipient is identified through a DHCS interface as having been approved for admission to inpatient services or Adult Day Health Care.	Case owner	Update the recipient case assessment or close task with a comment.	High
[person name] [case number] [provider number] Death Confirmed	Initial Contact-Receive Referral	When a death match record is confirmed for a provider.	Case owner	The case owner must terminate the recipient-provider relationship.	High
[case name] [case number] Provider [provider number] Death Notification - Source [source] (SSA, CDPH, etc)	Provider Mgt	CMIPS II shall produce a task to the case owner for each case where a provider is assigned when the SSN verification for the provider’s SSN is indicated as deceased.	Case owner	Provider terminated or close task with a comment.	High
[case name] [case number] Provider [provider number] is Terminated due to updated Enrollment information	Provider Mgt	When provider is updated to ineligible and the provider is assigned and active on an existing case.	Case owner	Case owner must add a new provider to the case or close task with a comment.	High

Name (Subject)	Topic	Description/Comment	Recipient	Required Action (for closure)	Task Priority
[provider name] [provider number] Ineligible Provider for Reinstatement Rejected [Reject comments]	Provider Mgt	When the supervisor rejects the request for provider reinstatement.	Case owner	Send task to the user who made the request for reinstatement. The user must close this task with a comment.	Medium
[case name] [case number] Inter-County Transfer - State Hearing Added	Case Maintenance	State hearing added to a case pending inter-county transfer.	Case owner and ICT Coordinator queue (if no ICT Assigned Worker) or Assigned ICT worker	N/A	High
[case name] [case number] Inter-County Transfer Cancelled	Case Maintenance	When an ICT is cancelled: 1) Send a notification to the current case owner if user is other than the current case owner. 2) Send a notification to the ICT coordinator in the receiving county.	Caseworker and ICT Coordinator Queue or Assigned ICT worker	N/A	Medium
[case name] [case number] Request for Homemaker Service	Assign Modes of Service	When a recipient case is assigned hours to the homemaker mode of service, CMIPS II shall produce a case event to the homemaker supervisor.	Homemaker Supervisor work queue	Close task with a comment.	Low
[case name][case number] Inter-County Transfer Referral from[sending county]	Case Maintenance	When the Create Inter-County Transfer screen is saved, CMIPS II sends a task associated to the recipient case to the ICT Coordinator in the receiving county.	ICT Coordinator (receiving county) Queue	Assign an ICT worker within five business days. Deleted actions to complete ICT assessment.	Medium
Provider [provider name] [provider number] is Medi-Cal Suspended or Ineligible	Provider Mgt	For any CMIPS II provider who is indicated as included on the public authority registry and is terminated as Medi-Cal suspended or ineligible, CMIPS II shall produce a notification to the public authority work queue for any county where the provider is a member of the provider registry, at which time it is expected that the terminated provider should be removed from the provider registry.	PA work queue	Close task with a comment.	High

Name (Subject)	Topic	Description/Comment	Recipient	Required Action (for closure)	Task Priority
[case name] [case number] Review Payment Correction Request - Cross County	Payroll within CM	When a payment correction is submitted for approval for a case associated to the user's county location.	Payments Pending Approval work queue	Transaction is approved or rejected.	High
[case name] [case number] Review Special Transaction Request	Payroll within CM	When a special transaction is submitted for approval.	Payments Pending Approval work queue	Transaction is approved or rejected.	High
[case name] [case number] Review Payment Correction Request	Payroll within CM	When a payment correction is submitted for approval.	Payments Pending Approval work queue	Transaction is approved or rejected.	High
[case name] [case number] Review Special Transaction Request - Cross County	Payroll within CM	When a special transaction is submitted for approval cross-county.	Payments Pending Approval work queue	Transaction is approved or rejected.	High
[error code] [error text] Timesheet Exception for Case Number [case number] Provider Number [provider number]	Time and Attendance	For timesheets that could be imaged but cannot complete processing due to errors or inconsistencies, CMIPS II shall notify the applicable county or state staff of all timesheet errors and provide the image of the problem timesheet within four (4) business hours of discovery. Examples of this type of error include, but are not limited to, the following: a. No provider signature on timesheet b. No recipient signature on timesheet c. Timesheet hours worked are over authorized hours	Payroll work queue(s) or WPCS	Timesheet for pay period is regenerated or a payment correction is submitted.	Low
[case name] [case number] Paid Claim Match for [mm/yy] month not reserved	Program Mgt	Updated to a task to the QA supervisor work queue in case the QA supervisor serves multiple positions within the county.	QA Supervisor work queue	Close task with a comment.	Low
[case name] [case number] Recipient Death Notification - Source SCO	Case Maintenance	CMIPS II shall produce a case event when a death notification is received from MEDS through the daily batch interface.	QA work queue	Case is terminated or task is closed with a comment.	High

Name (Subject)	Topic	Description/Comment	Recipient	Required Action (for closure)	Task Priority
[case name] [case number] Paid Claim Match for [mm/yy] month	Program Mgt	Upon receipt of the monthly Medi-Cal Service Match file.	QA work queue	Task to the QA queue in the county indicated on the Medi-Cal service match record for each case and each service month. Update the outcome on the Modify Paid Claim screen or close the task with comment.	High
[case name] [case number] Provider [provider number] Death Notification - Source SCO	Provider Mgt	CMIPS II shall produce a task to the case owner for each case where a provider is assigned when the SSN verification for the provider's SSN is indicated as deceased.	QA work queue	Provider terminated or close task with a comment.	High
case name] [case number] Special Transaction Request Rejection - See Task History for Rejection Comments	Payroll within CM	When a special transaction request is rejected.	Requester	Resubmit for approval or cancel the request.	High
[case name] [case number] Payment Correction Request Rejection - See Task History for Rejection Comments	Payroll within CM	When a payment correction request is rejected.	Requester	Resubmit for approval or cancel the request.	High
Homemaker Time Ready for Review	Case Maintenance	CMIPS II shall produce a case event to the homemaker supervisor when homemaker time is entered by a user other than the homemaker supervisor.	Supervisor (for the submitter)	Timesheet is approved or rejected.	Medium
[case name] [case number] Case Ready for Review	Final Determination	When a user submits a case for supervisor for review, CMIPS II shall produce a case event to the supervisor.	SW Supervisor	Case is approved or rejected.	Medium

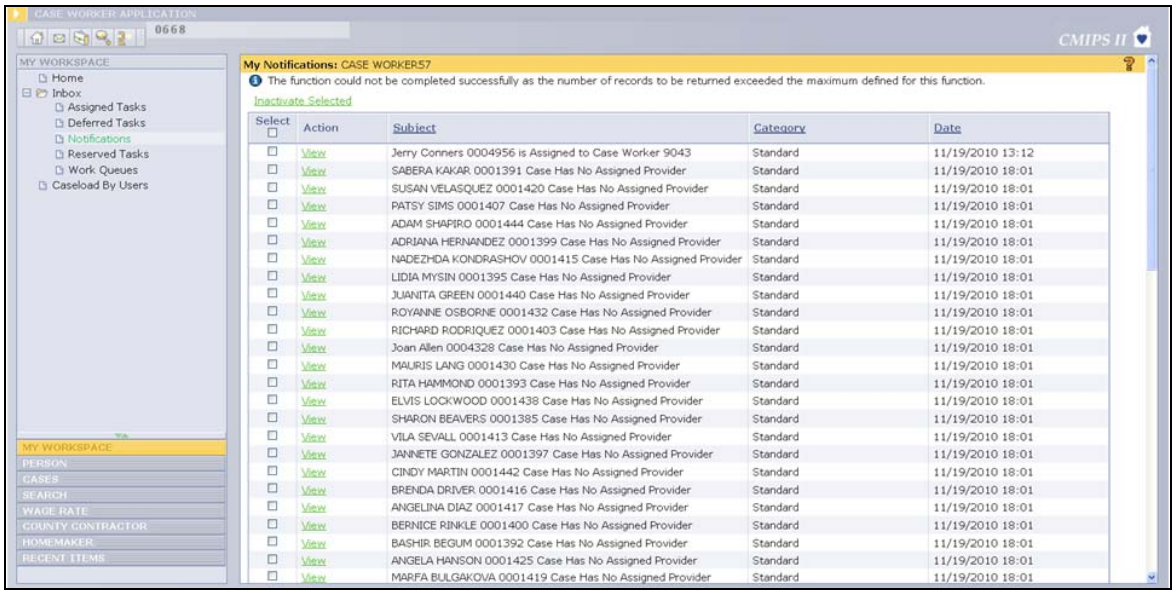
Name (Subject)	Topic	Description/Comment	Recipient	Required Action (for closure)	Task Priority
[provider name] [provider number] Ineligible Provider for Reinstatement Approval	Provider Mgt	When a previously ineligible provider is indicated as eligible to serve IHSS on the Provider Enrollment screen.	SW Supervisor	Send task to the user's supervisor for approval. The supervisor must approve the update to the provider's status.	Medium
[case name] [case number] IHSS Recipient on Leave - Verify WPCS Hours	Case Maintenance	When a recipient case with WPCS hours is placed in leave status, CMIPS II shall produce a notification to the WPCS worker of the case leave status.	WPCS work queue	Close task with a comment.	High
[case name] [case number] WPCS hours terminated because the IHSS recipient is Terminated	Case Maintenance	When a recipient case with WPCS hours is terminated, CMIPS II shall notify the WPCS worker of the case and WPCS hours termination.	WPCS work queue	Close task with a comment.	High
[case name] [case number] WPCS recipient case back from Leave	Case Maintenance	When the recipient case status changes from leave to eligible or presumptive eligible and WPCS hours were associated with the previous eligibility, CMIPS II shall produce a notification to the WPCS worker.	WPCS work queue	Close task with a comment.	Medium
[case name] [case number] [provider number] Provider Terminated due to Confirmed Death	Program Mgt	When a death is confirmed on the Person screen and the active WPCS provider has been terminated by the system.	WPCS work queue	Close task with a comment.	High
[case name] [case number] Provider [provider number] is Medi-Cal Suspended or Ineligible	Provider Mgt	For any CMIPS II WPCS provider terminated as Medi-Cal suspended or ineligible, CMIPS II shall produce a notification to the WPCS work queue.	WPCS work queue	Close task with a comment.	High

5.2 Notifications

As the user performs various actions, notifications are automatically generated and sent to the user's Inbox. Notifications do not suggest what action is required; they simply display information about an action that has already taken place. From the Inbox, the user can view his/her notifications by selecting the Notifications link in the left navigation menu.

5.2.1 My Notifications

Use the My Notification screen to display a list of the user's notifications. From the My Notifications screen, click the View link in the Action column to display a notification. For example, when an initial Medi-Cal Eligibility transaction is received from MEDS, a notification is sent to the case owner. This screen is read-only.

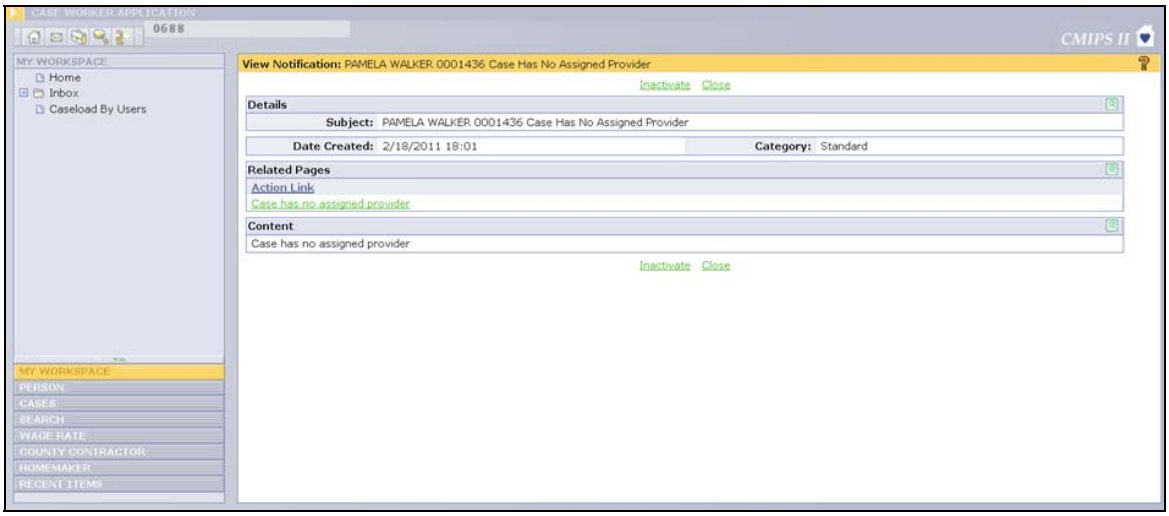


To View the My Notifications Screen

1. From the left navigation menu, click the **Inbox** folder and then click the **Notifications** link. The system displays the My Notifications screen.
2. (Optional) In the Action column, click the **View** link. The system displays the View Notification screen.

5.2.2 View Notifications

Use the View Notification screen to view a notification or return to the Notification screen. This screen is read-only.



To View a Notification

1. From the left navigation menu, click the **Inbox** folder and then click the **Notifications** link. The system displays the My Notifications screen.
2. In the Action column, click the **View** link. The system displays the View Notification screen.

5.2.3 Inactivate Notifications

Use the Inactivate Notification screen to inactivate a notification and delete the event. This action cannot be undone, and the notification is removed from the Notification screen.

Inactivate a notification in two ways:

- Select the notification(s) to delete and click the Inactivate Selected link at the top of the My Notifications screen.
- Click the Inactivate link at the top or the bottom of the View Notification screen.

To Inactivate a Notification

1. From the left navigation menu, click the **Inbox** folder and then click the **Notifications** link. The system displays the My Notifications screen.
2. Select the checkbox of the notification to make inactive.
3. Click the **Inactivate Selected** link. A confirmation message displays “Are you sure you want to inactivate the selected notifications?” on the Inactivate Notification screen.
4. Click the **Yes** link. The notification is inactivated, and the system displays the My Notifications screen.

Note: If a notification is not inactivated, the notification remains on the Notification screen indefinitely.

5.2.4 Notifications List

The table below lists the notifications generated by Case Management.

Note: Table sorted by recipient and topic.

Name (Subject)	Topic	Description/Comment	Recipient
[case name] [case number] Recipient SSN pending for 90 days	Case Maintenance	When an applicant or recipient person type record has had a “Blank SSN Reason” other than “Blank” for 90 days from the application date and the case status is pending, eligible, presumptive eligible or leave.	Case owner
Provider [provider number] converted without SSN	Case Maintenance	When a provider record exists • With an alternative ID type – conversion duplicate • And there is no alternative ID type – SSN record	Case owner
[case name] [case number] converted without SSN	Case Maintenance	When a person type applicant, or recipient person has a “Blank SSN Reason” of “Conversion Duplicate”.	Case owner
[case name] [case number] Recipient SSN pending for 60 days	Case Maintenance	When the person record associated with a case in pending, eligible, presumptive eligible or leave status does not have an “Alternative ID Type Social Security Number” and 60 days have passed since the application date.	Case owner
[case name] [case number] Overpayment Recovery Complete	Payroll within CM	When a collection is made that fully satisfies the overpayment (balance is drawn down to zero). **Note:** WPCS overpayments are not subject to notification.	Case owner
[case name] [case number] Treatment Authorization Request (TAR) Pending for [claim type] units [units] effective [start date] to [end date]	Program Mgt	Upon receipt of a TAR for a case through the DHCS TAR Interface. Notification sent to case owner for any case with a pending in-patient, long term care or Adult Day Health Care TAR.	Case owner
[case name] [case number] Initial Medi-Cal Eligibility Received	Case Maintenance	Receipt of initial Medi-Cal eligibility from MEDS for a SAWS referral. MEDS daily indicates eligibility and CMIPS II has no active eligibility for the period.	Case owner
[case name] [case number] Time Limit Service Expired	Case Maintenance	Recipient Event: When a time-limited (one-time-only) service, except para-medical, has expired.	Case owner
[case name] [case number] Case Has No Assigned Provider	Case Maintenance	CMIPS II shall produce a case event to the case owner upon a change (e.g., provider termination, change in recipient assigned hours) until a provider assignment occurs, when no active status individual provider is associated to a recipient case with individual provider mode of service assignment.	Case owner
[case name] [case number] SAWS Rescission of discontinuance (S4 transaction from SAWS)	Case Maintenance	SAWS rescinds discontinuance, case owner should determine appropriate action.	Case owner

Name (Subject)	Topic	Description/Comment	Recipient
[case name] [case number] Inter-County Transfer Requested - State Hearing Pending	Case Maintenance	If/when a recipient requests an ICT and the recipient case has state hearing indication other than complete withdrawal, approved, denied or partial approval, CMIPS II shall: • Notify the user of the pending state hearing and not allow. • Send a case event to the assigned case owner indicating attempted ICT if the user is other than the case owner.	Case owner
[case name] [case number] Advance Pay Timesheets are not Reconciled - 45 days	Case Maintenance	CMIPS II shall produce a case event for the case owner when no reconciling timesheets have been received within 45 day of an Advance Payment issuance.	Case owner
[case name] [case number] Recipient Address Matches Provider's Address	Case Maintenance	Recipient Event: When the recipient's address matches one of the recipient's provider's addresses.	Case owner
[case name] [case number] Inter-County Transfer Case Assigned	Case Maintenance	Notify the assigned ICT case owner of the case assignment in the receiving county.	Case owner
[case name] [case number] Pending Para-medical Authorization	Case Maintenance	Notify the case owner that there is a pending para-medical assessment 30 days following the determination date if the para-medical form has not yet been received.	Case owner
[case name] [case number] Pending Protective Supervision	Case Maintenance	Notify the case owner that there is a pending protective supervision assessment 30 days following the determination date.	Case owner
[case name] [case number] Recipient Address Changed	Case Maintenance	When a recipient address change is keyed by a worker other than the case owner, CMIPS II shall produce a notification to the case owner.	Case owner
[case name] [case number] Recipient’s <Date of Birth, CIN, Name, Gender> has been changed	Case Maintenance	When a user other than the case owner keys a change to the recipient’s Date of Birth, CIN, Name or Gender, CMIPS II shall produce a notification to the case owner.	Case owner
[case name] [case number] Recipient’s SSN has been changed	Case Maintenance	When a user other than the case owner keys a change to the recipient’s SSN or via an interface CMIPS II, shall produce a notification to the case owner.	Case owner
[case name] [case number] Share of Cost Exceeds Need	Final Determination	Notification sent to the case owner when an IHSS-R case has an IHSS SOC that exceeds the SOC compare cost.	Case owner
[case name] [case number] Case Review Approval	Final Determination	CMIPS II shall allow the supervisor to produce a case event indicating to the case owner either approval for authorization or corrective action is required on the case being reviewed.	Case owner
[case name] [case number] Inter-County Transfer Completed	Final Determination	Notify the case owner (sending county) when the ICT assessment has been completed in the receiving county and the ICT has been completed.	Case owner

Name (Subject)	Topic	Description/Comment	Recipient
[case name] [case number] Treatment Authorization Request (TAR) Approval for [claim type] units [units] effective [start date] to [end date]	Fraud Prevention	Upon receipt of a TAR for a case through the DHCS TAR Interface: • Task is sent to case owner for any case with approved in-patient or long term care TAR. • Notification sent to case owner for any case with approved Adult Day Health Care TAR. • Action required for task for in-patient or long term care. • Update the recipient case assessment or close the task with comment.	Case owner
[case name] [case number] Case Assignment	Initial Contact-Receive Referral	CMIPS II shall produce a case event notifying the case owner of the assignment.	Case owner
[case name] [case number] Cross County [Void/Reissue/Replacement or Copy of Cashed Warrant or Forged Endorsement Affidavit] [Request or Create or Cancel or Modify] Activity on Warrant Number [warrant number]	Payroll within CM	When a payroll action is taken on a case associated to a county other than the user's county location. **Note:** Actions taken by WPCS users are not subject to notification.	Case owner
[case name] [case number] Cross County Special Transaction [Approve or Cancel] Activity	Payroll within CM	When a payroll action is taken on a case associated to a county other than the user's county location. **Note:** Actions taken by WPCS users are not subject to notification.	Case owner
[case name] [case number] Cross County Payment Correction [Approve or Cancel] Activity	Payroll within CM	When a payroll action is taken on a case associated to a county other than the user's county location. **Note:** Actions taken by WPCS users are not subject to notification.	Case owner
[case name] [case number] Cross County Overpayment Recovery [Submit or Cancel or Stop] Activity	Payroll within CM	When a payroll action is taken on a case associated to a county other than the user's county location. **Note:** Actions taken by WPCS users are not subject to notification.	Case owner
[case name] [case number] Cross County Overpayment Collection [Create or Cancel] Activity on [Date Collected]	Payroll within CM	When a payroll action is taken on a case associated to a county other than the user's county location. **Note:** Actions taken by WPCS users are not subject to notification.	Case owner
[case name] [case number] Cross County Advance Pay [No Further Action or Un-Reconcile] Activity for Service Month [Service Month From Date - Service Month To Date]	Payroll within CM	When a payroll action is taken on a case associated to a county other than the user's county location. **Note:** Actions taken by WPCS users are not subject to notification.	Case owner

Name (Subject)	Topic	Description/Comment	Recipient
Multiple New Cases Assigned	Program Mgt	Notify case owner when cases have been reallocated to him/her using the bulk reassignment of cases.	Case owner
[case name] [case number] Case pending approval 5 days	Program Mgt	CMIPS II shall notify a user of all case approvals sent for supervisory review, which have not been acted upon after a specified number of days.	Case owner
[case name] [case number] [provider number] Provider Terminated due to Confirmed Death	Program Mgt	When a death is confirmed on the Person screen and the active provider has been terminated by the system.	Case owner
[case name] [case number] Provider [provider number] is Medi-Cal Suspended or Ineligible	Provider Mgt	CMIPS II shall create a case event to the recipient case owner for any “active” recipient case when an IHSS or WPCS provider is identified as Medi-Cal excluded, suspended, or ineligible.	Case owner
[case name] [case number] Provider [provider number] Address matches Recipient Address	Provider Mgt	Notification sent to the SW when the IP address changes to the address of one of his/her recipient addresses.	Case owner
[case name] [case number] Provider [provider number] moved out of State	Provider Mgt	Notification sent to the SW when the IP address changes to another county or state.	Case owner
[case name] [case number] [provider number] Active Provider [provider number] End Date Within 30 Days	Provider Mgt	An active provider has an end date within the next 30 days. Could indicate the end of a work authorization period.	Case owner
[provider name] [provider number] Ineligible Provider for Reinstatement Approved	Provider Mgt	When the supervisor approves the request for provider reinstatement.	Case owner
[case name] [case number] Cross County Timesheet Activity	Time and Attendance	Updated message to be more specific to type of cross-county payroll activities.	Case owner
[case name] [case number] Inter-County Transfer - State Hearing Added	Case Maintenance	State hearing added to a case pending inter-county transfer.	Case owner and ICT coordinator work queue (if no ICT assigned worker) or assigned ICT worker
[case name] [case number] Inter-County Transfer Cancelled	Case Maintenance	When an ICT is cancelled: 1) Send a notification to the current case owner if user is other than the current case owner. 2) Send a notification to the ICT coordinator in the receiving county.	Case owner and ICT coordinator work queue or assigned ICT worker
[case name] [case number] Medi-Cal Eligibility Terminated	Case Maintenance	Medi-Cal termination received on the monthly renewal	Case owner supervisor
[case name] [case number] Recipient Application Withdrawal	Case Maintenance	Upon the indication of recipient's withdrawal of application for IHSS services, CMIPS II shall generate a notification to the case owner supervisor for any case owner not requiring case owner supervisor approval.	Case owner supervisor

Name (Subject)	Topic	Description/Comment	Recipient
[case name] [case number] Recipient Case - Rescission	Case Maintenance	Upon the indication of a recipient case termination rescission, CMIPS II shall generate a notification to the case owner supervisor for any case owner not requiring case owner supervisor review or approval. Updated to reflect rescission in case of termination or denial.	Case owner supervisor
[case name] [case number] Provider [provider number] Added and Terminated for a Single Pay Period	Fraud Prevention	CMIPS II shall generate a notification to the case owner supervisor for any provider added and terminated within a single pay period.	Case owner supervisor
[case name] [case number] [provider number] has Multiple Forged Warrant Affidavits	Fraud Prevention	CMIPS II shall produce a case event to a designated user when more than one forged warrant affidavit is submitted in a rolling one-year period for the same provider and/or recipient.	Case owner supervisor
[case name] [case number] Authorization Updated Multiple Times for a Service Month	Fraud Prevention Final Determination	CMIPS II shall produce a case event to a designated user when there are more than two (2) address changes (physical or mailing) in a rolling six (6) month period for the same recipient. Updated to reflect recipient auth hours change more than one (1) time per month on a case.	Case owner supervisor
[case name] [case number] Provider [provider number] is Medi-Cal Suspended or Ineligible	Provider Mgt	For any CMIPS II provider terminated as Medi-Cal suspended or ineligible, CMIPS II shall, in addition to the case notification to the case owner(s), send a case notification to the supervisor of the case owner(s).	Case owner supervisor
County Contractor Billing Invoice Received	Case Maintenance	CMIPS II shall produce a case event to the county contractor supervisor when CC billing invoices have been processed.	County contract coordinator
[case name] [case number] Special Transaction Request Approval	Payroll within CM	When a special transaction request is approved.	Requester
[case name] [case number] Payment Correction Request Approval	Payroll within CM	When a payment correction request is approved.	Requester

6. Work Queues

Work queues are essentially shared task lists to which a user has been given access. These work queues contain both manually generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county. Members of a work queue are responsible for working tasks in a timely manner.

Each county has a set of work queues. Additionally, there are two CDSS work queues for special transactions. Work queue screens show fifty (50) tasks at a time, with the oldest task displayed first. The work queue name includes a number that indicates the county associated with the work queue. For example, “37 Timesheet Errors” references the San Diego Timesheet Errors work queue.

Access work queues and tasks from the following screens:

- My Work Queues
- Work Queue Tasks

The Security Administrator subscribes users to the different work queues. The user cannot add, delete or change work queue subscriptions. If the user is subscribed to a work queue, he/she can view and reserve tasks.

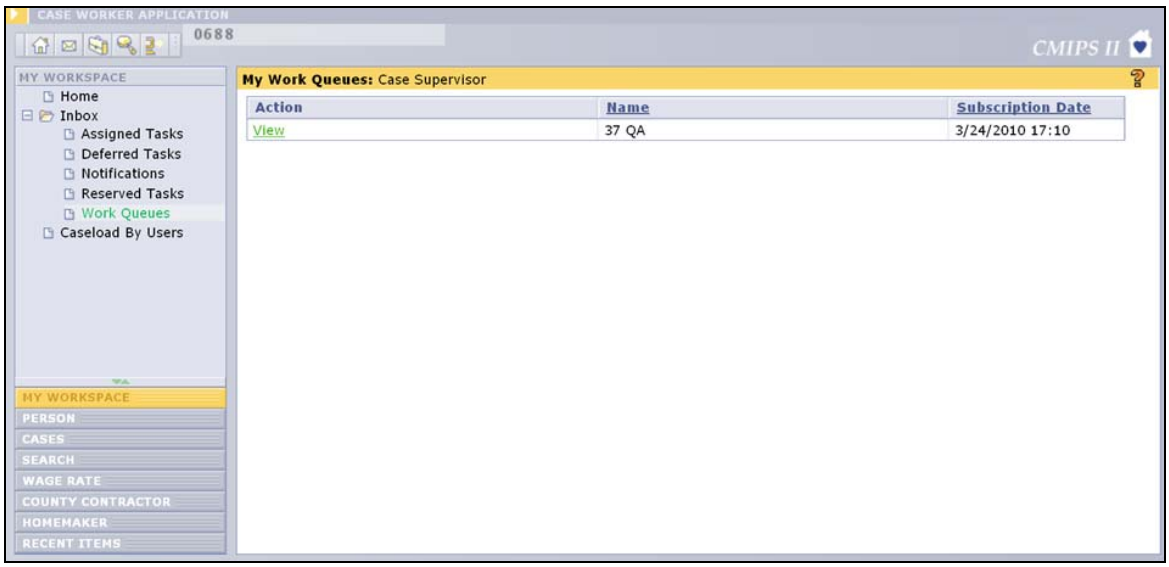
The table below lists the work queues available in Case Management.

Work Queue	Description
Timesheet Errors	Tasks related to errors on a timesheet.
Timesheet Eligibility Errors	Tasks related to problems with recipient and/or provider eligibility that affect processing of a timesheet.
Timesheets On Hold	Timesheets held for signature verification or because the timesheet was flagged for review.
Timesheets Over 70%	Timesheets where more than 70 percent of the total authorized hours are worked in the Part A period.
Payroll Supervisor	Timesheet errors not worked within the deadline are moved into the payroll supervisor’s work queue.
Payments Pending Approval	Tasks related to additional recipient or provider payments that need approval.
QA	QA tasks related to paid claims and death matches.
QA Supervisor	QA tasks not worked within the deadline are moved into the QA supervisor’s work queue.
ICT Coordinator	Tasks related to incoming, cancelled, and completed ICTs.
Public Authority	Notifications (informational only) related to provider ineligibility.
Homemaker Supervisor	Tasks related to homemaker services.
County Contractor Coordinator	Tasks indicating the contractor invoices have been received by CMIPS II.
WPCS (not used by IHSS)	Tasks related to the management of the WPCS program.

6.1 My Work Queues

Use the My Work Queues screen to display a list of the user's subscribed work queues.

Note: The work queue name includes a number, which indicates the county associated with the work queue. For example, "37 QA" references the San Diego Quality Assurance (QA) work queue.



To Get To Work Queue Screens

1. From the left navigation menu, click the **Inbox** folder and then click the **Work Queues** link. The system displays the My Work Queues screen.

6.2 Work Queue Tasks

Use the Work Queue Tasks screen to view the list of tasks in the work queue. Up to 50 tasks display, based upon the date that a task was assigned to the work queue. Tasks that have been in the work queue the longest are displayed first. From this screen, the user can reserve a specific task or reserve the next five tasks in the work queue, or click a Task ID to display the Task Home screen. Any user who is subscribed to the work queue can view all the unreserved tasks assigned to the work queue. Reserved tasks are available in the user's inbox.

To View Work Queue Tasks

1. From the left navigation menu, click the **Inbox** folder and then click the **Work Queues** link. The system displays the My Work Queues screen.
2. In the Action column, click the **View** link for the appropriate work queue. The system displays the Work Queue Tasks screen.

   Note: The user may be subscribed to multiple work queues.

7. Glossary

A

Advance Pay
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.

Advantage Financial (CDSS only)
A complete financial management system specifically designed to support CMIPS II. Advantage Financial issues vendor payments, and serves as a reconciliation and fund source management tool.

Advantage HRM (Human Resource Management) (CDSS only)
The integrated payroll system responsible for processing payments to CMIPS II case participants. Using data received from scanned and manually-entered timesheets, HRM calculates and reports wages, taxes, and other deductions. In addition, HRM processes payment adjustments entered in the Case Management application, as well as Advance Pay and restaurant meals allowance payments.

Application
The form used to record all information necessary to establish eligibility for IHSS. The application form is dated and signed by the applicant. In Case Management, the “Create Application” link opens a case record and allows the user to enter initial eligibility information.

Authorization to Purchase
The number of hours a recipient is authorized to receive for an authorization period or authorization segment.

Authorization Period
The period of time covered by the assessment.

Authorization Segment
The time period, in hours, within an authorization period.

B

Batch
A system or mode of operation in which inputs are collected and processed all at one time, rather than processed as they are submitted. A batch job once started proceeds to completion without additional input or user interaction.

Business Objects
The database within CMIPS II containing the data elements for all operational reports. (See Reporting)

Business Rules
The logic that enforces the IHSS program policies and practices within Case Management.

C

Case Maintenance
The act of updating and maintaining data related to an applicant or case, including evidence, contact information, provider details, etc.

Case Management
A component of CMIPS II that records and tracks information about IHSS recipients and providers. Case Management provides functionality to support case management, provider management, and payroll management. This includes current and historic demographic and assessment data, as well as payroll information.

Case Note
A note created to record information regarding a case.

Case Owner
In Case Management, the user who is assigned to the case. Each case has a case owner.

CASS
See Coding Accuracy Support System.

CC
See County Contractor.

CIN
See Client Index Number.

Claim
An electronic or paper request for payment.

Client Index Number (CIN)
A ten-digit alphanumeric value assigned by the Statewide Client Index (SCI) to uniquely identify an individual to various California public benefit programs. One of the key activities in creating a case in Case Management is to search the SCI for a CIN that is associated with the IHSS applicant.

CMIPS II Printer
A printer connected to the CMIPS II network and dedicated to printing CMIPS II documents only.

Coding Accuracy Support System (CASS)
A system that enables the United States Postal Service to evaluate the accuracy of software that corrects and matches street addresses. CMIPS II cross-checks the street and mailing address entered with what is on file with the United States Postal Service.

County Contractor (CC)
A mode of service wherein IHSS is provided by an agency under contract with a county.

D

Data Download
Provides access to export-ready reports that can be used for additional analysis and transfer of data to other systems.

DE 4 (California State Employee Withholding Certificate)
A form issued by the Employment Development Department (EDD) and completed by the provider if they wish to have state income tax withheld from their pay at a rate different than federal income tax. The form is sent to HP for processing.

Department of Health Care Services (DHCS)
The State agency responsible for protecting and promoting the health status of Californians through the financing and delivery of individual health care services. The DHCS administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal) and In-Home Operations (IHO).

DHCS
See Department of Health Care Services.

E

EFT (Electronic Funds Transfer)
Also known as Direct Deposit, EFT refers to the computer-based systems used to perform financial transactions electronically from one account to another. The State Controller’s Office (SCO) uses EFT to electronically deposit payments for providers and recipients into the banks of their choice.

Evidence
Information collected to determine eligibility for IHSS. Case Management categorizes evidence into four types: Household, Service, Program, and Share of Cost.

F

Federal Financial Participation (FFP)
An indication of whether the federal government shares in the cost of services. In IHSS, if FFP is yes, the federal government pays for 50% of the cost of services for a case.

FFP
See Federal Financial Participation.

Funding Source
The means of financial support for IHSS program costs. The established governmental sources for IHSS funding are PCSP, IPO, and IHSS-R.

H

HM
See Homemaker.

Homemaker (HM)
A mode of service wherein county staff provide IHSS to eligible IHSS recipients.

I

Icon
A picture or symbol on a menu, toolbar or screen that users select by pointing and clicking with a mouse. Icons are used to display information and navigate within CMIPS II.

ICT (Inter-County Transfer) Coordinator
The person responsible for coordinating the transfer of a case from one county to another in Case Management when the recipient moves to a different county and continues to be eligible for IHSS.

IHO
See In-Home Operations.

IHSS Plus Option (IPO)
A funding source associated with the IHSS program. It includes recipients who are eligible for full scope FFP Medi-Cal and have their services provided by a spouse or parent (if the individual is a minor child under 18), or receive Restaurant Meal Allowance or Advance Pay. Unlike the Demonstration Waiver IPW, the IPO is a State Plan Option, and therefore follows the PCSP State Plan regarding program eligibility and services. Cases paid from the IPO funding source are designated with a Medi-Cal Secondary Aid Code of 2L. CMIPS II supports both IPO and IPW programs.

IHSS Plus Waiver (IPW)
An expired funding source formerly associated with the IHSS program.

IHSS-R
See IHSS Residual.

IHSS Residual (IHSS-R)
A funding source associated with the IHSS program. Recipient cases having one or more of the following indications in an eligibility month shall be associated with the IHSS-R program: No Medi-Cal eligibility or Medi-Cal eligibility without Federal Financial Participation (FFP) eligibility. Recipient cases paid from the IHSS-R funding source are designated with a Medi-Cal Secondary Aid Code of 2N. The IHSS-R funding source is paid at a ratio of state 65% and county 35%.

Individual Provider (IP)
A mode of service wherein a person provides IHSS and is not a County Contractor or Homemaker.

In-Home Operations (IHO)
A section within the Department of Health Care Services (DHCS) that administers the Waiver Personal Care Services (WPCS) program.

IP
See Individual Provider.

IPO
See IHSS Plus Option.

IPW
See IHSS Plus Waiver.

L

LMA
The Legislative Mandated Adjustment (LMA) hours. Displays in (HH:MM) format.

J

Job Aid
A device or tool that allows an individual to quickly access the information he or she needs to perform a task.

M

Medi-Cal Eligibility Data System (MEDS)
A system used to maintain a statewide file of eligible Medi-Cal recipients and issue identification cards.

MEDS
See Medi-Cal Eligibility Data System.

MEDS Monthly Renewal
Refers to the monthly interface with MEDS, which sends a file to CMIPS II regarding a recipient's Medi-Cal monthly eligibility.

N

Notification
Informational items in Case Management where the user is not required to take action. Notifications are generated by Case Management based on case actions or information from another source, such as MEDS and SAWS.

O

Online Help
Online help is topic-oriented, procedural, or reference information delivered through computer software. It is a form of user assistance. When online help is accessed from Case Management or the CMIPS II Web Portal, context-sensitive help is displayed.

P

PA
See Public Authority.

PCSP
See Personal Care Services Program.

Password
A secret word or string of characters used for authentication, to prove identity, or to gain access to a protected resource. A password is required to gain access to CMIPS II.

Person
The record of an individual in Case Management. A person may be associated with multiple person type indicators. For example, if someone is both an IHSS recipient and a provider he/she will have a single person record in Case Management.

Person Note
A note created to record information regarding a person. (e.g., provider, recipient, applicant, recipient, provider).

Personal Care Services Program
A funding source associated with the IHSS program. This program provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institute Code Section 14132.95 and Title 22, California Code of Regulations. It is one of three funding sources associated with the IHSS program. Individuals meeting all of the following conditions are funded for PCSP: eligible for full scope FFP Medi-Cal, no Advance Pay, no Restaurant Meal Allowance, and no parent/spouse provider. Recipient cases paid from the PCSP funding source are designated with a Medi-Cal Secondary Aid Code of 2M.

POS
See Point of Service Spend Down Transaction.

Point of Service Spend Down Transaction
A real-time transaction sent from CMIPS II to the MEDS Share of Cost system when an IHSS payment is made. It reduces any outstanding MEDS share of cost for the corresponding Medi-Cal eligibility month.

Position
During user setup, each user is assigned a position within a workflow structure in Case Management. The position determines the workflow for notifications and tasks, the path in which tasks are escalated, and the cases which he/she can modify.

Provider
A person paid to perform IHSS.

Provider Registry
A registry of approved providers most commonly compiled by a county Public Authority (PA) used to assist recipients in identifying and contacting potential providers. These providers have completed State mandated requirements.

Public Authority (PA)
An entity authorized to act as Employer of Record for Individual Providers for collective bargaining.

R

Receiving County
The county that takes ownership of a case that is being transferred from a sending county, as part of the Inter-County Transfer (ICT) process.

Reduced Hours
The hours and minutes the recipient hours will be reduced based upon the reduced hours percentage. Displays in (HH:MM) format.

Reinstated Hours
The number of reduced hours the case owner reinstated to the recipient. Displays in (HH:MM) format.

Reporting
The Reporting link on the CMIPS II Web Portal provides access to many predefined reports covering various aspects of the IHSS program. Reports can be generated for immediate viewing and printing or generated for future use. Report information can be exported for use in other applications such as Microsoft Word or Excel, Crystal Reports, or Adobe Acrobat Reader. Reporting is used by case owners for a variety of case intake and case management tasks. Managers, supervisors, QA, and payroll also use reporting for auditing and planning purposes.

S

SAWS
See Statewide Automated Welfare System.

SCI
See Statewide Client Index.

SCO
See State Controller’s Office.

SEIN
See State Employer Identification Number.

State Employer Identification Number (SEIN)
An identification number assigned by the Employment Development Department (EDD) to each IHSS recipient.

Sending County
The county that currently owns a case that is being transferred to a receiving county, as part of the Inter-County Transfer (ICT) process.

Sensitivity Level
Notes in Case Management have sensitivity levels from 1 to 5. One is the lowest sensitivity and 5 is the highest. Each Case Management user is assigned a sensitivity level that determines what notes he/she can see and what sensitivity level he/she can assign to notes. For example, everyone can see notes with a sensitivity of 1, but only users with a sensitivity of 3 can see or create notes of level 3.

Social Worker Certification
Indicates whether or not the recipient met the criteria for the social worker to certify the reinstatement of all reduced hours.

Stale Dated Warrant
A warrant that remains un-cashed after one year from the date of issue.

State Controller's Office (SCO)
The office managed by the state's chief fiscal officer, responsible for administration and oversight of fiscal affairs for the state. CMIPS II exchanges data with SCO, and in Case Management, the user can request copies of cashed warrants from the SCO.

Statewide Automated Welfare System (SAWS)
The generic term used to refer to CalWIN, C-IV and LEADER, the systems used to determine eligibility for a variety of welfare benefits, including Medi-Cal. Case Management interfaces with these systems to request Medi-Cal eligibility determinations for applicants who are not currently receiving Medi-Cal and to exchange status information.

Statewide Client Index (SCI)
The California Department of Health Care Services' (DHCS) Statewide Client Index generates and controls Client Identification Numbers (CINs). The CIN is the primary identifier for individuals who have applied for public benefits.

T

Task
An item that requires a Case Management user to take action. A task may be generated by Case Management or may be manually created by a user. Each task is assigned a unique task number. A task generated automatically by Case Management and not completed by its deadline escalates to a supervisor.

Timesheet Processing Facility (TPF)
A central facility responsible for the scanning and processing of IHSS timesheets.

TPF
See Timesheet Processing Facility.

W

W-2 Form
Refers to the federal Wage and Tax Statement.

W-4 Form
Refers to the federal Employee's Withholding Allowance Certificate.

W-5 Form
Refers to the federal Earned Income Credit Advance Payment Certificate.

Waiver Personal Care Services (WPCS)
A program administered by In-Home Operations (IHO) in which individuals are either eligible for Nursing Facility (NF) or Model Nursing Facility Waiver services. Both waivers provide personal care services to categorically needy and medically needy Medi-Cal recipients who would otherwise spend at least 90 days in a nursing facility. PCSP/IPO beneficiaries can apply to IHO and receive

both IHSS and WPCS program services simultaneously. CMIPS II is the system used by WPCS to pay its providers. Providers of WPCS must be created in CMIPS II to facilitate payment.

Web Portal

A site that creates a single point of access to various components and functionality associated with CMIPS II. The portal offers a structured approach to navigating information, e.g. by subject (category) then sub-category. The systems in CMIPS II include Case Management, Reporting, Advantage Financial and Advantage Human Resource Management (HRM).

Work Queue

Shared task lists to which a user has been given access. The work queues contain both manually generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county.

WPCS

See Waiver Personal Care Services.

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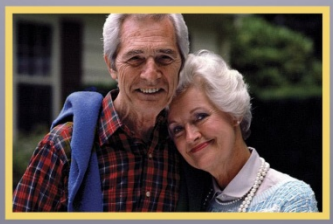
Chapter Three

Recipient Management



to
Assist
and
Empower

CMIPS II

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1. Introduction

Case Management is the process of tracking and managing recipient information. Case Management begins when initial contact is made with a potential recipient and is carried all the way through to case maintenance and termination. Case Management supports a county's intake processes, assessment and approval of a case and case actions after eligibility is determined. This chapter contains procedures on how to create and maintain recipient data through Case Management, including the following:

- Intake - recording referrals and creating applications
- Assessment - entering evidence to support the determination of the applicant's eligibility for the program
- Approval - final determination of eligibility
- Case Maintenance - maintaining contacts, adding notes and modifying demographic details

The first step in Case Management is recording referrals and applications. In this stage, names, addresses, phone numbers and other demographic details are entered into Case Management. The system assigns an identification number to each person receiving a referral or completing an application. After entering the required applicant data, users can create a case and assign a case owner. At this point, the system assigns a unique case number, which can be used to search for the case. The system sends a referral to the appropriate Statewide Automated Welfare System (SAWS) if the applicant is not active on Medi-Cal. Once Medi-Cal eligibility is determined, the system notifies the case owner.

The second step in Case Management is entering evidence data to support the determination of the applicant's eligibility for the program. It is essential to record details for household, program, service and share of cost evidence. Information associated with disaster preparedness, modes of service and workplace hours are entered, if applicable. Manual NOA codes can be selected as needed. Once the case is approved, NOAs print in the overnight batch process.

During the final step in the applicant process, called final determination, check eligibility is run and the business rules are applied. This determines whether the applicant is eligible for IHSS. After this, the case can be submitted for approval. If a user's role requires it, the case can be submitted to a supervisor who is then able to view the authorization summary details. If a case is approved, the pending evidence becomes active and the case status is changed to eligible.

After a case becomes active, users maintain the case data by continuing to enter and update items such as contacts, case notes and demographic details. During the life of a case, users may need to create an inter-county transfer or state hearing record, or conduct a reassessment. The user may also need to put a case on leave or terminate the case. Case Management keeps historical records of all the changes users make to a case. At any time, users can view previously recorded details or research how a case has changed over time.

2. Initial Contact and Intake Application

One of the most important aspects of Case Management is to ensure that a person exists in the system only once. When starting an application, Case Management requires the user to search for the person first. Therefore, the initial contact and intake application functions of Case Management are performed after the person search function. These functions are part of the process for gathering information from someone who has either called in or who is being referred to IHSS.

The user can create a referral or an application whether or not the person is found in the initial search. If the caller is not the individual being referred, or if the caller is the potential applicant and is unsure if he/she wants to apply, the create referral process can be used. If the caller is the applicant and he/she provides enough information and chooses to apply for IHSS services, the create application process is used.

Note: Each county handles referrals differently. Refer to county-specific business processes for more information

Person Type Indicators
When a referral, case, or provider is created, a single person record is created in Case Management. A person record may be associated with multiple person type indicators. For instance, if a person is both an IHSS recipient and a provider, that individual will have a single person record in the system. All of the person type indicators will be listed on the Person Home screen (for example, Recipient, Provider).

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

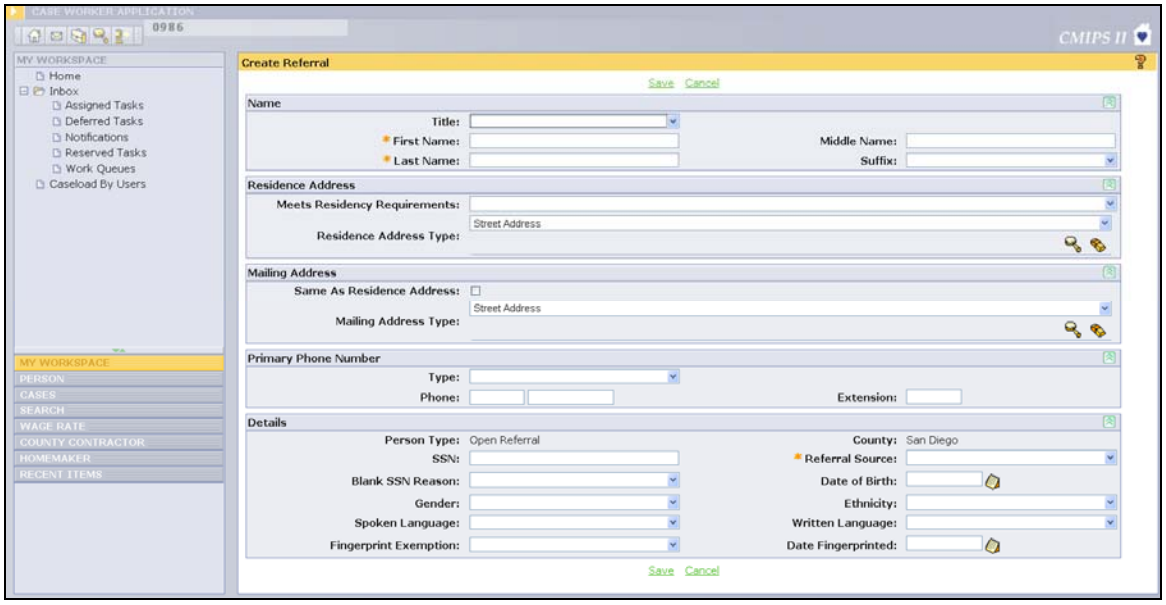
When a person record is created, addresses are verified using the United States Postal Service (USPS) Coding Accuracy Support System (CASS). Both residence and mailing addresses will be subject to CASS verification.

Case Management allows changes related to a person record to be tracked on an ongoing basis. Changes associated with addresses, phone numbers and names are tracked in the system by date. When a change is applied, a history record is created and is viewable by users.

2.1 Create a Referral

The Create Referral screen is used when someone contacts IHSS and requests assistance. If the person requesting assistance is not the applicant or is the applicant but has not provided adequate information, a referral is created in Case Management. The Create Referral screen contains the same data fields as the Create Application screen, but only name and telephone or address are required. Once created, the county staff contacts the referred individual to inquire if he/she is interested in applying for IHSS. The outcome of this process is the creation of a single person record in Case Management. When the record is saved, the person type is automatically set to open referral.

Note: Each county handles referrals differently. Refer to county-specific business processes for more information.



To Create a Referral

1. On the My Workspace screen, in the **My Shortcuts** area, click the **New Referral** link. The system displays the Person Search screen.
2. In the **Search Criteria** area, type the **Last Name**.
3. Type the **First Name**.
4. Click the **Search** link to find out if the person exists in the system. The system updates the Search Results area.

   Note: If the person is listed in the Search Results area, complete the steps in the Create an Application section.
5. If the person is not listed in the Search Results area, click the **Continue Referral** link. The system displays the Create Referral screen.
6. In the **Name** area, type the **First Name** and **Last Name**.
7. In the **Residence Address** area, in the **Meets Residency Requirements** box, select the status.
8. In the **Residence Address Type** box, click the (magnifying glass) to search for the residence address. The system displays the Maintain Street Address screen.

   Note: The user is required to enter either the person's address or telephone number to complete the Create Referral process.

   a. In the **Address** area, enter the following fields:

      - Number
      - Street
      - City
      - State
      - Zip

b. Click the **Verify** link. The search results display in the Addresses area.

c. In the **Addresses** area, click the **Select** link next to the correct residence address. The residence address displays in the Residence Address Type box on the Create Referral screen.

9. In the **Mailing Address** area, select the **Same as Residence Address** checkbox.
10. In the **Primary Phone Number** area, select the **Type**.
11. Type the **Phone Number**.

    Note: Enter the area code and phone number without dashes. The user is required to enter either the person's address or telephone number to complete the Create Referral process.

12. In the **Details** area, select the **Referral Source**.
13. (Optional) Enter information if necessary.

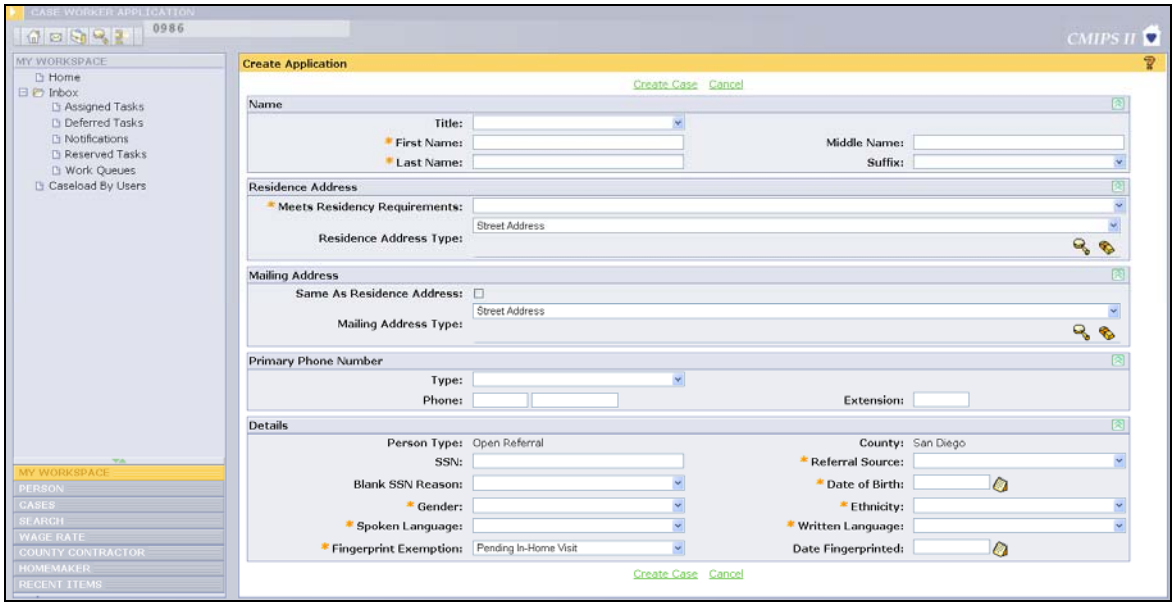
    Note: If the SSN box is left blank the user is required to select an option in the Blank SSN Reason box.

14. Click the **Save** link. The system displays the Person Home screen. A Person Record is created with the person type of open referral.

Note: Once a referral is created, the county staff contacts the referred individual to inquire if that person is interested in applying for IHSS. If the person is interested, follow the steps in the Create an Application section to access the person record.

2.2 Create an Application

Use the Create Application screen when someone contacts In-Home Supportive Services (IHSS) and requests assistance. If the person requesting assistance is the applicant, then an application is created in Case Management. A referral is converted to an application when the applicant is contacted to confirm that assistance is wanted and needed.



To Create an Application

1. On the My Workspace screen, in the **My Shortcuts** area, click the **New Application** link. The system displays the Person Search screen.

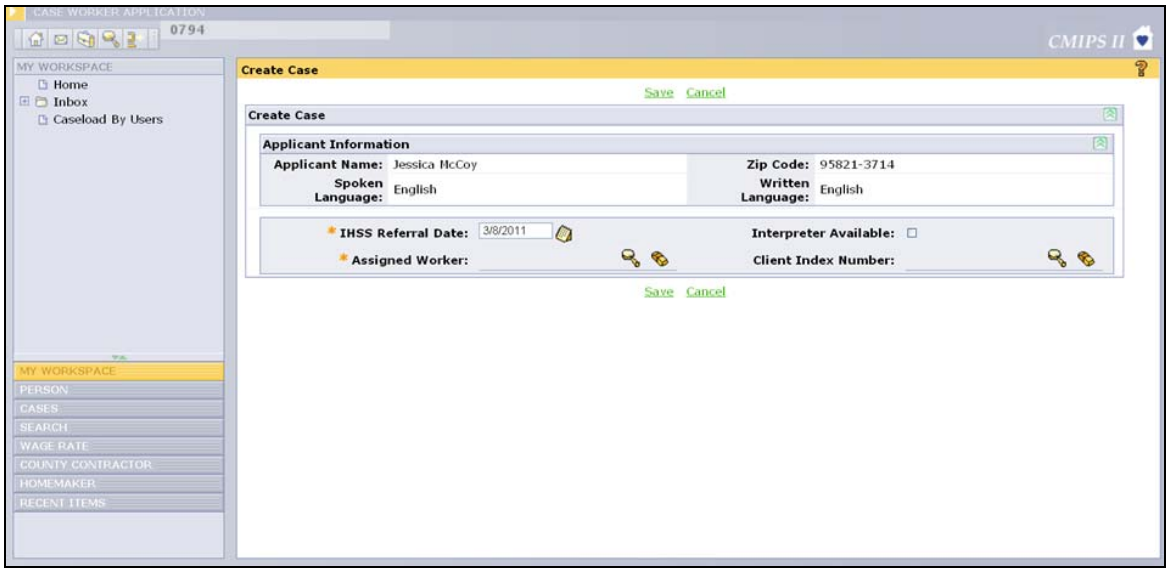
2. In the **Search Criteria** area, type the **Last Name**.
3. Type the **First Name**.
4. Click the **Search** link to find out if the person exists in the system. The system updates the Search Results area.

   Note: If the person is not listed in the Search Results area, complete the steps in the Create a Referral section. If the name is found in the Search Results area, the person type displays as either open or closed referral.
5. In the **Search Results** area, click the **Full Name** link. The system displays the Create Application screen.
6. In the **Details** area, enter the following fields:
   - Social Security Number (SSN) or Blank SSN Reason
     Note: If the SSN box is left blank the user is required to select an option in the Blank SSN Reason box.
   - Referral Source
   - Date of Birth
   - Gender
   - Ethnicity
   - Spoken Language
   - Written Language
   - Fingerprint Exemption
   - Date Fingerprinted (Optional)
7. Click the **Create Case** link. The system displays the Create Case screen.

   Note: Creating a case is the next step in the application process. If the application is cancelled prior to saving it as a case, the application information is not saved, but the person information is saved and the person type displays as an open referral.

2.3 Create a Case

The Create Case screen is a continuation of the Create Application process. Once all of the applicant's information is entered on the Create Application screen, the next step is to create the case. Creating the case involves searching the Statewide Client Index (SCI) for a Client Index Number (CIN) associated with the applicant and assigning a case owner. When a case is assigned, the system sends a notification to the case owner.



Before Beginning: Complete the steps in the Create an Application section in the Case Management Recipient Management chapter.

To Create a Case

1. On the Create Application screen, click the **Create Case** link. The system displays the Create Case screen.
2. Select the **IHSS Referral Date**.

   Note: The IHSS Referral Date is the application date. This date can be no more than two weeks prior to the display date.
3. In the **Assigned Worker** box, click the (magnifying glass) to search for the assigned worker. The system displays the User Search screen.

   Note: When the case assignment occurs, a notification is sent to the new case owner. Refer to county process for case assignment procedure.

   a. In the **Search Criteria** area, type the search criteria.

   b. Click the **Search** link. The search results display on the User Search screen.
   Note: A successful search displays the case in the search results on the User Search screen. If the search is unsuccessful, double-check the search criteria and correct before doing another search.

   c. In the Action column, click the **Select** link. The system displays the assigned worker on the Create Case screen.
4. In the **Client Index Number** box, click the (magnifying glass) to search for the CIN. The system displays the Statewide Client Index - CIN Search screen.

   Note: The CIN is one of the data elements by which cases in SAWS, MEDS and CMIPS II are identified.

   a. If there are possible matches, Case Management displays a list in the **Search Results** area.

      i. In the MEDS column, click the **Eligibility** link to view further Medi-Cal Information associated with the selected CIN record. The system displays the MEDS Eligibility Information screen.

ii. Review the Medi-Cal information then click the **Select** link to accept the potential CIN match. This action triggers the system to compare the CIN information from SCI to the demographic information entered on the Create Case screen (name, SSN, gender or date of birth) for an exact match.

1) If the records are not an exact match, the CIN data does not match Applicant data screen displays.
Note: If another possible CIN match is available, click the Return to CIN Select link to return to the MEDS Eligibility Information screen to select another CIN. Otherwise, select the Cancel link to return to the Create Case screen without choosing a CIN. Continue to step 5.

2) If records match, the Create Case screen displays with the selected CIN populated in the **Client Index Number** box. Continue to step 5.

b. If there is no match, the Search Results area will be blank and the system displays the error message “CIN does not exist for the applicant”. Select the **Cancel** link to return to the Create Case screen. Continue to step 5.

5. On the Create Case screen, click the **Save** link. The system displays the Case Home screen, and the case status is automatically set to pending. The IHSS case is created, and the person type is changed to applicant.

Note: If the Client Index Number box is blank on the Create Case screen, the system displays the message “CIN not selected, Medi-Cal Eligibility Referral will be sent to SAWS”. User must click the Continue link to confirm there is no CIN available for the person. Then, the system displays the Case Home screen and updates the case status and person type.

2.3.1 Reassign a Case

Use the Case Home screen to reassign a case to a new case owner. When a case is reassigned, the system sends a notification to the new case owner.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Reassign a Case

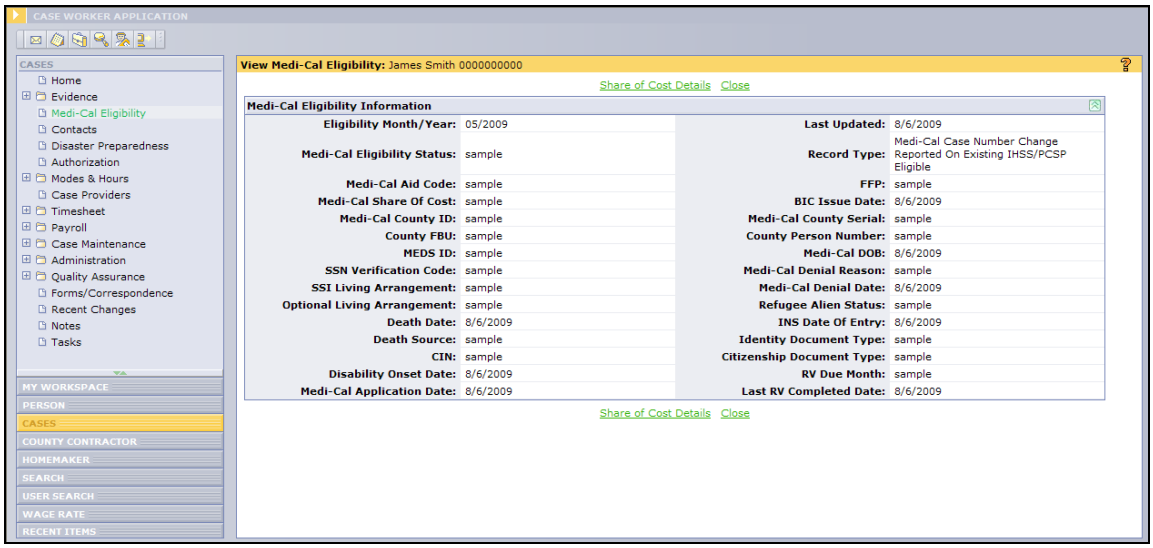
1. On the Case Home screen, in the **Details** area, in the **Case Owner** box, click the **Change** link. The system displays the User Search screen.
2. Type the **search criteria**.
3. Click the **Search** link. The search results display on the User Search screen.

   Note: A successful search displays the case in the search results on the User Search screen. If the search is unsuccessful, double-check the search criteria and correct before doing another search.
4. In the Action column, click the **Select** link. The system displays the new case owner on the Case Home screen.

3. Viewing Medi-Cal Eligibility Information

An interface between Case Management and the Medi-Cal Eligibility Data System (MEDS) enables users to view Medi-Cal eligibility information in CMIPS II. Two screens display a variety of Medi-Cal eligibility information. The screens are read-only. If Medi-Cal information changes, it is reflected on these screens on a monthly basis.

- The Medi-Cal Eligibility screen displays a list of Medi-Cal eligibility statuses by month.
- The View Medi-Cal Eligibility screen provides more detail about eligibility for a particular month, as well as a link to view the Share of Cost Details screen.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Medi-Cal Eligibility

1. From the left navigation menu, click the **Medi-Cal Eligibility** link. The system displays the Medi-Cal Eligibility screen.
2. In the Action column, click the **View** link. The system displays the View Medi-Cal Eligibility screen.
3. Click the **Share of Cost Details** link. The system displays the Share of Cost Details screen for the eligibility month.

   Note: This is not the same screen as the Share of Cost Evidence screen. The Share of Cost Details screen displays the eligibility month details, initial buy-out details and recipient reimbursement history data. The Share of Cost Evidence screen displays share of cost evidence details, income evidence data and share of cost calculations.

4. Program Eligibility

Once a home visit and needs assessment are performed, collected information is entered into Case Management. The user must select an assessment type and then enter the information (referred to as evidence). The entered evidence has a pending status until the case outcome is approved. The remainder of this section presents more details on these items and includes the following:

- Assessment types
- Evidence types
- Evidence Status

4.1 Assessment Types

When an assessment is created, the user must select an assessment type. There are five assessment types:

- Initial - Used for intake and reactivated cases.
- Change - Used for interim changes to an assessment.
- Reassessment - Used for annual renewals.
- Inter-County Transfer - Used when receiving a case from another county.
- State Hearing - Used for changing an assessment as a result of an outcome from a state hearing.

  Note: The selection of the state hearing assessment type will not trigger the appropriate state hearing NOA. The state hearing NOAs must be selected on the Program Evidence screen. Refer to Program Evidence section for details.

In addition, there are four system-generated assessment types:

- Conversion
- Funding Source Update
- Cost of Living Adjustment
- Wage Rate Update

Note: These require no action on the part of the user. The Funding Source Update is triggered by adding or removing a spouse provider to an adult recipient or parent provider to minor recipient.

4.2 Evidence Types

Assessment information is organized into four evidence types:

- Household Evidence - Includes information associated with the applicant/recipient’s home environment and household members.
- Service Evidence - Includes information specific to the applicant/recipient’s functional ability within his/her home and service needs. This is where the user can document the assessment narrative.
- Program Evidence - Includes information for an applicant/recipient specific to the start and end dates of the authorization period as well as the funding source. This is where the user selects Manual NOAs.

- Share of Cost (SOC) Evidence - Includes information about the net income of the applicant/recipient to determine the IHSS SOC.

4.3 Evidence Status

Evidence entered into Case Management is considered pending until the case is approved. Pending evidence can be edited. Pending evidence can also be deleted. This is the only time the system will allow deletion. Once a case has been approved, the evidence status changes to active and the evidence can no longer be changed.

4.4 Evidence Workspace

Use the Evidence Workspace screen to enter evidence and submit a case for approval.

The table below lists the areas available on the Evidence Workspace screen.

Area	Description
Manage	Find evidence within a given authorization date range and access a variety of links depending on the case's status.
Pending Evidence Details	When applicable, displays pending household, service, program and SOC evidence.
Active Evidence Details	Displays evidence from as many as six assessments.

4.4.1 Manage

The table below lists the links available in the Manage area of the Evidence Workspace screen. Use the Manage area to find evidence within a given authorization date range and access a variety of links depending on the case's status.

Link	Description
Add New Evidence	Displays the Select Assessment Type screen, from which the user selects an assessment type specific to the assessment period. The Add New Evidence link only displays on the Evidence Workspace screen when pending evidence does not exist.
Check Eligibility	Displays the Check Eligibility screen, from which the user selects the Eligibility Date and clicks the Check Eligibility link. The Check Eligibility link only displays on the Evidence Workspace screen when pending evidence exists. An error screen displays when the link is selected by a user who does not have security access.

Link	Description
Submit for Approval	Displays the Submit Case for Approval confirmation screen, from which the case owner confirms the submission. The Submit for Approval link only displays on the Evidence Workspace screen when pending evidence exists. An error screen displays when the link is selected by a user who does not have security access.
Cancel Submission	Displays the Cancel Submission screen, in which the user can either confirm (Yes) or cancel (No). Displays only after the pending evidence is submitted for approval and the worker submitting the case is awaiting supervisory approval. **Note:** The Cancel Submission link only displays for users requiring supervisor approval.
Approve	Allows the case owner's supervisor to approve a case should approval be required. Link displays only after the evidence is submitted for approval. Displays an error screen when the link is selected by a user other than the case supervisor.
Reject	Allows the case owner's supervisor to reject a case, select a rejection reason and enter rejection comments. Sends a task to the case owner for further work. Link displays only when the user is the supervisor and the submitter requires supervisory approval. Displays an error screen when the link is selected by a user who does not have security access.

4.4.2 Pending Evidence Details

The table below lists the links available in the Pending Evidence Details area of the Evidence Workspace screen. When applicable, the Pending Evidence Details area displays pending household, service, program and SOC evidence. Once a case is approved, pending evidence becomes active evidence and can no longer be edited.

Link	Description
Delete Pending Evidence	Displays the Delete Pending Evidence confirmation screen in which the case owner either selects confirm (Yes) or cancel (No) to delete pending evidence. The Delete Pending Evidence link only displays on the Evidence Workspace screen when pending evidence exists. An error screen displays when the link is selected by a user who does not have security access.
View	Displays the selected Pending evidence screen (household, service, program and SOC).

4.4.3 Active Evidence Details

The table below lists the link available in the Active Evidence Details area of the Evidence Workspace screen. The Active Evidence Details area displays evidence from as many as six assessments.

Link	Description
View	Displays the selected Active evidence screen (household, service, program and SOC evidence).

4.4.3.1 Search for Prior Evidence

Search for prior evidence that is not shown by default in the Active Evidence Details area.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter. Case must have active evidence.

To Search for Prior Evidence

1. From the left navigation menu, click the **Evidence** folder. The system displays the Evidence Workspace screen.
2. (Optional) In the **Manage** area, select the **Evidence Type**.
3. Enter the **From Date**.
4. (Optional) Enter the **To Date**.
5. Click the **Search** link. The search results display in the Active Evidence Details area on the Evidence Workspace screen.

4.5 Add New Evidence

Use the Select Assessment Type screen to add new evidence.

Before Beginning: Complete the steps in the Create a Case section.

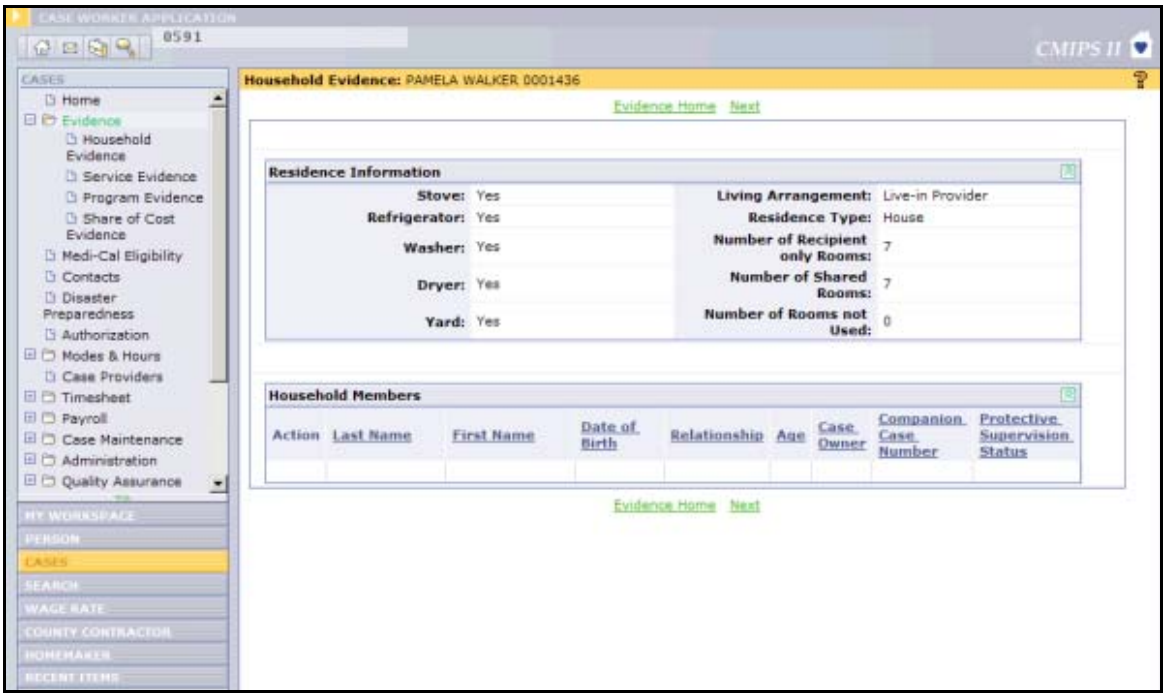
To Add New Evidence

1. From the left navigation menu, click the **Evidence** folder. The system displays the Evidence Workspace screen.
2. Click the **Add New Evidence** link. The system displays the Select Assessment Type screen.
3. Select the **Assessment Type**.
4. Click the **Save** link. Four types of evidence display in the Pending Evidence Details area of the Evidence Workspace screen (household, service, program and SOC). The assessment type for the pending evidence matches the user's selection.

   Note: The user can click the View link for each type of pending evidence to access that screen and to add detailed information.

4.6 Household Evidence

The Household Evidence screen contains two areas: Residence Information and Household Members Information. Information displayed on this screen is used to calculate authorized hours.



4.6.1 Residence Information

The Residence Information area allows the user to record details regarding the recipient's living situation, including the following:

- Stove
- Refrigerator
- Washer
- Dryer
- Yard
- Living Arrangement
- Residence Type
- Number of Recipient Only Rooms
- Number of Shared Rooms
- Number of Rooms Not Used

4.6.1.1 Modify Residence Information

Use the Modify Residence Information screen to edit the details of the recipient living arrangements and residence type.

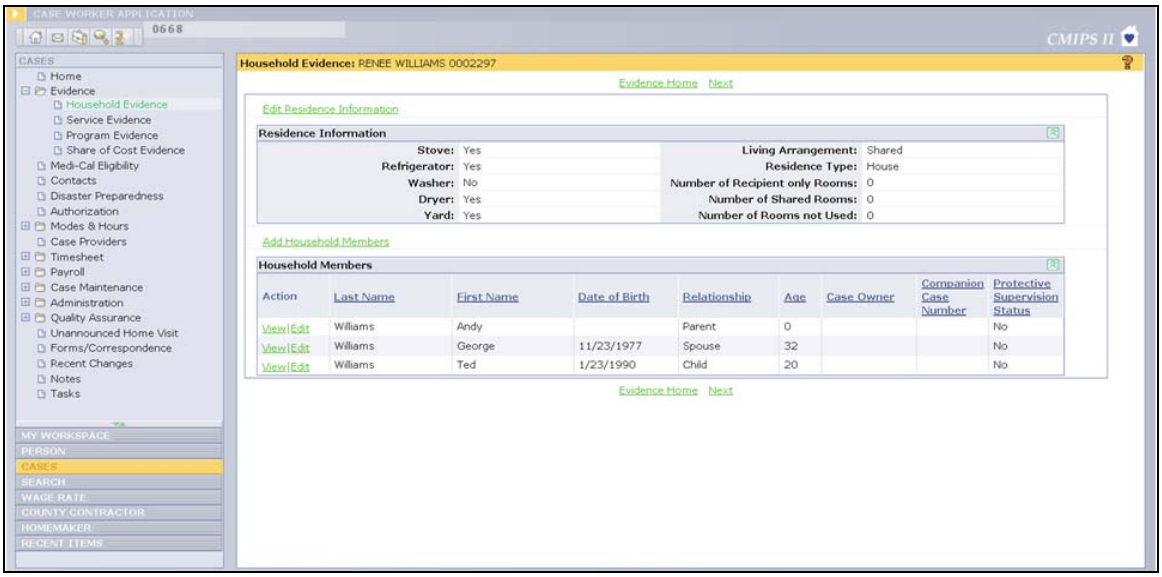
Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Modify Residence Information

1. From the left navigation menu, click the **Evidence** folder and then click the **Household Evidence** link. The system displays the Household Evidence screen.
2. Click the **Edit Residence Information** link. The system displays the Modify Residence Information screen.
3. Select the checkboxes for the following residence information:
    - Stove
    - Refrigerator
    - Washer
    - Dryer
    - Yard
4. Select the **Living Arrangement**.
5. Select the **Residence Type**.
6. Type the **Number of Recipient Only Rooms**.
7. Type the **Number of Shared Rooms**.
8. Type the **Number of Rooms Not Used**.
9. Click the **Save** link. The system displays the Household Evidence screen.

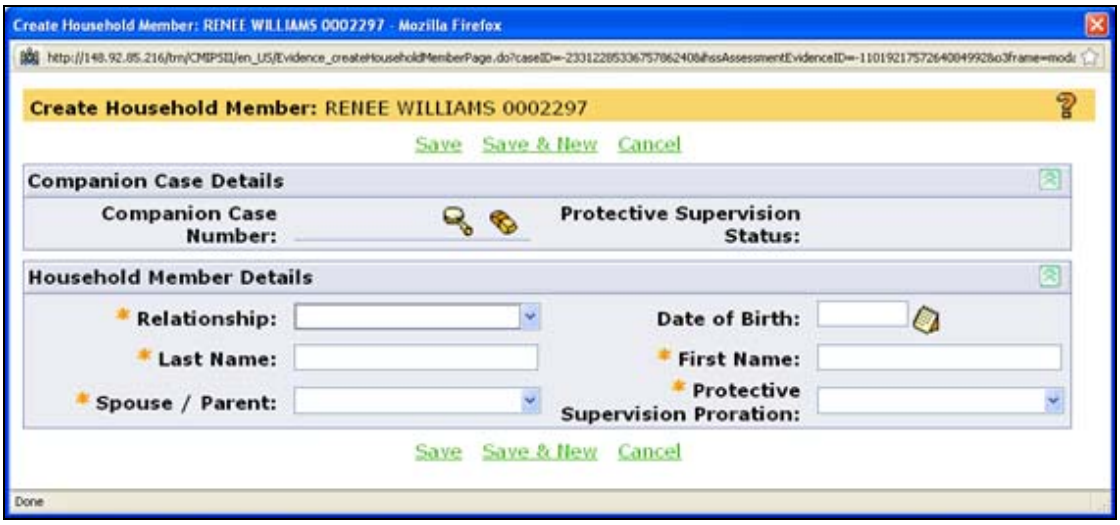
4.6.2 Household Members

On the Household Evidence screen, the Household Members area contains information about other household members at the same address. Users can also search for companion cases and link to them from within this area.



4.6.2.1 Create Household Members

Use the Create Household Member screen to associate other household members at the same address with the applicant/recipient. Users can also search for and associate any existing companion cases.



Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Create Household Members

1. From the left navigation menu, click the **Evidence** folder and then click the **Household Evidence** link. The system displays the Household Evidence screen.
2. Click the **Add Household Members** link. The system displays the Create Household Member screen.
3. In the **Household Member Details** area, select the type of **Relationship**.
4. (Optional) Select the **Date of Birth**.
5. Type the **Last Name**.
6. Type the **First Name**.
7. Select the **Spouse/Parent**.
8. Select the **Protective Supervision Proration**.

   Note: Indicates whether or not the household members should be included in the Protective Supervision Proration. Refer to the Appendix: Companion Cases with Protective Supervision section for additional information.
9. Click the **Save** link. The household member displays on the Household Evidence screen.

   OR

   Click the **Save & New** link. The system displays a new Create Household Member screen.

To Add a Companion Case

Use the Companion Case screen to associate a companion case with an applicant/recipient's case. Individuals receiving IHSS and living in the household with other recipients of IHSS services are considered companion cases.

When adding a companion case, users must consider whether or not a case is receiving protective supervision. If any case (new or existing) is or will be receiving protective supervision, changes to the non-protective supervision cases must be made first in order to ensure correct calculation of hours.

Note: For additional information on companion cases, refer to the Appendix: Companion Cases section or the Appendix: Companion Cases with Protective Supervision section.

Note: Refer to county-specific business processes for more information regarding companion cases.

4.6.2.2 Modify Household Members

There may be times when it is necessary to change information about a household member. Use the Modify Household Member screen to edit information on individuals in the household associated to the applicant/recipient. Users can also use this screen to search for and associate any existing companion cases.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Modify a Household Member

1. From the left navigation menu, click the **Evidence** folder and then click the **Household Evidence** link. The system displays the Household Evidence screen.
2. In the **Household Members** area, in the Action column, click the **Edit** link for the household member. The system displays the Modify Household Member screen.
3. In the **Household Member Details** area, select the type of **Relationship**.
4. (Optional) Select the **Date of Birth**.
5. Type the **Last Name**.
6. Type the **First Name**.
7. Select the **Spouse/Parent**.
8. Select the **Protective Supervision Proration**.

   Note: Indicates whether or not the household members should be included in the Protective Supervision Proration. Refer to the Appendix: Companion Cases with Protective Supervision section for additional information.
9. Click the **Save** link. The system displays the Household Evidence screen.

Note: For additional information on companion cases, refer to the Appendix: Companion Cases section or the Appendix: Companion Cases with Protective Supervision section.

4.6.2.3 View Household Members

Use the View Household Member screen to view the household members' details. This screen is read-only.

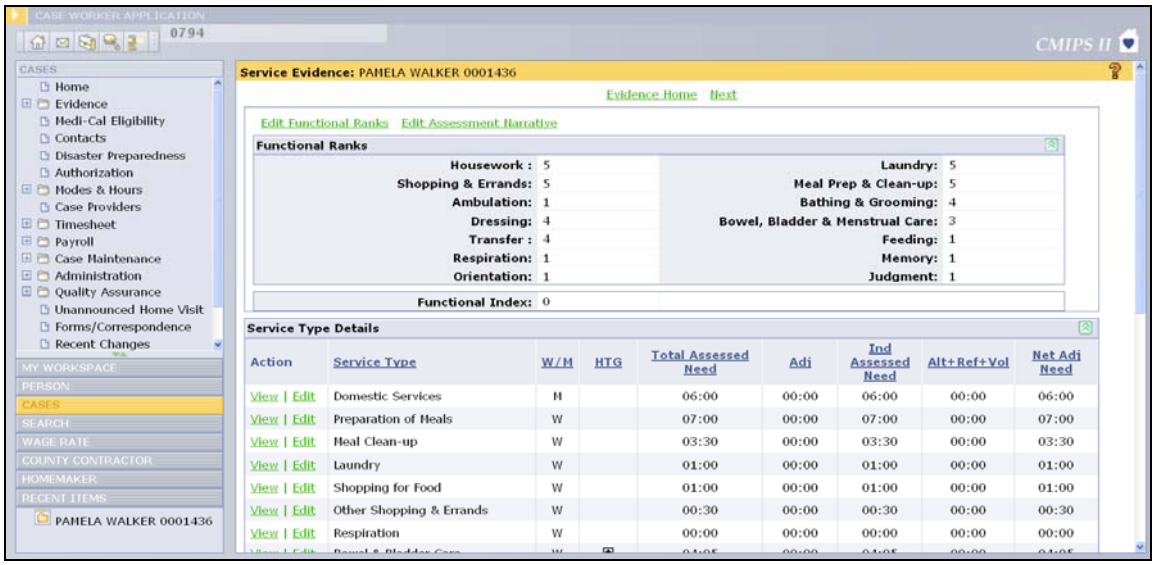
Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Household Members

1. From the left navigation menu, click the **Evidence** folder and then click the **Household Evidence** link. The system displays the Household Evidence screen.
2. In the **Household Members** area, in the Action column, click the **View** link for the household member. The system displays the View Household Member screen.

4.7 Service Evidence

The Service Evidence screen is divided into two areas: Functional Ranks and Service Type Details. Each of these areas also has a link to create an Assessment Narrative.



The table below lists the areas available on the Service Evidence screen.

Area	Description
Functional Ranks	Displays a table with 14 functional categories.
Service Type Details	Displays a table with information on services that relate to the functional ranks.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View the Service Evidence Screen

1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.

4.7.1 Functional Ranks

Case Management has 14 required functional ranks that correspond to categories of service tasks. The ranking range is between one and five, but three service tasks allow a user to enter a six to identify that paramedical services are needed in that area. The number assigned to each functional rank corresponds with the applicant's level of functioning for that service. The higher the rank, the more assistance the individual needs. Some service tasks share a common functional rank. For example, the service tasks for preparation of meals and meal clean-up share a common functional rank, meal prep & clean-up.

When Check Eligibility is selected on the Evidence Workspace screen, a functional index is calculated based on the selections that users make for the functional ranks. This functional index is a measurement of the applicant/recipient's relative dependence on human assistance for certain IHSS tasks.

Functional Ranks

Housework :	5	Laundry:	5
Shopping & Errands:	5	Meal Prep & Clean-up:	5
Ambulation:	1	Bathing & Grooming:	4
Dressing:	4	Bowel, Bladder & Menstrual Care:	3
Transfer :	4	Feeding:	1
Respiration:	1	Memory:	1
Orientation:	1	Judgment:	1
Functional Index:	0		

4.7.1.1 Modify Functional Ranks

Use the Modify Functional Ranks screen to assign functional ranks to a case.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Modify Functional Ranks

1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.
2. Click the **Edit Functional Ranks** link. The system displays the Modify Functional Ranks screen.
3. In each **Functional Rank** box, select the rank.

   Note: Only the ranks available for that specific functional area display.
4. Click the **Save** link. The system displays the Service Evidence screen.

4.7.2 Service Type Details

The Service Type Details area of the Service Evidence screen contains nine columns of information about service tasks associated with the functional ranks.

Service Type Details

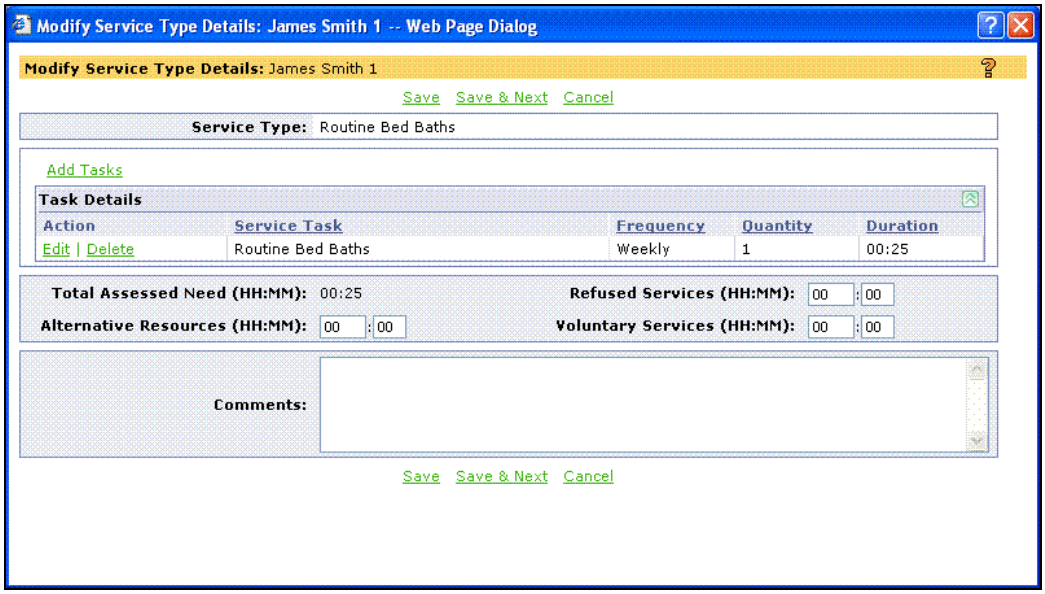
Action	Service Type	W/M	HTG	Total Assessed Need	Adj	Ind Assessed Need	Alt+Ref+Vol	Net Adj Need
View | Edit	Domestic Services	M		06:00	00:00	06:00	00:00	06:00
View | Edit	Preparation of Meals	W		07:00	00:00	07:00	00:00	07:00
View | Edit	Meal Clean-up	W		03:30	00:00	03:30	00:00	03:30
View | Edit	Laundry	W		01:00	00:00	01:00	00:00	01:00
View | Edit	Shopping for Food	W		01:00	00:00	01:00	00:00	01:00
View | Edit	Other Shopping & Errands	W		00:30	00:00	00:30	00:00	00:30
View | Edit	Respiration	W		00:00	00:00	00:00	00:00	00:00
View | Edit	Bowel & Bladder Care	W	⊞	04:05	00:00	04:05	00:00	04:05
View | Edit	Feeding	W		00:00	00:00	00:00	00:00	00:00
View | Edit	Routine Bed Baths	W	⊟	01:00	00:00	01:00	00:00	01:00
View | Edit	Dressing	W		02:20	00:00	02:20	00:00	02:20
View | Edit	Menstrual Care	W		00:00	00:00	00:00	00:00	00:00
View | Edit	Ambulation	W		00:00	00:00	00:00	00:00	00:00
View | Edit	Transfer	W	⊞	04:40	00:00	04:40	00:00	04:40
View | Edit	Bathing, Oral Hygiene, and Grooming	W		02:51	00:00	02:51	00:00	02:51
View | Edit	Rubbing Skin, Repositioning	W	⊞	06:10	00:00	06:10	00:00	06:10
View | Edit	Care and Assistance with Prosthesis	W	⊞	03:17	00:00	03:17	00:00	03:17
View | Edit	Accompaniment to Medical Appointments	W		00:07	00:00	00:07	00:07	00:00
View | Edit	Accompaniment to Alternative Resources	W		00:00	00:00	00:00	00:00	00:00
View | Edit	Protective Supervision	W		00:00	00:00	00:00	00:00	00:00
View | Edit	Paramedical Services	W		00:00	00:00	00:00	00:00	00:00
View | Edit	Heavy Cleaning	M		00:00	00:00	00:00	00:00	00:00
View | Edit	Yard Hazard Abatement	M		00:00	00:00	00:00	00:00	00:00
View | Edit	Removal of Snow, Ice	M		00:00	00:00	00:00	00:00	00:00
View | Edit	Teaching and Demonstration	M		00:00	00:00	00:00	00:00	00:00

The table below lists the columns available in the Service Type Details area of the Service Evidence screen.

Column	Description
Action	Links to either edit pending or view approved service types.
Service Type	Name of service type with which tasks are associated.
W/M	An indicator of whether the service type is assessed as a weekly need or a monthly need.
HTG	Hourly task guidelines. Displays (+) or (-) when the individual assessed need exceeds or is below the guideline based on the applicable functional rank.
Total Assessed Need	Total assessed time needed to perform a necessary service. Displays in HH:MM format.
ADJ	Adjustment. Number of hours to be deducted from the applicant/recipient's total assessed need because the service is common to multiple individuals in the household. Displays in HH:MM format.
IND Assessed Need	Total assessed need minus the adjustment. Displays in HH:MM format.
Alt+Ref+Vol	Combined hours for alternative resources, refused services and voluntary services. Displays in HH:MM format.
Net ADJ Need	IND assessed need minus (Alt+Ref+Vol). Displays in HH:MM format.

4.7.2.1 Create/Modify Service Type Details

Users cannot directly create service type details. Instead, users first create tasks associated with a particular service type. Once saved, users can then modify some fields on the Modify Service Type Details screen.



Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Create/Modify Service Type Details

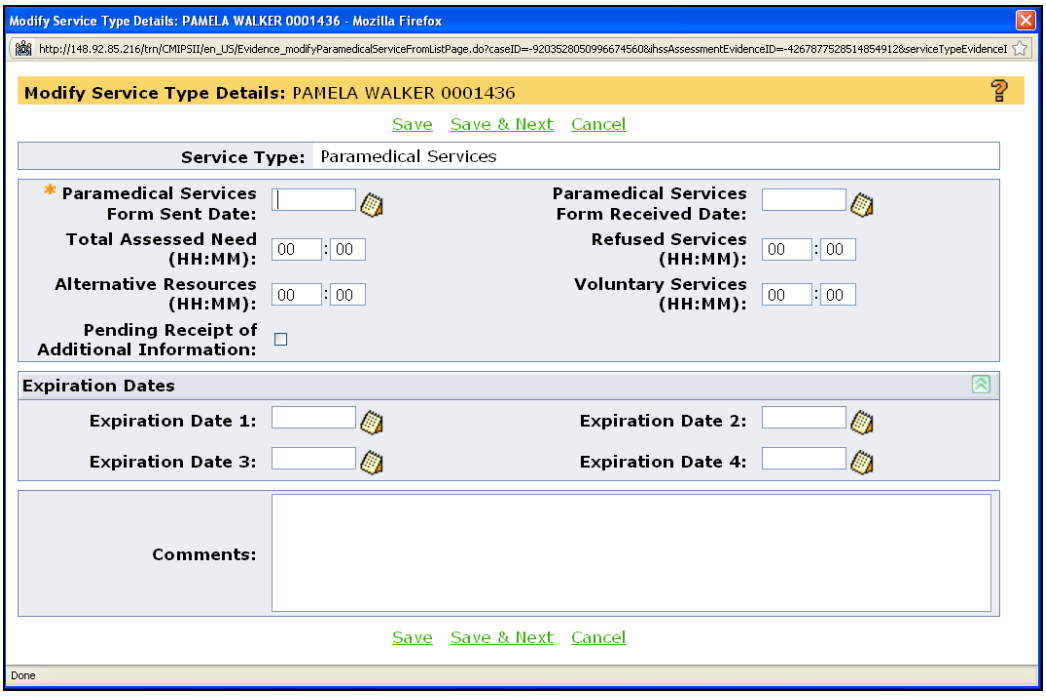
1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.
2. In the **Service Type Details** area, in the Action column, click the **Edit** link next to the service type. The system displays the Modify Service Type Details screen.
3. Enter information as necessary.
4. Click the **Save** link. The system displays the Service Evidence screen.
   Note: The system processes business rules against the task to determine if the time authorized is outside the hourly task guidelines. If outside the hourly task guidelines, a comment is required in order to save the data.

   OR

   Click the **Save & Next** button to save the service type details and go to the next Modify Service Type Details screen.

To Create/Modify Paramedical Services

Use the Modify Service Type Details screen to authorize or update paramedical services, including the date when the Paramedical Service form (SOC 321) was sent to the physician. Although paramedical service tasks vary, users will enter the total time for all tasks performed in the Total Assessed Need box. Paramedical services can be authorized on a time-limited or long- term duration. The paramedical expiration date may exceed the assessment authorization end date.



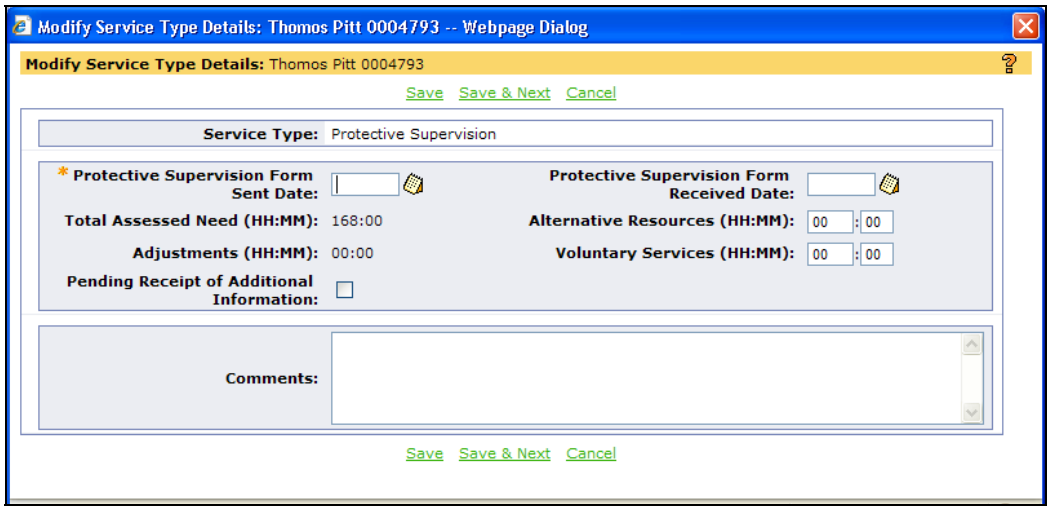
1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.
2. In the **Service Type Details** area, in the Action column, click the **Edit** link next to the Paramedical Services type. The system displays the Modify Service Type Details screen for paramedical services.
3. In the **Paramedical Service Form Sent Date** box, select the date.
4. Click the **Save** link. The system displays the Service Evidence screen.

   OR

   Click the **Save & Next** button to save the service type details and go to the next Modify Service Type Details screen.

To Create/Modify Protective Supervision

Use the Modify Service Type Details screen to authorize or update protective supervision, including the date when the Protective Supervision form (SOC 821) was sent to the physician.



1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.
2. In the **Service Type Details** area, in the Action column, click the **Edit** link next to the Protective Supervision type. The system displays the Modify Service Type Details screen.
3. Enter information as necessary.
4. Click the **Save** link. The system displays the Modify Service Type Details screen.

   OR

   Click the **Save & Next** button to save the service type details and go to the next Modify Service Type Details screen.

4.7.2.2 View Service Type Details

Use the Service Type Details screen to view the details of the service type. This screen is read-only.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Service Type Details

1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.
2. In the **Service Type Details** area, in the Action column, click the **View** link next to the service type. The system displays the View Service Type Details screen.

4.7.3 Service Task Types

Service tasks fall into two general types: those that allow proration and those that do not. Services are prorated based on the case worker's assessment and take into consideration regulations, companion cases and how many people live in the household who will also benefit from the task.

Task types that CAN be prorated:

- Meal Preparation
- Meal Cleanup

- Domestic Services
- Laundry
- Shopping for Food
- Other Shopping and Errands
- Heavy Cleaning
- Yard Hazard Abatement
- Snow and Ice Removal
- Teaching and Demonstration

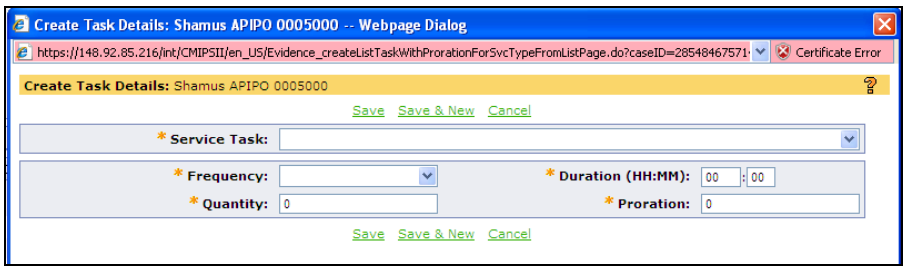
Task types that CANNOT be prorated:

- Respiration
- Routine Baths
- Menstrual Care
- Ambulation
- Transfer
- Bowel and Bladder Care
- Feeding
- Dressing
- Bathing, Oral Hygiene and Grooming
- Rubbing Skin, Repositioning
- Care and Assistance with Prosthesis
- Accompaniment to Medical Appointments
- Accompaniment to Alternative Resources

Although paramedical service tasks vary, users will enter the total time for all tasks performed in the Total Assessed Need box. Paramedical services can be authorized on a time-limited or long- term duration. The paramedical expiration date may exceed the assessment authorization end date.

4.7.3.1 Create Task Details

Use the Create Task Details screen to create the task details.



Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Create Task Details

1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.
2. In the **Service Type Details** area, in the Action column, click the **Edit** link next to the service type. The system displays the Modify Service Type Details screen.
3. Click the **Add Tasks** link. The system displays the Create Task Details screen.
4. Enter the required information.

   Note: The required fields will vary depending upon the type of service task.
5. Click the **Save** link. The system displays the Modify Service Type Details screen.

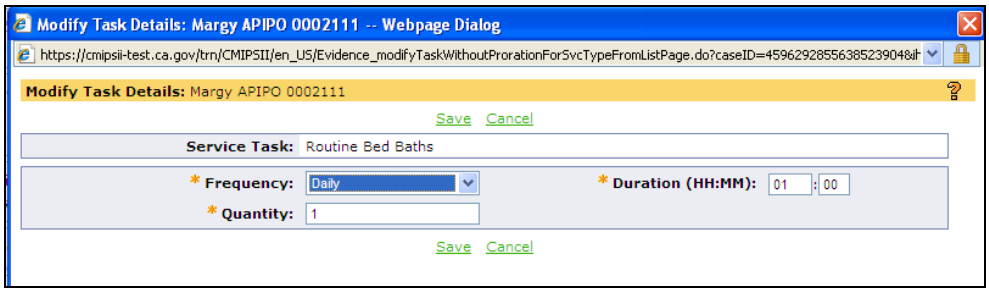
4.7.3.2 Modify Task Details

Use the Modify Task Details screen to edit the details of the service type including task details.

Note: Steps for modifying service tasks vary depending upon the type of service task. The following section describes the different task types and how to modify each type.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Modify Single Task, No Proration



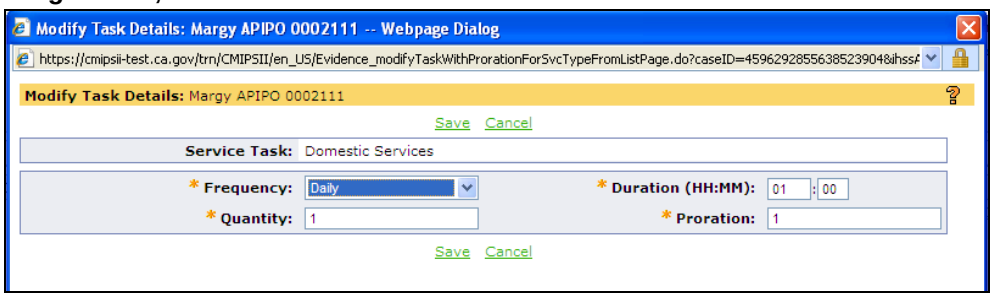
The following service types are associated with a single task, no proration:

- Respiration
- Routine Bed Baths
- Menstrual Care
- Ambulation and Transfer

1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.
2. In the **Service Type Details** area, in the Action column, click the **Edit** link next to the service type. The system displays the Modify Service Type Details screen.

3. In the **Task Details** area, in the Action column, click the **Edit** link next to the service task. The system displays the Modify Task Details screen.
4. In the **Frequency** box, select the frequency at which the service is provided (for example, weekly).
5. In the **Quantity** box, select the number of times this task occurs for the indicated frequency.
6. In the **Duration** box, type the hours and minutes.
7. Click the **Save** link. The system displays the Modify Service Type Details screen.

To Modify Single Task, With Proration

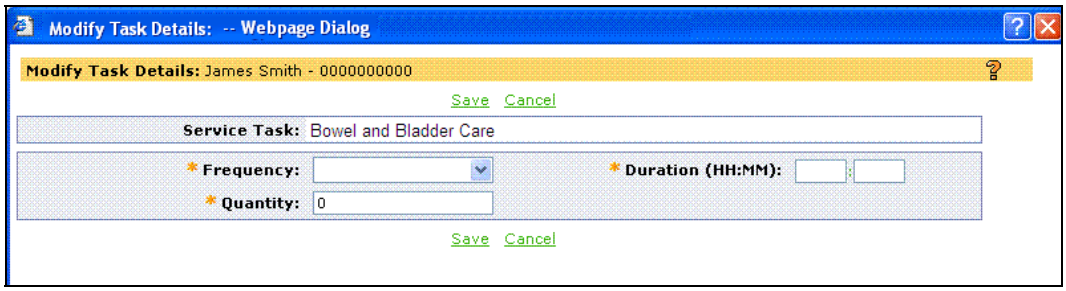


The following service types are associated with a single task, with proration:

- Domestic Services
- Laundry
- Shopping for Food
- Other Shopping and Errands
- Heavy Cleaning
- Yard Hazard Abatement
- Snow and Ice Removal
- Teaching and Demonstration

1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.
2. In the **Service Type Details** area, in the Action column, click the **Edit** link next to the service type. The system displays the Modify Service Type Details screen.
3. In the **Task Details** area, in the Action column, click the **Edit** link next to the service task. The system displays the Modify Task Details screen.
4. In the **Frequency** box, select the frequency at which the service is provided (for example, weekly).
5. In the **Quantity** box, select the number of times this task occurs for the indicated Frequency.
6. In the **Duration** box, type the hours and minutes.
7. In the **Proration** box, type the number of people for which the service should be prorated.
8. Click the **Save** link. The system displays the Modify Service Type Details screen.

To Modify Multiple Tasks, No Proration



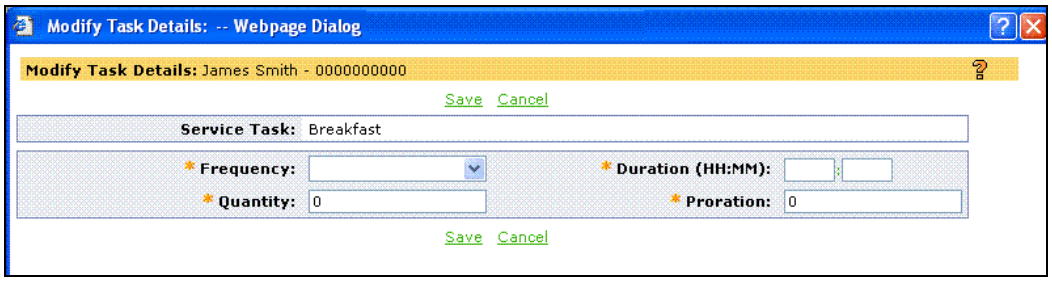
The following service types are associated with multiple tasks, no proration. The number of allowable service tasks is provided in the parenthesis for each service type.

- Bowel and Bladder Care (3 allowable service tasks)
- Feeding (3 allowable service tasks)
- Dressing (2 allowable service tasks)
- Bathing, Oral Hygiene & Grooming (6 allowable service tasks)
- Rubbing Skin, Repositioning, etc. (2 allowable service tasks)
- Care and Assistance with Prosthesis (3 allowable service tasks)
- Accompaniment to Medical Appointments (3 allowable service tasks)
- Accompaniment to Alternative Resources (2 allowable service tasks)

1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.
2. In the **Service Type Details** area, in the Action column, click the **Edit** link next to the service type. The system displays the Modify Service Type Details screen.
3. In the **Task Details** area, in the Action column, click the **Edit** link next to the service task. The system displays the Modify Task Details screen.
4. (Optional) In the **Service Task** box, make changes if necessary.

   Note: Service Task box allows up to 50 characters.
5. In the **Frequency** box, select the frequency at which the service is provided (for example, weekly).
6. In the **Quantity** box, select the number of times this task occurs for the indicated frequency.
7. In the **Duration** box, type the hours and minutes.
8. Click the **Save** link. The system displays the Modify Service Type Details screen.

To Modify Multiple Tasks, With Proration



The following Service Types are associated with multiple tasks, with proration:

- Meal Preparation
- Meal Clean-up

1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.
2. In the **Service Type Details** area, in the Action column, click the **Edit** link next to the service type. The system displays the Modify Service Type Details screen.
3. In the **Task Details** area, in the Action column, click the **Edit** link next to the service task. The system displays the Modify Task Details screen.
4. In the **Service Task** box, view the predefined service task.

   Note: Once a predefined service task is added, the service task box cannot be edited. User may delete the predefined service task or add a new predefined service task from the Modify Service Type screen.
5. In the **Frequency** box, select the frequency at which the service is provided (for example, weekly).
6. In the **Quantity** box, select the number of times this task occurs for the indicated Frequency.
7. In the **Duration** box, type the hours and minutes.
8. In the **Proration** box, type the number of people for which the service should be prorated.
9. Click the **Save** link. The system displays the Modify Service Type Details screen.

4.7.3.3 View Task Details

Use the View Service Type Details screen to view the details of the service type, including task details. This screen is read-only.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Task Details

1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.
2. In the **Service Type Details** area, in the Action column, click the **View** link next to the service type. The system displays the View Service Type Details screen.

4.7.4 Assessment Narrative

When a home visit is performed, information is collected to support the needs assessment. Some counties may use specific templates in Microsoft Word or other programs to document this information. The information must then be copied and pasted from the outside program into the Assessment Narrative area on the Modify Assessment Narrative screen.

Assessment Narratives in Case Management can contain up to 13,500 characters of free-form text. Some special characters will not successfully copy and paste from other programs into the assessment narrative. An assessment narrative may be edited until the case is submitted and approved.

4.7.4.1 Create/Modify an Assessment Narrative

Use the Modify Assessment Narrative screen to create or modify an assessment narrative on evidence that has not been submitted and approved. The same steps to create an assessment narrative are used to modify a narrative. Assessment narratives are limited to 13,500 characters.

Note: The use of special characters (i.e. *, #, |, etc.) is not recommended as there may not be a character for character translation available if the narrative is copied and pasted from Microsoft Word or another program into the assessment narrative.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Create/Modify Assessment Narrative

1. From the left navigation menu, click the **Evidence** folder and then click the **Service Evidence** link. The system displays the Service Evidence screen.
2. Click the **Edit Assessment Narrative** link. The system displays the Modify Assessment Narrative screen.
3. In the **Notes** box, type or copy & paste the assessment narrative.
4. Click the **Save** link. The system displays the Service Evidence screen.

4.7.4.2 View an Assessment Narrative

Use the View Assessment Narrative screen to view the details of the assessment narrative. This screen is read-only. Once a case has been approved and the evidence becomes active, the assessment narrative can no longer be modified.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View the Assessment Narrative (Evidence)

1. From the left navigation menu, click the **Evidence** folder. The system displays the Evidence Workspace screen.
2. In the **Active Evidence Details** area, click the **View** link next to the Service Evidence type. The system displays the Service Evidence screen.
3. Click the **View Assessment Narrative** link. The system displays the View Assessment Narrative screen.

To View the Assessment Narrative (Authorizations)

1. From the left navigation menu, click the **Authorization** link. The system displays the Authorizations screen.
2. In the **Authorization Segments** area, in the Action column, click the **View** link. The system displays the Authorization Summary screen.
3. Click the **View Assessment Narrative** link. The system displays the View Assessment Narrative screen.

4.7.4.3 Print an Assessment Narrative

Use the Print Case Notes Form screen to print the assessment narrative.

Note: The Print SOC 293 Form link will display on the Authorization Summary screen when the user accesses the screen from the left navigation menu > Authorizations link.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

Print the Assessment Narrative

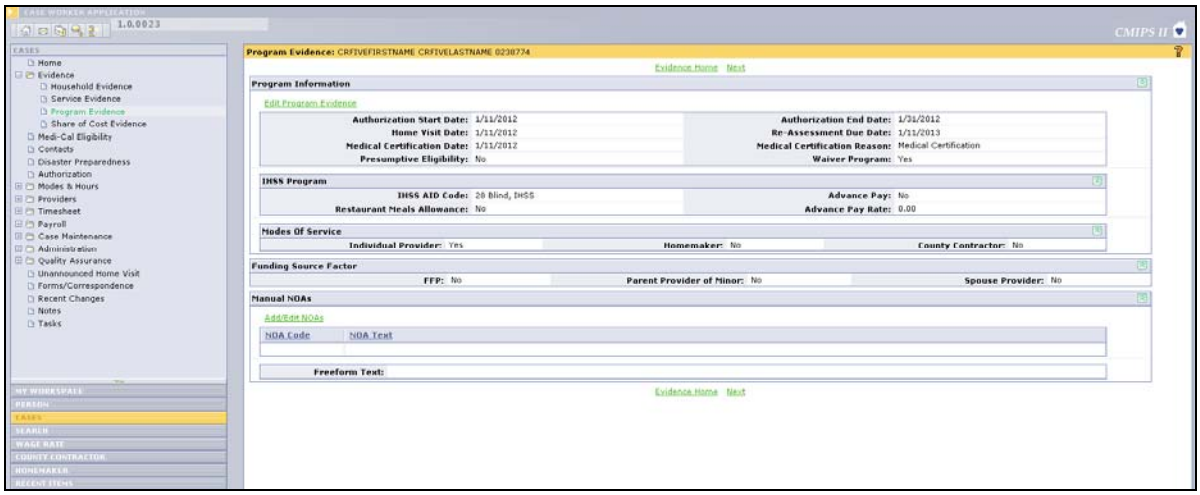
1. From the left navigation menu, click the **Authorization** link. The system displays the Authorizations screen.
2. In the **From Date** box, select a date.
3. In the **To Date** box, select a date.
4. Click the **Search** link. The system updates the list of Authorization Segments.
5. In the **Authorization Segments** area, in the Action column, click the **View** link. The system displays the Authorization Summary screen.
6. Click the **Print SOC 293 Form** link. The system displays the Print SOC 293 Form screen.
7. In the **Print** box, select **Generate Now for Local Print**.

   Note: This will immediately create the PDF document but not send it to the CMIPS II printer. The user can access the PDF on the Forms/Correspondence screen and print it (from Acrobat) to the county printer.
8. Click the **Save** link.
9. From the left navigation menu, click the **Forms/Correspondence** link. The system displays the Forms screen.
10. In the Action column, click the **Print** link. The system displays the File Download screen.
11. Select the **Open** button. The system displays the SOC 293 - Needs Assessment Form.pdf screen.
12. Select the **Print** button. The system displays the Print screen.

    Note: Users can select the pages to print from the county printer.
13. Click the **OK** button. The Needs Assessment form prints on the county printer.
14. (Optional) To save the PDF file to the computer hard drive, select **Save a Copy** from the File menu.

4.8 Program Evidence

The Program Evidence screen contains information specific to the current authorization period and allows a user to select manual NOAs.

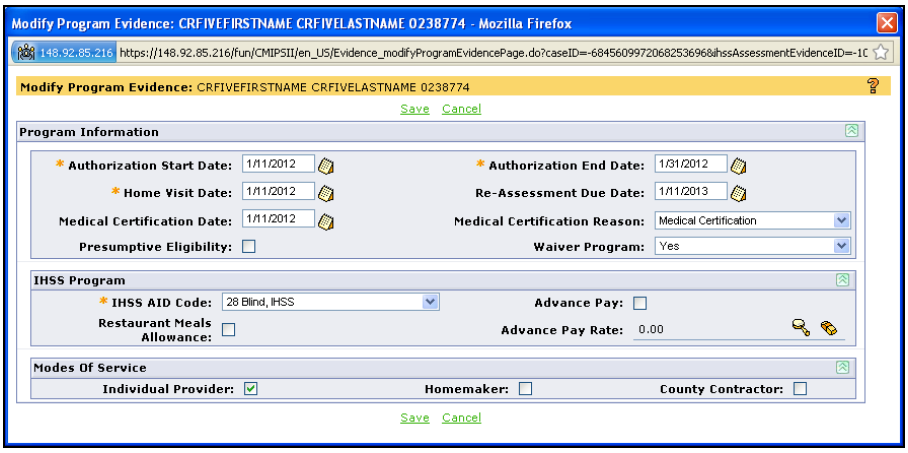


The table below lists the areas available on the Program Evidence screen.

Area	Description
Program Information	Contains the start and end dates for the authorization period, as well as the home visit date and re-assessment due dates. If the re-assessment due date is blank, it defaults to one year from the home visit date, but it can be modified to allow for the 18-month variable assessment. The medical certification date, medical certification reason and presumptive eligibility are indicated in this area. In addition, the waiver program indicates if the recipient is exempt from reduced hours.
IHSS Program	Contains information about the IHSS program, including the IHSS aid code, Advance Pay and allowance for restaurant meals.
Modes of Service	Indicates the provider types that can provide services: individual provider, homemaker or county contractor. In some counties, it is possible for recipients to receive services from multiple types of providers.
Funding Source Factor	Displays only information for active evidence (case has been approved). Federal Funding Participation (FFP) information is generated from MEDS while parent and spouse provider information is checked against business rules.
Manual NOAs	Displays any NOA messages that are manually entered. Users can add text to be included with the manual NOA messages. **Note:** Refer to the Manual Notice of Action List section.

4.8.1 Modify Program Evidence

Use the Program Evidence screen to edit the Program Evidence details.



Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Modify Program Evidence

1. From the left navigation menu, click the **Evidence** folder and then click the **Program Evidence** link. The system displays the Program Evidence screen.
2. In the **Program Information** area, click the **Edit Program Evidence** link. The system displays the Modify Program Evidence screen.
3. Select the **Authorization Start Date**.
4. Select the **Authorization End Date**.
5. Select the **Home Visit Date**.
6. Select the **Re-Assessment Due Date**.

   Note: If the user leaves the field blank, the date will default to 12 months from the home visit date when saved.
7. Select the **Medical Certification Date**.

   Note: The date on which the medical certification form was sent when the medical certification reason is pending or the date on which the medical certification form was received when the medical certification reason is other than pending
8. Select the **Medical Certification Reason**.
9. (Optional) Select the **Waiver Program** to indicate recipient's participation.

   Note: The waiver program indicates if the recipient is exempt from reduced hours.
10. In the **IHSS Program** area, select the **IHSS Aid Code**.
11. In the **Modes of Service** area, select the modes of service checkboxes.
12. Enter additional information if necessary.
13. Click the **Save** link. The system displays the Program Evidence screen.

4.8.2 View Program Evidence

Use the Program Evidence screen to view the program evidence details. This screen is read-only.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View the Program Evidence screen

1. From the left navigation menu, click the **Evidence** folder and then click the **Program Evidence** link. The system displays the Program Evidence screen.

4.8.3 IHSS Program

When the IHSS aid code is selected, Case Management uses business rules to cross-check the selection against other information that has been entered.

The available IHSS aid codes are:

- 10 - Aged, SSI/SSP
- 18 - Aged, IHSS
- 20 - Blind, SSI/SSP
- 28 - Blind, IHSS
- 60 - Disabled, SSI/SSP
- 68 - Disabled, IHSS
- Not Aged, Blind or Disabled

4.8.4 Add Advance Pay

The case owner must determine if a recipient meets Advance Pay eligibility based upon the hours authorized in certain task areas. A statement on the NOA informs a recipient regarding Advance Pay eligibility. The recipient must request Advance Pay.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Add Advance Pay

1. From the left navigation menu, click the **Evidence** folder and then click the **Program Evidence** link. The system displays the Program Evidence screen.
2. In the **Program Information** area, click the **Edit Program Evidence** link. The system displays the Modify Program Evidence screen.
3. In the **IHSS Program** area, click the **Advance Pay** checkbox.
4. In the **Advance Pay Rate** box, click the (magnifying glass) to search for the Advance Pay Rate. The system displays the County Pay Rate screen.
   a. In the **Search** area, enter the **From Date**.
   b. Click the **Search** link. The system displays the search results in the Pay Rate area.
   c. In the Action column, click the **Select** link to select a pay rate. The system displays the Advance Pay Rate on the Modify Program Evidence screen.
5. Click the **Save** link. The system displays the advance pay rate on the Program Evidence screen.

4.8.5 Manual Notice of Action

NOAs are system-generated and sent to applicants and recipients when certain actions are performed. A NOA can also be generated when a user enters a manual NOA message on the Program Evidence screen.

Click the Add/Edit NOAs link to select from a list of manual NOA codes that print on the system-generated NOA. The list includes a variety of notices, such as denial, state hearing and termination notices, among others. Users can also enter up to 200 characters of free-form text that will print on the NOA form.

Note: Once the case is approved, two copies of an NOA print in the overnight batch process. In addition, the NOA is saved in CMIPS II as a PDF file for future review and re-print. One copy of the NOA will print when the user requests a re-print.

4.8.5.1 Create/Modify Manual Notice of Action

The steps for modifying a manual NOA are the same as for creating a manual NOA.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Create/Modify Manual NOA

1. From the left navigation menu, click the **Evidence** folder and then click the **Program Evidence** link. The system displays the Program Evidence screen.
2. In the **Manual NOAs** area, click the **Add/Edit NOAs** link. The system displays the Modify Manual NOAs screen.
3. Select the **NOA Code** checkboxes.
4. (Optional) Type the **Freeform Text**.
5. Click the **Save** link. The selected Manual NOAs display on the Program Evidence screen.

4.8.5.2 Manual Notice of Action List

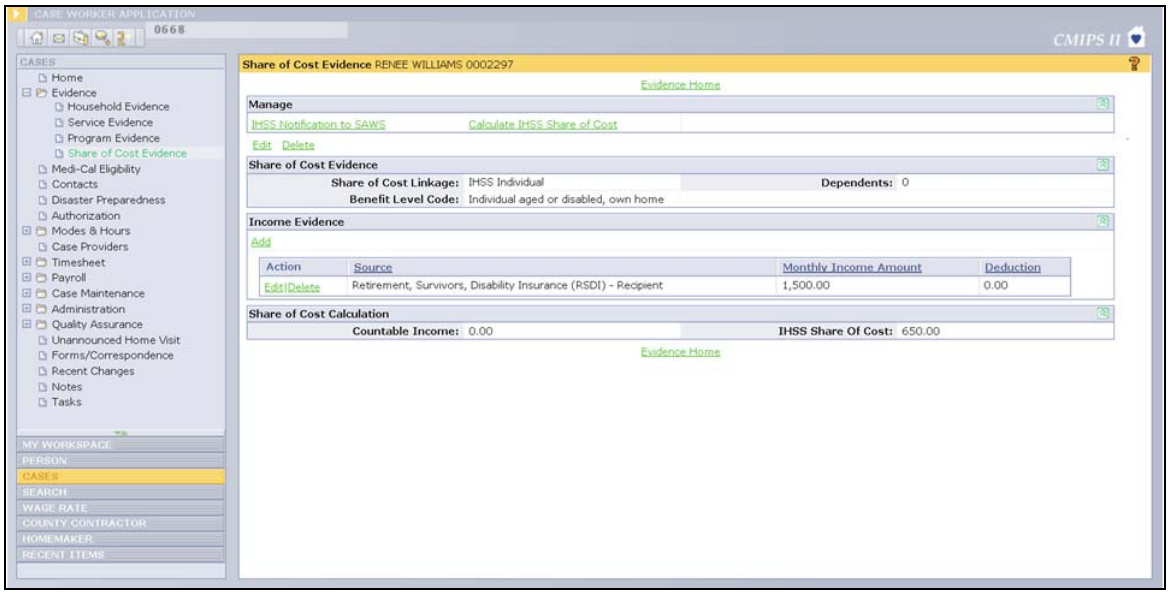
The table below lists the manual NOAs available in CMIPS II.

Code	Code Description
AP04	Advance Payment Termination – Recipient Request
AP05	Advance Payment – Termination – Reconciling timesheets not submitted in 90 days
AP06	Advance Payment – Termination – Did not pay provider timely
AP07	Advance Payment – Termination – Incorrect use of payment
AS01	Denial – Recipient request for Additional Assistance
DN02	Denial – Citizenship is undocumented
DN06	Denial – Residing in a hospital
DN07	Denial – Residing in an intermediate care facility
DN08	Denial – Residing in a SNF
DN09	Denial – Residing in a CCF

DN11	Denial – Refuse to Pay Share of Cost
DN15	Denial – Death
DN16	Denial – Did not provide adequate information
DN17	Denial – Non-Compliance with Medi-Cal Eligibility
DN19	Denial – IHSS-R Excess Resource
DN20	Denial – Suspect SSN
DN21	Denial – Duplicate SSN
PM01	Denial – Paramedical Services
PS01	Denial – Protective Supervision – No Assessed Need
PS02	Denial – Protective Supervision – Does not meet regulatory criteria – MPP 30-757.172
RH01	Reduction – No Unmet Need (On-going)
RH02	Reduction – Unmet Need (On-going)
RH03	IHSS Care Supplement received timely
RH04	IHSS Care Supplement received untimely
RH05	Timely Care Supplement Approved – No Hours Reduced
RH06	Timely Care Supplement Approved – Partial Hours Reduced
RH07	Timely Care Supplement Denied
RH08	Untimely Care Supplement Request Approved – Hours Fully Restored
RH09	Untimely Care Supplement Request Approved – Hours Partially Restored
RH10	Untimely Care Supplement Request Denied
RM05	Restaurant Meals Allowance – No Need for Meal Prep
RM06	Deny – Restaurant Meal Allowance – SSP recipient without adequate cooking facilities
RM07	Termination – Restaurant Meals Allowance – Receiving SSP payment
SH01	State Hearing – Outcome Compliance
SH02	State Hearing – Conditional Withdrawal
SH03	State Hearing – Payment
TR19	Termination – IHSS-R Excess Resource

4.9 IHSS Share of Cost Evidence

The Share of Cost Evidence screen contains information regarding the IHSS SOC calculations.



The table below lists the areas available on the Share of Cost Evidence screen.

Area	Description
Manage	Allows users to send a message to the SAWS eligibility worker, as well as to calculate the IHSS SOC.
Share of Cost Evidence	Allows users to select the SOC linkage and benefit level codes, as well as to enter the number of dependents.
Income Evidence	Allows for the input of recipient income information, including the source, amount and any deductions.
Share of Cost Calculation	Displays the results of the countable income and the IHSS SOC calculations.

4.9.1 Managing IHSS Share of Cost Evidence

IHSS SOC processes vary between counties. If income evidence has been entered and the Calculate IHSS Share of Cost link is selected, the countable income and IHSS SOC information displays at the bottom of the screen.

4.9.2 Create IHSS Share of Cost Evidence

Use the links on the IHSS Share of Cost Evidence screen to create SOC information.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Create IHSS Share of Cost Evidence

1. From the left navigation menu, click the **Evidence** folder and then click the **Share of Cost Evidence** link. The system displays the Share of Cost Evidence screen.
2. Click the **Add** link. The system displays the Create Share of Cost Evidence screen.

3. (Optional) Select the **Share of Cost Linkage**.

   Note: Required when data will be entered in the Income Evidence area. CMIPS II prevents the user from saving both SOC linkage and Benefit Level code, when the Countable Income field has data entered.
4. Select the **Benefit Level Code**.
5. (Optional) In the **Countable Income** box, type an amount.
6. Click the **Save** link. The system displays the Share of Cost Evidence screen.

4.9.3 Modify IHSS Share of Cost Evidence

Use the links on the IHSS Share of Cost Evidence screen to modify share of cost evidence information.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Modify IHSS Share of Cost Evidence

1. From the left navigation menu, click the **Evidence** folder and then click the **Share of Cost Evidence** link. The system displays the Share of Cost Evidence screen.
2. Click the **Edit** link. The system displays the Modify Share of Cost Evidence screen.
3. Select the **Share of Cost Linkage**.
4. Select the **Benefit Level Code**.
5. (Optional) Type the **Number of Dependents**.
6. (Optional) Type the **Countable Income** or leave blank for automated SOC calculation.
7. Click the **Save** link. The system displays the Share of Cost Evidence screen.

4.9.4 Create Income Evidence

Use the Share of Cost Evidence screen to create income evidence information.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Create Income Evidence

1. From the left navigation menu, click the **Evidence** folder and then click the **Share of Cost Evidence** link. The system displays the Share of Cost Evidence screen.

   Note: A share of cost linkage should be specified in order to be able to create income evidence.
2. In the **Income Evidence** area, click the **Add** link. The system displays the Create Income Evidence screen.
3. In the **Source** box, select the recipient income source.
4. Type the **Monthly Income Amount**.
5. (Optional) Type the **Deduction** or leave the field blank.
6. Click the **Save** link. The system displays the Share of Cost Evidence screen.

OR

Click the **Save & New** link if there is additional income. The system displays a new Create Income Evidence screen.

7. In the **Manage** area, click the **Calculate IHSS Share of Cost** link. The system updates the Share of Cost Calculation area.

4.9.5 Modify Income Evidence

Use the Share of Cost Evidence screen to edit income evidence information.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Modify Income Evidence

1. From the left navigation menu, click the **Evidence** folder and then click the **Share of Cost Evidence** link. The system displays the Share of Cost Evidence screen.
2. In the **Income Evidence** area, in the Action column, click the **Edit** link. The system displays the Modify Income Evidence screen.
3. Type the **Monthly Income Amount**.
4. Click the **Save** link. The system displays the Share of Cost Evidence screen.
5. Click the **Calculate IHSS Share of Cost** link. The system updates the Share of Cost Calculation area.

4.9.6 Delete Income Evidence

Use the Share of Cost Evidence screen to delete Income Evidence information.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Delete Income Evidence

1. From the left navigation menu, click the **Evidence** folder and then click the **Share of Cost Evidence** link. The system displays the Share of Cost Evidence screen.
2. In the **Income Evidence** area, in the Action column, click the **Delete** link. The system displays the message “Are you sure you want to delete this income evidence?” on the Delete Income Evidence screen.
3. Click the **Yes** link to confirm the deletion. The system updates the Share of Cost Calculation area.

4.9.7 IHSS Notification to SAWS

The IHSS Notification to SAWS screen is used when users become aware of changes in circumstances (such as potential income, resources or household composition) that may affect the recipient’s financial eligibility for IHSS and possibly Medi-Cal. This allows an IHSS case owner to send a message directly to the Medi-Cal worker.

Note: Refer to county-specific business processes regarding SOC evidence and the notification to SAWS.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Send a Notification to SAWS

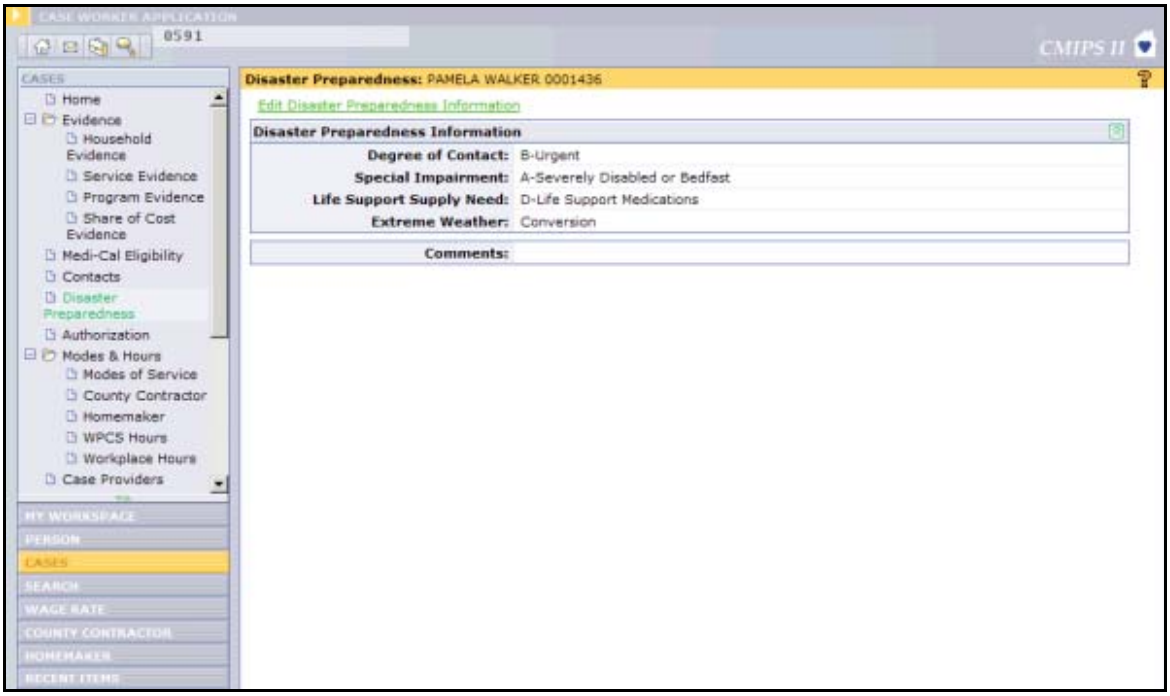
1. From the left navigation menu, click the **Evidence** folder and then click the **Share of Cost Evidence** link. The system displays the Share of Cost Evidence screen.
2. In the **Manage** area, click the **IHSS Notification to SAWS** link. The system displays the IHSS Notification to SAWS of Potential Income & Resource Change screen.

   Note: The IHSS Notification to SAWS link is only available when there is pending evidence.
3. Select the **Notification Type**.
4. (Optional) Type the **Comment**.
5. Click the **Submit** link. The system displays the Share of Cost Evidence screen.

4.10 Disaster Preparedness

The Disaster Preparedness screen provides information about the recipient's special impairment, as well as the degree of contact and life support required during disasters or extreme weather.

The information required on the Disaster Preparedness screen must be entered before a case can be submitted for approval. Disaster preparedness information is required and cannot be deleted; it can only be modified.



4.10.1 Create/Modify Disaster Preparedness Information

The steps to create disaster preparedness information are the same as for modifying disaster preparedness information.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create/Modify Disaster Preparedness Information

1. From the left navigation menu, click the **Disaster Preparedness** link. The system displays the Disaster Preparedness screen.
2. Click the **Edit Disaster Preparedness Information** link. The system displays the Modify Disaster Preparedness screen.
3. Select the **Degree of Contact**.
4. Select the **Special Impairment**.
5. Select the **Life Support Supply Need**.
6. Select the **Extreme Weather**.
7. (Optional) Type the **Comments**.
8. Click the **Save** link. The system displays the Disaster Preparedness screen.

4.10.2 View Disaster Preparedness Information

Use the Disaster Preparedness screen to view disaster preparedness information details. This screen is read-only.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Disaster Preparedness Information

1. From the left navigation menu, click **Disaster Preparedness**. The system displays the Disaster Preparedness screen.

4.11 Modes of Service

When program evidence is added, indicate what type(s) of provider will perform the service tasks for the case.

- Individual Provider (IP) - An individual who is employed by the IHSS recipient to provide only those services authorized by the IHSS case owner in the county. The recipient is responsible for hiring, training, supervising and firing his/her employee.
- Homemaker (HM) - An individual who is employed by IHSS in the county and is sent into the recipient’s home to provide only those services authorized by the IHSS case owner in the county.
- County Contractor (CC) - A home health agency that employs, trains and supervises individuals who are sent into IHSS recipients’ homes to provide only those services authorized by the IHSS case owner in the county. The county IHSS office contracts with the agency for this purpose.

Users can assign hours to the type(s) of provider selected in the Modes of Service area. By default, Case Management allocates all authorized hours to the individual provider type.

In cases where homemakers and/or county contractors will also provide services, the case owner will need to access the Modes of Service screen to reallocate the authorized hours properly.

4.11.1 Assign Modes of Service

Use the Program Evidence screen to assign modes of service.

Before Beginning: Start with add new evidence. Refer to the Add New Evidence section in the Recipient Management chapter. Only pending evidence can be modified. Once the evidence is activated, the evidence can only be viewed.

To Assign Modes of Service

1. From the left navigation menu, click the **Evidence** folder and then click the **Program Evidence** link. The system displays the Program Evidence screen.
2. Click the **Edit Program Evidence** link. The system displays the Modify Program Evidence screen.
3. In the **Modes of Service** area, select the provider type checkboxes.
4. Click the **Save** link. The system displays the Program Evidence screen.

4.11.2 Modify Modes of Service Hours

Use the Modify Modes of Service screen to distribute the recipient's authorization to purchase hours between the different modes of service indicated on the Program Evidence screen. The system automatically allocates all authorized hours to the individual provider type. However, the case owner can distribute the recipient's authorized hours between the different modes of service as necessary.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify the Modes of Service Hours

1. From the left navigation menu, click the **Modes & Hours** folder and then click the **Modes of Service** link. The system displays the Modes of Service screen.
2. In the **From** box, select a date.
3. In the **To** box, select a date.
4. Click the **Search** link. The system displays the search results in the table.

   Note: The search period is limited to one year.
5. In the Action column, click the **Edit** link. The system displays the Modify Modes of Service screen.
6. In the **Start Date** box, select a date.
7. In the **County Contractor Hours (HH:MM)** box, type the number of hours and minutes when applicable.
8. In the **Individual Provider Hours (HH:MM)** box, type the number of hours and minutes when applicable.
9. In the **Homemaker Hours (HH:MM)** box, type the number of hours and minutes when applicable.
10. Click the **Save** link. The system displays the Modes of Service screen.

4.11.3 View Modes of Service

Use the Program Evidence screen to view Modes of Service. This screen is read-only.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Modes of Service

1. From the left navigation menu, click the **Modes & Hours** folder and then click the **Modes of Service** link. The system displays the Modes of Service screen.
2. In the Action column, click the **View** link. The system displays the View Modes of Service screen.

4.11.4 Workplace Hours

The Workplace Hours screen allows users to indicate the number of authorized hours to be provided to the recipient at his/her place of work. The assessment is based upon the recipient's in-home needs. A portion of those hours may be provided in the workplace. This screen also provides access to the Create, Modify and View Workplace Hours screens.

Note: The workplace hours assignment is not tracked to the service type level or by the provider.

4.11.4.1 Create Workplace Hours

Use the Create Workplace Hours screen to indicate the number of authorized hours to be provided in the workplace.

Note: The case must have authorization to purchase hours for the service month before a workplace hours record can be created.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create Workplace Hours

1. From the left navigation menu, click the **Modes & Hours** folder and then click the **Workplace Hours** link. The system displays the Workplace Hours screen.
2. Click the **New** link. The system displays the Create Workplace Hours screen.
3. In the **Workplace Hours** box, type the hours and minutes.
4. Select the **Start Date**.
5. Click the **Save** link. The system displays the Workplace Hours screen.

4.11.4.2 Modify Workplace Hours

Use the Modify Workplace Hours screen to edit the number of authorized hours to be provided in the workplace.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify Workplace Hours

1. From the left navigation menu, click the **Modes & Hours** folder and then click the **Workplace Hours** link. The system displays the Workplace Hours screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Workplace Hours screen.
3. In the **Workplace Hours** box, type the hours and minutes.
4. Select the **Start Date**.
5. Click the **Save** link. The system displays the Workplace Hours screen.

4.11.4.3 View Workplace Hours

Use the Workplace Hours screen to view the number of authorized workplace hours. This screen is read-only.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Workplace Hours

1. From the left navigation menu, click the **Modes & Hours** folder and then click the **Workplace Hours** link. The system displays the Workplace Hours screen.
2. In the Action column, click the **View** link. The system displays the View Workplace Hours screen.

5. Final Determination

During final determination, Case Management processes the entered case evidence using a set of business rules. These rules determine the applicant's impairment level, funding source and the authorized hours of service, as well as overall eligibility for services.

Complete the final determination process after adding all evidence and required information to the pending case. Final determination consists of these main steps:

- Check Eligibility - Process the business rules to determine the applicant's eligibility for services.
- View the authorization summary for the pending evidence.
    - Reduced Hours - Review the results of the service hour reduction, and adjust as appropriate for the case.
- Submit for Approval - Submit the case outcome for approval.
- Approve or Reject the Case Outcome - Depending on user role, a supervisor may need to review the evidence and approve or reject the case outcome.
- View the authorization summary for the active evidence.

5.1 Check Eligibility

After adding all evidence to the pending case, the Check Eligibility link is used to determine an eligibility outcome. It is necessary to check an applicant's eligibility before submitting the case for approval. During this process, the system identifies any errors or missing information needed to determine eligibility and displays them to the user; however, it does not generate any NOAs.

If errors or missing information exist, make corrections and check eligibility again before submitting the case for approval. Check eligibility as many times as needed until all the business rules are executed and the system has satisfactorily determined eligibility.

If no errors exist, the system displays the Authorization Summary screen. This summary displays information about the evidence and what services have been authorized.

Note: The Check Eligibility link will only display if the case has pending evidence. If the case has no pending evidence, the Check Eligibility link will not display.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter. Case must have pending evidence.

To Check Eligibility

1. From the left navigation menu, click the **Evidence** folder. The system displays the Evidence Workspace screen.
2. In the **Manage** area, click the **Check Eligibility** link. The system displays the Check Eligibility screen.

   Note: The Check Eligibility link will only display if there is pending evidence. If the case is eligible, the Check Eligibility link will not display on the Evidence Workspace screen.
3. In the **Eligibility Date** box, select a date.

   Note: The Eligibility Date must be after the Authorization Start Date and before the Authorization End Date listed in the Pending Evidence Details area.
4. Click the **Check Eligibility** link. The system displays the Authorization Summary screen.
5. Review the authorization details.

   Note: If the authorization details do not match the anticipated results, return to the evidence and other applicant data screens to review and/or update the data entry.
6. Click the **Close** link. The system displays the Evidence Workspace screen.

5.2 View an Authorization Summary

Use the Authorization Summary screen to display the authorization segment dates, number of hours authorized for each service type, as well as if time authorized is per week or month. Links at the top of the screen allow users to view the assessment narrative, reduce hours and print the SOC293 form.

Authorization Summary: James Smith 1234002

Close

View Assessment Narrative Reduced Hours

Authorization Summary

Authorization Segment Start Date:	10/1/2011	Application Date:	8/25/2011
Authorization Segment End Date:	12/31/2011	IHSS Determination Date:	8/29/2011
Total Auth to Purchase Before LMA (HH:MM):	00:00	Impairment Level:	SI
Unmet Need Before LMA (HH:MM):	00:00	Functional Index Score:	2.622
LMA (HH:MM):	00:00	Restaurant Meals Allowance:	No
Unmet Need After LMA (HH:MM):	00:00	Advance Pay:	No
Total Auth to Purchase After LMA (HH:MM):	00:00	IHSS SOC:	0.00
Reduced Hours (HH:MM) :	00:00	SOC Compare Cost:	0.00
Unmet Need After Reduce Hours (HH:MM) :	00:00	Funding Source Aid Code:	2M - PCSP
Total Auth to Purchase After Reduced Hours (HH:MM):	00:00	24 Hour Protective Supervision Care Plan Need (HH:MM):	00:00

Service Type Details

Service Type	W/M	HTG	Total Assessed Need	Adj	Ind Assessed Need	Alt+Ref+Vol	Net Adj Need	Unmet Need	Auth to Purchase
Domestic Services	M	⊞	25:16	00:00	25:16	00:00	25:16	00:00	25:16
Preparation of Meals	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Meal Clean-up	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Laundry	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Shopping for Food	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Other Shopping & Errands	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Respiration	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Bowel & Bladder Care	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Feeding	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Routine Bed Baths	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Dressing	W	⊞	05:50	00:00	05:50	00:00	05:50	00:00	05:50
Menstrual Care	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Ambulation	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Transfer	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Bathing, Oral Hygiene, and Grooming	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Rubbing Skin, Repositioning	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Care and Assistance with Prosthesis	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Accompaniment to Medical Appointments	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Accompaniment to Alternative Resources	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Protective Supervision	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Paramedical Services	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Heavy Cleaning	M		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Yard Hazard Abatement	M		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Removal of Snow, Ice	M		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Teaching and Demonstration	M		00:00	00:00	00:00	00:00	00:00	00:00	00:00

NOA Messages

Manual Selected:		System Generated:	LM01,MS03,SC07,HR03

Rules

⊞ IHSS Rules

The table below lists the areas available on the Authorization Summary screen.

Area	Description
Authorization Summary	Displays key information about the authorization segment such as the Authorization Segment Start, Authorization Segment End Date, Funding Source Aid Code and the Functional Index Score.
Service Type Details	Displays the same information as the Service Evidence screen. Case owners can view the hours authorized for each service type, as well as whether the time authorized is per week or per month.

Area	Description
NOA Messages	Displays a list of all NOA codes applicable to the evidence.
Rules	Displays the business rules that were used to determine the eligibility for the case.

Authorization Summary Area
The table below lists the boxes available in the Authorization Summary area.

Box	Description
Authorization Segment Start Date	Authorization start date for the authorization segment being viewed.
Application Date	Case application date.
Authorization Segment End Date	Authorization end date for the authorization segment being viewed.
IHSS Determination Date	System-generated date of authorization determination.
Total Auth to Purchase Before LMA	Total authorized to purchase hours for the service period before the LMA is applied. Displays in HH:MM format.
Impairment Level	NSI - Non-Severely Impaired, SI - Severely Impaired
Unmet Need Before LMA	Total unmet need for the service period before the LMA is applied. Displays in HH:MM format.
Functional Index Score	System-calculated functional index based on indicated functional ranks.
LMA Hours	The legislative mandated adjustment (LMA) hours. Displays in HH:MM format.
Restaurant Meals Allowance	Displays whether or not (Yes or No) the case was indicated with restaurant meals allocation.
Unmet Need After LMA	Total unmet need for the service period after the LMA is applied. Displays in HH:MM format.
Advance Pay	Displays whether or not (Yes or No) the case is indicated as Advance Pay
Total Auth to Purchase After LMA	The authorized to purchase hours for the service period after the LMA is applied. Displays in HH:MM format.
IHSS SOC	System-calculated IHSS SOC, which is derived from data entered on the Share of Cost Evidence screen.
Reduced Hours	Total reduced hours. Displays in HH:MM format.
SOC Compare Cost	Share of Cost Compare Cost is computed as the total authorized hours for the case multiplied by the highest IP rate in effect for the county. The Share of Cost Compare Cost is used in determining whether IHSS-R recipients have a share of cost that exceeds the value of their case.

Box	Description
Unmet Need After Reduced Hours	Total unmet need for the service period after the reduced hours is applied. Displays in HH:MM format.
Funding Source Aid Code	Code indicating source of funding. For example, 2L - IPO, 2M - PCSP, 2N - IHSS-R.
Total Auth to Purchase After Reduced Hours	The authorized to purchase hours for the service period after the reduced hours was applied. Displays in HH:MM format.
24 Hour Protective Supervision Care Plan Need	24 hour protective supervision care plan for the service period. Will only display on cases with protective supervision. Displays in HH:MM format.

Service Type Details Area
The table below lists the boxes available in the Service Type Details area.

Box	Description
Service Type	List of the 25 IHSS services.
W/M	Indicator of whether the service is assessed on for a weekly (W) or monthly (M) basis.
HTG	Indicator signifying if the individual assessed need is above (+) or below (-) an associated hourly task guideline (HTG).
Total Assessed Need	The total assessed need, in hours, for the service type. Displays in HH:MM format.
Adj	System-calculated adjustment associated with the service type based upon user entry. Displays in HH:MM format.
Ind Assessed Need	System-calculated individual assessed need (Total Assessed Need – Adjustments = Ind Assessed Need). Displays in HH:MM format.
Alt+Ref+Vol	Aggregated hours for alternate resources, refused services and voluntary services associated to the service type. Displays in HH:MM format.
Net Adj Need	System-calculated net adjusted need (Individual Assessed Need - Alternate Resources - Refused Services - Voluntary Services = Net Adj Need) for the service type. Displays in HH:MM format.
Unmet Need	System-calculated unmet need for the service type. Displays in HH:MM format.
Auth to Purchase	System-calculated authorized to purchase hours (Net Adjusted Need - Unmet Need = Auth to Purchase). Displays in HH:MM format.

NOA Messages Area
The table below lists the boxes available in the NOA Messages area.

Box	Description
Manual Selected	Displays the NOA codes manually selected by the user. NOA codes display in a comma separated string.
System Generated	Displays the system generated NOA codes identified during eligibility processing. NOA codes display in a comma separated string.

Rules Area

The table below lists the boxes available in the Rules area. Click the + next to any item in this area to view more details. If a business rule succeeded, the icon will be yellow with a check mark. If a business rule failed, the icon will remain white with a red X.

Box	Description
Rules	The tree of rules that were executed to arrive at this authorization.

5.2.1 View an Authorization Summary for Pending Evidence

When a case has pending evidence and the check eligibility process has been completed, the user can view the Authorization Summary screen. If no data inconsistencies exist, the Authorization Summary screen displays the authorization which will result when the submit for approval process is completed.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter. Case must have pending evidence.

To View an Authorization Summary for Pending Evidence

1. From the left navigation menu, click the **Evidence** folder. The system displays the Evidence Workspace screen.
2. In the **Manage** area, click the **Check Eligibility** link. The system displays the Check Eligibility screen.

   Note: The Check Eligibility link will only display if there is pending evidence. If the case is eligible, the Check Eligibility link will not display on the Evidence Workspace screen.
3. In the **Eligibility Date** box, select a date.

   Note: The Eligibility Date must be after the Authorization Start Date and before the Authorization End Date listed in the Pending Evidence Details area.
4. Click the **Check Eligibility** link. The system displays the Authorization Summary screen.

5.2.2 View an Authorization Summary for Active Evidence

Once the case outcome has been approved and services have been authorized, the Authorization Summary screen can be used to display authorization segments and summaries associated with the current active evidence. This screen is read-only.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter. Case must have active evidence.

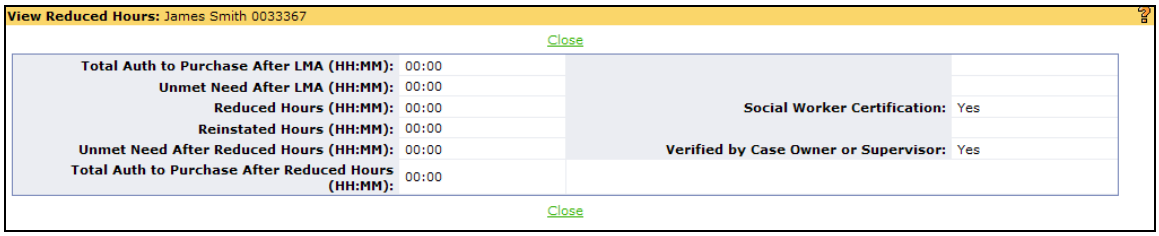
To View an Authorization Summary for Active Evidence

1. From the left navigation menu, click the **Authorization** link. The system displays the Authorizations screen.
2. In the **From Date** box, select a date.
3. In the **To Date** box, select a date.
4. Click the **Search** link. The system updates the list of Authorization Segments.
5. In the **Authorization Segments** area, in the Action column, click the **View** link. The system displays the Authorization Summary screen.

6. Review the authorization details.
7. Click the **Close** link. The system displays the Authorizations screen.

5.2.3 View Reduced Hours

Use the View Reduced Hours screen to view the reduced hours associated to the recipient. When the Reduced Hours link is selected from the Authorization Summary screen associated with active evidence the View Reduced Hours screen displays.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter. Case must have active evidence.

To View Reduced Hours

1. From the left navigation menu, click the **Authorization** link. The system displays the Authorizations screen.
2. In the **From Date** box, select a date.
3. In the **To Date** box, select a date.
4. Click the **Search** link. The system updates the list of Authorization Segments.
5. In the **Authorization Segments** area, in the Action column, click the **View** link. The system displays the Authorization Summary screen.
6. Click the **Reduced Hours** link. The system displays the View Reduced Hours screen.

   Note: When the Reduced Hours link is selected from the Authorization Summary screen during the Check Eligibility process, the Modify Reduced Hours screen displays.
7. Review the service hour reduction details.
8. Click the **Close** link. The system displays the Authorization Summary screen.

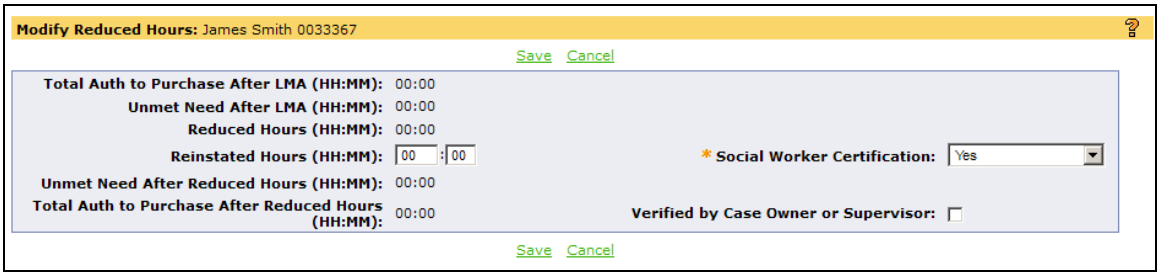
5.3 Reduced Hours

CMIPS II supports service hour reduction to IHSS recipients. It also records if a recipient is exempt from the reduction in hours if they are in a waiver program (CMIPS II does not track the type of waiver.). Additionally, CMIPS II allows a portion or all of the recipient's reduced hours to be reinstated. To authorize the case, it requires the case owner or supervisor to review the Reduced Hours associated with the assessment.

5.3.1 Modify Reduced Hours

Use the Modify Reduced Hours screen to edit the reduced hours associated to the recipient. Based on the case assessment, if the case owner determines the recipient is at risk of out-of-home placement, the case owner is authorized to reinstate a portion of the recipient reduced hours or make a recipient exempt from the service hour reduction.

Note: If no changes are being made, click the Verified by Case Owner or Supervisor checkbox and then submit for approval.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter. Case must have pending evidence.

To Modify Reduced Hours

1. From the left navigation menu, click the **Evidence** folder. The system displays the Evidence Workspace screen.
2. In the **Manage** area, click the **Check Eligibility** link. The system displays the Check Eligibility screen.

   Note: The Check Eligibility link will only display if there is pending evidence.
3. In the **Eligibility Date** box, select a date.
4. Click the **Check Eligibility** link. The system displays the Authorization Summary screen.
5. Click the **Reduced Hours** link. The system displays the Modify Reduced Hours screen.

   Note: When the Reduced Hours link is selected from the Authorization Summary screen associated with active evidence the View Reduced Hours screen displays.
6. In the **Social Worker Certification** box, select yes or no.

   Note: Select yes if the recipient should be excluded from a reduction in hours. CMIPS II will automatically restore reduced hours.
7. (Optional) In the **Reinstated Hours (HH:MM)** box, type the number of hours and minutes.
8. Select the **Verified by Case Owner or Supervisor** checkbox.
9. Click the **Save** link. The system displays the Authorization Summary screen.

   Note: If hours were reinstated, the Total Auth to Purchase After Reduced Hours will be updated.

5.4 Submit a Case for Approval

After checking eligibility and confirming the authorization summary details, the case owner submits the case outcome for approval.

After clicking the Submit for Approval link, the system response depends on the submitter's user role:

- If the user role requires supervisory review, the system sends the supervisor a task to review the pending evidence and approve or reject the case outcome. The system notifies the case owner when the case outcome has been approved or rejected.
- If the user role does not require supervisory review, the system uses the business rules to process the evidence and apply the outcome to the case.

Note: After a case outcome has been approved and the evidence is active, the assessment cannot be edited. If a change must be made, a change assessment is required. For workers who require supervisor approval, if the case outcome is rejected, the system sends a task to the worker who submitted the case to confirm and/or update the evidence.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter. Case must have pending evidence.

To Submit a Case for Approval

1. From the left navigation menu, click the **Evidence** folder. The system displays the Evidence Workspace screen.
2. Click the **Submit for Approval** link. The system displays the message “Are you sure you want to submit this case for approval?” on the Submit Case for Approval screen.
3. Click the **Yes** link. The system displays the Evidence Workspace screen.

   Note: If the user role does not require supervisory review, the system uses the business rules to process the evidence and apply the outcome to the case. If the user role does require supervisory review, the system sends a task to the user’s supervisor to review the evidence and approve or reject the case outcome. When the process is complete, the user can view the authorization and decisions.

5.5 Approve a Case Outcome

Supervisors use the Approve Case screen to approve case outcomes submitted by users whose user role requires supervisory review. The Approve link displays on the Evidence Workspace screen after users check eligibility and submit cases for approval. Supervisors should always review the Evidence screens before approving a case outcome.

Before Beginning: View task received in the Reserved Tasks screen. Refer to the Reserved Task section in the Case Management Basic Navigation chapter.

To Approve a Case from the Reserved Tasks List

1. On the Reserved Task screen, in the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.
2. In the **Primary Action** area, click the **Evidence Workspace** link. The system displays the Evidence Workspace screen.
3. Review the case details.
4. On the Evidence Workspace screen in the **Manage** area, click the **Approve** link. The system displays the message “Are you sure you want to approve this case?” on the Approve Case screen.
5. Click the **Yes** link. The system processes the business rules, activates the pending evidence and notifies the worker who submitted the case. The system displays the Evidence Workspace screen.

5.6 Reject a Case Outcome

Supervisors use the Reject Case screen to reject case outcomes submitted by users whose user role requires supervisory review. The Reject link displays on the Evidence Workspace screen after workers check eligibility and submit cases for approval. Supervisors should always review the Evidence screens before rejecting a case outcome.

Before Beginning: View task received in the Reserved Tasks screen. Refer to the Reserved Task section in the Case Management Basic Navigation chapter.

To Reject a Case from the Reserved Tasks List

1. On the Reserved Task screen, in the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.
2. In the **Primary Action** area, click the **Evidence Workspace** link. The system displays the Evidence Workspace screen.
3. Review the case details.
4. On the Evidence Workspace screen in the **Manage** area, click the **Reject** link. The system displays the Reject Case screen.
5. In the Rejection Reason column, select the checkboxes for all applicable rejection reasons.
6. In the **Rejection Comments** box, type a comment.
7. Click the **Reject Case** link. The system sends a task to the case owner who submitted the case to confirm and/or update evidence. The system displays the Evidence Workspace screen.

5.7 Cancel a Submission of a Case

Use the Cancel Submission screen to cancel a previous submission for approval. Case owners can cancel a submission of a case if the evidence is still pending and the supervisor has not approved or rejected the case outcome. When a case submission is cancelled, the system deletes the supervisor's task to approve or reject the case outcome. The Cancel Submission link displays on the Evidence Workspace screen after the case owner checks eligibility and submits a case for approval.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter. Case must have pending evidence.

To Cancel a Submission of a Case

1. From the left navigation menu, click the **Evidence** folder. The system displays the Evidence Workspace screen.
2. Click the **Cancel Submission** link. The system displays the message "Are you sure you want to cancel submission?" on the Cancel Submission screen.
3. Click the **Yes** link. The system cancels the previous Submit for Approval action. The system displays the Evidence Workspace screen.

6. Case Maintenance

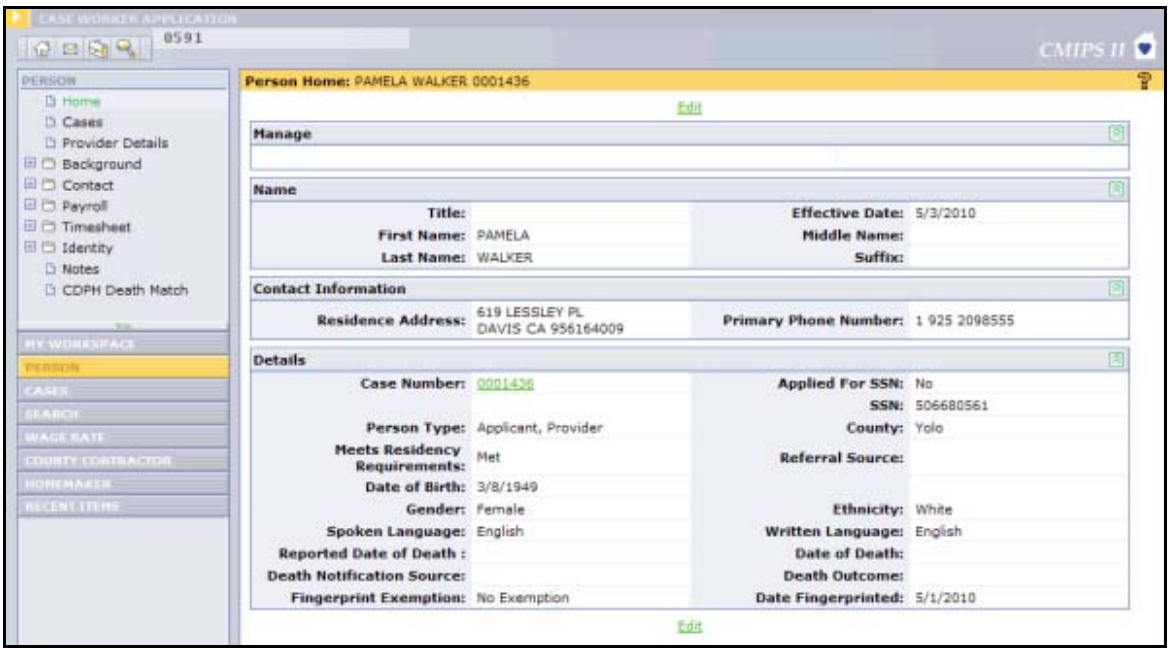
During the life cycle of every case, various case maintenance activities are performed to update ongoing casework. These activities may include updating recipient information, entering case contact information, creating case and person notes, entering reassessment and renewal information and entering and updating inter-county transfer and state hearing information. The activities may also include terminating a case, putting a case on leave, rescinding a case termination or reactivating a case.

6.1 Person Records

Once a person is created in Case Management, users can edit and view the details of the person record. A person record exists only once in Case Management but may be associated with multiple person type indicators. For instance, if a person is both an IHSS recipient and a provider, that individual will have a single person record in the system. All of the person type indicators will be listed on the Person Home screen (for example, Recipient, Provider).

Person Type Indicators
All persons are identified with one or more person type Indicators:

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



6.1.1 View a Person Record

Use the View Person History screen to view the details of the person's background information. This screen is read-only.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To View a Person Record

1. From the left navigation menu, click the **Background** folder and then click the **History** link. The system displays the Person History screen.
2. In the Action column, click the **View** link. The system displays the View Person History screen.

6.1.2 Modify a Person Record

Use the Modify Person screen to edit the details of a person's record.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Modify a Person Record

1. On the Person Home screen, click the **Edit** link. The system displays the Modify Person screen.
2. (Optional) Enter information if necessary.
3. Click the **Save** link. The system displays the Person Home screen.

6.1.3 Addresses

Use the Address screen to view a list of addresses associated with a person record. This screen also provides access to the Create, Maintain and View Address screens.

6.1.3.1 Create an Address

Use the Create Address screen to create a new address for a person.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Create a New Address

1. From the left navigation menu, click the **Contact** folder and then click the **Addresses** link. The system displays the Addresses screen.
2. Click the **New** link. The system displays the Create Address screen.
3. Select the **Address** (for example, mailing or residence).
4. Select the **Type** of address.
5. In the **Type** box, click the (magnifying glass) to add a new address. The system displays the Maintain Address screen.

a. In the **Address** area, enter the following fields:
   - Number
   - Street
   - City
   - State
   - Zip code

b. Click the **Verify** link. The system updates the Addresses area on the Maintain Address screen.

   Note: The Coding Accuracy Support System (CASS) Address Verification is executed. The Addresses area displays the address entered by the user on the first line and then any CASS verified addresses.

c. In the Action column, click the **Select** link for the correct address. The system displays the Create Address screen.

6. (Optional) Select the **Use As Mailing Address** checkbox.
7. Click the **Save** link. The system displays the Addresses screen.

6.1.3.2 Maintain an Address

Use the Maintain Street Address screen to edit and verify address information for a person.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Verify Address

1. From the left navigation menu, click the **Contact** folder and then click the **Addresses** link. The system displays the Addresses screen.
2. In the Action column, click the **Edit** link. The system displays the Maintain Street Address screen.
3. In the **Details** area, select the **From** date.
4. (Optional) In the **Address** area, enter the following fields:
   - Number
   - Street
   - City
   - State
   - Zip code
5. (Optional) Select the **Use as Mailing Address** checkbox.
6. Click the **Verify** link. The system updates the Addresses area on the Maintain Street Address screen.

   Note: The Coding Accuracy Support System (CASS) Address Verification is executed.
7. In the Action column, click the **Select** link. The system displays the Addresses screen.

Note: Addresses are verified using the United States Postal Service (USPS) Coding Accuracy Support System (CASS). Both Residence and Mailing Addresses are subject to CASS verification.

6.1.3.3 View an Address

Use the View Address screen to display address details for a person. This screen is read-only.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To View an Address

1. From the left navigation menu, click the **Contact** folder and then click the **Addresses** link. The system displays the Addresses screen.
2. In the Action column, click the **View** link. The system displays the View Address screen.

6.1.4 Phone Number

Use the Phone Number screen to view a list of phone numbers associated with a person record. This screen also provides access to the Create, Modify and View Phone Number screens.

6.1.4.1 Create a Phone Number

Use the Create Phone Number screen to create a new phone number for a person.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Create a Phone Number

1. From the left navigation menu, click the **Contact** folder and then click the **Phone Numbers** link. The system displays the Phone Numbers screen.
2. Click the **New** link. The system displays the Create Phone Number screen.
3. Select the **Type** of phone number.
4. Select the **From** date.
5. Type the **Phone Number**.

   Note: Enter the area code and phone number without dashes.
6. (Optional) Type the **Comments**.
7. Click the **Save** link. The system displays the Phone Numbers screen.

   OR

   Click the **Save & New** link. The system displays a new Create Phone Number screen.

6.1.4.2 Modify a Phone Number

Use the Modify Phone Number screen to edit the phone number for a person. The phone number can also be modified from the View Phone Number screen.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Modify a Phone Number

1. From the left navigation menu, click the **Contact** folder and then click the **Phone Numbers** link. The system displays the Phone Numbers screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Phone Number screen.
3. Select the **From** date.
4. Type the **Phone Number**.

   Note: Enter the area code and phone number without dashes.
5. (Optional) Type the **Comments**.
6. Click the **Save** link. The system displays the Phone Numbers screen.

6.1.4.3 View a Phone Number

Use the View Phone Number screen to display phone number details for a person. This screen is read-only.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To View a Phone Number

1. From the left navigation menu, click the **Contact** folder and then click the **Phone Numbers** link. The system displays the Phone Numbers screen.
2. In the Action column, click the **View** link. The system displays the View Phone Number screen.

6.1.5 Alternative IDs for a Person

In Case Management, a person can have alternative IDs or other unique identifiers, including:

- Social Security Number (SSN)
- Client Index Number (CIN)
- Medi-Cal Eligibility Determination System Identification (MEDS ID)
- Provider Number
- Legacy CMIPS Recipient ID (10 digits)
- Legacy CMIPS Provider ID (16 digits)

The Alternative IDs screen provides access to the Create, Change and View Alternative ID screens. The only alternative ID a user can create or change is the SSN. All other alternative IDs are controlled by the system.

Note: All legacy CMIPS recipient IDs (10-digit case number) and legacy CMIPS provider numbers (16-digit provider number) will be listed as CMIPS II alternative IDs. While many alternative IDs can be included as search criteria, it is not possible to search for a person using the legacy CMIPS recipient ID, the legacy CMIPS provider ID or the MEDS ID.

6.1.5.1 Create Alternative ID

Use the Create Alternative ID screen to create a new alternative ID for a person.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Create Alternative ID

1. From the left navigation menu, click the **Identity** folder and then click the **Alternative IDs** link. The system displays the Alternative IDs screen.
2. Click the **New** link. The system displays the Create Alternative ID screen.
3. In the **Details** area, type the **Alternative ID** (for example, Social Security Number).
4. Select the **Type**.
5. Type the **From** date.
6. (Optional) Select the **Duplicates** type.

   Note: The available types are duplicate SSN and suspect SSN.
7. (Optional) Type the **Comments**.
8. Click the **Save** link. The system displays the Alternative IDs screen.

   OR

   Click the **Save & New** link. The system displays a new Create Alternative ID screen.

6.1.5.2 Modify Alternative ID

Use the Modify Alternative ID screen to edit the person's alternative ID.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Modify Alternative ID

1. From the left navigation menu, click the **Identity** folder and then click the **Alternative IDs** link. The system displays the Alternative IDs screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Alternative ID screen.
3. In the **Details** area, type the **Alternative ID** (for example, Social Security Number).
4. Type the **From** date.
5. (Optional) Select the **Duplicates** type.

   Note: The available types are duplicate SSN and suspect SSN.
6. (Optional) Type the **Comments**.
7. Click the **Save** link. The system displays the Alternative IDs screen.

Note: Users can also access the Modify Alternative ID screen by clicking the Edit link on the View Alternative ID screen.

6.1.5.3 View Alternative ID

Use the View Alternative ID screen to display the person's alternative ID. This screen is read-only.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To View Alternative ID

1. From the left navigation menu, click the **Identity** folder and then click the **Alternative IDs** link. The system displays the Alternative IDs screen.
2. In the Action column, click the **View** link. The system displays the View Alternative ID screen.
3. (Optional) To view the history details, click the **History** button. The system displays the Alternative ID History screen.

6.2 Contacts

Contacts are used to record information regarding the people that the applicant/recipient has permitted the case owner to contact, as appropriate, regarding a case. Case Management can record contact information for a variety of different types of contacts, including the following:

- Message
- Emergency
- Conservator
- Guardian
- Timesheet Signatory
- Authorized Representative
- Power of Attorney
- Previous Guardian

To record a contact, add the contact's name and the type of contact, along with his/her spoken language, mailing address and phone numbers.

From the Contacts screen, users may access the Create, Modify and View Contact screens.

6.2.1 Create Contacts

Use the Create Contact screen to add a new contact.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create a New Contact

1. From the left navigation menu, click the **Contacts** link. The system displays the Contacts screen.
2. Click the **Add New Contact** link. The system displays the Create Contact screen.
3. In the **Name** box, type the person's name.
4. In the **Type** box, select the type of contact.
5. In the **Spoken Language** list, select the language.
6. (Optional) In the **Mailing Address** area, select the **Mailing Address Type**.

7. (Optional) Click the (magnifying glass) to search for a mailing address.
8. In the **Phone Numbers** area, in the **Type** box, select the type of **phone number**.
9. In the **Phone #1** box, type a phone number.
10. Click the **Save** link. The system displays the Contacts screen.

    OR

    Click the **Save & New** link. The system displays a new Create Contact screen.

6.2.2 Modify Contacts

Use the Modify Contact screen to edit a person's contact information.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify a Contact

1. From the left navigation menu, click the **Contacts** link. The system displays the Contacts screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Contact screen.
3. In the **Type** list, select the type of contact.
4. In the **Spoken Language** box, select the language.
5. (Optional) In the **Mailing Address** area, select the **Mailing Address Type**.
6. (Optional) Click the (magnifying glass) to search for a mailing address.
7. In the **Phone Numbers** area, in the **Type** box, select the type of phone number.
8. In the **Phone #1** box, type a phone number.
9. Click the **Save** link. The system displays the Contacts screen.

Note: The user can also access the Modify Contact screen from the View Contact screen.

6.2.3 View Contacts

Use the View Contact screen to view the contacts associated with an applicant/recipient. This screen is read-only. From this screen, users may also access the Modify and Inactivate Contact screens.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Contacts

1. From the left navigation menu, click the **Contacts** link. The system displays the Contacts screen.
2. In the Action column, click the **View** link. The system displays the View Contact screen.

Note: The user can also access the Modify Contact screen and Inactivate Contact screen from the View Contact screen.

6.2.4 Inactivate a Contact

Use the Inactivate Contact screen to delete the contact associated with an applicant/recipient.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Inactivate a Contact

1. From the left navigation menu, click the **Contacts** link. The system displays the Contacts screen.
2. In the Action column, click the **View** link. The system displays the View Contact screen.
3. Click the **Inactivate** link. The system displays the message “Are you sure you want to Inactivate Contact?” on the Inactivate Contact screen.
4. Click the **Yes** link. The contact is deleted and no longer displays on the Contacts screen.

6.3 Notes

Notes are created for either a person or a case to record additional information regarding the provider, recipient or the case in general. When a referral exists for an applicant, users may add a note that is associated with the person. After an individual moves from referral to applicant and after the case is created, users may add a note that is associated with the case. When a person is a provider, person notes can be used for notes specific to the provider but unrelated to the case. Refer to county-specific business processes to determine when to add either a person note or a case note.

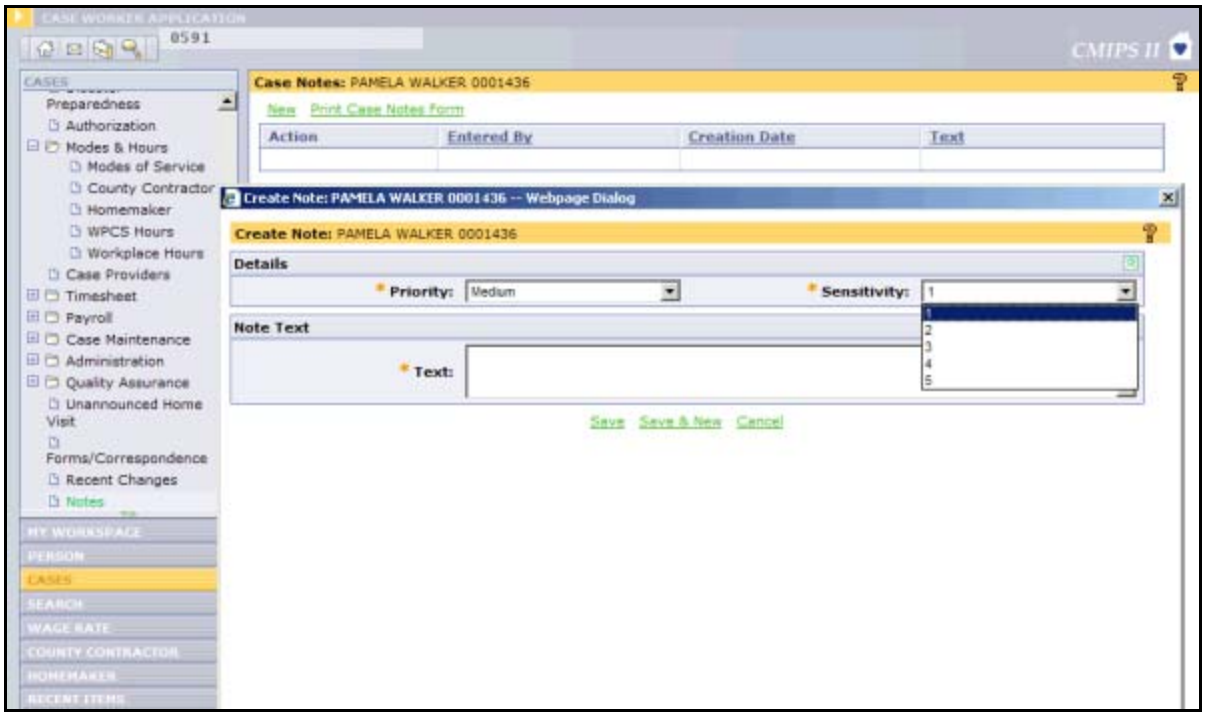
Notes are permanently saved in the system and cannot be changed or deleted. When editing a note, users add to an existing note, thereby creating a history that ensures a thorough audit trail. While a note cannot be deleted, it can be inactivated; thus, it remains in the system as a permanent part of the person or case information. When a note is inactivated, the status changes to cancelled. Both active and cancelled notes are still viewable.

Notes in Case Management are assigned sensitivity. Sensitivity settings allow users to set the level of accessibility (1–5) to both person notes and case notes. This access level is assigned to each user in addition to his/her user role in Case Management. Users cannot create, modify, or inactivate a note with a higher sensitivity than they can view. The higher the sensitivity number, the more limited the accessibility. For example, users with a sensitivity level of 3 can only see notes of level 3 or lower. This person cannot see level 4 or 5 notes. This limitation is also true when creating a new note. A user with a sensitivity of level 3 can only create a note with a sensitivity level of 3 or below.

Notes in Case Management also have a priority that can be assigned by the user. The priority values are high, medium and low, the system defaults to medium. The priority value allows the user to classify the person or case note.

Unlike person notes, users can print case notes. Users can enter a date range to locate notes for a specific period of time. Users can also choose whether to view the note, print the notes immediately, or let the notes be printed as part of the nightly batch job.

Use the Notes screen to access the Create, Modify, View, Print and Inactivate Note screens.



6.3.1 Case Notes

Case notes are permanently saved in the system and cannot be deleted or changed. Security settings determine which notes users can see. Users cannot create a note with a higher sensitivity than they can view. The Notes screen provides access to the Create, Modify and View Notes screens.

Use case notes when:

- The note relates to a case.
- The note relates to a recipient.
- The note relates to a provider and his/her recipient.

6.3.1.1 Create a Case Note

Use the Create Note screen to create a new note for a case.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create a Case Note

1. From the left navigation menu, click the **Notes** link. The system displays the Case Notes screen.
2. Click the **New** link. The system displays the Create Note screen.
3. Select the **Priority**.

   Note: The priority is automatically set in a new note but can be changed.
4. Select the **Sensitivity**.

   Note: The user cannot create a note with a higher sensitivity than they can view.
5. In the **Note Text** area, type a note.

6. Click the **Save** link. The system displays the Case Notes screen.

   OR

   Click the **Save & New** link. The system displays a new Create Note screen.

6.3.1.2 Modify a Case Note

Use the Modify Note screen to add additional notes to the case note. The original note entry may not be modified.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify a Note

1. From the left navigation menu, click the **Notes** link. The system displays the Case Notes screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Note screen.
3. (Optional) In the **Details** area, select the **Priority**.
4. (Optional) Select the **Sensitivity**.
5. In the **Note Text** area, type a note.

   Note: The original note is displayed in the Note History area.
6. Click the **Save** link. The system displays the Case Notes screen.

Note: The user can also access the Modify Note screen from the View Notes screen.

6.3.1.3 View Case Notes

Users can view the notes history on the View Note screen. The person who entered the note is also identified on this screen. This screen is read-only. The system does not allow users to change the sensitivity any higher than their security privileges allow.

From this screen, users can also access the Modify and Inactivate Note screens.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Case Notes and History

1. From the left navigation menu, click the **Notes** link. The system displays the Case Notes screen.
2. In the Action column, click the **View** link. The system displays the View Note screen.

Note: The user can also access the Modify Note screen and Delete Note screen from the View Note screen.

6.3.1.4 Inactivate a Case Note

Use the Inactivate link on the View Note screen to change the status of a case note from active to cancelled.

Note: Notes cannot be deleted, but they can be inactivated.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Inactivate a Note

1. From the left navigation menu, click the **Notes** link. The system displays the Case Notes screen.
2. In the Action column, click the **View** link. The system displays the View Note screen.
3. Click the **Inactivate** link. The system displays the message “Are you sure you want to Inactivate this note?” on the Delete Note screen.
4. Click the **Yes** link. The system displays the View Note screen. The status of the note is changed to cancelled, and no further modifications can be made to the note.

6.3.1.5 Print a Case Notes Form

Use the Print Case Notes Form screen to print the case notes form. Enter a date range to locate notes for a specific period of time. Users can print the notes immediately or let the notes be printed as part of the nightly batch job.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Print Case Notes Form

1. From the left navigation menu, click the **Notes** link. The system displays the Case Notes screen.
2. Click the **Print Case Notes Form** link. The system displays the Print Case Notes Form screen.
3. Select the **Creation From Date**.
4. Select the **Creation To Date**.
5. In the **Print** box, select when to print the note:
   - Print in Nightly Batch - this will queue the form to be printed overnight on the CMIPS II printer. The PDF is created overnight, sent to the CMIPS II printer, is stored on the case and is accessible on the Forms/Correspondence screen.
   - Print Now on CMIPS II Printer - this will immediately create the PDF document and send it to the CMIPS II printer. The PDF is stored on the case and is accessible on the Forms/Correspondence screen.
   - Generate Now for Local Print - this will immediately create the PDF document but not send it to the CMIPS II printer. The user can access the PDF on the Forms/Correspondence screen and print it (from Acrobat) to the county printer.
6. Click the **Save** link. The system displays the Forms screen.

   Note: Nightly batch jobs cannot be printed immediately and will not display a Print link.
7. In the Action column, click the **Print** link. The system displays the Opening Case Notes.pdf screen.
8. Select the **Open with** radio button.
9. Click the **OK** button. The system displays the Case Notes.pdf screen.
10. (Optional) To save the PDF file to the computer hard drive, select **Save a Copy** from the File menu.
11. (Optional) To print the PDF file, select **Print** from the File menu.

6.3.2 Person Notes

Person notes are permanently saved in the system and cannot be deleted or changed. Security settings determine which notes users can see. Users cannot create a note with a higher sensitivity than they can view. The Notes screen provides access to the Create, Modify and View Notes screens.

Use person notes when:

- The note relates only to a provider and not to a specific case.
- The note relates to a referral (a case has not yet been created).

Note: As a general guideline, person notes should be specific to individuals as they apply for IHSS services, meaning that person notes should only be entered during the referral process. Once an individual moves from referral to applicant status, notes should be associated with the case notes. In addition, when a person is a provider, person notes can be used for notes specific to the provider and not the provider/recipient relationship. However, refer to county-specific business processes for when to use person notes versus case notes.

Note: Cut and paste functionality is supported on the person note screens. A person note can be copied and pasted in to the Case Note screen.

6.3.2.1 Create a Person Note

Use the Create Note screen to create a new note for a person.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Create a Person Note

1. From the left navigation menu, click the **Notes** link. The system displays the Notes screen.
2. Click the **New** link. The system displays the Create Note screen.
3. (Optional) Select the **Priority**.

   Note: The priority is automatically set in a new note but can be changed.
4. (Optional) Select the **Sensitivity**.

   Note: The user cannot create a note with a higher sensitivity than they can view. The sensitivity is automatically set in a new note but can be changed.
5. In the **Note Text** box, type the text.
6. Click the **Save** link. The system displays the Notes screen.

   OR

   Click the **Save & New** link. The system displays a new Create Note screen.

6.3.2.2 Modify a Person Note

Use the Modify Note screen to add additional information to an existing note for a person. The original note entry may not be modified, but additional notes may be added in the text box in the Note Text area. The original note displays in the Note History area.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Modify a Person Note

1. From the left navigation menu, click the **Notes** link. The system displays the Notes screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Note screen.
3. (Optional) In the **Details** area, select the **Priority**.
4. (Optional) Select the **Sensitivity**.
5. In the **Note Text** area, type the text.

   Note: The original note is displayed in the Note History area.
6. Click the **Save** link. The system displays the Notes screen.

Note: The user can also access the Modify Note screen from the View Note screen.

6.3.2.3 View a Person Note

Use the View Note screen to view the details of the note for a person. The original note displays in the Note History area. This screen is read-only.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To View a Person Note

1. From the left navigation menu, click the **Notes** link. The system displays the Notes screen.
2. In the Action column, click the **View** link. The system displays the View Note screen.

Note: The user can also access the Modify Note screen and Inactivate Note screen from the View Note screen.

6.3.2.4 Inactivate a Person Note

Use the Inactivate Note screen to change the status of the note to cancelled. No further modifications can be made to the note when the status is inactive.

Note: Notes cannot be deleted, but they can be inactivated.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Inactivate a Person Note

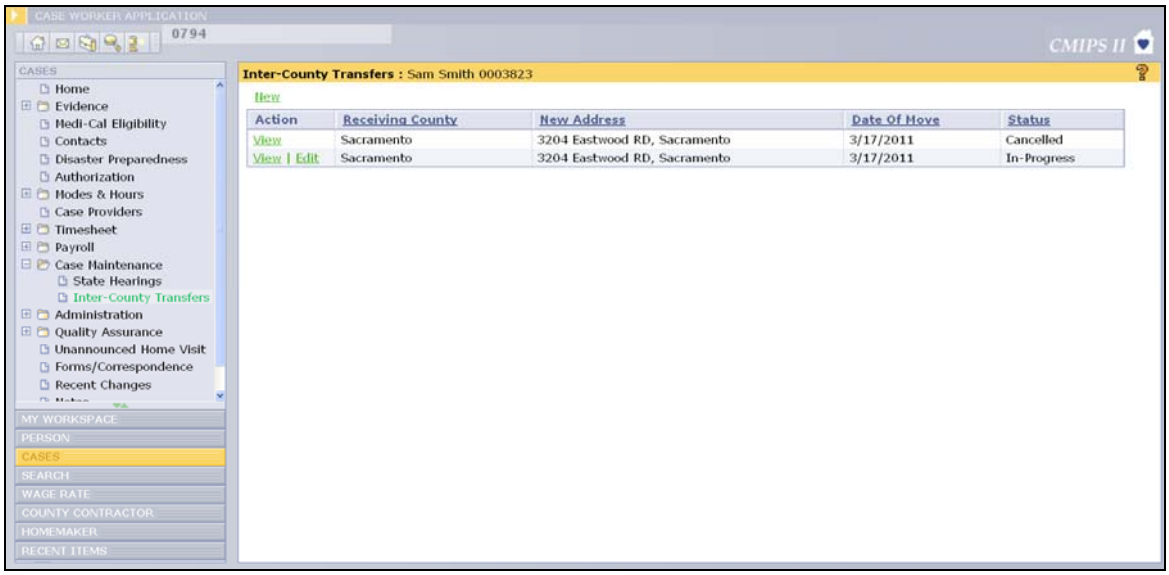
1. From the left navigation menu, click the **Notes** link. The system displays the Notes screen.
2. In the Action column, click the **View** link. The system displays the View Note screen.
3. Click the **Inactivate** link. The system displays the message “Are you sure you want to inactivate this note?” on the Inactivate Note screen.
4. Click the **Yes** link. The status of the note is changed to cancelled on the Notes screen.

6.4 Inter-County Transfers

When an IHSS recipient moves from one county to another, the county responsible for the management of the case must be changed. The ICT process allows Case Management users to transfer a case from one county to another without interrupting services.

No action on the part of the sending county is required after the initial ICT action is created, although Case Management will notify the sending county when the ICT is complete. This also eliminates manual tracking by both the sending and receiving county of the sending county's case termination date.

The Inter-County Transfers screen provides a list of the ICTs. From this screen, users can also access the Create, Modify, View, Cancel and Receive Inter-County Transfer screens.



6.4.1 Create an Inter-County Transfer

Use the Create Inter-County Transfers screen to create the transfer of a case from one county to another without interrupting services. The county that currently owns the case becomes the sending county, and the county that will take ownership becomes the receiving county. The status of the ICT will remain as in-progress until the receiving county determines recipient eligibility.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create an Inter-County Transfer

1. From the left navigation menu, click the **Case Maintenance** folder and then click the **Inter-County Transfers** link. The system displays the Inter-County Transfers screen.
2. Click the **New** link. The system displays the Create Inter-County Transfer screen.
3. In the **Details** area, in the **Sending County Notified** box, select a date. The current date is selected by default.
4. From the **Receiving County** list, select the county that the recipient is moving to.
5. In the **Date of Move** box, select the date that the recipient will be moving to the new county.
6. (Optional) In the **New Phone Number** box, type the phone number.

7. In the **Residence Address** area, in the **New Address** box, select the address type.
8. In the **New Address** box, click the (magnifying glass) to add a new address. The system displays the Maintain Street Address screen.
   a. In the **Address** area, enter the following fields:
      - Number
      - Street
      - City
      - State
      - Zip code
   b. Click the **Verify** link. The system updates the Addresses area.

      Note: The Coding Accuracy Support System (CASS) Address Verification is executed.
   c. In the Action column, click the **Select** link. The system displays the Create Inter-County Transfers screen.
9. Click the **Save** link. The system displays the Inter-County Transfers screen. The status of the inter-county transfer is in-progress.

6.4.2 Modify an Inter-County Transfer

Use the Modify Inter-County Transfer screen to edit the details of the inter-county transfer.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify an Inter-County Transfer

1. From the left navigation menu, click the **Case Maintenance** folder and then click the **Inter-County Transfers** link. The system displays the Inter-County Transfers screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Inter-County Transfer screen.
3. In the **Date Of Move** box, select a date.
4. (Optional) In the **New Phone Number** box, type the phone number.
5. (Optional) In the **Assigned Worker** box, click the (magnifying glass) to search for a case worker.

   Note: This is usually done by the ICT coordinator in the receiving county. The assigned worker is the case worker in the receiving county who is assigned to the case.
6. (Optional) In the **Residence Address** area, in the **New Address** box, click the (magnifying glass) to search for a new address.
7. Click the **Save** link. The system displays the Inter-County Transfers screen.

6.4.3 View Inter-County Transfers

Use the View Inter-County Transfer screen to view the details of an inter-county transfer. This screen is read-only. From this screen, users can also access the Modify and Cancel Transfer Request screens.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Inter-County Transfers

1. From the left navigation menu, click the **Case Maintenance** folder and then click the **Inter-County Transfers** link. The system displays the Inter-County Transfers screen.
2. In the Action column, click the **View** link. The system displays the View Inter-County Transfer screen.

6.4.4 Cancel an Inter-County Transfer

Use the Cancel Transfer Request screen to cancel an inter-county transfer request.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Cancel a Inter-County Transfer Request

1. From the left navigation menu, click the **Case Maintenance** folder and then click the **Inter-County Transfers** link. The system displays the Inter-County Transfers screen.
2. In the Action column, click the **View** link. The system displays the View Inter-County Transfer screen.
3. Click the **Cancel Transfer Request** link. The system displays the message “Are you sure you want to cancel the Inter-County Transfer?” on the Cancel Transfer Request screen.
4. Click the **Yes** link. The system displays the View Inter-County Transfer screen. The status of the inter-county transfer is changed to cancelled, and the Cancel Date box displays the current date.
5. Click the **Close** link. The system displays the Inter-County Transfers screen.

6.4.5 Receive an Inter-County Transfer

When an ICT is sent by a sending county, the ICT coordinator in the receiving county receives a task in the ICT coordinator work queue. The ICT coordinator reserves the task and assigns a case owner. The case owner is assigned on the Modify Inter-County Transfer screen. Once assigned, the case owner can then begin the process of reassessing the recipient’s eligibility based upon the new evidence in the new residence. The case owner in the receiving county creates a new assessment with an assessment type of ICT and inputs the new evidence associated with the recipient's new residence. The case owner in the receiving county then updates the person record for the recipient, changing his/her address and telephone number to reflect the new residence. Finally, the case owner in the receiving county checks eligibility for the case and submits the new evidence for approval. This completes the ICT process.
The Modify Inter-County Transfer screen allows the case owner to edit the details of the inter-county transfer, including the assigned worker.

Note: In order for the ICT evidence to be activated, the address and phone number in person record must match the address and phone number on the Inter-County Transfer screen.

Before Beginning: View and reserve the task received in the ICT Coordinator Work Queue on the My Work Queues screen. Refer to the Work Queues section in the Case Management Basic Navigation chapter.

To Receive an Inter-County Transfer

1. From the left navigation menu, click the **Case Maintenance** folder and then click the **Inter-County Transfers** link. The system displays the Inter-County Transfers screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Inter-County Transfer screen.
3. (Optional) In the **New Phone Number** box, type the phone number.
4. In the **Assigned Worker** box, click the (magnifying glass) to search for a case worker.

   Note: This is usually done by the ICT coordinator in the receiving county. The assigned worker is the case worker in the receiving county who is assigned to the case. A worker must be assigned before any new evidence can be added to the case using the inter-county transfer assessment type.
5. (Optional) In the **Residence Address** area, in the **New Address** box, click the (magnifying glass) to search for a new address.
6. Click the **Save** link. The system displays the Inter-County Transfers screen.

Note: Now the assigned worker in the receiving county can add new evidence to the case using the inter-county transfer assessment type. Refer to the Program Eligibility section in this chapter for additional information.

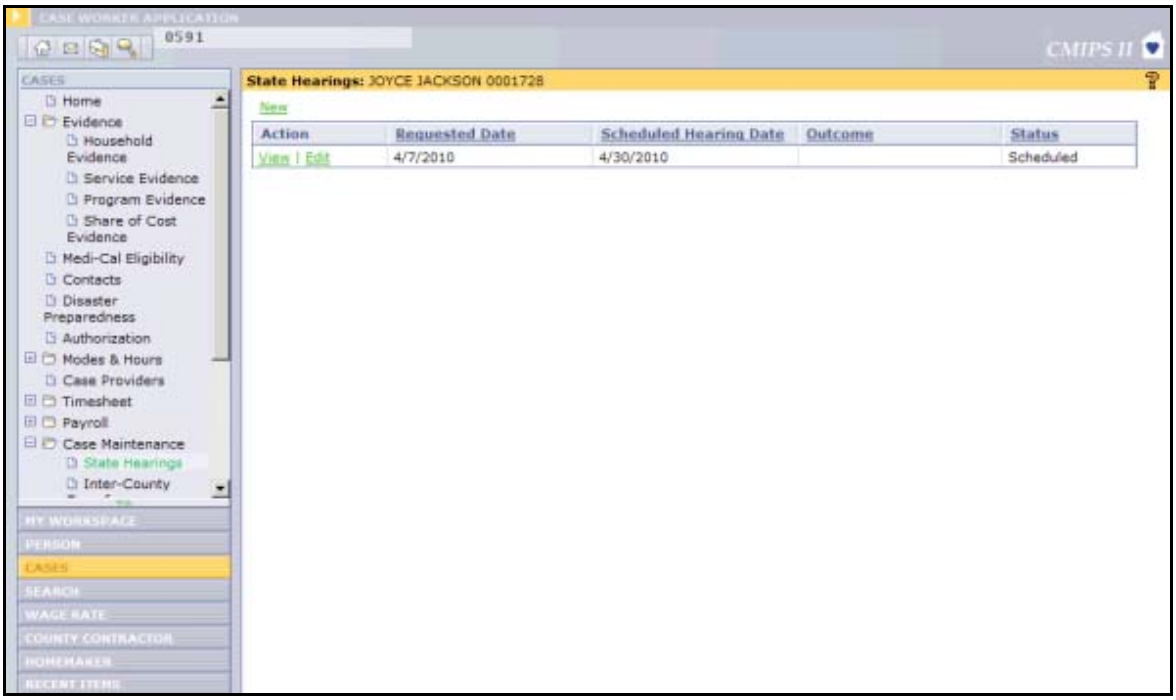
6.5 State Hearings

When an IHSS case has been denied or terminated, or when the recipient disagrees with an assessment outcome or a case action, the applicant/recipient or authorized representative has the right to appeal that outcome. The state hearing function in Case Management is to track these appeals and outcomes and to report this information in the State Hearings Request report.

A recipient may request a hearing to contest service hours received, changes in service hours, share of cost, termination or any of several other reasons. State hearing instructions are provided on the back of any NOAs sent to the recipient.

If a hearing is requested during an active ICT, the receiving county is notified. If a state hearing is in progress and being tracked in Case Management, the system will not allow the user to initiate an ICT.

The State Hearings screen provides access to the Create, Modify or View State Hearing screens.



6.5.1 Search for a State Hearing

Users can search for and view state hearing details based upon the state hearing status associated with a case. Users do not need to know the case number to locate a state hearing. Only the county name and state hearing status are required to search for a state hearing. When located, the state hearing search results display the Case Number, Recipient Name and State Hearing Status.

From the displayed results, users can access the Case Home screen or the View State Hearing screen associated with that case.

Note: Users may also search for state hearing records from within a case.

To Search for a State Hearing

1. On the My Workspace screen, in the **My Shortcuts** area, click the **Find a State Hearing Case** link. The system displays the State Hearing Search screen.
2. In the **General** area, select the **State Hearing Status**.
3. Select the **County**.
4. In the **Hearing Request Date** area, in the **From Date** box, select a date.
5. (Optional) In the **To Date** box, select a date.
6. Click the **Search** link. The system updates the Search Results area on the State Hearing Search screen.
7. In the State Hearing Status column, click the **status** link. The system displays the View State Hearing screen.
8. Click the **Close** link. The system displays the State Hearings screen.

Note: When the state hearing search is executed, the results are displayed for a six-month period. If no To Date is indicated, the return based upon the state hearing status will be for the most recent six months.

6.5.2 Create a State Hearing Record

Use the Create State Hearing screen to create a state hearing associated with the case. The state hearing process reports on the outcome of cases and also allows the user to create and track cases.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create a State Hearing

1. From the left navigation menu, click the **Case Maintenance** folder and then click the **State Hearings** link. The system displays the State Hearings screen.
2. Click the **New** link. The system displays the Create State Hearing screen.
3. In the **State Hearing Request** area, in the **Number** box, type the state hearing number.
4. In the **Request Date** box, select a date.
5. (Optional) In the **Details** area, select the **Scheduled Hearing Date**.
6. (Optional) Select the **Rescheduled Reason**.
7. (Optional) Select the **Outcome**.
8. (Optional) Select the **Outcome Date**.
9. (Optional) Select the **Compliance Form Sent Date**.
10. Click the **Save** link. The system displays the State Hearings screen.

6.5.3 Modify a State Hearing Record

Use the Modify State Hearing screen to edit the details of the state hearing.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify a State Hearing

1. From the left navigation menu, click the **Case Maintenance** folder and then click the **State Hearings** link. The system displays the State Hearings screen.
2. In the Action column, click the **Edit** link for the state hearing record to modify. The system displays the Modify State Hearing screen.
3. In the **Details** area, make the appropriate changes.
4. Click the **Save** link. The system displays the State Hearings screen.

6.5.4 View a State Hearing Record

Use the View State Hearing screen to display the details of the state hearing. This screen is read-only.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View a State Hearing

1. From the left navigation menu, click the **Case Maintenance** folder and then click the **State Hearings** link. The system displays the State Hearings screen.
2. In the Action column, click the **View** link. The system displays the View State Hearing screen.

Note: The user can also access the Modify State Hearing screen from the View State Hearing screen.

6.6 Reassessment

The purpose of reassessment is to re-evaluate a recipient, add new evidence and re-determine program eligibility in Case Management. Reassessment includes conducting a home visit, entering evidence, checking eligibility, reauthorizing hours and approving or terminating a case. In Case Management, users perform and record reassessment activities by:

- Running the Monthly Assessment Due report from CMIPS II Reporting.
- Reviewing the report for cases due for reassessment.
- Re-determining program eligibility.

Users may need to modify details about a specific case and person. Case Management allows person data to be updated easily as a part of case maintenance activities. Evidence changes can also surface during or between reassessments. Users may update case evidence and add new evidence as needed. To update case evidence or add new evidence, select the assessment type. Specifically:

- When updates result from a reassessment, whether scheduled or requested by the recipient, select the reassessment option.
- When updates result from a change in circumstances other than an inter-county transfer or state hearing outcome, use the change option.

When evidence updates are complete, the added evidence displays as pending.

A few different screens support reassessment activities. Within Case Management, use the Modify Person screen to update details about a person and the Evidence Workspace screen to update evidence changes. Within Reporting, access the Monthly Assessment Due report.

Note: To access the Monthly Assessment Due report, refer to the Reports section in the Forms, Reports and Data Download chapter.

6.6.1 Modify Recipient Name

Use the Modify Person screen to edit the recipient name as part of the user's case maintenance activities.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify Recipient Name

1. On the Case Home screen, in the **Details** area, click the **Recipient Name** link. The system displays the Person Home screen.
2. Click the **Edit** link. The system displays the Modify Person screen.
3. In the **Name** area, select the **Name Change Effective Date**.
4. Type the **First Name**.
5. Type the **Last Name**.

6. Click the **Save** link. The recipient's information is updated on the Person Home screen.

6.6.2 Modify Recipient Evidence

Use the Evidence Workspace screen to update case evidence or add new evidence. The Select Assessment Type screen allows the user to select the appropriate type of assessment for reassessing a case during case maintenance. To update case evidence or add new evidence, select the assessment type. Specifically:

- Reassessment - use this option when updates result from a reassessment, whether scheduled or requested by the recipient, select the reassessment option.
- Change - use this option when updates result from a change in circumstances other than an inter-county transfer or state hearing outcome, use the change option.

When evidence updates are complete, the added evidence displays as pending.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Select an Assessment Type

1. From the left navigation menu, click the **Evidence** folder. The system displays the Evidence Workspace screen.
2. Click the **Add New Evidence** link. The system displays the Select Assessment Type screen.
3. Select the **Assessment Type**.

   Note: Select either Reassessment or Change.
4. Click the **Save** link. The system displays the Evidence Workspace screen. The selected Assessment Type is saved, and one of each of the Evidence Types is created.

   OR

   Click the **Save & Next** link. The system displays the Household Evidence screen. The selected assessment type is saved, and one of each of the evidence types is created.

6.7 Put a Case on Leave

Use the Leave Case screen to suspend services instead of terminating the case. Putting a case on leave will suspend services instead of terminating the case. When a case is put on leave, no notifications are sent to MEDS or SAWS. The provider is not eligible for payment on this case during the leave. After the leave ends, eligibility must be re-determined for the recipient by conducting a change assessment, and a provider needs to be reassigned or reinstated. The user can assign a new provider to the case on the Assign Case Provider screen or reinstate an existing provider who was previously assigned to the case on the Provider Details screen.

Reasons to put a case on leave include the following:

- The recipient is in the hospital, in rehab, in a skilled nursing facility (SNF), or in another long term care (LTC) facility.
- To document a short-term period of ineligibility.
- The recipient will be out of state for an extended period of time.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Put a Case on Leave

1. On the Case Home screen, in the **Manage** area, click the **Leave** link. The system displays the Leave Case screen.
2. Select the **Authorization End Date**.
3. Select the **Reason**.
4. Click the **Save** link. The system displays the Case Home screen. The case status is updated to leave because the authorization end date has already occurred.

6.8 Terminate a Case

Cases are terminated for a variety of reasons, including if a recipient dies, enters long-term care, no longer requires services, or moves out of state. In all instances, the recipient/provider relationship ends. Through a variety of sources, county staff receives notification that a case may need to be terminated. County staff then confirms the need to terminate the case by contacting the recipient or, in the case of death, the recipient's estate.

In most instances, use the Terminate Case screen to enter the reason for the termination and the authorization end date upon which the recipient's termination begins. If the authorization end date is in the future, the recipient status will show as eligible on the Case Home screen until the authorization end date. If the authorization end date is in the past, indicating that an event (such as a recipient's death) has already occurred, the status will immediately change to terminated.

A case can also be terminated as a result of the assessment process. For example, this could occur when, during a reassessment on a residual case, the IHSS share of cost exceeds the assessed need. By running Check Eligibility, Case Management would determine the case is no longer eligible for services.

Case Management provides automatic notification to MEDS and SAWS whenever the IHSS case is terminated. If the user's role requires supervisory approval, Case Management creates a task for a supervisor to approve the termination. In all cases, Case Management will end the recipient/provider relationship.

If a case is reinstated from termination, previous providers are not automatically reinstated. The user can assign a new provider to the case on the Assign Case Provider screen or reinstate an existing provider who was previously assigned to the case on the Provider Details screen.

Note: Future case statuses are viewable by accessing the Status History screen.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Enter a Case Termination Date

1. On the Case Home screen, in the **Manage** area, click the **Terminate** link. The system displays the Terminate Case screen.
2. Select an **Authorization End Date**.
3. Select the **Reason**.

   Note: If the reason for termination is Recipient Death, the user must also enter the Date of Death or an error message will display.

4. Click the **Save** link. The system displays the Case Home screen. The status will not change to terminated until the authorization end date.

   Note: Payments will not be allowed after the authorization end date.

6.9 Withdraw a Case

Case owners use the Withdraw Case screen when an applicant chooses to withdraw an application for services. This option is only available when the current case status is pending. If the user takes this action, the system updates the case status to withdrawn when the Withdrawal Date is reached.

Note: If a case is approved, the case would need to be terminated.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Withdraw a Case

1. On the Case Home screen, in the **Manage** area, click the **Withdraw** link. The system displays the Withdraw Case screen.
2. In the **Withdrawal Date** box, select a date.
3. Select the **Reason**.
4. Click the **Save** link. The system displays the Case Home screen. The case status is updated to application withdrawn.

6.10 Rescind a Case Denial or Termination

The user can rescind, or essentially undo, a case denial or termination in Case Management when it is determined that the denial or termination should not have taken place or that the condition that caused the denial or termination no longer exists. Rescinding a case denial or termination changes the status to eligible, with no break in aid. A rescind action cannot be taken until the termination effective date. For example, if a user terminates a case with an authorization end date of the last day of the month, the user would not be able to rescind that termination until the first day of the next month.

Only the case owner can rescind a case denial or termination in Case Management. When a case is rescinded, the system reinstates the last eligible authorization period with the previously indicated status, end date, and total authorization to purchase after reduced hours.

Note: If a case is reinstated from termination, previous providers are not automatically reinstated. The user can assign a new provider to the case on the Assign Case Provider screen or reinstate an existing provider who was previously assigned to the case on the View Provider Details screen.

Case Management sends a notification to the case owner’s supervisor. If there is active Medi-Cal on the case and a Medi-Cal discontinuance rescission is received from SAWS, Case Management sends a notification to the case owner.

Use the Rescind Case screen to rescind a case after it is terminated. A case can be rescinded with or without active Medi-Cal. If there is no Medi-Cal eligibility record for the month in which the rescind action occurs, or if the Medi-Cal Eligibility record exists but the Medi-Cal Eligibility status begins or ends with a 9, the user may search for and select a Client Index Number (CIN).

Note: Refer to county-specific business processes for more information on when to rescind a case denial or termination.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Rescind a Case Denial or Termination

1. On the Case Home screen, in the **Manage** area, click the **Rescind** link. The system displays the Rescind Case screen.
2. Select the **Reason**.
3. In the **Client Index Number** box, click the (magnifying glass) to search for the CIN. The system displays the Statewide Client Index - CIN Search screen.

   Note: This field only displays if the authorization end date has past. This field is displayed only when there is no Medi-Cal eligibility record for the month in which the rescind action occurs, or if the Medi-Cal eligibility record exists but the Medi-Cal eligibility status begins or ends with a 9.

   a. In the **Search Results** area, in the MEDS column, click the **Eligibility** link for the desired CIN. The system displays the Medi-Cal Eligibility Information – Home screen.

   b. Click the **Select** link. The system displays the Rescind Case screen.
4. Click the **Save** link. The system displays the Case Home screen. The case status is updated to the status it had when the case was terminated.

   Note: This action will trigger a Notice of Action (NOA).

6.11 Reactivate a Case

Users can reactivate a case that has been denied, terminated or withdrawn. Reactivating a case is like starting a new application except the person already exists in Case Management. The Reactivate Case screen should be used when there is a specific break in aid. The original case number is retained. The reactivate action cannot be taken until the termination effective date. When a case is reactivated in Case Management:

- The referral date is reset to the current date.
- The application date is reset to the current date.
- The IHSS determination date is reset to the current date.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Reactivate a Case

1. On the Case Home screen, in the **Manage** area, click the **Reactivate** link. The system displays the Reactivate Case screen.
2. In the **Assigned Worker** box, click the (magnifying glass) to search for an assigned worker.
3. In the **Client Index Number** box, click the (magnifying glass) to search for a Client Index Number.
4. Select the **Meets Residency Requirements**.
5. Select the **Referral Source**.
6. Click the **Save** link. The system displays the updated Reactivate Case screen.

7. Click the **Continue** link. The case status is changed from the previous terminated or denied status to the last active evidence and associated status. The system displays the Case Home screen.

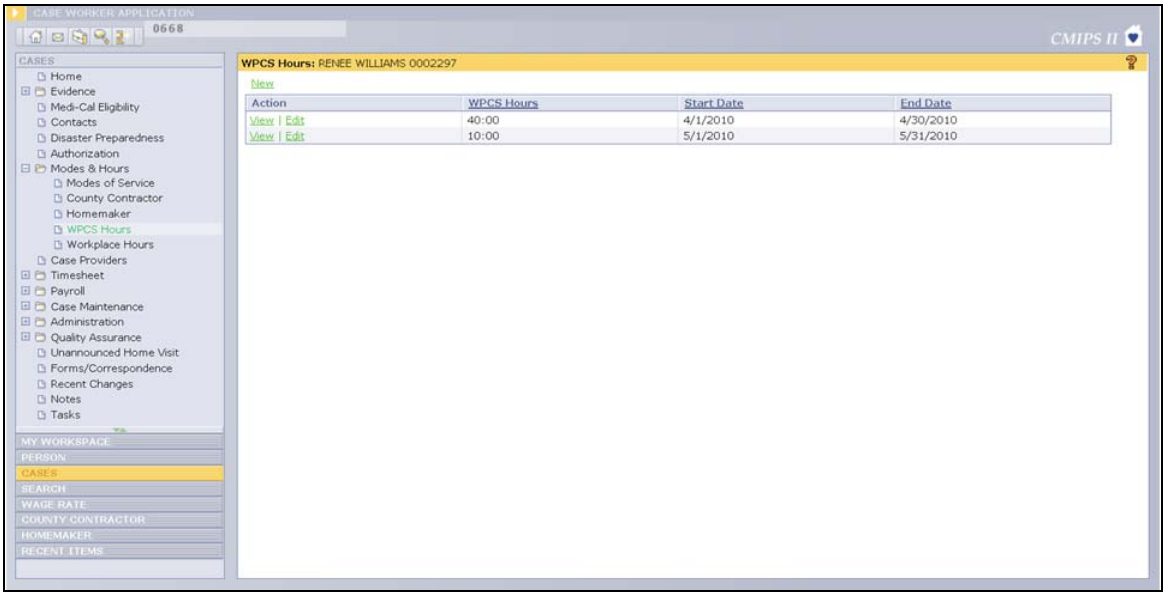
Note: The next step is to determine eligibility as with an initial application. Refer to the Program Eligibility section in this chapter.

6.12 WPCS Hours

In Case Management, the DHCS IHO staff will indicate the number of WPCS hours that have been authorized for a recipient. Both IHSS and WPCS hours can be authorized for a recipient as long as the total does not exceed 24 hours per day. Only DHCS IHO users will enter this information into Case Management. WPCS providers are linked to a case, and each provider receives a timesheet that is generated by the system and processed by the Timesheet Processing Facility (TPF). If a recipient has multiple providers, it is the recipient's responsibility to ensure the total number of combined hours on all of the timesheets for a pay period does not exceed the authorized WPCS hours.

Case Management payroll processes allow payments against these authorized WPCS hours. Specifically, DHCS IHO users add authorized WPCS hours for a recipient in Case Management using the Create WPCS Hours screen. When changes to WPCS hours occur, such as if IHSS hours are reduced and authorized WPCS hours are increased, IHO staff will modify WPCS hours using the Modify WPCS Hours screen.

From the WPCS Hours screen, DHCS IHO users can access the Create, Modify and View WPCS Hours screens.



6.12.1 Create WPCS Hours

Use the Create WPCS Hours screen to enter authorized WPCS hours payable during the period specified within the start and end date.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create WPCS Hours

1. From the left navigation menu, click the **Modes & Hours** folder and then click the **WPCS Hours** link. The system displays the WPCS Hours screen.
2. Click the **New** link. The system displays the Create WPCS Hours screen.
3. In the **WPCS Hours** box, type the number of hours and minutes.
4. Select the **Start Date**.

   Note: The End Date field should remain blank until the WPCS Hours indicated should no longer be payable.
5. Click the **Save** link. The system displays the WPCS Hours screen.

6.12.2 Modify WPCS Hours

Use the Modify WPCS Hours screen to edit the WPCS hours payable during the period specified within the start and end date.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify WPCS Hours

1. From the left navigation menu, click the **Modes & Hours** folder and then click the **WPCS Hours** link. The system displays the WPCS Hours screen.
2. In the Action column, click the **Edit** link. The system displays the Modify WPCS Hours screen.
3. (Optional) In the **WPCS Hours** box, type the number of hours and minutes.
4. (Optional) Select the **Start Date**.

   Note: The End Date field should remain blank until the WPCS Hours indicated should no longer be payable.
5. Click the **Save** link. The system displays the WPCS Hours screen.

6.12.3 View WPCS Hours

Use the View WPCS Hours screen to view the WPCS hours that are authorized, along with start and end dates for the authorization period. This screen is read-only. From this screen, users can also modify WPCS hours.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View the WPCS Hours

1. From the left navigation menu, click the **Modes & Hours** folder and then click the **WPCS Hours** link. The system displays the WPCS Hours screen.
2. In the Action column, click the **View** link. The system displays the View WPCS Hours screen.

7. Appendix: Companion Cases

7.1 Overview

Individuals receiving IHSS services and living in the household with other individuals receiving IHSS services are considered companion cases. CMIPS II has the ability for a user to identify and link companion cases. The Household Evidence screen contains information about other household members at the same address. The Companion Case screen allows users to associate a companion case with a new and/or existing case. Other key points about companion cases include:

- In order for the system to search for and identify potential companion cases, the address for each person record must match exactly.
- A case for any new applicant(s) who will be part of the companion case collection must be created first. This allows the user to create evidence and link the new applicant case to the existing case.
- When a companion case is added, all cases in the companion case collection will require a change assessment to adjust proration of service hours as applicable and/or to link the cases together.

This document presents information on the order in which to update the person record and create evidence to link cases as companion cases.

Note: Refer to county-specific business processes for more information regarding companion cases.

Note: When adding a companion case, users must consider whether or not a case is receiving protective supervision. If any case (new or existing) is or will be receiving protective supervision, changes to the non-protective supervision cases must be made first in order to ensure correct calculation of protective supervision hours. ***This appendix does not address companion cases with protective supervision***. Refer to the Companion Cases with Protective Supervision appendix for more information.

7.2 Create a New Address

Before Beginning: Go to the My Workspace screen. Click the Find a Person link to search for the person and display the Person Home screen.

1. From the left navigation menu, click the **Contact** folder and then click the **Addresses** link. The system displays the Addresses screen.
2. Click the **New** link. The system displays the Create Address screen.
3. Select the **Address** (for example, mailing or residence).
4. Select the **Type** of address.
5. In the **Type** box, click the (magnifying glass) to add a new address. The system displays the Maintain Address screen.
6. In the **Address** area, enter the address details.
7. Click the **Verify** link. The Addresses area on the Maintain Address screen updates.
8. Click the **Select** link for the correct address. The Create Address screen appears.
9. (Optional) Select the **Use As Mailing Address** checkbox.
10. Click the **Save** link. The system displays the Addresses screen.

Note: This process should be followed for any cases that are being linked as companion cases.

7.3 Add a Companion Case

Before Beginning: Complete the address and create pending evidence sections.

1. From the left navigation menu, search for and select the person who will be moving or has moved into the home where the existing recipient(s) resides.
2. From the left navigation menu, click the **Evidence** folder and then click the **Household Evidence** link. The system displays the Household Evidence screen.
3. Click the **Add Household Members** link. The Create Household Member screen appears.
4. In the **Companion Case Number** box, click the (magnifying glass) to search for the companion case. The system displays the Companion Case screen.

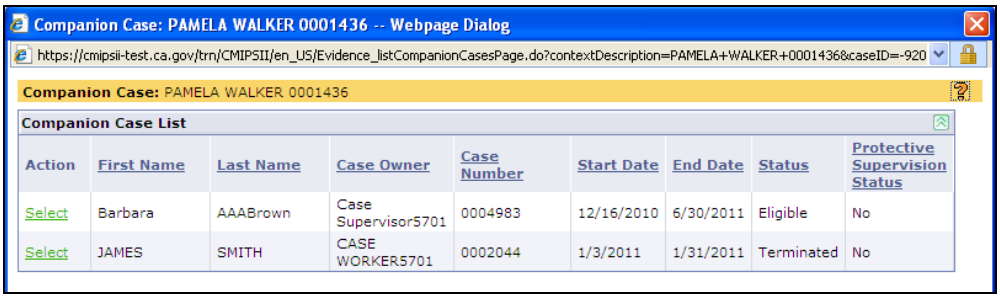
   Note: IHSS cases at the same residence address display by Protective Supervision Status.
5. In the **Companion Case List** area, in the Action column, click the **Select** link to select the companion case. The system displays the Create Household Member screen.
6. In the **Household Member Details** area, select the **Relationship**.
7. Select the **Spouse/Parent**.
8. Select the **Protective Supervision Proration**.

   Note: Indicates whether or not the household members should be included in the Protective Supervision Proration. See the Companion Cases with Protective Supervision appendix.
9. Click the **Save** link. The system displays the Household Evidence screen. The companion case displays in the Household Members area.

Note: This process should be followed for any cases that are being linked as companion cases.

7.4 Modify Companion Case Information

Use the Companion Case screen to associate a companion case with a household member. Recipients living in the household with other recipients of IHSS services are considered companion cases.



Action	First Name	Last Name	Case Owner	Case Number	Start Date	End Date	Status	Protective Supervision Status
Select	Barbara	AAABrown	Case Supervisor5701	0004983	12/16/2010	6/30/2011	Eligible	No
Select	JAMES	SMITH	CASE WORKER5701	0002044	1/3/2011	1/31/2011	Terminated	No

Before Beginning: Complete the address and create pending evidence sections.

1. From the left navigation menu, click the **Evidence** folder and then click the **Household Evidence** link. The system displays the Household Evidence screen.
2. In the **Household Members** area, in the Action column, click the **Edit** link for the household member. The system displays the Modify Household Member screen.
3. In the **Companion Case Number** box, click the (magnifying glass) to search for the companion case. The system displays the Companion Case screen.

Note: IHSS cases at the same residence address display by Protective Supervision Status. This status indicates if the household member's case is eligible for protective supervision.

4. In the **Companion Case List** area, in the Action column, click the **Select** link to select the companion case. The system displays the Modify Household Member screen.
5. Click the **Save** link. The system displays the Household Evidence screen. The companion case number appears in the Household Members area.

Note: This process should be followed for any cases that are being linked as companion cases.

8. Appendix: Companion Cases with Protective Supervision

CMIPS II has the ability for a user to identify and link companion cases. Moreover, CMIPS II also takes a companion case into account when calculating service hours related to protective supervision. To prevent inaccurate protective supervision calculations, the sequence of identifying and linking companion cases is important. This document presents information on the order in which to create evidence and link cases for companion cases when protective supervision exists.

8.1 Important Terms

The following terms are used during this discussion:

- Companion case collection: A group of cases associated with one another based on the designation of the case as companion case household members
- Protective Supervision Status: Located on the Create/Modify Household Member screen, this field is system generated and identifies if protective supervision is authorized in the case.
    - If the field reflects an indicator of “yes”, protective supervision is assessed and authorized.
    - If the field reflects an indicator of “no”, protective supervision is not assessed and authorized.
- Protective Supervision Proration: Located on the Create/Modify Household Member screen, this field is manually triggered and identifies if the case should be included in the companion case protective supervision proration calculation.
    - Unless the case has is served by a different provider than the other cases in the companion case collection, the field should be set to “yes.” By selecting “yes”, the system includes the authorized hours from the companion case into the calculation of protective supervision for the current case.
    - If the case is served by a different provider than the other cases in the companion case collection, the field should be set to “no.” By selecting “no”, the system will not include the authorized hours from the companion case into the calculation of protective supervision for the current case.

8.2 General Guidelines

- Companion cases reside in the same household.
- A case for any new applicant(s) who will be part of the companion case collection must be created first. This allows the user to create evidence and link the new applicant case to the existing case.
- In any instance when a companion case is added, all cases in the companion case collection will require a change assessment to adjust proration of service hours as applicable and/or to link the cases together.
- When working with companion cases, *always authorize the cases that **<u>do not</u>** have protective supervision first* (existing or new).

8.3 Linking a New Case to a New Case

This example assumes both recipients receive services from one provider. It is very important to follow the steps below to ensure that companion cases with protective supervision are calculated correctly.

1. Before linking cases as companion cases, for each case, add initial evidence:

    a. Add household evidence, but do not yet add companion case household members.

    b. Add service evidence without proration (because cases are not yet linked as companion cases, the user will not be able to prorate service tasks).

        i. Note: If there are other non-IHSS household members, the user may add and prorate services for those non-IHSS household members.

    c. Add remaining evidence (program and share of cost, if applicable).

    d. Run Check Eligibility. Do NOT Submit for Approval.

    After Check Eligibility has been run for each case, the system will set the indicator of “yes” in the Protective Supervision Status field for those cases with protective supervision authorized or the indicator of “no” for those cases which do not have protective supervision authorized.

2. Go back into the assessment for each case and—in household evidence--link each case together as a household member.

    On the Create/Modify Household Member screen, select the Protective Supervision Proration to “Yes”.

3. Modify service evidence for services that need the proration applied.

4. When all cases are added to one another as companion cases and all services are appropriately prorated, rerun Check Eligibility. Always run Check Eligibility to the non-protective supervision case before the other companion cases. Verify that protective supervision proration was applied to each of the cases with protective supervision.

    Note: When entering the Eligibility Date on the Check Eligibility screen the user should enter the same date as the Authorization Start Date on the Program Evidence screen. If the authorization begins with a prorated month and a user wants to check the outcome for a “whole month”, enter the first day of the calendar month following the prorated month in the Eligibility Date field and then click Check Eligibility. The result will be the authorization for a month.

5. Submit each case for approval in the following order to correctly calculate protective supervision:

    a. Authorize the case(s) in the companion case collection that does NOT have protective supervision.

    b. Then authorize the case(s) with protective supervision.

8.4 Linking New Cases to Existing Cases

This example assumes all recipients receive services from one provider. If a user is linking cases, and one of the cases is already active, the new case should be addressed first and a change assessment will need to be executed on the active case. These steps should be followed:

1. On the new case(s), add initial evidence:

    a. Add household evidence.

        i. Select the existing case(s) as a companion case.
        ii. On the Create/Modify Household Member screen, select the Protective Supervision Proration to “Yes”.
    b. Add service evidence.
        i. Prorate services as required.
    c. Add remaining evidence (program and share of cost, if applicable)
    d. Run Check Eligibility. Do NOT Submit for Approval.

2. On the existing case(s), create a new assessment.
    a. Add household evidence.
        i. Select the new case(s) as a companion case.
        ii. On the Create/Modify Household Member screen, select the Protective Supervision Proration to “Yes”.
    b. Add service evidence.
        i. Prorate services as required.
    c. Add remaining evidence (program and share of cost, if applicable).
    d. Run Check Eligibility. Do NOT Submit for Approval.
3. Submit each case for approval in the following order to correctly calculate protective supervision:
    a. Authorize the case(s) in the companion case collection that does NOT have protective supervision.
    b. Then authorize the case(s) with protective supervision.

8.5 Linking Existing Cases to Existing Cases

This example assumes all recipients receive services from the same provider. If a user is linking cases, and both cases are active, the non-protective supervision case should be addressed first.

1. On the existing non-protective supervision case(s), create a new assessment.
    a. Add household evidence.
        i. Select the existing case(s) as a companion case.
        ii. On the Create/Modify Household Member screen, select the Protective Supervision Proration to “Yes”.
    b. Add service evidence.
        i. Prorate services as required.
    c. Add remaining evidence (program and share of cost, if applicable).
    d. Run Check Eligibility. Do NOT Submit for Approval.
2. On the existing protective supervision case(s), create a new assessment following the same steps in 1a-1d.
3. Submit each case for approval in the following order to correctly calculate protective supervision:

a. Authorize the case(s) in the companion case collection that does NOT have protective supervision.

b. Then authorize the case(s) with protective supervision.

8.6 Subsequent Assessments

Any time a case in the companion case collection has a new assessment that results in a change in hours, the increase or decrease in hours will affect cases in the companion case collection and may affect the protective supervision calculation. As a result, the user must also process a change assessment against all cases in the companion case collection.

8.7 Leave or Termination

If one of the cases in a companion case collection is placed on leave, the county must evaluate the circumstances to determine if a change assessment is required for the other cases in the companion case collection.

If one of the cases in a companion case collection is terminated, the county must determine the appropriate change assessments for each of the cases in the companion case collection as appropriate.

Note: The user should remember that the Authorization Start Date for these assessments must meet the notification requirements of the IHSS program.

9. Glossary

A

Advance Pay
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.

Advantage Financial (CDSS only)
A complete financial management system specifically designed to support CMIPS II. Advantage Financial issues vendor payments, and serves as a reconciliation and fund source management tool.

Advantage HRM (Human Resource Management) (CDSS only)
The integrated payroll system responsible for processing payments to CMIPS II case participants. Using data received from scanned and manually-entered timesheets, HRM calculates and reports wages, taxes, and other deductions. In addition, HRM processes payment adjustments entered in the Case Management application, as well as Advance Pay and restaurant meals allowance payments.

Application
The form used to record all information necessary to establish eligibility for IHSS. The application form is dated and signed by the applicant. In Case Management, the “Create Application” link opens a case record and allows the user to enter initial eligibility information.

Authorization to Purchase
The number of hours a recipient is authorized to receive for an authorization period or authorization segment.

Authorization Period
The period of time covered by the assessment.

Authorization Segment
The time period, in hours, within an authorization period.

B

Batch
A system or mode of operation in which inputs are collected and processed all at one time, rather than processed as they are submitted. A batch job once started proceeds to completion without additional input or user interaction.

Business Objects
The database within CMIPS II containing the data elements for all operational reports. (See Reporting)

Business Rules
The logic that enforces the IHSS program policies and practices within Case Management.

C

Case Maintenance
The act of updating and maintaining data related to an applicant or case, including evidence, contact information, provider details, etc.

Case Management
A component of CMIPS II that records and tracks information about IHSS recipients and providers. Case Management provides functionality to support case management, provider management, and payroll management. This includes current and historic demographic and assessment data, as well as payroll information.

Case Note
A note created to record information regarding a case.

Case Owner
In Case Management, the user who is assigned to the case. Each case has a case owner.

CASS
See Coding Accuracy Support System.

CC
See County Contractor.

CIN
See Client Index Number.

Claim
An electronic or paper request for payment.

Client Index Number (CIN)
A ten-digit alphanumeric value assigned by the Statewide Client Index (SCI) to uniquely identify an individual to various California public benefit programs. One of the key activities in creating a case in Case Management is to search the SCI for a CIN that is associated with the IHSS applicant.

CMIPS II Printer
A printer connected to the CMIPS II network and dedicated to printing CMIPS II documents only.

Coding Accuracy Support System (CASS)
A system that enables the United States Postal Service to evaluate the accuracy of software that corrects and matches street addresses. CMIPS II cross-checks the street and mailing address entered with what is on file with the United States Postal Service.

County Contractor (CC)
A mode of service wherein IHSS is provided by an agency under contract with a county.

D

Data Download
Provides access to export-ready reports that can be used for additional analysis and transfer of data to other systems.

DE 4 (California State Employee Withholding Certificate)
A form issued by the Employment Development Department (EDD) and completed by the provider if they wish to have state income tax withheld from their pay at a rate different than federal income tax. The form is sent to HP for processing.

Department of Health Care Services (DHCS)
The State agency responsible for protecting and promoting the health status of Californians through the financing and delivery of individual health care services. The DHCS administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal) and In-Home Operations (IHO).

DHCS
See Department of Health Care Services.

E

EFT (Electronic Funds Transfer)
Also known as Direct Deposit, EFT refers to the computer-based systems used to perform financial transactions electronically from one account to another. The State Controller’s Office (SCO) uses EFT to electronically deposit payments for providers and recipients into the banks of their choice.

Evidence
Information collected to determine eligibility for IHSS. Case Management categorizes evidence into four types: Household, Service, Program, and Share of Cost.

F

Federal Financial Participation (FFP)
An indication of whether the federal government shares in the cost of services. In IHSS, if FFP is yes, the federal government pays for 50% of the cost of services for a case.

FFP
See Federal Financial Participation.

Funding Source
The means of financial support for IHSS program costs. The established governmental sources for IHSS funding are PCSP, IPO, and IHSS-R.

H

HM
See Homemaker.
Homemaker (HM)
A mode of service wherein county staff provide IHSS to eligible IHSS recipients.

I

Icon
A picture or symbol on a menu, toolbar or screen that users select by pointing and clicking with a mouse. Icons are used to display information and navigate within CMIPS II.
ICT (Inter-County Transfer) Coordinator
The person responsible for coordinating the transfer of a case from one county to another in Case Management when the recipient moves to a different county and continues to be eligible for IHSS.
IHO
See In-Home Operations.
IHSS Plus Option (IPO)
A funding source associated with the IHSS program. It includes recipients who are eligible for full scope FFP Medi-Cal and have their services provided by a spouse or parent (if the individual is a minor child under 18), or receive Restaurant Meal Allowance or Advance Pay. Unlike the Demonstration Waiver IPW, the IPO is a State Plan Option, and therefore follows the PCSP State Plan regarding program eligibility and services. Cases paid from the IPO funding source are designated with a Medi-Cal Secondary Aid Code of 2L. CMIPS II supports both IPO and IPW programs.
IHSS Plus Waiver (IPW)
An expired funding source formerly associated with the IHSS program.
IHSS-R
See IHSS Residual.
IHSS Residual (IHSS-R)
A funding source associated with the IHSS program. Recipient cases having one or more of the following indications in an eligibility month shall be associated with the IHSS-R program: No Medi-Cal eligibility or Medi-Cal eligibility without Federal Financial Participation (FFP) eligibility. Recipient cases paid from the IHSS-R funding source are designated with a Medi-Cal Secondary Aid Code of 2N. The IHSS-R funding source is paid at a ratio of state 65% and county 35%.
Individual Provider (IP)
A mode of service wherein a person provides IHSS and is not a County Contractor or Homemaker.
In-Home Operations (IHO)
A section within the Department of Health Care Services (DHCS) that administers the Waiver Personal Care Services (WPCS) program.
IP
See Individual Provider.
IPO
See IHSS Plus Option.
IPW
See IHSS Plus Waiver.

L

LMA
The Legislative Mandated Adjustment (LMA) hours. Displays in (HH:MM) format.

J

Job Aid
A device or tool that allows an individual to quickly access the information he or she needs to perform a task.

M

Medi-Cal Eligibility Data System (MEDS)
A system used to maintain a statewide file of eligible Medi-Cal recipients and issue identification cards.

MEDS
See Medi-Cal Eligibility Data System.

MEDS Monthly Renewal
Refers to the monthly interface with MEDS, which sends a file to CMIPS II regarding a recipient's Medi-Cal monthly eligibility.

N

Notification
Informational items in Case Management where the user is not required to take action. Notifications are generated by Case Management based on case actions or information from another source, such as MEDS and SAWS.

O

Online Help
Online help is topic-oriented, procedural, or reference information delivered through computer software. It is a form of user assistance. When online help is accessed from Case Management or the CMIPS II Web Portal, context-sensitive help is displayed.

P

PA
See Public Authority.

PCSP
See Personal Care Services Program.

Password
A secret word or string of characters used for authentication, to prove identity, or to gain access to a protected resource. A password is required to gain access to CMIPS II.

Person
The record of an individual in Case Management. A person may be associated with multiple person type indicators. For example, if someone is both an IHSS recipient and a provider he/she will have a single person record in Case Management.

Person Note
A note created to record information regarding a person. (e.g., provider, recipient, applicant, recipient, provider).

Personal Care Services Program
A funding source associated with the IHSS program. This program provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institute Code Section 14132.95 and Title 22, California Code of Regulations. It is one of three funding sources associated with the IHSS program. Individuals meeting all of the following conditions are funded for PCSP: eligible for full scope FFP Medi-Cal, no Advance Pay, no Restaurant Meal Allowance, and no parent/spouse provider. Recipient cases paid from the PCSP funding source are designated with a Medi-Cal Secondary Aid Code of 2M.

POS
See Point of Service Spend Down Transaction.

Point of Service Spend Down Transaction
A real-time transaction sent from CMIPS II to the MEDS Share of Cost system when an IHSS payment is made. It reduces any outstanding MEDS share of cost for the corresponding Medi-Cal eligibility month.

Position
During user setup, each user is assigned a position within a workflow structure in Case Management. The position determines the workflow for notifications and tasks, the path in which tasks are escalated, and the cases which he/she can modify.

Provider
A person paid to perform IHSS.

Provider Registry
A registry of approved providers most commonly compiled by a county Public Authority (PA) used to assist recipients in identifying and contacting potential providers. These providers have completed State mandated requirements.

Public Authority (PA)
An entity authorized to act as Employer of Record for Individual Providers for collective bargaining.

R

Receiving County
The county that takes ownership of a case that is being transferred from a sending county, as part of the Inter-County Transfer (ICT) process.

Reduced Hours
The hours and minutes the recipient hours will be reduced based upon the reduced hours percentage. Displays in (HH:MM) format.

Reinstated Hours
The number of reduced hours the case owner reinstated to the recipient. Displays in (HH:MM) format.

Reporting
The Reporting link on the CMIPS II Web Portal provides access to many predefined reports covering various aspects of the IHSS program. Reports can be generated for immediate viewing and printing or generated for future use. Report information can be exported for use in other applications such as Microsoft Word or Excel, Crystal Reports, or Adobe Acrobat Reader. Reporting is used by case owners for a variety of case intake and case management tasks. Managers, supervisors, QA, and payroll also use reporting for auditing and planning purposes.

S

SAWS
See Statewide Automated Welfare System.

SCI
See Statewide Client Index.

SCO
See State Controller’s Office.

SEIN
See State Employer Identification Number.

State Employer Identification Number (SEIN)
An identification number assigned by the Employment Development Department (EDD) to each IHSS recipient.

Sending County
The county that currently owns a case that is being transferred to a receiving county, as part of the Inter-County Transfer (ICT) process.

Sensitivity Level
Notes in Case Management have sensitivity levels from 1 to 5. One is the lowest sensitivity and 5 is the highest. Each Case Management user is assigned a sensitivity level that determines what notes he/she can see and what sensitivity level he/she can assign to notes. For example, everyone can see notes with a sensitivity of 1, but only users with a sensitivity of 3 can see or create notes of level 3.

Social Worker Certification
Indicates whether or not the recipient met the criteria for the social worker to certify the reinstatement of all reduced hours.

Stale Dated Warrant
A warrant that remains un-cashed after one year from the date of issue.

State Controller's Office (SCO)
The office managed by the state's chief fiscal officer, responsible for administration and oversight of fiscal affairs for the state. CMIPS II exchanges data with SCO, and in Case Management, the user can request copies of cashed warrants from the SCO.

Statewide Automated Welfare System (SAWS)
The generic term used to refer to CalWIN, C-IV and LEADER, the systems used to determine eligibility for a variety of welfare benefits, including Medi-Cal. Case Management interfaces with these systems to request Medi-Cal eligibility determinations for applicants who are not currently receiving Medi-Cal and to exchange status information.

Statewide Client Index (SCI)
The California Department of Health Care Services' (DHCS) Statewide Client Index generates and controls Client Identification Numbers (CINs). The CIN is the primary identifier for individuals who have applied for public benefits.

T

Task
An item that requires a Case Management user to take action. A task may be generated by Case Management or may be manually created by a user. Each task is assigned a unique task number. A task generated automatically by Case Management and not completed by its deadline escalates to a supervisor.

Timesheet Processing Facility (TPF)
A central facility responsible for the scanning and processing of IHSS timesheets.

TPF
See Timesheet Processing Facility.

W

W-2 Form
Refers to the federal Wage and Tax Statement.

W-4 Form
Refers to the federal Employee's Withholding Allowance Certificate.

W-5 Form
Refers to the federal Earned Income Credit Advance Payment Certificate.

Waiver Personal Care Services (WPCS)
A program administered by In-Home Operations (IHO) in which individuals are either eligible for Nursing Facility (NF) or Model Nursing Facility Waiver services. Both waivers provide personal care services to categorically needy and medically needy Medi-Cal recipients who would otherwise spend at least 90 days in a nursing facility. PCSP/IPO beneficiaries can apply to IHO and receive both IHSS and WPCS program services simultaneously. CMIPS II is the system used by WPCS to pay its providers. Providers of WPCS must be created in CMIPS II to facilitate payment.

Web Portal
A site that creates a single point of access to various components and functionality associated with CMIPS II. The portal offers a structured approach to navigating information, e.g. by subject

(category) then sub-category. The systems in CMIPS II include Case Management, Reporting, Advantage Financial and Advantage Human Resource Management (HRM).

Work Queue

Shared task lists to which a user has been given access. The work queues contain both manually generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county.

WPCS

See Waiver Personal Care Services.

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user's MANUAL

Chapter Four

Provider Management

to
Assist
and
Empower

CMIPS II

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1. Introduction

The process of entering a person into Case Management as a provider is called “registering a provider.” During the registration process, the person must complete certain enrollment requirements as defined by CDSS. These requirements include completing the provider enrollment and provider agreement forms, attending provider orientation and passing the criminal background check. Enrollment requirements are tracked and monitored in the Enrollment area of the Create Provider screen. Persons who complete all the enrollment requirements are eligible to be IHSS providers. A provider may not be assigned to serve a case until each of these enrollment requirements is completed and recorded in Case Management.

Case Management allows the user to register and assign a person to serve as an individual provider for a case. Once assigned as an individual provider for a case, the provider can then receive and submit timesheets and receive payment for hours submitted. Services can be provided to the recipient by the county using the county contractor (CC), individual provider (IP) and homemaker (HM) modes of service.

Upon registration and identification of a person as a provider, the Social Security Number (SSN) is verified twice a week through the CMIPS II SSN verification batch process with the Social Security Administration (SSA). Persons serving as providers who have chosen to register with the public authority within their county are identified in Case Management as a result of a monthly file interface with the public authority (PA). The provider is verified against the Suspended and Ineligible Provider (S&I) list to determine eligibility. The original hire date of the person as a provider within Case Management is tracked using the earliest provider enrollment date.

During provider registration, Case Management allows county staff to identify providers who are ineligible to perform IHSS services based on information captured on the Recipient Designation of Provider form (SOC 426A) or results of the provider’s criminal background check.

Once a provider is assigned to serve a case, the start and end dates of his/her service period are tracked. The user selects the rate of pay for the provider for the time period within the county. Upon request from a recipient with multiple providers and receipt of an assigned-hours form, the user can also assign hours to the providers for a specific case. The provider’s assigned hours may not exceed the recipient’s authorized hours for the time period. These provider-assigned hours are used to determine the number of remaining hours to be printed on the provider timesheet and to cut back the provider-paid hours if the assigned hours are exceeded.

Based upon the relationship of the provider to the recipient, Case Management automatically updates the funding source (program) accordingly.

When terminating a provider, the user selects the termination reason and enters the employment end date for the provider.

1.1 Provider Maintenance

Users can perform the following maintenance activities for each registered provider throughout the life cycle of his/her involvement in IHSS:

- Assign provider to a case
- (Optional) Assign provider hours
- Terminate provider and/or recipient/provider relationship
- Place a provider on leave
- Person record management

1.2 Recipient/Provider Relationship

The relationship between a provider and the recipient plays an important role in how Case Management handles the case. For example, if a recipient goes on leave, the system automatically places the provider on leave for that case only. The provider can continue to provide services on other cases. The provider can resume services for the recipient on leave once that recipient returns and the relationship between the provider and the recipient is reestablished.

If a case is closed or terminated, all providers assigned to that case remain in Case Management but can no longer perform services for or be paid by that particular recipient.

Note: If the provider is suspended and ineligible, CMIPS II will update the provider status to terminated, set the termination reason to Medi-Cal suspended or ineligible and set the provider end date to the suspended or ineligible begin date. In addition, CMIPS II will send notifications to the case worker, case worker supervisor, PA and WPCS. Lastly, CMIPS II will produce the Provider Terminated for Suspended and Ineligible letter to each recipient the provider is actively assigned to.

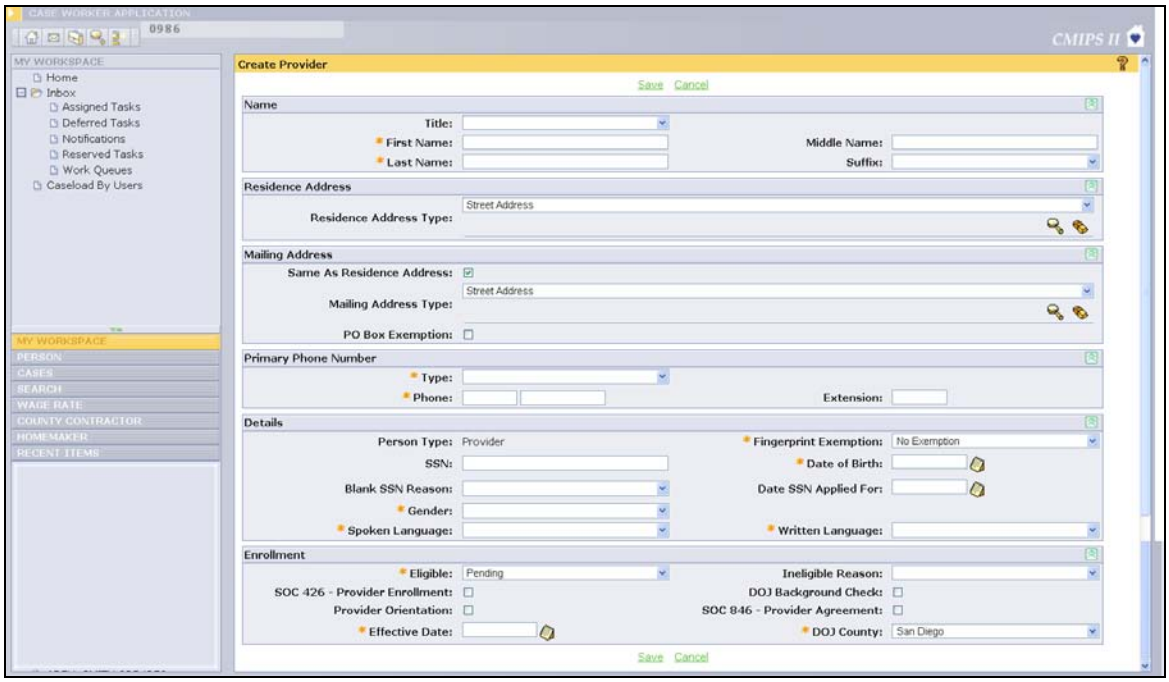
1.3 Provider Status Types

Providers can have the following status types:

- Active - The provider can provide services on cases to which he/she is assigned.
- Leave - When the recipient goes on leave, the provider is also placed on leave status for the case. The user reestablishes the recipient/provider relationship to the case when the recipient returns. The provider can continue to provide services on other cases to which he/she is assigned. A provider can be placed on leave while the case(s) to which he/she is assigned continue on active status.
- Terminated - When the provider is terminated from a case, he/she can no longer be paid to provide services to that recipient. The provider can continue to provide services on other cases to which he/she is assigned. In instances where a provider is no longer eligible to provide IHSS, he/she is terminated from all cases.

2. Register a Provider

Use the Create Provider screen to create (register) a provider in Case Management. Once the provider is enrolled and assigned to a case, the provider can then receive and submit timesheets and receive payment for hours submitted.



Note: First determine if a person currently exists in the system to avoid duplicate records. Refer to the Search for a Person section the Case Management Basic Navigation chapter for additional information.

To Create (Register) a Provider

1. On the My Workspace screen, in the **My Shortcuts** area, click the **Register a Provider** link. The system displays the Person Search screen.
2. In the **General** area, type the **Last Name**.
3. Type the **First Name**.
4. Click the **Search** link to determine if a person currently exists in the system. The search results display on the Person Search screen.
5. If no record exists, click the **Continue Registration** link. The system displays the Create Provider screen.
6. In the **Name** area, type the **First Name**.
7. Type the **Last Name**.
8. In the **Residence Address** area, click the (magnifying glass) to search for a residence address. The system displays the Maintain Street Address screen.
    a. Type the **address** information.
    b. Click the **Verify** link.
    c. In the **Addresses** area, in the Action column, click the **Select** link next to the residence address. The system displays the Create Provider screen.

9. In the **Primary Phone Number** area, select the phone number **Type**.
10. Type the **Phone Number**.

    Note: Enter the area code and phone number without dashes.
11. In the **Details** area, enter the required fields:
    - SSN or Blank SSN Reason
      Note: The Blank SSN Reason field is required if the SSN is left blank.
    - Gender
    - Spoken Language
    - Fingerprint Exemption
    - Date of Birth
    - Written Language
12. In the **Enrollment** area, select the **Eligible** type.
13. (Optional at time of registration) Select the **SOC 426 - Provider Enrollment** checkbox.
14. (Optional at time of registration) Select the **Provider Orientation** checkbox.
15. (Optional at time of registration) Type the **Effective Date**.
16. (Optional at time of registration) Select the **Ineligibility Reason**.

    Note: If the user selects No for Eligible type, this field is required.
17. (Optional at time of registration) Select the **DOJ Background Check** checkbox.
18. (Optional at time of registration) Select the **SOC 846 - Provider Agreement** checkbox.
19. Select the **DOJ County**.
20. Click the **Save** link. The Provider Registration process is completed. The system displays the Person Home screen.

    Note: If a provider has been made ineligible due to no payroll activity for one year, CMIPS II will clear the provider enrollment requirement boxes and the provider will be required to recomplete all provider enrollment requirements to become eligible again.

Note: All eligibility requirements must be met before a provider can be paid to provide services. Otherwise, the provider has a pending status.

3. Enrollment

A request to enroll a provider can come from a variety of sources, such as the provider himself/herself, a recipient, an intake worker or an ongoing worker.

Enrollment eligibility is based on completing and capturing information during the following provider enrollment activities as defined by CDSS:

- Provider Enrollment
- Provider Orientation
- SOC 846 - Provider Agreement
- DOJ Background Check
- Criminal Offender Record Information (CORI) obtained by the county as a result of the background check may also be documented

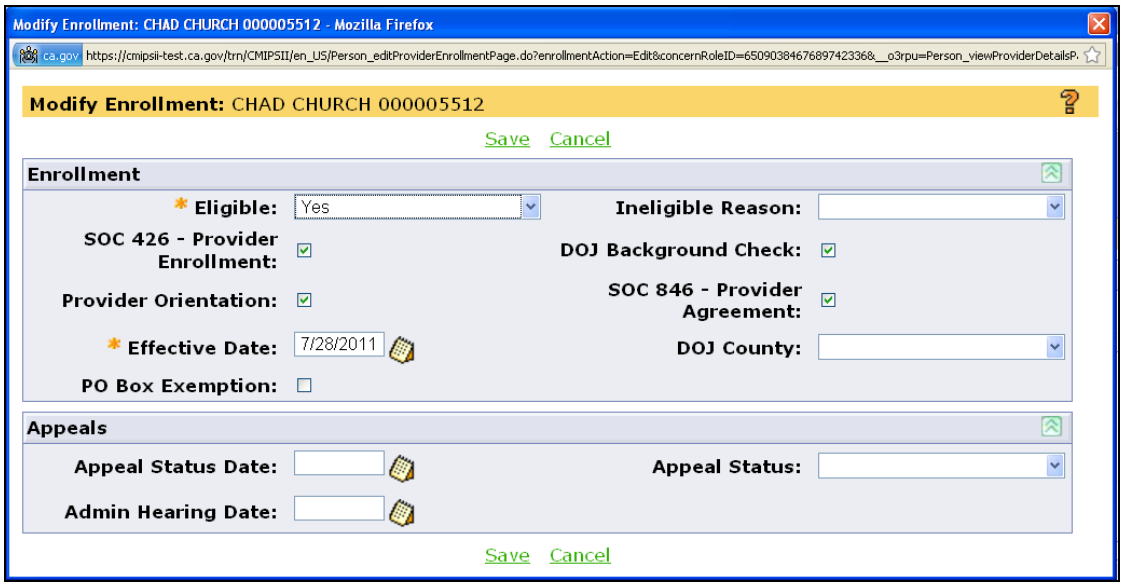
Note: If the CORI reflects the provider has been convicted or incarcerated for a Tier 1 crime, the provider is not eligible to serve as an IHSS provider. If the provider has been convicted or incarcerated for a Tier 2 crime, the provider may still be able to serve as an IHSS provider if they obtain a General Exception Waiver from the CDSS Caregiver Background Check Bureau (CBCB) or if the recipient grants the provider a Recipient Waiver for the specified crime.

In addition, a provider is verified against the table of Medi-Cal suspended and ineligible providers. If a match is found, the provider is ineligible to be paid through the IHSS program.

All eligibility requirements must be met before a provider can be paid to provide services. Otherwise, the provider has a pending status.

3.1 Modify Enrollment

Use the Modify Enrollment screen to edit provider enrollment eligibility information. This information is specific to the provider and is independent of any case linked to the provider.



Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Modify Enrollment

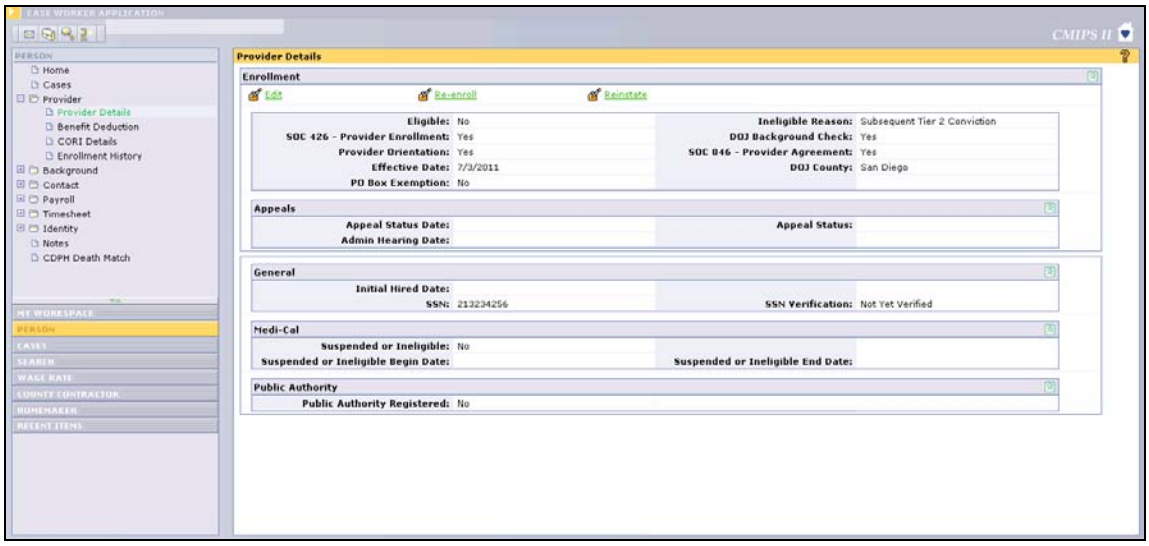
1. From the left navigation menu, click the **Provider** folder and then click **Provider Details**. The system displays the Provider Details screen.
2. Click the **Edit** link to edit enrollment information. The system displays the Modify Enrollment screen.
3. In the **Enrollment** area, select the **Eligible** type.

   Note: The Eligible selection must be Yes or Pending.
4. (Optional) In the **Enrollment** area, enter information if necessary.
5. (Optional) In the **Appeals** area, enter other information if necessary.

   Note: Information in the Appeals area can only be entered by CDSS users.
6. Click the **Save** link. The system displays the Provider Details screen.

3.2 Provider Reinstatement

If a provider has not had any payroll activity on any of their cases for one year, CMIPS II marks the provider as ineligible. A notification is sent to the case owner when this process is complete. If the case owner makes contact with the provider and determines that the provider is still working and will submit timesheets, the county can reinstate the provider's eligibility status up to 20 days following the provider becoming ineligible. The case supervisor must approve or reject the provider reinstatement.



Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Reinstate a Provider

1. From the left navigation menu, click the **Provider** folder and then click **Provider Details**. The system displays the Provider Details screen.

2. In the **Enrollment** area, select the **Reinstate** link. The system displays the Modify Enrollment screen. The provider eligible status is set to yes and all values for enrollment requirements are restored.

   Note: The Reinstate link only displays if the current eligible status is no and the last date updated is within 20 calendar days.

3. In the **Enrollment** area, select the **Eligible** type.

   Note: The Eligible selection must be Yes or Pending.

4. (Optional) In the **Enrollment** area, enter information if necessary.
5. (Optional) In the **Appeals** area, enter other information if necessary.

   Note: Information in the Appeals area can only be entered by CDSS users.

6. Click the **Save** link. The system displays the Provider Details screen.

3.2.1 Approve Provider Enrollment

Use the Approve Provider Enrollment screen to approve the request to reinstate the provider who is currently ineligible. Only a supervisor can approve the provider reinstatement. This is done once the provider completes all required documentation and enrollment activities.

Before Beginning: View task received in the Reserved Tasks screen. Refer to the Reserved Task section in the Case Management Basic Navigation chapter.

To Approve Provider Enrollment

1. On the Reserved Task screen, in the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.
2. In the **Primary Action** area, click the **Provider Details** link. The system displays the Provider Details screen.
3. Review the enrollment details.
4. On the Provider Details screen in the **Enrollment** area, click the **Approve** link. The system displays the message “This individual was originally deemed ineligible to be enrolled as a provider. Are you sure you want to enroll?” on the Approve Provider Enrollment screen.

   Note: Supervisors can approve the reinstatement of a provider from an ineligible enrollment status to eligible.

5. Click the **Yes** link. The updated enrollment information is approved, and the provider is eligible on the Provider Details screen.

3.2.2 Reject Provider Enrollment

Use the Reject Provider Enrollment screen to reject a request to reinstate a provider who is currently ineligible. The provider is not eligible to provide services if the provider reinstatement is rejected. Only a supervisor can reject the request for provider reinstatement.

Before Beginning: View task received in the Reserved Tasks screen. Refer to the Reserved Task section in the Case Management Basic Navigation chapter.

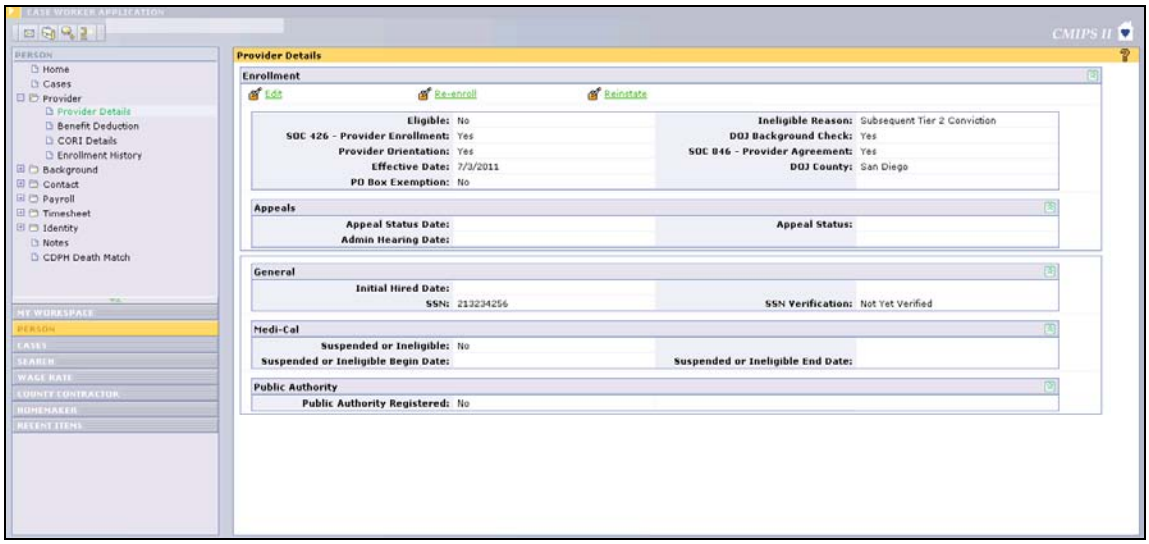
To Reject Provider Enrollment

1. On the Reserved Task screen, in the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.
2. In the **Primary Action** area, click the **Provider Details** link. The system displays the Provider Details screen.
3. Review the enrollment details.
4. On the Provider Details screen in the **Enrollment** area, click the **Reject** link. The system displays the Reject Provider Enrollment screen.

   Note: Supervisors can reject the request for reinstatement of a provider from an eligible enrollment status to ineligible.
5. In the **Rejection Comments** box, type the reason for the rejection.
6. Click the **Save** link. The updated enrollment information is rejected, and the provider is ineligible on the Provider Details screen.

3.3 Provider Re-enrollment

Providers who are in an ineligible status but for whom the circumstances causing their ineligibility have changed can be made eligible again in Case Management. Since the provider previously had enrollment information in CMIPS II, the user would re-enroll the provider. This process clears the prior enrollment information and allows the provider to go through the normal provider enrollment process as if they are a new provider.



Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Re-enroll a Provider

1. From the left navigation menu, click the **Provider** folder and then click **Provider Details**. The system displays the Provider Details screen.
2. In the **Enrollment** area, select the **Re-enroll** link. The system displays the Modify Enrollment screen. The provider eligible status is set to pending and all values for enrollment requirements are reset to blank.

   Note: The Re-enroll link only displays if the current eligible status is no.

3. In the **Enrollment** area, select the **Eligible** value.

   Note: The Eligible selection must be Yes or Pending.
4. In the **Enrollment** area, enter information if necessary.
5. (Optional) In the **Appeals** area, enter other information if necessary.

   Note: Information in the Appeals area can only be entered by CDSS users.
6. Click the **Save** link. The system displays the Provider Details screen.

3.4 Enrollment History

Use the Enrollment History screen to display the history of provider enrollment information. This screen is read-only.

Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To View Enrollment History

1. From the left navigation menu, click the **Provider** folder and then click **Enrollment History**. The system displays the Enrollment History screen.

3.5 Provider CORI Details

Use the Provider CORI Details screen to display provider Criminal Offender Record Information (CORI) records and General Exception Waiver information. From this screen the user can access to the Create, View and Modify Provider CORI screens.

Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To View Provider CORI Details

1. From the left navigation menu, click the **Provider** folder and then click **CORI Details**. The system displays the Provider CORI Details screen.

3.5.1 Create Provider CORI

Use the Create Provider CORI screen to create a new provider CORI record. Upon adding a CORI record, provider eligible status is set to ‘No’ with reason of Tier 1 or Tier 2 conviction.

Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Create Provider CORI

1. From the left navigation menu, click the **Provider** folder and then click **CORI Details**. The system displays the Provider CORI Details screen.
2. Click the **New** link. The system displays the Create Provider CORI screen.
3. In the **CORI Date** box, select a date.

4. In the **Conviction Date** box, select a date.
5. (Optional) In the **CORI End Date** box, select a date.
6. In the **Tier** box, select the tier associated with the conviction.
7. Click the **Save** link. The system displays the Provider CORI Details screen.

3.5.2 Modify Provider CORI

Only CDSS can modify provider CORI in Case Management. Use the Modify Provider CORI screen to update CORI information for a provider or add a general exception waiver.

Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Modify Provider CORI

1. From the left navigation menu, click the **Provider** folder and then click **CORI Details**. The system displays the Provider CORI Details screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Provider CORI screen.
3. (Optional) In the **CORI End Date** box, select a date.
4. In the **Conviction Date** box, select a date.
5. In the **Tier** box, select the tier associated with the conviction.
6. (Optional) In the **General Exception Begin Date** box, select a date.
7. (Optional) In the **General Exception End Date** box, select a date.
8. Click the **Save** link. The system displays the Provider CORI Details screen.

3.5.3 View Provider CORI

Use the View Provider CORI screen to view CORI and general exception waiver information.

Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To View Provider CORI

1. From the left navigation menu, click the **Provider** folder and then click **CORI Details**. The system displays the Provider CORI Details screen.
2. In the Action column, click the **View** link. The system displays the View Provider CORI screen.

3.5.4 Inactivate Provider CORI

Only CDSS can inactivate provider CORI in Case Management. Use the Inactivate Provider CORI confirmation screen to inactivate a provider.

Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Inactivate Provider CORI

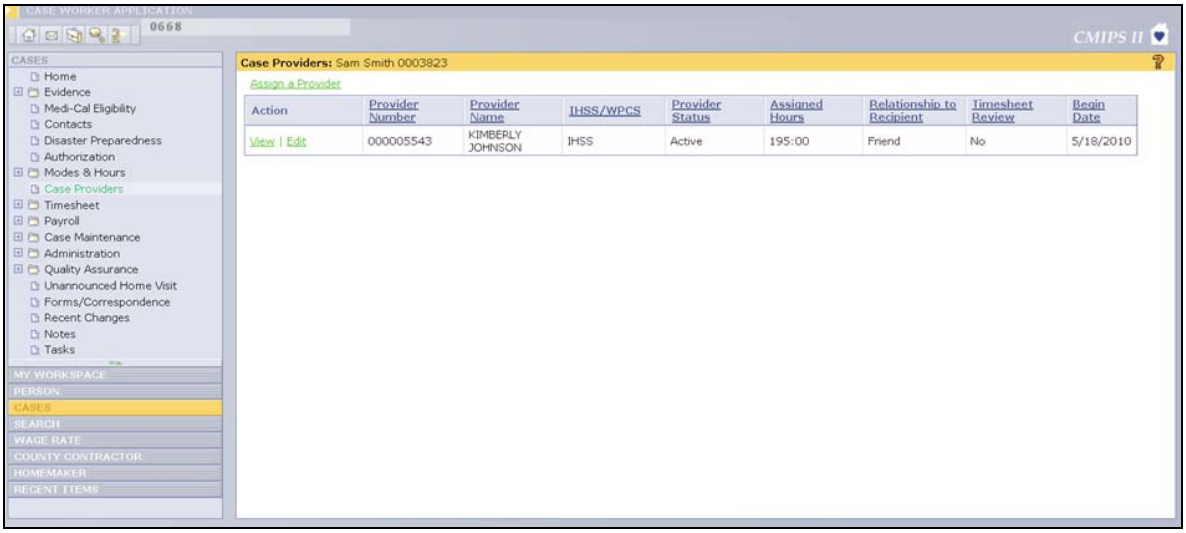
1. From the left navigation menu, click the **Provider** folder and then click **CORI Details**. The system displays the Provider CORI Details screen.
2. In the Action column, click the **View** link. The system displays the View Provider CORI screen.
3. Click the **Inactivate** link. The system displays the message “Are you sure you want to Inactivate this Provider CORI?” on the Inactivate Provider CORI confirmation screen.
4. Click the **Yes** link. The CORI record is inactivated and the system displays the Provider CORI Details screen.

4. Assign Providers to a Case

Once a person record is created for the provider and all eligibility requirements are met, assign the provider to a case.

4.1 Case Providers

Use the Case Providers screen to display a list of providers assigned to the case. On this screen, the user can assign a case provider and access the View and Modify Provider screens.



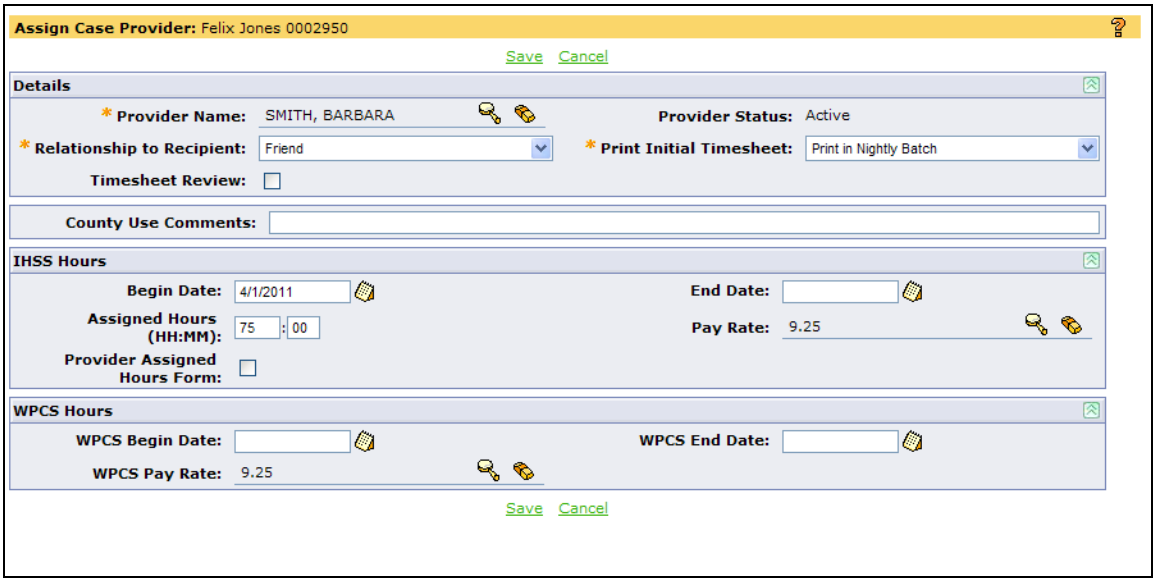
Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View the Case Provider List

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.

4.2 Assign Case Provider

Use the Assign Case Provider screen to assign a provider to the case, assign hours if applicable and generate the provider's initial timesheet.



Note: On the Assign Case Provider screen, the user also has the option to identify whether all timesheets for a recipient/provider relationship need to be reviewed prior to processing and issuing payment for situations such as a new provider on a case, suspicion of fraud or verification of provider and/or recipient signatures. Check the Timesheet Review checkbox to place all timesheets for that recipient/provider relationship in a timesheets on hold work queue for review. These timesheets must be reviewed by the end of the next business day or they will be automatically released for processing.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Assign a Case Provider

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. Click the **Assign a Provider** link. The system displays the Assign Case Provider screen.
3. In the **Details** area, in the **Provider Name** box, click the (magnifying glass) to search for a provider. The system displays the Person Search screen.
   a. Type the **search criteria**.
   b. Click the **Search** link. The system updates the Search Results area.
   c. In the **Search Results** area, click the **Select** link next to the provider name. The system displays the Assign Case Provider screen.
4. In the **Details** area, select the **Relationship to Recipient**.
5. Select the **Print Initial Timesheet**.
6. (Optional) Select the **Timesheet Review** checkbox.

   Note: This places the timesheet in the timesheets on hold work queue for each pay period.
7. In the **IHSS Hours** area, type the **Begin Date**.
8. (Optional) Type the **End Date**.
9. (Optional) Type the **Assigned Hours**. Refer to county-specific business processes for more information.

Note: If the field is left blank, CMIPS II will assign the total hours designated for the IP mode to the provider.

10. (Optional) Select the **Provider Assigned Hours Form** checkbox.

    Note: If the user enters assigned hours, completion of this checkbox is required.

11. (Optional) In the **Pay Rate** box, click the (magnifying glass) to search for an alternate pay rate. The system displays the County Pay Rate screen.
    a. Type the **From Date**.
    b. Click the **Search** link. The system displays the Pay Rate list.
    c. In the Action column, click the **Select** link. The county pay rate is selected, and the system displays the Assign Case Provider screen.
12. Click the **Save** link. The system displays the Case Providers screen.

4.3 Modify Case Provider

Use the Modify Case Provider screen to modify case provider details.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify a Case Provider

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Case Provider screen.
3. Select the **Relationship to Recipient**.
4. Select the **Relationship Status Date**.
5. (Optional) Enter information if necessary.
6. Click the **Save** link. The system displays the Case Provider screen.

4.4 View Case Provider

Use the View Case Provider screen to display case provider details.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View a Case Provider

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. In the Action column, click the **View** link. The system displays the View Case Provider screen.

5. Assign Hours to a Provider

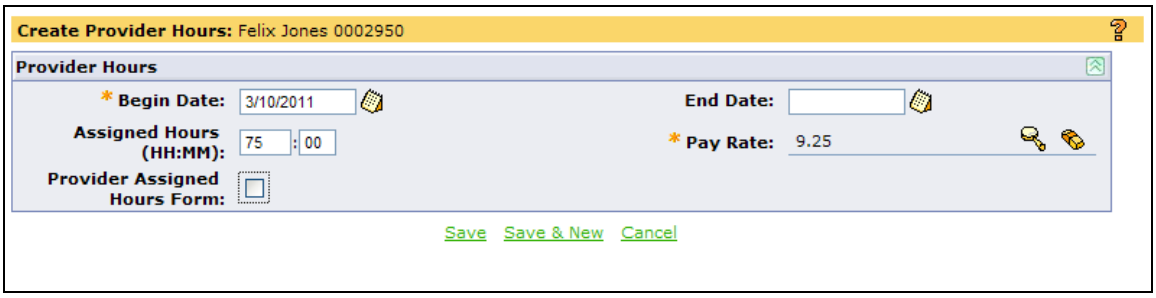
A recipient with multiple providers can assign a portion of his/her authorized hours to providers assigned to his/her case. If so, form SOC 838 (Recipient Request for Assignment of Authorized Hours to Providers) is required to assign hours. Refer to county-specific business processes for more information.

If a case has mixed modes of service and there is only one individual provider, the user does not need to assign specific hours to the provider. On the Modes of Services screen, a portion of the hours is assigned to the county contractor (CC) or homemaker (HM) mode. The remaining hours, if any, are assigned to the individual provider (IP) mode and are applied to one or multiple providers. A signed form is required anytime the user assigns a specific number of hours to an individual provider.

Note: The assigned hours may not exceed the recipient's authorized hours for the time period. Authorized hours determine the number of remaining hours printed on the provider timesheet. If the timesheet exceeds the number of authorized hours, Case Management reduces the paid hours to the amount of remaining available hours.

5.1 Create Provider Hours

Use the Create Provider Hours screen to assign hours to the provider.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create Provider Hours

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. In the Action column, click the **View** link. The system displays the View Case Provider screen.
3. Click the **New** link. The system displays the Create Provider Hours screen.
4. Type the **Begin Date**.
5. (Optional) Type the **End Date**.
6. (Optional) Type the **Assigned Hours**. Refer to county-specific business processes for more information.

   Note: If the field is left blank, CMIPS II will assign the total hours designated for the IP mode to the provider.
7. (Optional) Select the **Provider Assigned Hours Form** checkbox.

   Note: If the user enters assigned hours, completion of this checkbox is required.

8. (Optional) In the **Pay Rate** box, click the (magnifying glass) to search for an alternate pay rate. The system displays the County Pay Rate screen.
   a. Type the **From Date**.
   b. Click the **Search** link. The system updates the Pay Rate area.
   c. In the Action column, click the **Select** link. The county pay rate is selected, and the system displays the Create Provider Hours screen.
9. Click the **Save** link. The system displays the View Case Provider screen.

   OR

   Click the **Save & New** link. The system displays a new Create Provider Hours screen.

5.2 Modify Provider Hours

Use the Modify Provider Hours screen to modify assigned hours for the provider.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify Provider Hours

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. In the Action column, click the **View** link. The system displays the View Case Provider screen.
3. In the **Provider Hours** area, in the Action column, click the **Edit** link. The system displays the Modify Provider Hours screen.
4. Select the **Begin Date**.
5. (Optional) Type the **Assigned Hours**. Refer to county-specific business processes for more information.

   Note: If the field is left blank, CMIPS II will assign the total hours designated for the IP mode to the provider.
6. (Optional) Select the **Provider Assigned Hours Form** checkbox.

   Note: If the user enters assigned hours, completion of this checkbox is required.
7. (Optional) In the **Pay Rate** box, click the (magnifying glass) to search for an alternate pay rate. The system displays the County Pay Rate screen.
8. (Optional) Enter information if necessary.
9. Click the **Save** link. The system displays the View Case Provider screen.

5.3 View IHSS Provider Hours History

Use the View IHSS Provider Hours History screen to view the history of hours assigned to the IHSS provider.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View IHSS Provider Hours History

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. In the Action column, click the **View** link. The system displays the View Case Provider screen.
3. Click the **View IHSS Provider Hours History** button. The system displays the View IHSS Provider Hours History screen.
4. In the **Begin Date** area, select the **From** date and **To** date.
5. Click the **Search** link. The system updates the Provider Hours area with the history of the hours segments based on the begin date range.

6. Recipient Waiver

The Recipient Waver screen displays waivers for Tier 2 crimes that have been approved by the recipient.

6.1 Create Recipient Waiver

Use the Create Recipient Waiver screen to create a recipient waiver for a provider.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create a Recipient Waiver

1. From the left navigation menu, click the **Providers** folder and then click **Recipient Waiver**. The system displays the Recipient Waiver screen.
2. Click the **New** link. The system displays the Create Recipient Waiver screen.
3. In the **Provider Name** box, click the (magnifying glass) to search for a provider.
   a. Type in the **search criteria**.
   b. Click the **Search** link. The system updates the Search Results area.
   c. In the **Search Results** area, in the Action column, click the **Select** link next to the provider name. The system displays the Create Recipient Waiver screen.
4. In the **Recipient Waiver Begin Date** box, select a date.
5. Click the **Save** link. The system displays the Recipient Waiver screen.

6.2 Modify Recipient Waiver

Use the Modify Recipient Waiver screen to update an existing recipient waiver.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify a Recipient Waiver

1. From the left navigation menu, click the **Providers** folder and then click **Recipient Waiver**. The system displays the Recipient Waiver screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Recipient Waiver screen.
3. In the **Recipient Waiver End Date** box, select a date.
4. In the **Termination Reason** box, select a reason for the waiver.
5. Click the **Save** link. The system displays the Recipient Waiver screen.

6.3 View Recipient Waiver

Use the View Recipient Waiver screen to view an existing recipient waiver.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View a Recipient Waiver

1. From the left navigation menu, click the **Providers** folder and then click **Recipient Waiver**. The system displays the Recipient Waiver screen.
2. In the Action column, click the **View** link. The system displays the View Recipient Waiver screen.

6.4 Inactivate Recipient Waiver

Use the Inactivate Recipient Waiver confirmation screen to inactivate a recipient waiver.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Inactivate Recipient Waivers

1. From the left navigation menu, click the **Providers** folder and then click **Recipient Waiver**. The system displays the Recipient Waiver screen.
2. In the Action column, click the **View** link. The system displays the View Recipient Waiver screen.
3. Click the **Inactivate** link. The system displays the message “Are you sure you want to inactivate this Recipient Waiver?” on the Inactivate Recipient Waiver confirmation screen.
4. Click the **Yes** link. The recipient waiver is inactivated and the system displays the Recipient Waiver screen.

7. Provider Benefits Deduction

Health benefits management (HBM) refers to the management of benefits given to IHSS providers. In most instances, benefit information is shared electronically between the county and CMIPS II via an interface. This involves sending monthly files to CMIPS II and CMIPS II sending exceptions back to the county.

However, if the interface time frames are missed or data on the interface files cause an exception, Case Management has a screen that allows a user to enter the health benefit deduction. If an adjustment is needed, whether to recoup premiums not collected or to refund premiums collected in error, Case Management has a screen for entering the adjustment.

Use the Benefit Deduction screen to display a list of current benefit deductions for a provider. This screen also provides access to the Create and Modify Benefit Deduction screens.

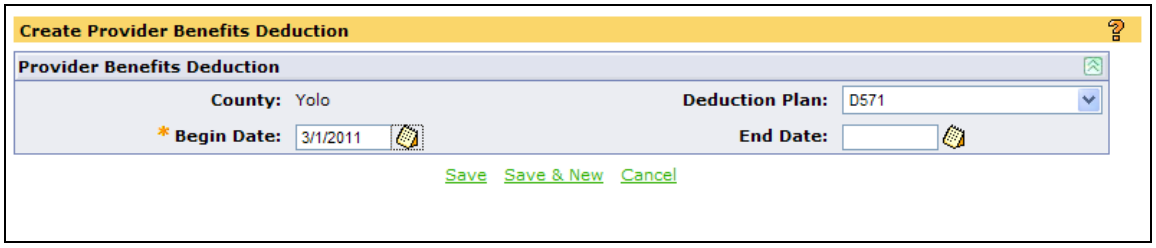
Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To View Provider Benefit Deduction

1. From the left navigation menu, click the **Provider** folder and then click **Benefit Deduction**. The system displays the Benefit Deduction screen.

7.1 Create Provider Benefits Deduction

Use the Create Provider Benefits Deduction screen to create benefit deductions for the provider.



Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Create Provider Benefits Deduction

1. From the left navigation menu, click the **Provider** folder, and then click **Benefit Deduction**. The system displays the Benefit Deduction screen.
2. Click the **New** link. The system displays the Create Provider Benefits Deduction screen.
3. Select the **Deduction Plan**.
4. Select the **Begin Date**.

   Note: Date must begin with the first day of the current month or the first day of the next month.
5. (Optional) Select the **End Date**.
6. Click the **Save** link. The system displays the Benefit Deduction screen.

   OR

Click the **Save & New** link. The system displays a new Create Provider Benefits Deduction screen.

7.2 Modify Provider Benefit Deduction

Use the Modify Provider Benefit Deduction screen to edit any particular benefit deduction attached to this provider.

Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Modify Provider Benefit Deduction

1. From the left navigation menu, click the **Provider** folder and then click **Benefit Deduction**. The system displays the Benefit Deduction screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Provider Benefit Deduction screen.
3. (Optional) Select the **End Date**.

   Note: End Date must be on the last day of the month.
4. Click the **Save** link. The system displays the Benefit Deduction screen.

8. Provider On Leave, Terminated, or No Longer Eligible

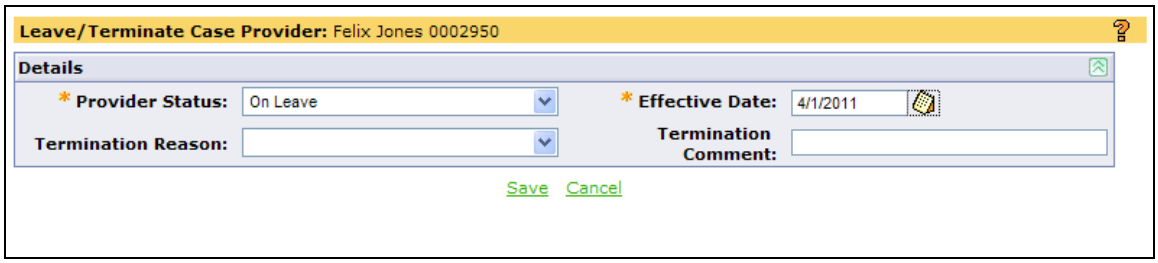
There are situations when a provider is placed on leave or terminated. In addition, the provider eligibility may be ended. Examples of this include a recipient firing a provider or a provider going on a vacation during which time he/she is not able to provide IHSS to the recipient. In order to do so, the provider must:

- Already exist in the system
- Be eligible
  - Provider Enrollment
  - Provider Orientation
  - SOC 846 - Provider Agreement
  - DOJ Background Check
- Display as active in the Provider Status box.

When the user puts a provider on leave, terminates a provider, or ends provider eligibility, the system re-determines the funding source for the case and updates the funding source code when applicable.

8.1 Provider On Leave

Use the Leave/Terminate Case Provider screen to put a provider on leave from a case.



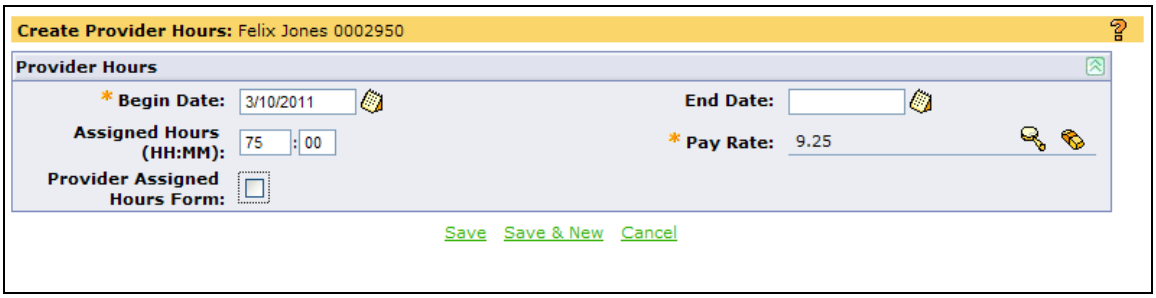
Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Put a Provider On Leave

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. In the Action column, click the **View** link. The system displays the View Case Provider screen.
3. Click the **Leave/Terminate** link. The system displays the Leave/Terminate Case Provider screen.
4. In the **Provider Status** box, select the **On Leave** status.
5. Select the **Effective Date**.
6. Click the **Save** link. The provider is put on leave based on the effective date. The system displays the View Case Provider screen.

8.1.1 Provider Off Leave

Use the Create Provider Hours screen to assign hours to the provider currently on leave. When a provider is on leave and will resume providing services on a case, the provider does not have to be reassigned to the case. The provider is already assigned to the case. However, the provider must be assigned hours to change the provider status to active.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Take a Provider Off Leave

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. In the Action column, click the **View** link. The system displays the View Case Provider screen.

   Note: Select a provider with the status of on leave.
3. Click the **New** link. The system displays the Create Provider Hours screen.
4. Type the **Begin Date**.
5. (Optional) Type the **End Date**.
6. (Optional) Type the **Assigned Hours**. Refer to county-specific business processes for more information.

   Note: If the field is left blank, CMIPS II will assign the total hours designated for the IP mode to the provider.
7. (Optional) Select the **Provider Assigned Hours Form** checkbox.

   Note: If the user enters assigned hours, completion of this checkbox is required.
8. (Optional) In the **Pay Rate** box, click the (magnifying glass) to search for an alternate pay rate. The system displays the County Pay Rate screen.
   a. Type the **From Date**.
   b. Click the **Search** link. The system updates the Pay Rate area.
   c. In the Action column, click the **Select** link. The county pay rate is selected, and the system displays the Create Provider Hours screen.
9. Click the **Save** link. The system displays the View Case Provider screen.

   OR

   Click the **Save & New** link. The system displays a new Create Provider Hours screen.

8.2 Terminate a Recipient/Provider Relationship

The user can also terminate the relationship between a provider and a recipient. When this occurs, the provider can still provide services to other recipients as long as the provider is eligible to do so.

There are situations when Case Management automatically terminates a provider or the recipient/provider relationship. In addition, the user can manually terminate a provider or the recipient/provider relationship.

Automatic Termination

- Provider is ineligible - Case Management does not allow an ineligible provider to be assigned to a case.
- Provider is on the S&I list - Each week, DHCS sends a Suspended and Ineligible Provider file to Case Management. As a result, Case Management auto-terminates any provider who is matched to the list and terminates all recipient/provider relationships where the provider is serving as an active provider.

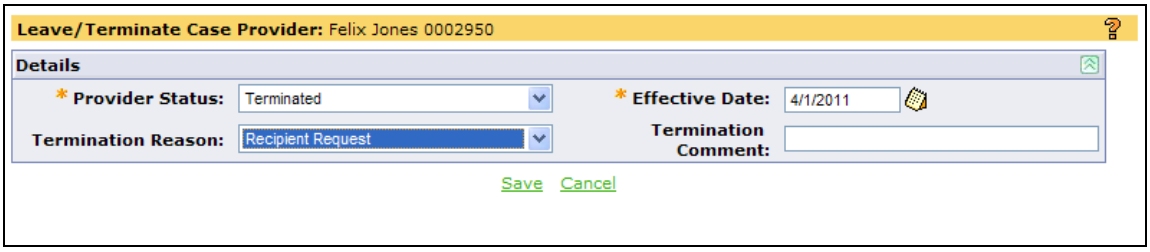
Note: A notification is sent to the case owner when the system auto-terminates the provider.

Manual Termination
One of the following termination reason codes must be entered in addition to the end date of employment to manually terminate the provider:

- Recipient request
- Provider request
- Program eligibility exclusion
- Provider death
- Recipient death
- Recipient not eligible
- No payroll activity
- Change in recipient mode of service
- Other - Allow comment entry

8.3 Terminate a Provider

Use the Leave/Terminate Case Provider screen to terminate a provider on a case.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Terminate a Provider

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. In the Action column, click the **View** link for the provider. The system displays the View Case Provider screen.
3. Click the **Leave/Terminate** link. The system displays the Leave/Terminate Case Provider screen.
4. In the **Provider Status** box, select the **Terminated** status.
5. Select the **Effective Date**.
6. In the **Termination Reason** box, select a reason for terminating a provider.
7. In the **Termination Comment** box, type a comment.
8. Click the **Save** link. The provider is terminated based on the effective date. The system displays the View Case Provider screen.

8.4 End Provider Eligibility

Occasionally an eligible provider in the system should be made ineligible. If a provider is made ineligible and there is no other provider on the case, the case owner receives notification.

Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To End Provider Eligibility

1. From the left navigation menu, click the **Provider Details** link. The system displays the Provider Details screen.
2. Click the **Edit** link. The system displays the Modify Enrollment screen.
3. In the **Eligible** box, select the **No** status.

   Note: The provider is automatically terminated from any cases on which he/she is either active or on leave.
4. Select the **Ineligible Reason**.
5. Select the **Effective Date**.
6. Click the **Save** link. The provider eligibility ends. The system displays the Provider Details screen.

9. Public Authority

Case Management supports PA users by providing access to key system functions, enabling them to serve IHSS recipients and providers. PA users who have been given access to Case Management can search for cases and view case details from the Case Home screen. The Case Home screen provides a broad overview of case details, including the case owner, number of household members, companion cases and administrative information, including the person designated to receive mail for the recipient and the county district office responsible for managing the case. It also includes identification as to whether the recipient is eligible or ineligible to receive services.

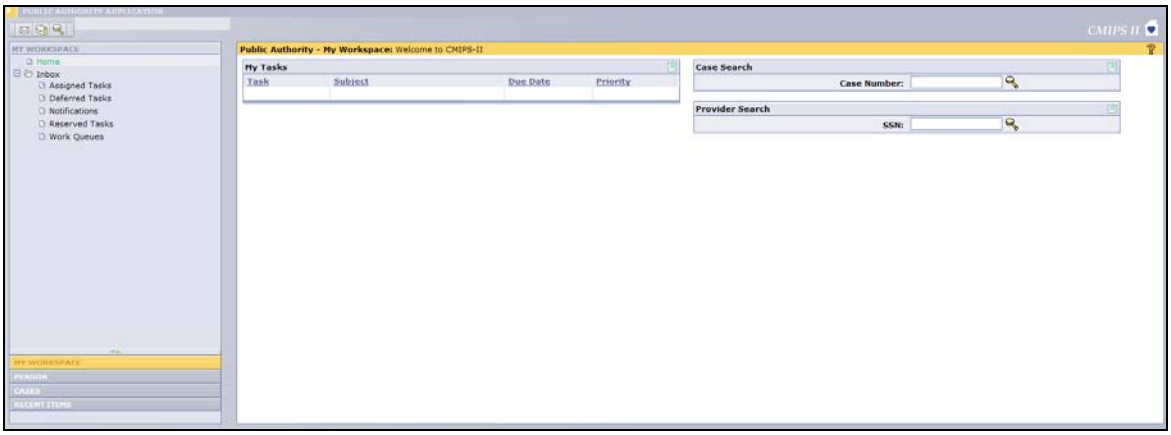
Users have access to payment search so they can search for payments for a person and can view the related details (e.g., warrant numbers, hours or payee) within the last 13 months. This allows the PA user to search for payments and to answer questions from providers regarding payments issued for a specific case. PA users can also view the details about the providers associated with a case, including the assigned hours and pay rate.

In addition, PA users have access to the authorization summary and details for a case, including the service types that have been authorized for that case, segment start and end dates, authorization start and end dates and a determination date. Authorization summary details also identify whether the recipient is authorized to receive advance pay and/or if he/she has a SOC.

9.1 Public Authority Workspace

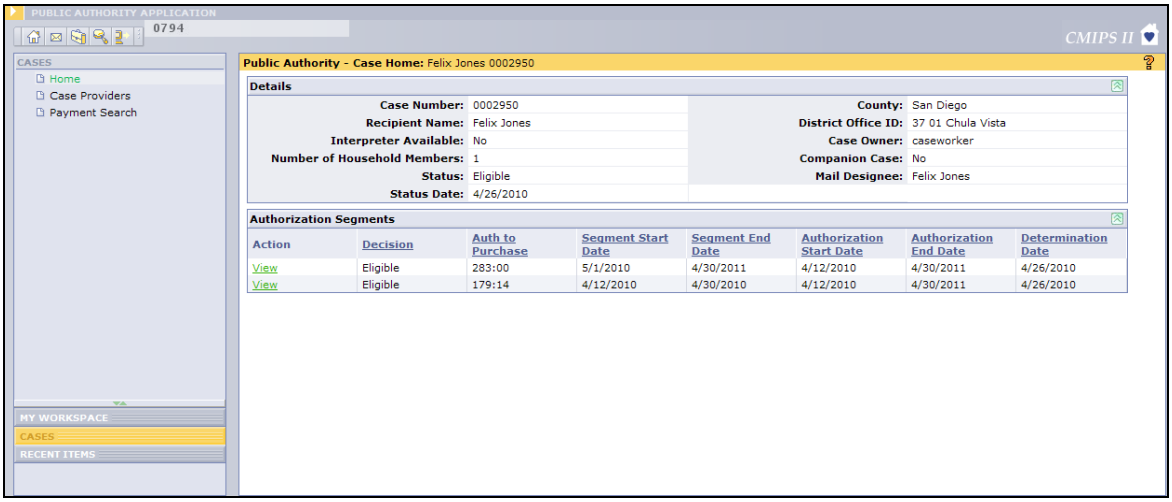
When the PA user accesses Case Management, the system displays the Public Authority - My Workspace screen. From this screen, the PA user can access a variety of information in Case Management, including case information, provider details, wage rates, authorization summaries and payment details for a provider associated with a case.

From the Public Authority - My Workspace screen, the PA user can also access the tasks in the My Tasks area, search for a specific case in the Case Search area or access the Cases section in the left navigation menu.



9.2 Public Authority - Case Home

Use the Public Authority - Case Home screen to view a variety of details about a selected case. This includes information identifying the recipient, case owner, companion case, mail designee, status of the case, number of household members, county and district office. It also includes details about each of the authorization segments. From this screen, the PA user can view further details about each authorization segment.



To View the Case Home Screen

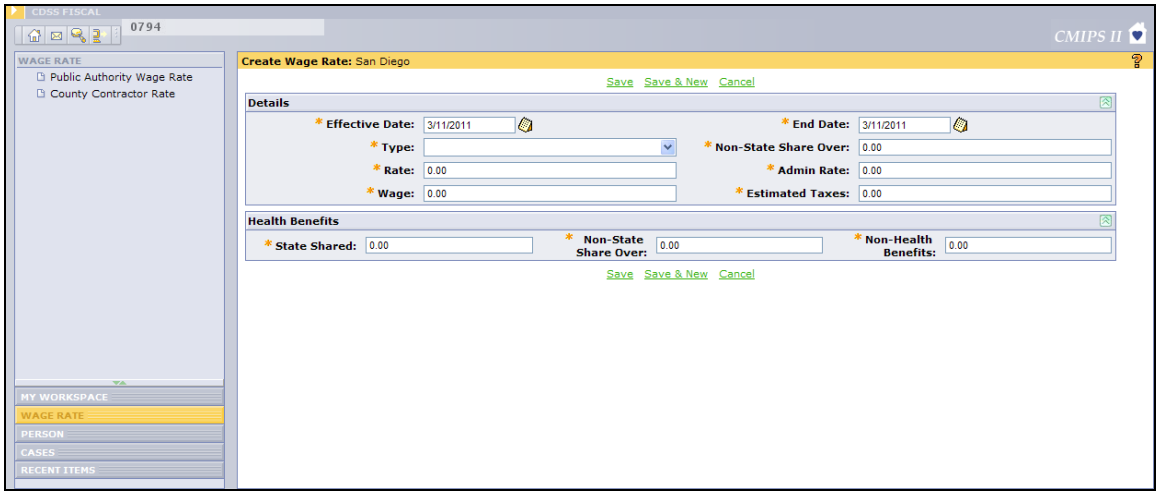
1. On the Public Authority - My Workspace screen, in the **Case Search** area, type the **Case Number** and click the (magnifying glass) to search for a case. The system displays the Public Authority - Case Home screen.

9.3 Public Authority - Wage Rates

The Public Authority Wage Rate screen allows CDSS users to view a list of current and historical public authority rates in effect for a county. Use this screen to view a variety of details including the rate, the wage, the amount of state share for health benefits, the amount of county-only health benefits, the amount for non-health benefits, the administrative rate and the amount of estimated taxes. From this screen, CDSS users can create new public authority rates or modify existing ones. The information contained on this screen is for informational purposes only and does not control the actual wages paid to providers. Only CDSS can create wage rates in Case Management.

9.3.1 Public Authority - Create Wage Rates

Only CDSS can create wage rates in Case Management. Use the Create Wage Rate screen to create a new public authority wage rate for a specific county.



To Create a Wage Rate

1. On the left navigation menu, click the **Wage Rate** section. The system displays the Public Authority Wage Rate screen.
2. In the **Select County** area, select the **County**.
3. Click the **New** link. The system displays the Create Wage Rate screen.

   Note: Every field on this screen is required.
4. In the **Details** area, type the **Effective Date**.

   Note: Enter a date that is at least one month later than the last effective date. Effective Date must be the 1st of the month.
5. Type the **End Date**.

   Note: End Date must be the last day of the month.
6. In the **Type** box, select the type of employer of record for the county.
7. In the **Non-State Share Over** box, type the amount over the state allowed rate for reimbursement.
8. Type the **Rate**.
9. Type the **Admin Rate**.
10. Type the **Wage**.
11. Type the **Estimated Taxes**.
12. In the **Health Benefits** area, type the **State Shared**.
13. Type the **Non-State Share Over**.
14. Type the **Non-Health Benefits**.
15. Click the **Save** link. The system displays the Public Authority Wage Rate screen.

    OR

    Click the **Save & New** link. The system displays a new Create Wage Rate screen.

9.3.2 Public Authority - Modify Wage Rates

Only CDSS can modify wage rates in Case Management. Use the Modify Wage Rate screen to modify an existing public authority wage rate for a specific county.

To Modify a Wage Rate

1. On the left navigation menu, click the **Wage Rate** section. The system displays the Public Authority Wage Rate screen.
2. In the **Select County** area, select the **County**.
3. Click the **Get Public Authority Wage Rates** link. The system updates the table on the Public Authority Wage Rate screen.
4. In the Action column, click the **Edit** link. The system displays the Modify Wage Rate screen.

   Note: Every field on this screen is required.
5. (Optional) Enter information if necessary.
6. Click the **Save** link. The system displays the View Wage Rate screen.

9.3.3 Public Authority - View Wage Rates

Only CDSS can view wage rates in Case Management. Use the View Wage Rate screen to display the public authority wage rate(s) for a specific county. This screen is read-only. From this screen, the user can also create a new wage rate or edit an existing wage rate for a specified county.

To View a Wage Rate

1. From the left navigation menu, click the **Wage Rate** section. The system displays the Public Authority Wage Rate screen.
2. In the **Select County** area, select the **County**.
3. Click the **Get Public Authority Wage Rates** link. The system updates the table on the Public Authority Wage Rate screen.
4. In the Action column, click the **View** link. The system displays the View Wage Rate screen.

9.4 Public Authority - Authorization Summary

Use the Public Authority - Authorization Summary screen to view summary details about a specific authorization segment for a selected case. This includes the authorization segment start and end dates, total hours authorized to purchase and service type details. This is a read-only screen.

To View the Authorization Summary

1. On the Public Authority - My Workspace screen, in the **Case Search** area, type the **Case Number** and click the (magnifying glass) to search for a case. The system displays the Public Authority - Case Home screen.
2. In the **Authorization Segments** area, in the Action column, click the **View** link. The system displays the Public Authority - Authorization Summary screen.

9.5 Public Authority - View Case Providers

Use the Public Authority - View Case Provider screen to view details about case providers for a selected case. This includes details about a case provider such as the provider number, provider status, relationship to the recipient and begin and end dates. It also includes financial details, provider hours, pay rate and status. This is a read-only screen.

Before Beginning: Search for a case on the Public Authority - Case Home screen.

To View Case Providers

1. From the left navigation menu, click the **Case Providers** link. The system displays the Public Authority - Case Providers screen.
2. In the Action column, click the **View** link. The system displays the Public Authority - View Case Provider screen.

9.6 Public Authority - Payment Search

Use the Public Authority - Payment Search screen to search for payments associated with a selected case. Search for payments for a case by specifying a service period, including From and To Dates. From this screen, the user can view details about a specific payment.

Before Beginning: Search for a case on the Public Authority - Case Home screen.

To View Case Providers

1. From the left navigation menu, click the **Payment Search** link. The system displays the Public Authority - Payment Search screen.
2. In the **Service Period** area, select the **From Date**.

   Note: From Date must be the 1st or the 16th of the month.
3. Select the **To Date**.

   Note: To Date must be the 15th or the last day of the month.
4. Click the **Search** link. The system updates the Search Results area.

9.7 Public Authority – Search for Providers by SSN

Search for providers by SSN on either the Public Authority - My Workspace screen or the Public Authority - Provider Search screen.

To Search for Providers from the Public Authority – My Workspace Screen

1. On the Public Authority - My Workspace screen, in the **Provider Search** area, type the **SSN** and click the (magnifying glass) to search for a provider by SSN. The system displays the View Provider Details screen.

To Search for Providers from the Public Authority - Provider Search Screen

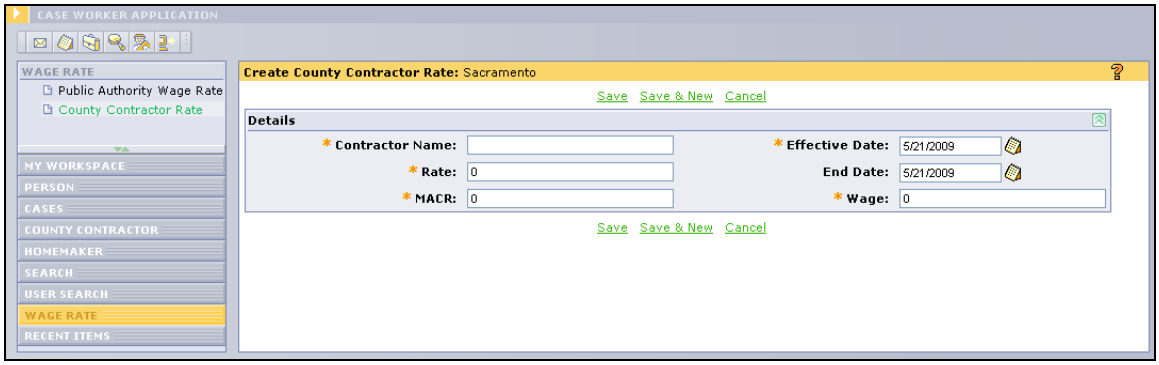
1. From the left navigation menu, click the **Person** section. The system displays the Public Authority - Provider Search screen.
2. In the **Provider Search** area, type the **SSN** and click the (magnifying glass) to search for a provider by SSN. The system displays the View Provider Details screen.

10. County Contractor Rate

The County Contractor Rate screen allows CDSS users to view a list of current and historical county contractor rates in effect for a county. Use this screen to view a variety of details including the contractor name, the effective dates of the rate, the rate, the wage and the maximum allowable contract rate (MACR). From this screen, CDSS users can create new county contractor rates or modify existing ones. Only CDSS can create county contractor rates in Case Management.

10.1 Create County Contractor Rate

Only CDSS can create county contractor rates in Case Management. Use the Create County Contractor Rate screen to create a new county contractor rate for a specific county.



To Create a County Contractor Rate

1. On the left navigation menu, click the **Wage Rate** section. The system displays the Public Authority Wage Rate screen.
2. On the left navigation menu, click the **County Contractor Rate** link. The system displays the County Contractor Rate screen.
3. In the **Select County** area, select the **County**.
4. Click the **Get County Contractor Rates** link. The system updates the table on the County Contractor Rate screen.
5. Click the **New** link. The system displays the Create County Contractor Rate screen.
6. In the **Details** area, type the **Contractor Name**.
7. Type the **Rate** of pay per hour.
8. Type the **MACR** (Maximum Allowable Contract Rate).
9. Type the **Effective Date** of contract.
10. (Optional) Type the **End Date** of contract.
11. Type the **Wage**.

    Note: Wage is the amount paid directly to the provider.
12. Click the **Save** link. The system displays the County Contractor Rate screen.

    OR

    Click the **Save & New** link. The system displays a new County Contractor Rate screen.

10.2 Modify County Contractor Rate

Only CDSS can modify county contractor rates in Case Management. Use the Modify County Contractor Rate screen to modify an existing county contractor rate for a specific county.

To Modify a County Contractor Rate

1. On the left navigation menu, click the **Wage Rate** section. The system displays the Public Authority Wage Rate screen.
2. On the left navigation menu, click the **County Contractor Rate** link. The system displays the County Contractor Rate screen.
3. In the **Select County** area, select the **County**.
4. Click the **Get County Contractor Rates** link. The system updates the screen with the search results.
5. In the Action column, click the **Edit** link. The system displays the Modify County Contractor Rate screen.
6. In the **Details** area, type the **Rate** of pay per hour.
7. Type the **MACR** (Maximum Allowable Contract Rate).
8. Type the **Effective Date** of contract.
9. (Optional) Type the **End Date** of contract.
10. Type the **Wage**.

    Note: Wage is the amount paid directly to the provider.
11. Click the **Save** link. The system displays the County Contractor Rate screen.

10.3 View County Contractor Rate

Only CDSS can view county contractor rates in Case Management. Use the View County Contractor Rate screen to view existing county contractor rates for a specific county. This screen is read-only. From this screen, the user can also edit an existing county contractor rate for a specified county.

To View a County Contractor Rate

1. On the left navigation menu, click the **Wage Rate** section. The system displays the Public Authority Wage Rate screen.
2. On the left navigation menu, click the **County Contractor Rate** link. The system displays the County Contractor Rate screen.
3. In the **Select County** area, select the **County**.
4. Click the **Get County Contractor Rates** link. The system updates the screen with the search results.
5. In the Action column, click the **View** link. The system displays the View County Contractor Rate screen.

11. Waiver Personal Care Services

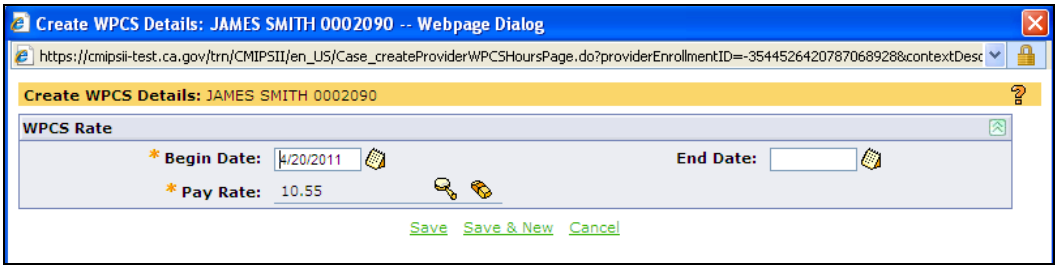
Administered by the IHO, WPCS includes case management, community transition services, private duty nursing, family training, home health aides, life-sustaining utility reimbursement, habilitation services and respite care. These services can be provided by licensed and certified home health agencies, individually licensed home and community-based waiver providers or unlicensed caregivers. Some of these services require the use of Case Management to enroll and pay unlicensed caregivers who perform WPCS services for IHSS recipients.

Note: The screens in this section are only accessible by an IHO user.

Note: To assign a new WPCS provider to a WPCS case, refer to the Assign Case Provider section.

11.1 Create WPCS Details

Use the Create WPCS Details screen to enter WPCS information and authorize WPCS hours for an existing WPCS provider that is in terminated or leave status. This screen is only used to reactivate the WPCS recipient/provider relationship.



Note: The Create WPCS Details screen is only accessible by an IHO user.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create WPCS Details

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. In the Action column, click the **View** link. The system displays the View Case Provider screen.
3. Click the **View WPCS Details** button. The system displays the View WPCS Details screen.
4. Click the **New** link. The system displays the Create WPCS Details screen.

   Note: Allows the user to assign a new range of WPCS hours to this WPCS provider.
5. Select the **Begin Date**.
6. (Optional) In the **Pay Rate** box, click the (magnifying glass) to search for an alternate pay rate. The system displays the County Pay Rate screen.
   a. Select the **From Date**.
   b. Click the **Search** link. The system updates the Pay Rate area.
   c. In the Action column, click the **Select** link. The county pay rate is selected, and the system displays the Create WPCS Details screen.
7. (Optional) Enter information if necessary.

8. Click the **Save** link. The system displays the View WPCS Details list screen.

   OR

   Click the **Save & New** link. The system displays a new Create WPCS Details screen.

11.2 Modify WPCS Details

Use the Modify WPCS Details screen to modify WPCS details for the provider.

Note: The Modify WPCS Details screen is only accessible by an IHO user.

Before Beginning: Search for a provider on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Modify WPCS Details

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. In the Action column, click the **View** link. The system displays the View Case Provider screen.
3. Click the **View WPCS Details** button. The system displays the View WPCS Details screen.
4. Click the **Edit** link. The system displays the Modify WPCS Details screen.
5. Select the **Begin Date**.
6. Select the **End Date**.
7. (Optional) In the **Pay Rate** box, click the (magnifying glass) to search for an alternate pay rate. The system displays the County Pay Rate screen.
   a. Select the **From Date**.
   b. Click the **Search** link. The system updates the Pay Rate area.
   c. In the Action column, click the **Select** link. The county pay rate is selected, and the system displays the Modify WPCS Details screen.
8. (Optional) Enter information if necessary.
9. Click the **Save** link. The system displays the View WPCS Details list screen.

11.3 View WPCS Details

Use the View WPCS Details screen to view WPCS Hours and pay rate for the WPCS provider.

Note: The View WPCS Details screen is only accessible by an IHO user.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View WPCS Details

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. In the Action column, click the **View** link. The system displays the View Case Provider screen.

3. Click the **View WPCS Details** button. The system displays the View WPCS Details screen.

11.4 View WPCS Provider Hours History

Use the View WPCS Provider Hours History screen to list the history of hours assigned to the WPCS provider.

Note: The View WPCS Provider Hours History screen is only accessible by an IHO user.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View WPCS Provider Hours History

1. From the left navigation menu, click the **Case Providers** link. The system displays the Case Providers screen.
2. In the Action column, click the **View** link. The system displays the View Case Provider screen.
3. Click the **View WPCS Provider Hours History** button. The system displays the View WPCS Provider Hours History screen.
4. In the **Begin Date** area, type the **From Date**.
5. Type the **To Date**.
6. Click the **Search** link. The system displays the View WPCS Provider Hours History screen with the history of the hours segments based on the begin date range.

12. Glossary

A

Advance Pay
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.

Advantage Financial (CDSS only)
A complete financial management system specifically designed to support CMIPS II. Advantage Financial issues vendor payments, and serves as a reconciliation and fund source management tool.

Advantage HRM (Human Resource Management) (CDSS only)
The integrated payroll system responsible for processing payments to CMIPS II case participants. Using data received from scanned and manually-entered timesheets, HRM calculates and reports wages, taxes, and other deductions. In addition, HRM processes payment adjustments entered in the Case Management application, as well as Advance Pay and restaurant meals allowance payments.

Application
The form used to record all information necessary to establish eligibility for IHSS. The application form is dated and signed by the applicant. In Case Management, the “Create Application” link opens a case record and allows the user to enter initial eligibility information.

Authorization to Purchase
The number of hours a recipient is authorized to receive for an authorization period or authorization segment.

Authorization Period
The period of time covered by the assessment.

Authorization Segment
The time period, in hours, within an authorization period.

B

Batch
A system or mode of operation in which inputs are collected and processed all at one time, rather than processed as they are submitted. A batch job once started proceeds to completion without additional input or user interaction.

Business Objects
The database within CMIPS II containing the data elements for all operational reports. (See Reporting)

Business Rules
The logic that enforces the IHSS program policies and practices within Case Management.

C

Case Maintenance
The act of updating and maintaining data related to an applicant or case, including evidence, contact information, provider details, etc.

Case Management
A component of CMIPS II that records and tracks information about IHSS recipients and providers. Case Management provides functionality to support case management, provider management, and payroll management. This includes current and historic demographic and assessment data, as well as payroll information.

Case Note
A note created to record information regarding a case.

Case Owner
In Case Management, the user who is assigned to the case. Each case has a case owner.

CASS
See Coding Accuracy Support System.

CC
See County Contractor.

CIN
See Client Index Number.

Claim
An electronic or paper request for payment.

Client Index Number (CIN)
A ten-digit alphanumeric value assigned by the Statewide Client Index (SCI) to uniquely identify an individual to various California public benefit programs. One of the key activities in creating a case in Case Management is to search the SCI for a CIN that is associated with the IHSS applicant.

CMIPS II Printer
A printer connected to the CMIPS II network and dedicated to printing CMIPS II documents only.

Coding Accuracy Support System (CASS)
A system that enables the United States Postal Service to evaluate the accuracy of software that corrects and matches street addresses. CMIPS II cross-checks the street and mailing address entered with what is on file with the United States Postal Service.

County Contractor (CC)
A mode of service wherein IHSS is provided by an agency under contract with a county.

D

Data Download
Provides access to export-ready reports that can be used for additional analysis and transfer of data to other systems.

DE 4 (California State Employee Withholding Certificate)
A form issued by the Employment Development Department (EDD) and completed by the provider if they wish to have state income tax withheld from their pay at a rate different than federal income tax. The form is sent to HP for processing.

Department of Health Care Services (DHCS)
The State agency responsible for protecting and promoting the health status of Californians through the financing and delivery of individual health care services. The DHCS administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal) and In-Home Operations (IHO).

DHCS
See Department of Health Care Services.

E

EFT (Electronic Funds Transfer)
Also known as Direct Deposit, EFT refers to the computer-based systems used to perform financial transactions electronically from one account to another. The State Controller’s Office (SCO) uses EFT to electronically deposit payments for providers and recipients into the banks of their choice.

Evidence
Information collected to determine eligibility for IHSS. Case Management categorizes evidence into four types: Household, Service, Program, and Share of Cost.

F

Federal Financial Participation (FFP)
An indication of whether the federal government shares in the cost of services. In IHSS, if FFP is yes, the federal government pays for 50% of the cost of services for a case.

FFP
See Federal Financial Participation.

Funding Source
The means of financial support for IHSS program costs. The established governmental sources for IHSS funding are PCSP, IPO, and IHSS-R.

H

HM
See Homemaker.
Homemaker (HM)
A mode of service wherein county staff provide IHSS to eligible IHSS recipients.

I

Icon
A picture or symbol on a menu, toolbar or screen that users select by pointing and clicking with a mouse. Icons are used to display information and navigate within CMIPS II.
ICT (Inter-County Transfer) Coordinator
The person responsible for coordinating the transfer of a case from one county to another in Case Management when the recipient moves to a different county and continues to be eligible for IHSS.
IHO
See In-Home Operations.
IHSS Plus Option (IPO)
A funding source associated with the IHSS program. It includes recipients who are eligible for full scope FFP Medi-Cal and have their services provided by a spouse or parent (if the individual is a minor child under 18), or receive Restaurant Meal Allowance or Advance Pay. Unlike the Demonstration Waiver IPW, the IPO is a State Plan Option, and therefore follows the PCSP State Plan regarding program eligibility and services. Cases paid from the IPO funding source are designated with a Medi-Cal Secondary Aid Code of 2L. CMIPS II supports both IPO and IPW programs.
IHSS Plus Waiver (IPW)
An expired funding source formerly associated with the IHSS program.
IHSS-R
See IHSS Residual.
IHSS Residual (IHSS-R)
A funding source associated with the IHSS program. Recipient cases having one or more of the following indications in an eligibility month shall be associated with the IHSS-R program: No Medi-Cal eligibility or Medi-Cal eligibility without Federal Financial Participation (FFP) eligibility. Recipient cases paid from the IHSS-R funding source are designated with a Medi-Cal Secondary Aid Code of 2N. The IHSS-R funding source is paid at a ratio of state 65% and county 35%.
Individual Provider (IP)
A mode of service wherein a person provides IHSS and is not a County Contractor or Homemaker.
In-Home Operations (IHO)
A section within the Department of Health Care Services (DHCS) that administers the Waiver Personal Care Services (WPCS) program.
IP
See Individual Provider.
IPO
See IHSS Plus Option.
IPW
See IHSS Plus Waiver.

L

LMA
The Legislative Mandated Adjustment (LMA) hours. Displays in (HH:MM) format.

J

Job Aid
A device or tool that allows an individual to quickly access the information he or she needs to perform a task.

M

Medi-Cal Eligibility Data System (MEDS)
A system used to maintain a statewide file of eligible Medi-Cal recipients and issue identification cards.

MEDS
See Medi-Cal Eligibility Data System.

MEDS Monthly Renewal
Refers to the monthly interface with MEDS, which sends a file to CMIPS II regarding a recipient's Medi-Cal monthly eligibility.

N

Notification
Informational items in Case Management where the user is not required to take action. Notifications are generated by Case Management based on case actions or information from another source, such as MEDS and SAWS.

O

Online Help
Online help is topic-oriented, procedural, or reference information delivered through computer software. It is a form of user assistance. When online help is accessed from Case Management or the CMIPS II Web Portal, context-sensitive help is displayed.

P

PA
See Public Authority.

PCSP
See Personal Care Services Program.

Password
A secret word or string of characters used for authentication, to prove identity, or to gain access to a protected resource. A password is required to gain access to CMIPS II.

Person
The record of an individual in Case Management. A person may be associated with multiple person type indicators. For example, if someone is both an IHSS recipient and a provider he/she will have a single person record in Case Management.

Person Note
A note created to record information regarding a person. (e.g., provider, recipient, applicant, recipient, provider).

Personal Care Services Program
A funding source associated with the IHSS program. This program provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institute Code Section 14132.95 and Title 22, California Code of Regulations. It is one of three funding sources associated with the IHSS program. Individuals meeting all of the following conditions are funded for PCSP: eligible for full scope FFP Medi-Cal, no Advance Pay, no Restaurant Meal Allowance, and no parent/spouse provider. Recipient cases paid from the PCSP funding source are designated with a Medi-Cal Secondary Aid Code of 2M.

POS
See Point of Service Spend Down Transaction.

Point of Service Spend Down Transaction
A real-time transaction sent from CMIPS II to the MEDS Share of Cost system when an IHSS payment is made. It reduces any outstanding MEDS share of cost for the corresponding Medi-Cal eligibility month.

Position
During user setup, each user is assigned a position within a workflow structure in Case Management. The position determines the workflow for notifications and tasks, the path in which tasks are escalated, and the cases which he/she can modify.

Provider
A person paid to perform IHSS.

Provider Registry
A registry of approved providers most commonly compiled by a county Public Authority (PA) used to assist recipients in identifying and contacting potential providers. These providers have completed State mandated requirements.

Public Authority (PA)
An entity authorized to act as Employer of Record for Individual Providers for collective bargaining.

R

Receiving County
The county that takes ownership of a case that is being transferred from a sending county, as part of the Inter-County Transfer (ICT) process.

Reduced Hours
The hours and minutes the recipient hours will be reduced based upon the reduced hours percentage. Displays in (HH:MM) format.

Reinstated Hours
The number of reduced hours the case owner reinstated to the recipient. Displays in (HH:MM) format.

Reporting
The Reporting link on the CMIPS II Web Portal provides access to many predefined reports covering various aspects of the IHSS program. Reports can be generated for immediate viewing and printing or generated for future use. Report information can be exported for use in other applications such as Microsoft Word or Excel, Crystal Reports, or Adobe Acrobat Reader. Reporting is used by case owners for a variety of case intake and case management tasks. Managers, supervisors, QA, and payroll also use reporting for auditing and planning purposes.

S

SAWS
See Statewide Automated Welfare System.

SCI
See Statewide Client Index.

SCO
See State Controller’s Office.

SEIN
See State Employer Identification Number.

State Employer Identification Number (SEIN)
An identification number assigned by the Employment Development Department (EDD) to each IHSS recipient.

Sending County
The county that currently owns a case that is being transferred to a receiving county, as part of the Inter-County Transfer (ICT) process.

Sensitivity Level
Notes in Case Management have sensitivity levels from 1 to 5. One is the lowest sensitivity and 5 is the highest. Each Case Management user is assigned a sensitivity level that determines what notes he/she can see and what sensitivity level he/she can assign to notes. For example, everyone can see notes with a sensitivity of 1, but only users with a sensitivity of 3 can see or create notes of level 3.

Social Worker Certification
Indicates whether or not the recipient met the criteria for the social worker to certify the reinstatement of all reduced hours.

Stale Dated Warrant
A warrant that remains un-cashed after one year from the date of issue.

State Controller's Office (SCO)
The office managed by the state's chief fiscal officer, responsible for administration and oversight of fiscal affairs for the state. CMIPS II exchanges data with SCO, and in Case Management, the user can request copies of cashed warrants from the SCO.

Statewide Automated Welfare System (SAWS)
The generic term used to refer to CalWIN, C-IV and LEADER, the systems used to determine eligibility for a variety of welfare benefits, including Medi-Cal. Case Management interfaces with these systems to request Medi-Cal eligibility determinations for applicants who are not currently receiving Medi-Cal and to exchange status information.

Statewide Client Index (SCI)
The California Department of Health Care Services' (DHCS) Statewide Client Index generates and controls Client Identification Numbers (CINs). The CIN is the primary identifier for individuals who have applied for public benefits.

T

Task
An item that requires a Case Management user to take action. A task may be generated by Case Management or may be manually created by a user. Each task is assigned a unique task number. A task generated automatically by Case Management and not completed by its deadline escalates to a supervisor.

Timesheet Processing Facility (TPF)
A central facility responsible for the scanning and processing of IHSS timesheets.

TPF
See Timesheet Processing Facility.

W

W-2 Form
Refers to the federal Wage and Tax Statement.

W-4 Form
Refers to the federal Employee's Withholding Allowance Certificate.

W-5 Form
Refers to the federal Earned Income Credit Advance Payment Certificate.

Waiver Personal Care Services (WPCS)
A program administered by In-Home Operations (IHO) in which individuals are either eligible for Nursing Facility (NF) or Model Nursing Facility Waiver services. Both waivers provide personal care services to categorically needy and medically needy Medi-Cal recipients who would otherwise spend at least 90 days in a nursing facility. PCSP/IPO beneficiaries can apply to IHO and receive both IHSS and WPCS program services simultaneously. CMIPS II is the system used by WPCS to pay its providers. Providers of WPCS must be created in CMIPS II to facilitate payment.

Web Portal
A site that creates a single point of access to various components and functionality associated with CMIPS II. The portal offers a structured approach to navigating information, e.g. by subject

(category) then sub-category. The systems in CMIPS II include Case Management, Reporting, Advantage Financial and Advantage Human Resource Management (HRM).

Work Queue

Shared task lists to which a user has been given access. The work queues contain both manually generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county.

WPCS

See Waiver Personal Care Services.

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user's MANUAL

Chapter Five

Program Oversight

to Assist and Empower

CMIPS II

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1. Introduction

Case Management provides functionality that supports staff in performing IHSS program oversight activities, including the following:

- Producing a QA Case Random Sampling report and creating a QA review record.
- Creating a fraud investigation referral record associated with a case.
- Sending a task to QA staff to review a paid claim on a case, as well as sending a task to the case owner if a Medi-Cal Treatment Authorization Request (TAR) has been received.
- Notifying QA staff or the case owner when death match information received from CDPH and the State Controller's Office (SCO) does not match the case information recorded in Case Management.

The user can create a record that a QA review is being or has been conducted. Using reports, the user can also create a random sample of cases that could be used for a targeted review or set of reviews.

The user can track case investigation referrals in Case Management as a way to prevent and detect potential fraud by verifying receipt of services, identifying third-party liability and maximizing overpayment recovery. Each week, DHCS sends Case Management a file of pending and authorized TARs for long-term care, inpatient services and adult day health care ADHC. Those counties that have a Managed Care Program for Medi-Cal services do not receive TARs. If there is a match on a TAR, Case Management sends a task to the case owner, who determines if there is a conflict between the TAR and IHSS services.

DHCS also sends a monthly paid claims file that includes data on long-term care or inpatient care services that were received at the same time IHSS services were being provided. These files are matched to payment records on cases within Case Management. If there is a match on a paid claim, Case Management creates a paid claim record and sends a task to the QA work queue that there is a new paid claim to review.

Death match information received from CDPH and SCO enables the user to investigate deaths of providers and recipients and take appropriate action to record the death outcome in the person record in Case Management.

2. Quality Assurance

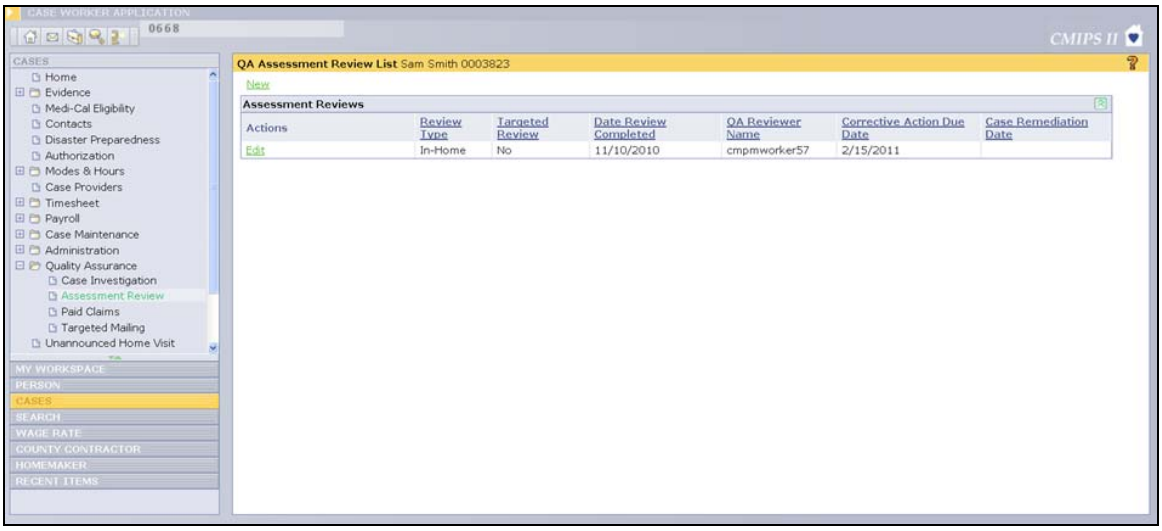
The QA function provides tools to improve the quality and uniformity of a county's IHSS program. This function includes QA assessment reviews and case investigation referrals.

QA assessment reviews can be conducted on a case to ensure accurate assessments of needs, hours, eligibility determination and overall program integrity. Case Management allows a user to create a record that a QA review has been conducted for a specific case. Creating this QA record is not required and the user's county can choose not to use this function. Using reports, the user can also create a random sample of cases that could be used for a targeted review or set of reviews.

Another aspect of QA available in Case Management is the ability to track case investigation referrals. Case investigation referrals can be conducted to verify receipt of services, identify third-party liability and maximize overpayment recovery. Case Management does not provide automated referrals to the DHCS or local entities.

2.1 QA Assessment Review List

Use the QA Assessment Review List screen to display all QA assessment reviews conducted for a case. From this screen, create a new QA assessment review record or modify an existing one by accessing the Create and Modify QA Assessment Review screens.



2.1.1 Create QA Assessment Review

Use the Create QA Assessment Review screen to add a new QA assessment review record for a case. To create a QA assessment review record, identify who is performing the review, the type of review being performed and whether it is a targeted review. If a targeted review is completed, select an aspect of the case separately and review that aspect to verify compliance. After the review is complete, modify the QA assessment review record and update the screen to reflect the results of the review.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create a QA Assessment Review Record

1. From the left navigation menu, click the **Quality Assurance** folder and then click the **Assessment Review** link. The system displays the QA Assessment Review List screen.
2. Click the **New** link. The system displays the Create QA Assessment Review screen.
3. In the **QA Reviewer Name** box, click the (magnifying glass) to search for the QA Reviewer. The system displays the User Search screen.
4. Type the **First Name** and **Last Name**.
5. Click the **Search** link. The system updates the Search Results area.
6. In the **Search Results** area, click the **Select** link. The system displays the Create QA Assessment Review screen.
7. Select the **Targeted Review** checkbox if this is a targeted review.
8. In the **Review Type** box, select the **assessment review type**.

   Note: The available assessment review types are desk, in-home, or phone.
9. (Optional) Select the **Date Review Completed**.
10. (Optional) Select the **Corrective Action Due Date**.
11. (Optional) Select the **Case Remediation Date**.
12. Click the **Save** link. The system displays the QA Assessment Review List screen.

2.1.2 Modify QA Assessment Review

Use the Modify QA Assessment Review screen to modify the details of an existing QA assessment review record. After a review is completed, modify the existing QA assessment review record to reflect when the review was completed and when corrective action is due. When a case is remediated and actions are implemented, the user can modify the QA assessment review record again to reflect the remediation date.

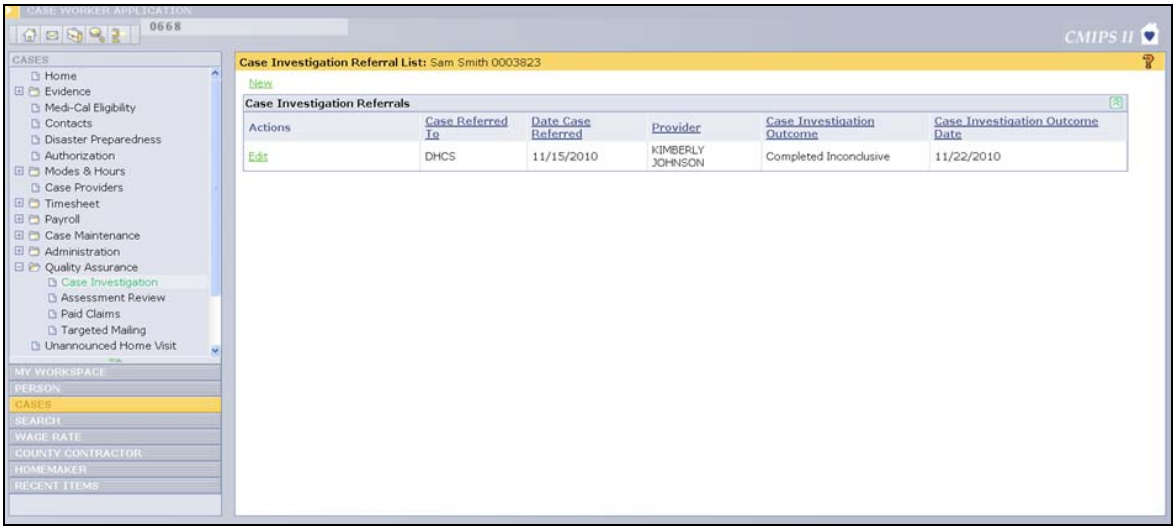
Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify a QA Assessment Review Record

1. From the left navigation menu, click the **Quality Assurance** folder and then click the **Assessment Review** link. The system displays the QA Assessment Review List screen.
2. In the Action column, click the **Edit** link. The system displays the Modify QA Assessment Review screen.
3. (Optional) In the **QA Reviewer Name** box, click the (magnifying glass) to search for the QA Reviewer. The system displays the User Search screen.
4. Select the **Targeted Review** checkbox if this is a targeted review.
5. (Optional) Select the **Date Review Completed**.
6. (Optional) Select the **Corrective Action Due Date**.
7. (Optional) Select the **Case Remediation Date**.
8. Click the **Save** link. The system displays the QA Assessment Review List screen.

2.2 Case Investigation Referral List

Use the Case Investigation Referral List screen to display all case investigation referral records for a case. The user can also create a new case investigation referral record or modify an existing one by accessing the Create and Modify Case Investigation Referral screens.



2.2.1 Create a Case Investigation Referral Record

Use the Create Case Investigation Referral screen to create a new fraud investigation referral record for a case. To create a case investigation referral record, identify to whom the case is referred, either DHCS or a local entity, along with the date the case is referred. After the investigation is complete, modify the case investigation referral record and update the screen to document the outcome of the investigation, date of the outcome and the provider name.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create a Case Investigation Referral Record

1. From the left navigation menu, click the **Quality Assurance** folder and then click the **Case Investigation** link. The system displays the Case Investigation Referral List screen.
2. Click the **New** link. The system displays the Create Case Investigation Referral screen.
3. In the **Case Referred To** box, select either **DHCS** or **Local Entity**.
4. Select the **Date Case Referred**.
5. Click the **Save** link. The system displays the case investigation information on the Case Investigation Referral List screen.

2.2.2 Modify a Case Investigation Referral Record

Use the Modify Case Investigation Referral screen to modify the details of an existing case investigation referral record. After an investigation is complete, modify the case investigation referral record and update the screen to document the outcome of the investigation and the date of the outcome.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify a Case Investigation Referral Record

1. From the left navigation menu, click the **Quality Assurance** folder and then click the **Case Investigation** link. The system displays the Case Investigation Referral List screen.
2. In the Action column, click the **Edit** link. The system displays the Modify Case Investigation Referral screen.
3. (Optional) In the **Case Referred To** box, select either **DHCS** or **Local Entity**.
4. Select the **Date Case Referred**.
5. Select the **Case Investigation Outcome**.
6. Select the **Case Investigation Outcome Date**.
7. In the **Provider** box, make a selection if the referral is for a provider on this case.
8. Click the **Save** link. The system displays the case investigation information on the Case Investigation Referral List screen.

3. Paid Claims List and Treatment Authorization Requests

The Medi-Cal Service Match Interface provides an interface between DHCS and Case Management. This interface provides Case Management with data on paid claims and TARs for IHSS recipients related to nursing home placements and inpatient hospitalizations. It also provides TARs for Adult Day Health Care ADHC. Paid claims are received monthly, while TARs are received weekly.

Those counties that have a managed care program for Medi-Cal services do not receive TARs. They do, however, receive information on paid claims for nursing home placement and inpatient hospitalization stays greater than two days.

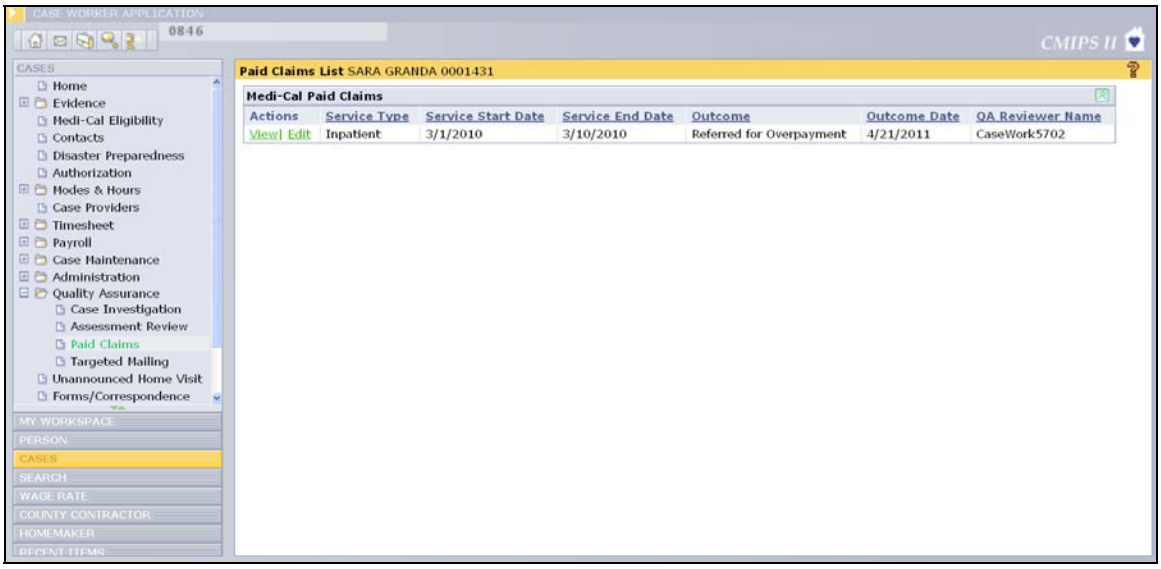
Each month, DHCS sends information to Case Management on claims paid for nursing home placement or inpatient hospitalization (based on a stay of two days or more) within the same time frame as claims paid for IHSS services. Case Management automatically scans the information received from this interface and looks for matching data.

Each week, DHCS sends information and approved Medi-Cal TARs for nursing home stays, inpatient services and ADHC. A TAR is an authorization to receive treatment/service and it does not necessarily mean that the treatment/service has been received. A TAR is either approved or pending. The user can contact recipients to remind them to report if they are out of their homes. The user can also put the case on leave status or add alternative resources, if needed. These actions can assist in avoiding possible overpayments before they occur.

When Case Management receives a paid claim, a task is generated to the QA work queue for the worker to review the Paid Claims List screen. The worker can research the claim and update the paid claim record with outcome details. The worker can also take appropriate action to coordinate with the case owner and initiate overpayment recovery, as needed.

When Case Management receives an approved TAR, a task is generated and sent to the case owner. The case owner should follow county business processes to follow up on the approved TAR, including contacting the recipient and adjusting the case as needed. When Case Management receives a pending TAR for inpatient hospitalization or long-term care, or an approved TAR for ADHC, a notification is generated to the case owner.

Use the Paid Claims List screen to display all paid claims received from the Medi-Cal Service Match Interface. The user can also view the details of a paid claim or modify a paid claim by accessing the View and Modify Paid Claim screens.



3.1 Modify Paid Claim

After researching the paid claim, the user can determine what action needs to be taken and modify the paid claim to reflect the outcome of the investigation, the outcome date and the amount of the overpayment. The designated county staff review the paid claim records and, when necessary, initiate recovery of the overpayment.

Use the Modify Paid Claim screen to edit the details of the paid claim.

Note: When the paid claims match job is run, a task is sent to the QA work queue and the Paid Claim record is created on the case.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify a Paid Claim

1. From the left navigation menu, click the **Quality Assurance** folder and then click the **Paid Claims** link. The system displays the Paid Claims List screen.
2. In the Actions column, click the **Edit** link. The system displays the Modify Paid Claim screen.
3. Select the **Outcome**.
4. Select the **Outcome Date**.
5. (Optional) Type the **Overpayment Amount**.
6. Click the **Save** link. The system displays the Paid Claims List screen.

3.2 View Paid Claim

When a paid claim is received by Case Management, the user begins by researching the claim and viewing relevant details, including the Service Type, Medi-Cal Provider Name, Service Start and End Dates, Amount Paid, Outcome Details and the Overpayment Amount.

Use the View Paid Claim screen to view details of the paid claim. This screen is read-only. The user can also modify a paid claim by accessing the Modify Paid Claim screen.

Note: When the paid claims match job is run, a task is sent to the QA work queue and the Paid Claim record is created on the case.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View a Paid Claim

1. From the left navigation menu, click the **Quality Assurance** folder and then click the **Paid Claims** link. The system displays the Paid Claims List screen.
2. In the Actions column, click the **View** link. The system displays the View Paid Claim screen.

3.3 Treatment Authorization Requests

The Medi-Cal TAR is a process that requires providers to obtain Medi-Cal preauthorization before rendering certain Medi-Cal services. These authorization requests are submitted to one of six Medi-Cal field offices and once adjudicated, may result in an approval, an approval as modified, a deferral, or a denial. The purpose of this new interface will be to obtain TAR information for IHSS recipients on a timely basis in order for IHSS social workers to make additional assessments based on changes to recipients' needs.

To achieve these goals, DHCS will provide the TAR information to CMIPS II. DHCS will obtain the information by gathering all IHSS recipients from MEDS and then pulling the matching TAR data for those recipients. Once the data has been gathered, a file that contains the requested TAR information will be created for CMIPS II. The information included will be for services that have been received and still pending or approved since the previous file was created. Denied services will not be included in the file.

Not all counties receive TARs. Counties that offer managed care for Medi-Cal (Two-Plan, Geographic Managed Care or County Organized Health System) do not receive TARs.

4. Death Match

CMIPS II receives death match information from two interfaces: CDPH and the SCO. Information from CDPH is received monthly, while SCO information is received daily.

Each month, CDPH sends death match information on IHSS recipients and providers. Case Management checks to see if the death is recorded on the person record. If not and the person is a recipient, Case Management generates a task to the case owner to review and investigate the death and to update the person's record to reflect the findings. If the person is a provider, a task is generated to the case owner of each case to which the provider is assigned.

Each day, the SCO sends death match information on IHSS recipients and providers. Case Management checks to see if the death is recorded on the person record. If not, Case Management generates a task to the QA work queue for the worker to review and investigate the death and to coordinate as needed with the case owner to assure the record reflects the findings.

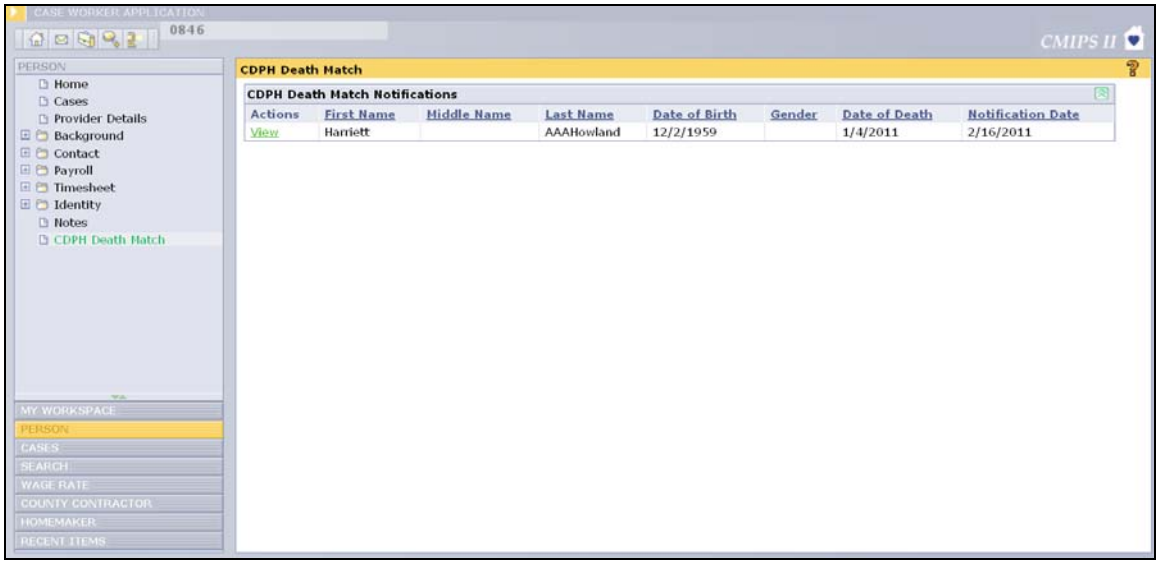
Following further investigation, there are several actions the user may wish to take. For example, the user can update the Modify Person screen to reflect details of the death. The user may need to initiate overpayment recovery efforts.

4.1 View CDPH Death Match Record

When CDPH death match information is received by Case Management, a task is sent to the case owner to research the circumstances of the case. The case owner can access the case, recipient, or provider information using the link provided in the task. Alternatively, the user can search for a person and access CDPH death match records associated with the individual. When the user completes an investigation of the reported death, he/she can update the appropriate information and outcome on the Modify Person screen.

Use the CDPH Death Match screen to view death match details for the provider or recipient. This screen is read-only.

Note: When CDPH death match information is received, a task is sent to the case owner.



Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To View a CDPH Death Match Record

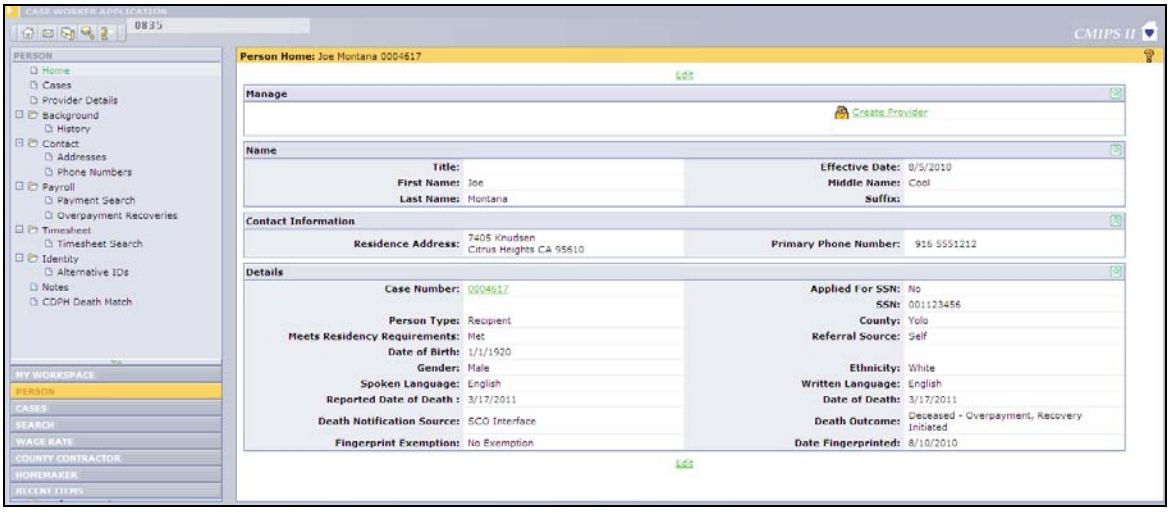
1. From the left navigation menu, click the **CDPH Death Match** link. The system displays the CDPH Death Match Notifications screen.
2. In the Actions column, click the **View** link. The system displays the View CDPH Death Match screen.

4.2 View SCO Death Match Record

When SCO death match information is received by Case Management, a task is sent to the county's QA work queue for each county where that individual is a recipient or provider. To research the death match record, the user accesses the Person Home screen using the link provided in the task.

When the user completes an investigation of the reported death, he/she updates the appropriate information and outcome on the Modify Person screen. Outcome details are written to the linked warrant records for reporting to SCO. If the record is for a provider, the QA worker(s) and case owner in each county in which the provider is active receive a notification when any county confirms the provider's death. If the record is for a recipient, the case owner receives notification that the death has been confirmed.

Note: When SCO death match information is received, a task is sent to the case owner.



Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To View a SCO Death Match Record

1. On the Person Home screen, click the **Edit** link. The system displays the Modify Person screen.

   Note: The Death Notification Source field displays SCO Interface.
2. In the **Details** area, select the **Reported Date of Death**.
3. Select the **Date of Death**.
4. Select the **Death Outcome**.

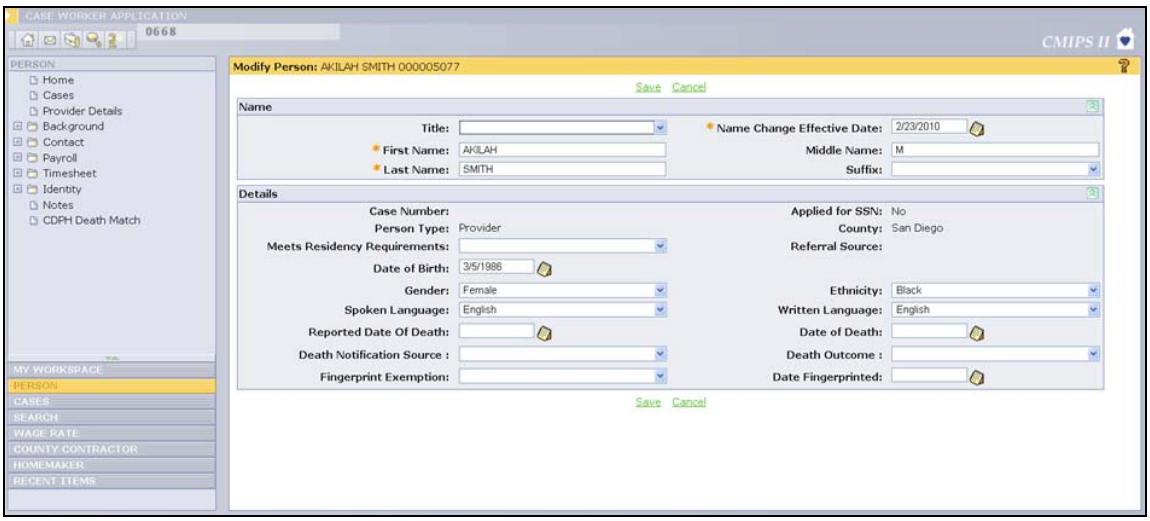
5. Click the **Save** link. The system displays the Person Home screen.

4.3 Modify Person with Death Match Information Record

Following further investigation resulting from the death match, the user can update the Modify Person screen to reflect details of the death.

Use the Modify Person screen to modify death-related details for a provider or recipient. The Modify Person screen is used to modify CDPH and SCO death match information.

Note: When death match information is received, a task is sent to the case owner.



Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

To Modify a Person Death Match Record

1. From the Person Home screen, click the **Edit** link. The system displays the Modify Person screen.
2. Select the **Reported Date of Death**.
3. Select the **Date of Death**.
4. Select the **Death Notification Source**.
5. Select the **Death Outcome**.
6. Click the **Save** link. The system displays the Person Home screen.

5. Glossary

A

Advance Pay
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.

Advantage Financial (CDSS only)
A complete financial management system specifically designed to support CMIPS II. Advantage Financial issues vendor payments, and serves as a reconciliation and fund source management tool.

Advantage HRM (Human Resource Management) (CDSS only)
The integrated payroll system responsible for processing payments to CMIPS II case participants. Using data received from scanned and manually-entered timesheets, HRM calculates and reports wages, taxes, and other deductions. In addition, HRM processes payment adjustments entered in the Case Management application, as well as Advance Pay and restaurant meals allowance payments.

Application
The form used to record all information necessary to establish eligibility for IHSS. The application form is dated and signed by the applicant. In Case Management, the “Create Application” link opens a case record and allows the user to enter initial eligibility information.

Authorization to Purchase
The number of hours a recipient is authorized to receive for an authorization period or authorization segment.

Authorization Period
The period of time covered by the assessment.

Authorization Segment
The time period, in hours, within an authorization period.

B

Batch
A system or mode of operation in which inputs are collected and processed all at one time, rather than processed as they are submitted. A batch job once started proceeds to completion without additional input or user interaction.

Business Objects
The database within CMIPS II containing the data elements for all operational reports. (See Reporting)

Business Rules
The logic that enforces the IHSS program policies and practices within Case Management.

C

Case Maintenance
The act of updating and maintaining data related to an applicant or case, including evidence, contact information, provider details, etc.

Case Management
A component of CMIPS II that records and tracks information about IHSS recipients and providers. Case Management provides functionality to support case management, provider management, and payroll management. This includes current and historic demographic and assessment data, as well as payroll information.

Case Note
A note created to record information regarding a case.

Case Owner
In Case Management, the user who is assigned to the case. Each case has a case owner.

CASS
See Coding Accuracy Support System.

CC
See County Contractor.

CIN
See Client Index Number.

Claim
An electronic or paper request for payment.

Client Index Number (CIN)
A ten-digit alphanumeric value assigned by the Statewide Client Index (SCI) to uniquely identify an individual to various California public benefit programs. One of the key activities in creating a case in Case Management is to search the SCI for a CIN that is associated with the IHSS applicant.

CMIPS II Printer
A printer connected to the CMIPS II network and dedicated to printing CMIPS II documents only.

Coding Accuracy Support System (CASS)
A system that enables the United States Postal Service to evaluate the accuracy of software that corrects and matches street addresses. CMIPS II cross-checks the street and mailing address entered with what is on file with the United States Postal Service.

County Contractor (CC)
A mode of service wherein IHSS is provided by an agency under contract with a county.

D

Data Download
Provides access to export-ready reports that can be used for additional analysis and transfer of data to other systems.

DE 4 (California State Employee Withholding Certificate)
A form issued by the Employment Development Department (EDD) and completed by the provider if they wish to have state income tax withheld from their pay at a rate different than federal income tax. The form is sent to HP for processing.

Department of Health Care Services (DHCS)
The State agency responsible for protecting and promoting the health status of Californians through the financing and delivery of individual health care services. The DHCS administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal) and In-Home Operations (IHO).

DHCS
See Department of Health Care Services.

E

EFT (Electronic Funds Transfer)
Also known as Direct Deposit, EFT refers to the computer-based systems used to perform financial transactions electronically from one account to another. The State Controller’s Office (SCO) uses EFT to electronically deposit payments for providers and recipients into the banks of their choice.

Evidence
Information collected to determine eligibility for IHSS. Case Management categorizes evidence into four types: Household, Service, Program, and Share of Cost.

F

Federal Financial Participation (FFP)
An indication of whether the federal government shares in the cost of services. In IHSS, if FFP is yes, the federal government pays for 50% of the cost of services for a case.

FFP
See Federal Financial Participation.

Funding Source
The means of financial support for IHSS program costs. The established governmental sources for IHSS funding are PCSP, IPO, and IHSS-R.

H

HM
See Homemaker.
Homemaker (HM)
A mode of service wherein county staff provide IHSS to eligible IHSS recipients.

I

Icon
A picture or symbol on a menu, toolbar or screen that users select by pointing and clicking with a mouse. Icons are used to display information and navigate within CMIPS II.
ICT (Inter-County Transfer) Coordinator
The person responsible for coordinating the transfer of a case from one county to another in Case Management when the recipient moves to a different county and continues to be eligible for IHSS.
IHO
See In-Home Operations.
IHSS Plus Option (IPO)
A funding source associated with the IHSS program. It includes recipients who are eligible for full scope FFP Medi-Cal and have their services provided by a spouse or parent (if the individual is a minor child under 18), or receive Restaurant Meal Allowance or Advance Pay. Unlike the Demonstration Waiver IPW, the IPO is a State Plan Option, and therefore follows the PCSP State Plan regarding program eligibility and services. Cases paid from the IPO funding source are designated with a Medi-Cal Secondary Aid Code of 2L. CMIPS II supports both IPO and IPW programs.
IHSS Plus Waiver (IPW)
An expired funding source formerly associated with the IHSS program.
IHSS-R
See IHSS Residual.
IHSS Residual (IHSS-R)
A funding source associated with the IHSS program. Recipient cases having one or more of the following indications in an eligibility month shall be associated with the IHSS-R program: No Medi-Cal eligibility or Medi-Cal eligibility without Federal Financial Participation (FFP) eligibility. Recipient cases paid from the IHSS-R funding source are designated with a Medi-Cal Secondary Aid Code of 2N. The IHSS-R funding source is paid at a ratio of state 65% and county 35%.
Individual Provider (IP)
A mode of service wherein a person provides IHSS and is not a County Contractor or Homemaker.
In-Home Operations (IHO)
A section within the Department of Health Care Services (DHCS) that administers the Waiver Personal Care Services (WPCS) program.
IP
See Individual Provider.
IPO
See IHSS Plus Option.
IPW
See IHSS Plus Waiver.

L

LMA
The Legislative Mandated Adjustment (LMA) hours. Displays in (HH:MM) format.

J

Job Aid
A device or tool that allows an individual to quickly access the information he or she needs to perform a task.

M

Medi-Cal Eligibility Data System (MEDS)
A system used to maintain a statewide file of eligible Medi-Cal recipients and issue identification cards.

MEDS
See Medi-Cal Eligibility Data System.

MEDS Monthly Renewal
Refers to the monthly interface with MEDS, which sends a file to CMIPS II regarding a recipient's Medi-Cal monthly eligibility.

N

Notification
Informational items in Case Management where the user is not required to take action. Notifications are generated by Case Management based on case actions or information from another source, such as MEDS and SAWS.

O

Online Help
Online help is topic-oriented, procedural, or reference information delivered through computer software. It is a form of user assistance. When online help is accessed from Case Management or the CMIPS II Web Portal, context-sensitive help is displayed.

P

PA
See Public Authority.

PCSP
See Personal Care Services Program.

Password
A secret word or string of characters used for authentication, to prove identity, or to gain access to a protected resource. A password is required to gain access to CMIPS II.

Person
The record of an individual in Case Management. A person may be associated with multiple person type indicators. For example, if someone is both an IHSS recipient and a provider he/she will have a single person record in Case Management.

Person Note
A note created to record information regarding a person. (e.g., provider, recipient, applicant, recipient, provider).

Personal Care Services Program
A funding source associated with the IHSS program. This program provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institute Code Section 14132.95 and Title 22, California Code of Regulations. It is one of three funding sources associated with the IHSS program. Individuals meeting all of the following conditions are funded for PCSP: eligible for full scope FFP Medi-Cal, no Advance Pay, no Restaurant Meal Allowance, and no parent/spouse provider. Recipient cases paid from the PCSP funding source are designated with a Medi-Cal Secondary Aid Code of 2M.

POS
See Point of Service Spend Down Transaction.

Point of Service Spend Down Transaction
A real-time transaction sent from CMIPS II to the MEDS Share of Cost system when an IHSS payment is made. It reduces any outstanding MEDS share of cost for the corresponding Medi-Cal eligibility month.

Position
During user setup, each user is assigned a position within a workflow structure in Case Management. The position determines the workflow for notifications and tasks, the path in which tasks are escalated, and the cases which he/she can modify.

Provider
A person paid to perform IHSS.

Provider Registry
A registry of approved providers most commonly compiled by a county Public Authority (PA) used to assist recipients in identifying and contacting potential providers. These providers have completed State mandated requirements.

Public Authority (PA)
An entity authorized to act as Employer of Record for Individual Providers for collective bargaining.

R

Receiving County
The county that takes ownership of a case that is being transferred from a sending county, as part of the Inter-County Transfer (ICT) process.

Reduced Hours
The hours and minutes the recipient hours will be reduced based upon the reduced hours percentage. Displays in (HH:MM) format.

Reinstated Hours
The number of reduced hours the case owner reinstated to the recipient. Displays in (HH:MM) format.

Reporting
The Reporting link on the CMIPS II Web Portal provides access to many predefined reports covering various aspects of the IHSS program. Reports can be generated for immediate viewing and printing or generated for future use. Report information can be exported for use in other applications such as Microsoft Word or Excel, Crystal Reports, or Adobe Acrobat Reader. Reporting is used by case owners for a variety of case intake and case management tasks. Managers, supervisors, QA, and payroll also use reporting for auditing and planning purposes.

S

SAWS
See Statewide Automated Welfare System.

SCI
See Statewide Client Index.

SCO
See State Controller’s Office.

SEIN
See State Employer Identification Number.

State Employer Identification Number (SEIN)
An identification number assigned by the Employment Development Department (EDD) to each IHSS recipient.

Sending County
The county that currently owns a case that is being transferred to a receiving county, as part of the Inter-County Transfer (ICT) process.

Sensitivity Level
Notes in Case Management have sensitivity levels from 1 to 5. One is the lowest sensitivity and 5 is the highest. Each Case Management user is assigned a sensitivity level that determines what notes he/she can see and what sensitivity level he/she can assign to notes. For example, everyone can see notes with a sensitivity of 1, but only users with a sensitivity of 3 can see or create notes of level 3.

Social Worker Certification
Indicates whether or not the recipient met the criteria for the social worker to certify the reinstatement of all reduced hours.

Stale Dated Warrant
A warrant that remains un-cashed after one year from the date of issue.

State Controller's Office (SCO)
The office managed by the state's chief fiscal officer, responsible for administration and oversight of fiscal affairs for the state. CMIPS II exchanges data with SCO, and in Case Management, the user can request copies of cashed warrants from the SCO.

Statewide Automated Welfare System (SAWS)
The generic term used to refer to CalWIN, C-IV and LEADER, the systems used to determine eligibility for a variety of welfare benefits, including Medi-Cal. Case Management interfaces with these systems to request Medi-Cal eligibility determinations for applicants who are not currently receiving Medi-Cal and to exchange status information.

Statewide Client Index (SCI)
The California Department of Health Care Services' (DHCS) Statewide Client Index generates and controls Client Identification Numbers (CINs). The CIN is the primary identifier for individuals who have applied for public benefits.

T

Task
An item that requires a Case Management user to take action. A task may be generated by Case Management or may be manually created by a user. Each task is assigned a unique task number. A task generated automatically by Case Management and not completed by its deadline escalates to a supervisor.

Timesheet Processing Facility (TPF)
A central facility responsible for the scanning and processing of IHSS timesheets.

TPF
See Timesheet Processing Facility.

W

W-2 Form
Refers to the federal Wage and Tax Statement.

W-4 Form
Refers to the federal Employee's Withholding Allowance Certificate.

W-5 Form
Refers to the federal Earned Income Credit Advance Payment Certificate.

Waiver Personal Care Services (WPCS)
A program administered by In-Home Operations (IHO) in which individuals are either eligible for Nursing Facility (NF) or Model Nursing Facility Waiver services. Both waivers provide personal care services to categorically needy and medically needy Medi-Cal recipients who would otherwise spend at least 90 days in a nursing facility. PCSP/IPO beneficiaries can apply to IHO and receive both IHSS and WPCS program services simultaneously. CMIPS II is the system used by WPCS to pay its providers. Providers of WPCS must be created in CMIPS II to facilitate payment.

Web Portal
A site that creates a single point of access to various components and functionality associated with CMIPS II. The portal offers a structured approach to navigating information, e.g. by subject

(category) then sub-category. The systems in CMIPS II include Case Management, Reporting, Advantage Financial and Advantage Human Resource Management (HRM).

Work Queue

Shared task lists to which a user has been given access. The work queues contain both manually generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county.

WPCS

See Waiver Personal Care Services.

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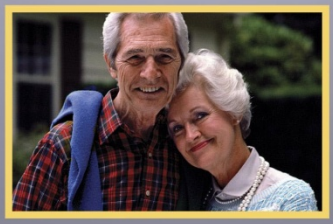
Chapter Six

Time and Attendance



to
Assist
and
Empower

CMIPS II

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1. Introduction

This chapter discusses how to perform various county timesheet activities, including the following:

- Searching for, viewing, and issuing timesheets.
- Working with timesheet exceptions and holds.
- Generating a replacement, a supplemental, and an Advance Pay timesheet.
- Entering a timesheet manually.
- Entering a legacy CMIPS timesheet.
- Working with homemaker timesheets.

Providers mail timesheets to a centralized timesheet processing facility (TPF). Timesheets are automatically extracted from the envelopes, batched, scanned, and stamped with a document control number that includes receipt date. Each timesheet has an associated image stored in Case Management. The physical timesheet is stored at the TPF.

TPF staff makes every effort to scan a timesheet. If a timesheet is damaged, the TPF determines if the county code or name can be identified and if so, returns the damaged timesheet to the county to take further action. If the county cannot be identified, the timesheet is destroyed.

The TPF sends data from scanned timesheets to Case Management, which validates timesheet data against defined business rules. Timesheets that pass all business rules and are not held are paid. Timesheets with errors and timesheets that are held are set aside for exception processing at the county.

To support county timesheet exception processing, Case Management has several work queues. These work queues contain tasks related to a given exception type, as follows:

1. Timesheets On Hold - fully validated timesheets held for signature verification or based on worker request. These timesheets are automatically released for payment at 7:00 pm on the next business day if no user action is taken.
2. Timesheets Over 70% - fully validated timesheets in which more than 70 percent of total authorized hours are worked in the Part A period. These timesheets are placed on hold until 7:00 pm on the next business day unless a user action is taken.
3. Timesheet Errors - errors with the timesheet itself, such as missing signatures or incorrect entries. Errors must be corrected before a payment can be issued.
4. Timesheet Eligibility Errors - errors in recipient or provider eligibility that prevent the timesheet from being paid. Errors must be corrected before a payment can be issued.
5. Payroll Supervisor - all tasks that have escalated due to not being completed within three business days of being sent to a payroll work queue.

   Note: If a task is not reserved by the deadline, it is escalated to the Payroll Supervisor work queue. If a task is reserved by a user and the task is not completed within the deadline, the task is escalated to the supervisor of the person who reserved the task.

The TPF processes timesheets within 24 hours of receipt. Images of timesheets are available in Case Management within 24 hours. If the timesheet contains errors that prevent it from being processed, the image of that timesheet is available within four hours.

After a timesheet passes all validation points and/or is reviewed, Case Management sends payment data to the State Controller's Office (SCO), which in turn, issues payment.

Although it is encouraged that all timesheets be processed through the TPF, Case Management also allows county staff to enter timesheets directly into Case Management. After manual entry at the county, the physical timesheet must be sent to the TPF to be scanned and stored.

1.1 Timesheets Returned to the County

There are instances when the TPF must return a timesheet to the county for further processing.

CMIPS II Counties and Legacy CMIPS Timesheets
If a county has already converted from legacy CMIPS to CMIPS II and a legacy CMIPS timesheet is sent to the TPF, the TPF processes the timesheet. The image and data are captured by the TPF and sent to Case Management for processing. If the legacy CMIPS timesheet includes a change of address, the timesheet is not processed by the TPF but is sent back to the county for processing.

Non-CMIPS II Counties and Legacy CMIPS Timesheets
If a county has not yet converted from legacy CMIPS to CMIPS II and a legacy CMIPS timesheet is received by the TPF for that county, the TPF sends the timesheet to the county for manual entry into legacy CMIPS and storage.

Mutilated Timesheet
If a timesheet is mutilated and cannot be scanned, it is returned to the county provided the county can be identified. If the county cannot be identified, the timesheet is destroyed.

1.2 Timesheet Work Queues

Timesheet work queues assemble tasks related to a given exception type or hold. Timesheet exceptions are discovered at the completion of the data validation process. When they are found, the timesheet exceptions are routed to work queues within Case Management. County staff with security permissions can access the appropriate work queue(s) to reserve tasks.

1.2.1 Timesheet Exceptions and Holds

Timesheet exceptions and holds are identified during timesheet processing. These exceptions prevent immediate payment of a timesheet, causing a task to be sent to the appropriate payroll work queues.

Timesheet Exception and Hold Tasks Overview

1. Reserve the task in the respective payroll work queue.
2. View the timesheet image.
3. Correct the timesheet data in the system accordingly.

Note: If the user cannot correct the timesheet data in the system, then a replacement timesheet must be issued. The data in Case Management and on the timesheet image must match.

Each county has work queues to manage tasks associated with timesheet exceptions:

- Timesheet Errors
- Timesheet Eligibility Errors

Note: Any task not completed by the deadline is escalated to the payroll supervisor work queue.

Each county also has payroll work queues to manage tasks associated with timesheet holds:

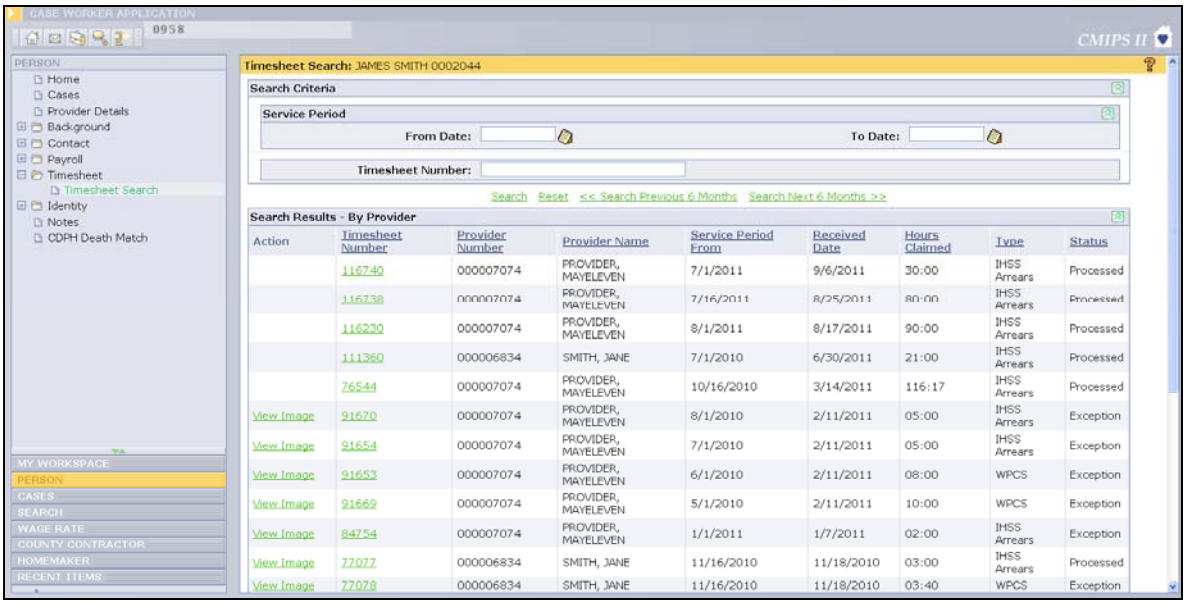
- Timesheets On Hold

- Timesheets Over 70%

Note: For a detailed list of all work queues, refer to the Work Queues section in the Case Management Basic Navigation chapter.

2. Timesheet Search

Use the Timesheet Search screen to search for timesheets related to a specific case or provider. Search results display up to 25 of the most recently processed timesheets for the case or provider. The search can be refined by entering a service period range of up to six months and/or a timesheet number.



Note: If a replacement timesheet is processed, both the initial and replacement timesheets display in the search results with links to view their respective images and timesheet details.

Before Beginning: Search for a provider on the Person Search screen or a case on the Case Home screen. Refer to the Search sections in the Case Management Basic Navigation chapter.

To Search for a Timesheet

1. From the left navigation menu, click the **Timesheet** folder and then click the **Timesheet Search** link. The system displays the Timesheet Search screen.
2. In the **Service Period** area, select the **From Date**.
3. Select the **To Date**.

   Note: The To Date must be either the 15th or last day of the month.
4. (Optional) Type the specific **Timesheet Number**.
5. Click the **Search** link. The system displays up to 25 of the most recently processed timesheets for the case or person in the Search Results area.

3. View Timesheet

Use the View Timesheet screen to display the current status of the timesheet and to view associated details, including daily time entries and any exception conditions related to the timesheet. Some of the details on this screen include the provider number, case number, timesheet type and timesheet status.

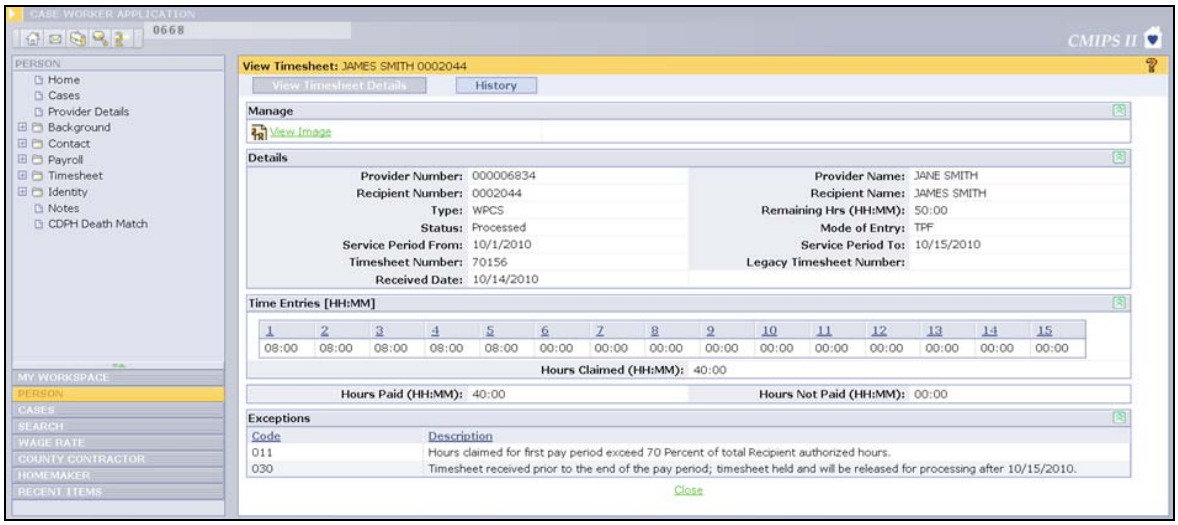
The following statuses are available to view:

- Arrears timesheet in Issued status (read-only)
- Arrears timesheet in Held - MEDS POS Error status
- Arrears timesheet in Held status
- Arrears timesheet in Pending status (only available for manually keyed timesheets)
- Arrears timesheet in Exception status
- Advance Pay timesheet in Processed status
- Advance Pay timesheet in Issued status (read-only)
- Legacy CMIPS timesheet

Note: Legacy CMIPS timesheet data is limited. For example, because daily hours are not captured in legacy CMIPS, only Hours Paid and Hours Not Paid are available. In addition, Remaining Hours are not available and display as 0.

3.1 View Timesheet Screen

Use the View Timesheet screen to view timesheet details associated with a case or provider. Some of the details on this screen include timesheet status, history, images and payment details. If a timesheet image is available, the user can display daily time entries and any exception conditions related to the timesheet. This screen is read-only.



Before Beginning: Search for a provider on the Person Search screen or a case on the Case Home screen. Refer to the Search sections in the Case Management Basic Navigation chapter.

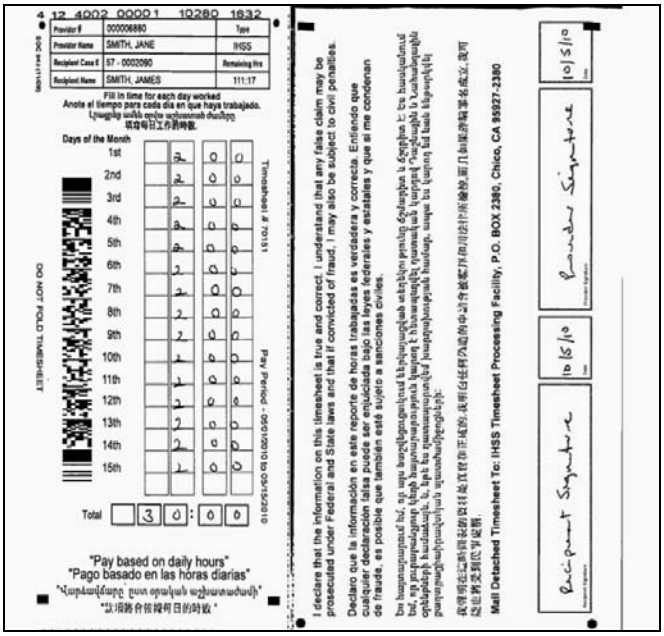
To View a Timesheet

1. From the left navigation menu, click the **Timesheet** folder and then click the **Timesheet Search** link. The system displays the Timesheet Search screen.
2. In the **Service Period** area, select the **From Date**.
3. Select the **To Date**.

   Note: The To Date must be either the 15th or last day of the month.
4. (Optional) Type the specific **Timesheet Number**.
5. Click the **Search** link. The system displays up to 25 of the most recently processed timesheets for the Case or Person in the Search Results area.
6. In the **Search Results** area, click the **Timesheet Number** link. The system displays the View Timesheet screen. The Details area displays the provider, recipient, status, type, service period, etc.

3.2 View Timesheet Image

When the View Image link is selected from the Timesheet Search screen or View Timesheet screen, a new browser is opened. The image viewer allows the user to zoom, scroll, rotate and print the image as needed. This screen is read-only. Following is a sample of a timesheet image:



Before Beginning: Search for a provider on the Person Search screen or a case on the Case Home screen. Refer to the Search sections in the Case Management Basic Navigation chapter.

To View a Timesheet Image

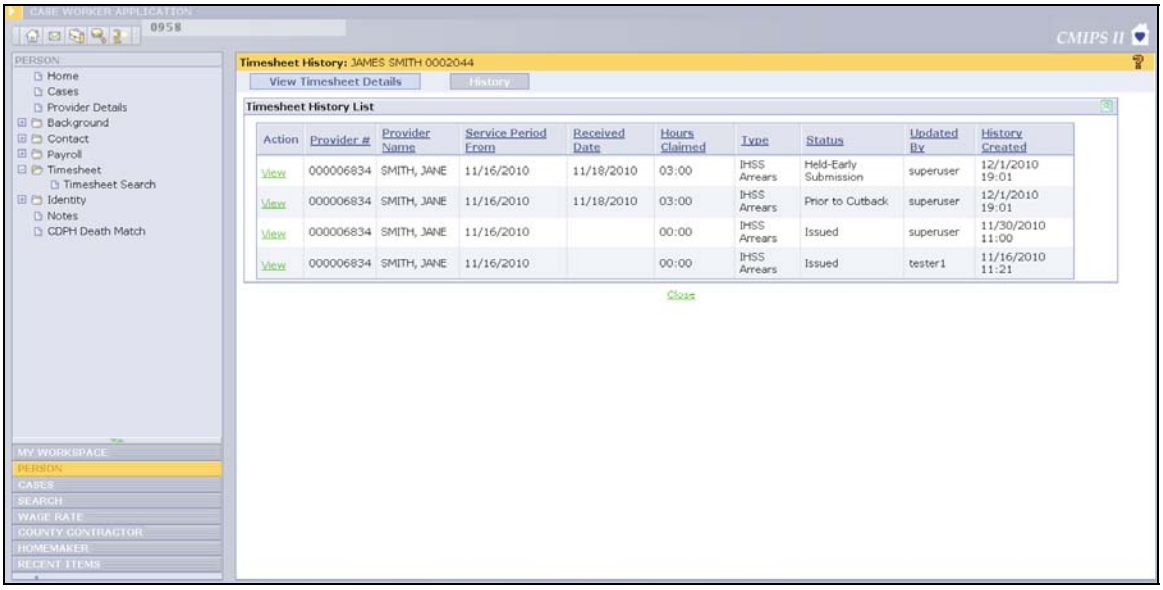
1. From the left navigation menu, click the **Timesheet** folder and then click the **Timesheet Search** link. The system displays the Timesheet Search screen.
2. (Optional) In the **Service Period** area, select the **From Date** and **To Date** to narrow the search.

   Note: The To Date must be either the 15th or last day of the month.
3. (Optional) Type the specific **Timesheet Number**.

4. Click the **Search** link. The system displays up to 25 of the most recently processed timesheets for the case or person in the Search Results area.
5. In the **Search Results** area, in the Action column, click the **View Image** link. The system displays the scanned timesheet image in a new browser window.

3.3 Timesheet History

Use the Timesheet History screen to display the history of the timesheet.



Note: The current timesheet data is displayed on the View Timesheet screen. Prior to a change being applied to timesheet data (for example, status or hours not paid), a snapshot is taken and recorded in the timesheet history. For example, when hours claimed are not payable, a snapshot is taken of the timesheet data prior to the reduction in hours and is made available on the timesheet history list. Selecting the Action link allows the user to view all details of the timesheet prior to the reduction in hours.

Before Beginning: Search for a provider on the Person Search screen or a case on the Case Home screen. Refer to the Search sections in the Case Management Basic Navigation chapter.

To View the Timesheet History

1. From the left navigation menu, click the **Timesheet** folder and then click the **Timesheet Search** link. The system displays the Timesheet Search screen.
2. In the **Service Period** area, select the **From Date** and **To Date** to narrow the search.

   Note: The To Date must be either the 15th or last day of the month.
3. (Optional) Type the specific **Timesheet Number**.
4. Click the **Search** link. The system displays up to 25 of the most recently processed timesheets for the Case or Person in the Search Results area.
5. In the **Search Results** area, click the **Timesheet Number** link. The system displays the View Timesheet screen. The Details area displays the provider, recipient, status, type and service period.
6. Click the **History** button. The system displays the Timesheet History screen.

7. (Optional) In the Action column, click the **View** link to display the timesheet prior to the reduction in hours. The system displays the View Timesheet screen.

4. Issue Timesheet

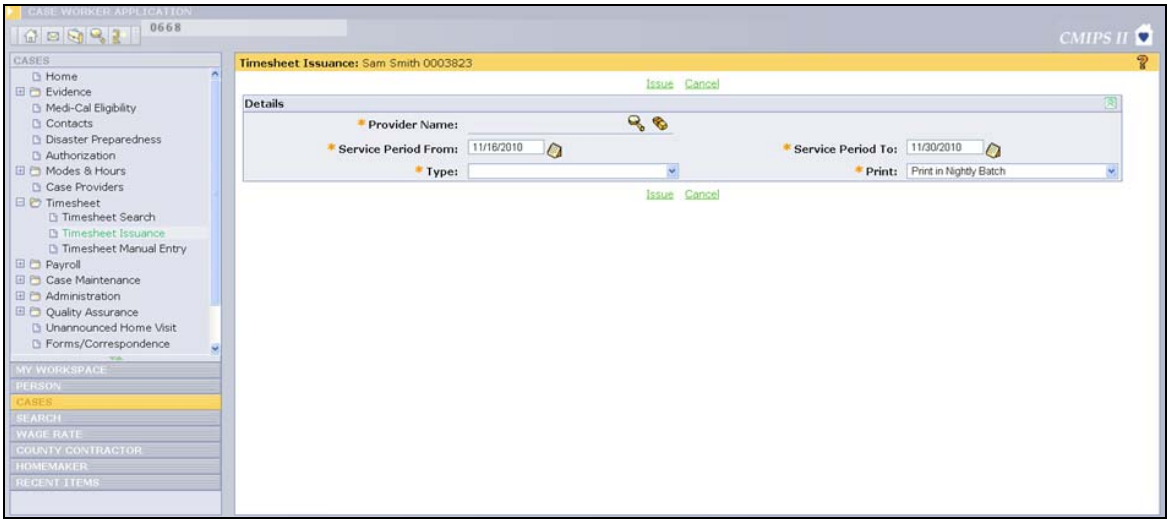
Case Management generates pre-populated timesheets that include a bar code. Timesheets contain provider and recipient data, timesheet number, type, pay period and remaining hours. The TPF scans the bar code to digitally process the timesheet to increase speed and accuracy of payments to the provider.

Timesheets can be issued in a number of ways:

- Automatically upon assignment of a provider to a case
- When payments are made on arrears timesheets, a new timesheet for the next pay period is attached to the issued warrant
- During monthly processing to generate Advance Pay timesheets
- Upon user request on the Timesheet Issuance screen

4.1 Generate an Initial Timesheet

Use the Timesheet Issuance screen to generate an initial timesheet for a single service period or for consecutive service periods for the specific recipient/provider relationship. Authorized hours must be available for payment or the system does not generate a timesheet.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Generate an Initial Timesheet

1. From the left navigation menu, click the **Timesheet** folder and then click the **Timesheet Issuance** link. The system displays the Timesheet Issuance screen.
2. In the **Provider Name** box, click the (magnifying glass) to search for a provider. The system displays the Provider List screen.
   a. In the Action column, click the **Select** link next to the provider. The system displays the Timesheet Issuance screen.
3. Select the **Service Period From** date.

4. Select the **Service Period To** date.

   Note: Date must end on either the 15th or last day of the month.

5. Select the **Type**.

   Note: The type of Case Management timesheet options are IHSS Arrears, IHSS Advance Pay, WPCS, Supplemental - IHSS Arrears, Supplemental - IHSS Advance Pay, Supplemental - WPCS.

6. Select the **Print** type.
7. Click the **Issue** link to issue the timesheet to the provider. The system displays a message that the timesheet was issued. The details display on the View Timesheet screen.

Note: If the Print in Nightly Batch option is selected, the timesheet is produced in the nightly batch cycle. The timesheets generated are pre-populated with the Provider Number and Name, Case Number and Name, Timesheet Type, Remaining Hours, Timesheet Number and Pay Period. This pre-populated information is for display purposes only. The form also includes a bar code containing the same information. TPF processes timesheets using the bar code and sends the data to Case Management via an interface.

4.2 Generate Replacement/Supplemental Timesheet

The system automatically generates provider timesheets. However, a provider can also request a replacement or supplemental timesheet.

The system only issues a replacement timesheet if a timesheet has not yet been processed for that pay period. A supplemental timesheet is issued if there is a previously paid timesheet for that pay period and remaining or newly authorized hours for that service period. A supplemental timesheet allows providers to claim additional hours when a previous timesheet for a pay period has already been processed.

Use the Timesheet Issuance screen to generate a replacement or supplemental timesheet for a single service period or for multiple consecutive service periods for the specific recipient/provider relationship.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Generate a Replacement or Supplemental Timesheet

1. From the left navigation menu, click the **Timesheet** folder and then click the **Timesheet Issuance** link. The system displays the Timesheet Issuance screen.
2. In the **Provider Name** box, click the (magnifying glass) to search for a provider. The system displays the Provider List screen.
   a. In the Action column, click the **Select** link next to the provider. The system displays the Time Issuance screen.
3. Select the **Service Period From** date.
4. Select the **Service Period To** date.

   Note: Date must end on either the 15th or last day of the month.

5. Select the **Type**.

   Note: The type of Case Management timesheet options are IHSS Arrears, IHSS Advance Pay, WPCS, Supplemental - IHSS Arrears, Supplemental - IHSS Advance Pay, Supplemental - WPCS.

6. Select the **Print** type.

7. Click the **Issue** link to issue the timesheet to the provider. The system displays a message that the timesheet printed. The details display on the View Timesheet screen in the Details area.

Note: If the Print in Nightly Batch option is selected, the timesheet prints in the nightly batch cycle. Timesheets generated are pre-populated with Provider Number and Name, Case Number and Name, Timesheet Type, Remaining Hours, Timesheet Number and Pay Period. The pre-populated information listed above is for display purposes only. The form also includes a bar code containing the same information. TPF processes timesheets using the bar code and sends the data to Case Management via an interface.

4.3 Generate an Advance Pay Timesheet

Use the Timesheet Issuance screen to generate an Advance Pay timesheet for a single service period or for multiple consecutive service periods for the specific recipient/provider relationship. Recipients must meet criteria to be eligible for Advance Pay.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Generate an Advance Pay Timesheet

1. From the left navigation menu, click the **Timesheet** folder and then click the **Timesheet Issuance** link. The system displays the Timesheet Issuance screen.
2. In the **Provider Name** box, click the (magnifying glass) to search for a provider. The system displays the Provider List screen.
   a. In the Action column, click the **Select** link next to the provider. The system displays the Time Issuance screen.
3. Select the **Service Period From** date.
4. Select the **Service Period To** date.

   Note: Date must end on either the 15th or last day of the month.
5. In the **Type** box, select **IHSS Advance Pay**.
6. Select the **Print** type.
7. Click the **Issue** link to issue the timesheet to the provider. The system displays a message that the timesheet printed. The details display on the View Timesheet screen in the Details area.

Note: If the Print in Nightly Batch option is selected, the timesheet is produced in the nightly batch cycle. The timesheets generated are pre-populated with the Provider Number and Name, Case Number and Name, Timesheet Type, Remaining Hours, Timesheet Number and Pay Period. This pre-populated information is for display purposes only. The form also includes a bar code containing the same information. TPF processes timesheets using the bar code and sends the data to Case Management via an interface.

5. Timesheet Manual Entry

If a timesheet is sent directly to the county, users can manually enter the timesheet in Case Management if it is an urgent request and/or as indicated in county procedures. Before manually entering a timesheet into Case Management, users must visually check the timesheet for invalid timesheet conditions (for example, the recipient failed to sign the timesheet).

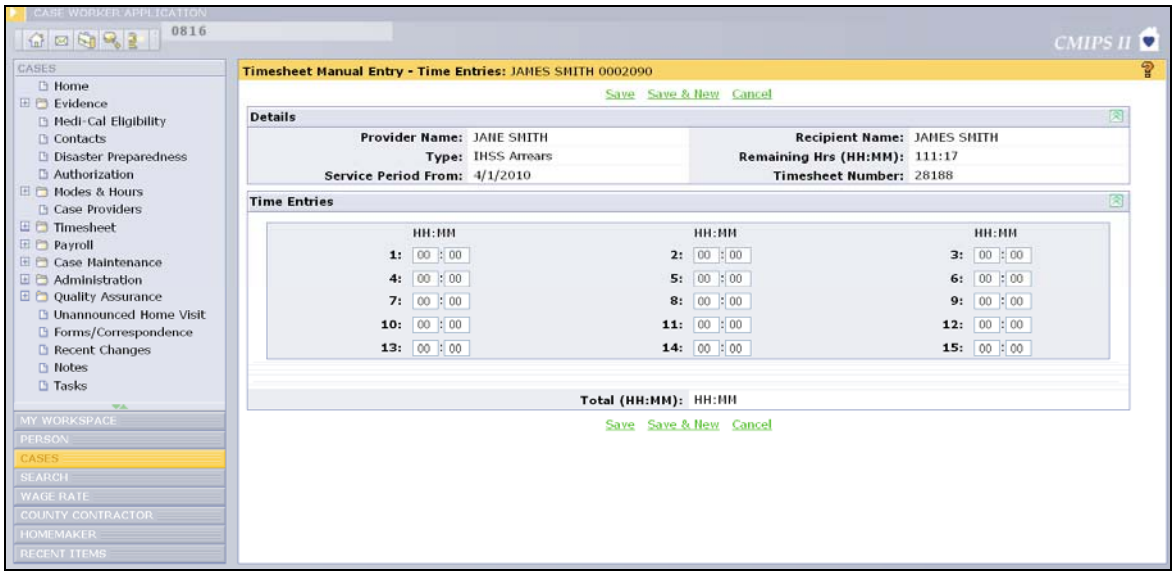
When a timesheet is manually entered in Case Management, any exceptions will display directly on the entry screen. If these exceptions are not corrected at the time of manual entry, the system prevents the data from being saved. Since exceptions are corrected immediately, no tasks will be allocated to a payroll work queue.

When timesheet data is saved in Case Management, the remaining hours available for that month are reduced accordingly. At the end of the day, Case Management submits the timesheet data for payment processing. Users have until the end of the day to either edit or cancel manually entered timesheets.

Note: Timesheets entered into Case Management by county users must be sent to the TPF for scanning and storage.

5.1 Manually Enter a Timesheet

Use the Timesheet Manual Entry - Time Entries screen to enter a timesheet directly into Case Management.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Manually Enter a Timesheet

1. From the left navigation menu, click the **Timesheet** folder and then click the **Timesheet Manual Entry** link. The system displays the Timesheet Manual Entry - Timesheet Number screen.
2. Type the **Timesheet Number**.

   Note: The Timesheet Number is a unique number printed on the form and recorded on the Timesheet Search screen.

3. Click the **Continue** link. The system displays the Timesheet Manual Entry - Time Entries screen.
4. In the **Time Entries** area, type the daily hours for the timesheet.

   Note: At least one daily time entry is required. Time displays in HH:MM format. To navigate from one time entry field to another, use the Tab key.
5. Click the **Save** link. The system displays the View Timesheet screen.

   OR

   Click the **Save & New** link. The system displays a new Timesheet Manual Entry - Timesheet Number screen.

5.2 Modify a Manually Entered Timesheet

Use the Modify Timesheet Manual Entry screen to edit the time entries on a manually entered timesheet on the date of entry. If any of the other information requires modification, cancel the existing timesheet and re-enter using correct values. Users have until the end of the day either to edit or cancel manually entered timesheets.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify a Manually Entered Timesheet

1. From the left navigation menu, click the **Timesheet** folder and then click the **Timesheet Search** link. The system displays the Timesheet Search screen.
2. In the **Service Period** area, select the **From Date**.
3. Select the **To Date**.

   Note: The To Date must be either the 15th or last day of the month.
4. (Optional) Type the specific **Timesheet Number**.
5. Click the **Search** link. The system displays up to 25 of the most recently processed timesheets for the Case or Person in the Search Results area.
6. In the **Search Results** area, click the **Timesheet Number** link. The system displays the View Timesheet screen. The Details area displays the provider, recipient, status, type and service period.
7. Click the **Edit Timesheet** link.

   Note: This link is only available for manually entered timesheets and only when the user's security role allows for editing the timesheet type. For example, a WPCS user is only able to edit WPCS timesheet types and conversely, an IHSS user is only able to edit IHSS timesheet types. The system displays the Modify Timesheet Manual Entry screen.
8. In the **Time Entries** area, change the times.

   Note: Use the Tab key to move between entries.
9. Click the **Save** link. The system displays the View Timesheet screen.

5.3 Timesheet Cancellation

Use the Confirm Timesheet Cancellation screen to cancel a manually entered timesheet. Users have until the end of the processing day to edit or cancel a manually entered timesheet.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Cancel a Timesheet

1. From the left navigation menu, click the **Timesheet** folder and then click the **Timesheet Search** link. The system displays the Timesheet Search screen.
2. In the **Service Period** area, select the **From Date**.
3. Select the **To Date**.

   Note: The To Date must be either the 15th or last day of the month.
4. (Optional) Type the specific **Timesheet Number**.
5. Click the **Search** link. The system displays up to 25 of the most recently processed timesheets for the Case or Person in the Search Results area.
6. In the **Search Results** area, click the **Timesheet Number** link. The system displays the View Timesheet screen. The Details area displays the provider, recipient, status, type and service period.
7. Click the **Cancel Timesheet** link. The system displays the message "Do you want to cancel this Timesheet?" on the Confirm Timesheet Cancellation screen.
8. Click the **Yes** link. The timesheet is cancelled and the system displays the View Timesheet screen. The timesheet status changes from pending to issued.

6. Legacy CMIPS Timesheet

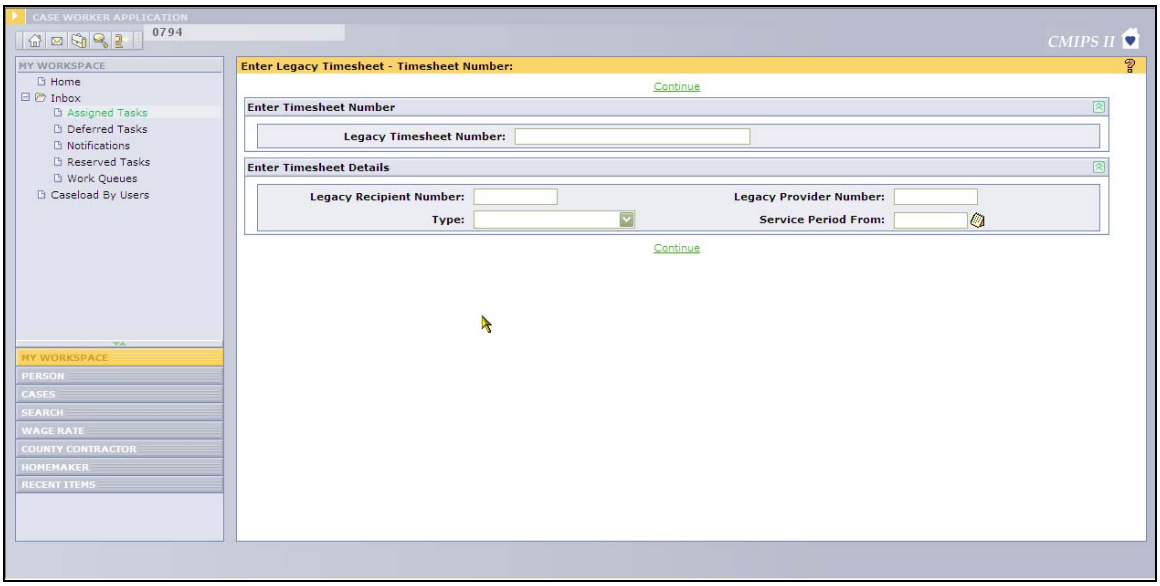
Use the Enter Legacy Timesheet screen to enter legacy CMIPS timesheets. Case Management allows the user to manually enter legacy CMIPS timesheets directly into the system. Types of legacy CMIPS timesheets include the following:

- Legacy - IHSS Arrears
- Legacy - IHSS Advance Pay
- Legacy - WPCS
- Legacy Supp - IHSS Arrears
- Legacy Supp - IHSS Advance Pay
- Legacy Supp - WPCS

Note: The TPF will process and store legacy CMIPS timesheets for counties that have already converted to CMIPS II. If the TPF receives timesheets for a county that has not yet converted to CMIPS II, it will send the timesheets back to the county for processing and storage.

6.1 Enter Legacy CMIPS Timesheet

Staff uses the Enter Legacy Timesheet - Timesheet Number screen to enter legacy CMIPS timesheets into Case Management for processing. The screen allows for entry of the legacy CMIPS case number and provider number and for daily time entries in a decimal format. The system converts this information to the Case Management case number and provider number and then converts the time entries to an HH:MM format for processing in Case Management.



Note: The legacy CMIPS timesheet number is printed on the IHSS Arrears timesheet. If a legacy CMIPS timesheet number is unavailable, as in the case of Advance Pay and WPCS timesheets, the timesheet details can be entered. The legacy CMIPS recipient ID and legacy CMIPS provider number are available on the Alternative IDs screen. Refer to the Alternative IDs for a Person section in the Case Management Recipient Management chapter for additional information.

To Enter Legacy CMIPS Timesheet Information

1. On the My Workspace screen, in the **My Shortcuts** area, click the **Enter Legacy Timesheet - Daily Time Entry** link. The system displays the Enter Legacy Timesheet - Timesheet Number screen.
2. In the **Enter Timesheet Number** area, type the **Legacy Timesheet Number**.

   OR

   In the **Enter Timesheet Details** area, enter the required fields:

   - Legacy Recipient Number
   - Legacy Provider Number
   - Type
   - Service Period From

   Note: All the information in the Enter Timesheet Details area must be entered when a Legacy Timesheet Number is not entered.
3. Click the **Continue** link. The system displays the Enter Legacy Timesheet - Daily Time Entry screen.
4. In the **Time Entries** area, type the daily hours and minutes for the timesheet.

   Note: A total of daily hours is calculated as entries are made and displayed on the screen in a decimal format.
5. Click the **Save** link. The system displays the My Workspace screen.

   OR

   Click the **Save & New** link. The system displays a new Enter Legacy Timesheet - Daily Time Entry screen.

6.2 Confirm Timesheet Information

Use the Confirm Timesheet Information screen to confirm the conversion of legacy CMIPS timesheet data entered on the Enter Legacy Timesheet screen.

To Confirm a Timesheet

1. On the My Workspace screen, in the **My Shortcuts** area, click the **Enter Legacy Timesheet** link. The system displays the Enter Legacy Timesheet screen.
2. Select the **Save** link. The system displays the Confirm Timesheet Information screen.
3. Click the **Confirm** link. The system displays the Enter Legacy Timesheet screen.

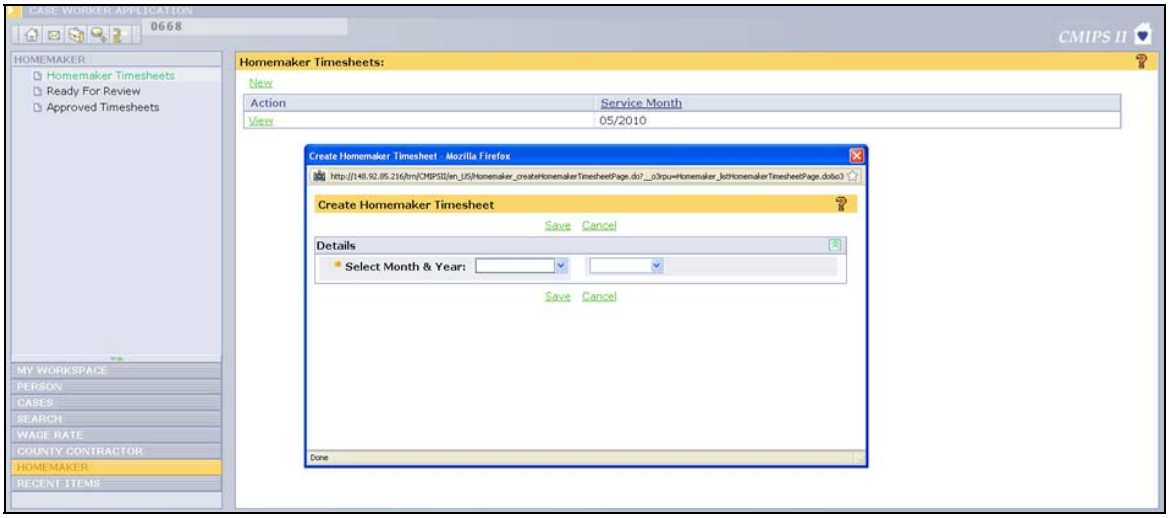
7. Homemaker Timesheet

Homemakers are county employees who provide services to a recipient and are responsible for creating, entering and submitting their time in Case Management. Since homemakers enter their hours directly into Case Management, no physical timesheets exist.

Once a case owner determines eligibility and service hours are authorized, the user can view the recipient's Program Evidence screen to ensure the homemaker mode of service is selected.

7.1 Enter Homemaker Hours

Use the Create Homemaker Timesheet screen to enter homemaker hours. Since hours are entered directly into Case Management, no physical timesheet is generated.



Note: The modes of service for the recipient must include homemaker.

To Enter Homemaker Hours

1. From the left navigation menu, click the **Homemaker** section. The system displays the Homemaker Timesheets screen.
2. Click the **New** link. The system displays the Create Homemaker Timesheet screen.
3. Select the **Select Month & Year** for the homemaker timesheet.
4. Click the **Save** link. The system displays the View Homemaker Timesheet screen.
5. In the **Case Number** box, click the (magnifying glass) to search for a case number associated with the homemaker timesheet. The system displays the Select Homemaker Case screen.
   a. In the Action column, click the **Select** link next to the case number. The system displays the View Homemaker Timesheet screen.
6. In the **Hours (HH:MM)** box, type the hours and minutes for the service month.
7. Click the **Save** link. The homemaker timesheet displays in the Homemaker Timesheet Details area with a status of not submitted.
8. Click the **Submit for Approval** link. The system displays the Submit for Approval Homemaker Timesheet screen with a list of homemaker timesheets in the not submitted status.

9. Select one or more of the displayed timesheets to submit for supervisor approval.
10. Click the **Submit** link. The timesheet status updates to submitted on the View Homemaker Timesheets screen.

7.2 Approve Homemaker Timesheet

Supervisors use the Homemaker Supervisor Ready For Review screen to approve timesheets after they have completed reviews in Case Management.

Note: Once a homemaker timesheet is created and submitted for approval, a homemaker supervisor reviews the timesheet to be sure the hours submitted are accurate. Procedures for reviewing homemaker timesheets vary by county.

To Approve a Homemaker Timesheet

1. From the left navigation menu, click the **Homemaker** section. The system displays the Homemaker Timesheets screen.
2. From the left navigation menu, click the **Ready for Review** link. The system displays the Homemaker Supervisor Ready For Review screen.

   Note: All homemaker timesheets submitted for approval to the supervisor are listed.
3. (Optional) If changes to the amount of submitted hours are needed, click the **Edit** link to modify those hours.
4. In the Action column, click the **Approve** link to process the homemaker timesheet. The system displays the message "Are you sure you want to Approve this Timesheet?" on the Approve Homemaker Timesheet screen.
5. Click the **Yes** link. The system displays the Homemaker Supervisor Ready For Review screen.

   Note: The timesheet is approved and is displayed on the Homemaker Supervisor Approved Timesheets screen.

7.3 Reject Homemaker Timesheet

Supervisors use the Homemaker Supervisor Ready For Review screen to reject timesheets after they have completed reviews in Case Management.

Note: Once a homemaker timesheet is created and submitted for approval, a homemaker supervisor reviews the timesheet to be sure the hours submitted are accurate. Procedures for reviewing homemaker timesheets vary by county.

To Reject a Homemaker Timesheet

1. From the left navigation menu, click the **Homemaker** section. The system displays the Homemaker Timesheets screen.
2. From the left navigation menu, click the **Ready for Review** link. The system displays the Homemaker Supervisor Ready For Review screen.

   Note: All homemaker timesheets submitted for approval to the supervisor are listed.
3. In the Action column, click the **Reject** link to reject the homemaker timesheet. The system displays the Reject Homemaker Timesheet screen.
4. Type the **Rejection Comments**.
5. Click the **Save** link. The system displays the Homemaker Supervisor Ready For Review screen.

7.4 View Homemaker Timesheet

Use the View Homemaker Timesheet screen to display homemaker timesheets. This screen is read-only.

To View a Homemaker Timesheet

1. From the left navigation menu, click the **Homemaker** section. The system displays the Homemaker Timesheets screen with a list of timesheets the homemaker has submitted.
2. In the Action column, click the **View** link. The system displays the View Homemaker Timesheets screen. The Homemaker Timesheet Details area displays the Case Number, Service Month, Hours and Status.

7.5 Inactivate Homemaker Timesheet

Use the Inactivate Homemaker Timesheet screen to inactivate a homemaker timesheet. Inactivated Timesheets will not display on the View Homemaker Timesheet screen. Homemaker timesheets can only be inactivated if they have not been approved.

To Inactivate a Homemaker Timesheet

1. From the left navigation menu, click the **Homemaker** section. The system displays the Homemaker Timesheets screen with a list of timesheets the homemaker has submitted.
2. In the Action column, click the **View** link. The system displays the View Homemaker Timesheets screen.
3. In the **Homemaker Timesheet Details** area, in the Action column, click the **Inactivate** link. The system displays the message "Are you sure you want to Inactivate this Timesheet?" on the Inactivate Homemaker Timesheet screen.
4. Click the **Yes** link. The system inactivates the selected timesheet and displays the View Homemaker Timesheet screen.

   Note: Inactivated timesheets will not display on the View Homemaker Timesheet screen.

7.6 View Homemaker Service Month Records

Use the Homemaker Service Month screen to view service month records. Case must have assigned homemaker mode of service hours, as well as, processed and approved homemaker timesheets.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Homemaker Service Month Records

1. From the left navigation menu, click the **Modes & Hours** folder and then click the **Homemaker** link. The system displays the Homemaker Service Month screen.
2. In the Action column, click the **View** link. The system displays the Homemaker Service Month Detail screen.

8. Glossary

A

Advance Pay
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.

Advantage Financial (CDSS only)
A complete financial management system specifically designed to support CMIPS II. Advantage Financial issues vendor payments, and serves as a reconciliation and fund source management tool.

Advantage HRM (Human Resource Management) (CDSS only)
The integrated payroll system responsible for processing payments to CMIPS II case participants. Using data received from scanned and manually-entered timesheets, HRM calculates and reports wages, taxes, and other deductions. In addition, HRM processes payment adjustments entered in the Case Management application, as well as Advance Pay and restaurant meals allowance payments.

Application
The form used to record all information necessary to establish eligibility for IHSS. The application form is dated and signed by the applicant. In Case Management, the "Create Application" link opens a case record and allows the user to enter initial eligibility information.

Authorization to Purchase
The number of hours a recipient is authorized to receive for an authorization period or authorization segment.

Authorization Period
The period of time covered by the assessment.

Authorization Segment
The time period, in hours, within an authorization period.

B

Batch
A system or mode of operation in which inputs are collected and processed all at one time, rather than processed as they are submitted. A batch job once started proceeds to completion without additional input or user interaction.

Business Objects
The database within CMIPS II containing the data elements for all operational reports. (See Reporting)

Business Rules
The logic that enforces the IHSS program policies and practices within Case Management.

C

Case Maintenance
The act of updating and maintaining data related to an applicant or case, including evidence, contact information, provider details, etc.

Case Management
A component of CMIPS II that records and tracks information about IHSS recipients and providers. Case Management provides functionality to support case management, provider management, and payroll management. This includes current and historic demographic and assessment data, as well as payroll information.

Case Note
A note created to record information regarding a case.

Case Owner
In Case Management, the user who is assigned to the case. Each case has a case owner.

CASS
See Coding Accuracy Support System.

CC
See County Contractor.

CIN
See Client Index Number.

Claim
An electronic or paper request for payment.

Client Index Number (CIN)
A ten-digit alphanumeric value assigned by the Statewide Client Index (SCI) to uniquely identify an individual to various California public benefit programs. One of the key activities in creating a case in Case Management is to search the SCI for a CIN that is associated with the IHSS applicant.

CMIPS II Printer
A printer connected to the CMIPS II network and dedicated to printing CMIPS II documents only.

Coding Accuracy Support System (CASS)
A system that enables the United States Postal Service to evaluate the accuracy of software that corrects and matches street addresses. CMIPS II cross-checks the street and mailing address entered with what is on file with the United States Postal Service.

County Contractor (CC)
A mode of service wherein IHSS is provided by an agency under contract with a county.

D

Data Download
Provides access to export-ready reports that can be used for additional analysis and transfer of data to other systems.

DE 4 (California State Employee Withholding Certificate)
A form issued by the Employment Development Department (EDD) and completed by the provider if they wish to have state income tax withheld from their pay at a rate different than federal income tax. The form is sent to HP for processing.

Department of Health Care Services (DHCS)
The State agency responsible for protecting and promoting the health status of Californians through the financing and delivery of individual health care services. The DHCS administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal) and In-Home Operations (IHO).

DHCS
See Department of Health Care Services.

E

EFT (Electronic Funds Transfer)
Also known as Direct Deposit, EFT refers to the computer-based systems used to perform financial transactions electronically from one account to another. The State Controller's Office (SCO) uses EFT to electronically deposit payments for providers and recipients into the banks of their choice.

Evidence
Information collected to determine eligibility for IHSS. Case Management categorizes evidence into four types: Household, Service, Program, and Share of Cost.

F

Federal Financial Participation (FFP)
An indication of whether the federal government shares in the cost of services. In IHSS, if FFP is yes, the federal government pays for 50% of the cost of services for a case.

FFP
See Federal Financial Participation.

Funding Source
The means of financial support for IHSS program costs. The established governmental sources for IHSS funding are PCSP, IPO, and IHSS-R.

H

HM
See Homemaker.

Homemaker (HM)
A mode of service wherein county staff provide IHSS to eligible IHSS recipients.

I

Icon
A picture or symbol on a menu, toolbar or screen that users select by pointing and clicking with a mouse. Icons are used to display information and navigate within CMIPS II.

ICT (Inter-County Transfer) Coordinator
The person responsible for coordinating the transfer of a case from one county to another in Case Management when the recipient moves to a different county and continues to be eligible for IHSS.

IHO
See In-Home Operations.

IHSS Plus Option (IPO)
A funding source associated with the IHSS program. It includes recipients who are eligible for full scope FFP Medi-Cal and have their services provided by a spouse or parent (if the individual is a minor child under 18), or receive Restaurant Meal Allowance or Advance Pay. Unlike the Demonstration Waiver IPW, the IPO is a State Plan Option, and therefore follows the PCSP State Plan regarding program eligibility and services. Cases paid from the IPO funding source are designated with a Medi-Cal Secondary Aid Code of 2L. CMIPS II supports both IPO and IPW programs.

IHSS Plus Waiver (IPW)
An expired funding source formerly associated with the IHSS program.

IHSS-R
See IHSS Residual.

IHSS Residual (IHSS-R)
A funding source associated with the IHSS program. Recipient cases having one or more of the following indications in an eligibility month shall be associated with the IHSS-R program: No Medi-Cal eligibility or Medi-Cal eligibility without Federal Financial Participation (FFP) eligibility. Recipient cases paid from the IHSS-R funding source are designated with a Medi-Cal Secondary Aid Code of 2N. The IHSS-R funding source is paid at a ratio of state 65% and county 35%.

Individual Provider (IP)
A mode of service wherein a person provides IHSS and is not a County Contractor or Homemaker.

In-Home Operations (IHO)
A section within the Department of Health Care Services (DHCS) that administers the Waiver Personal Care Services (WPCS) program.

IP
See Individual Provider.

IPO
See IHSS Plus Option.

IPW
See IHSS Plus Waiver.

L

LMA
The Legislative Mandated Adjustment (LMA) hours. Displays in (HH:MM) format.

J

Job Aid
A device or tool that allows an individual to quickly access the information he or she needs to perform a task.

M

Medi-Cal Eligibility Data System (MEDS)
A system used to maintain a statewide file of eligible Medi-Cal recipients and issue identification cards.

MEDS
See Medi-Cal Eligibility Data System.

MEDS Monthly Renewal
Refers to the monthly interface with MEDS, which sends a file to CMIPS II regarding a recipient's Medi-Cal monthly eligibility.

N

Notification
Informational items in Case Management where the user is not required to take action. Notifications are generated by Case Management based on case actions or information from another source, such as MEDS and SAWS.

O

Online Help
Online help is topic-oriented, procedural, or reference information delivered through computer software. It is a form of user assistance. When online help is accessed from Case Management or the CMIPS II Web Portal, context-sensitive help is displayed.

P

PA
See Public Authority.

PCSP
See Personal Care Services Program.

Password
A secret word or string of characters used for authentication, to prove identity, or to gain access to a protected resource. A password is required to gain access to CMIPS II.

Person
The record of an individual in Case Management. A person may be associated with multiple person type indicators. For example, if someone is both an IHSS recipient and a provider he/she will have a single person record in Case Management.

Person Note
A note created to record information regarding a person. (e.g., provider, recipient, applicant, recipient, provider).

Personal Care Services Program
A funding source associated with the IHSS program. This program provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institute Code Section 14132.95 and Title 22, California Code of Regulations. It is one of three funding sources associated with the IHSS program. Individuals meeting all of the following conditions are funded for PCSP: eligible for full scope FFP Medi-Cal, no Advance Pay, no Restaurant Meal Allowance, and no parent/spouse provider. Recipient cases paid from the PCSP funding source are designated with a Medi-Cal Secondary Aid Code of 2M.

POS
See Point of Service Spend Down Transaction.

Point of Service Spend Down Transaction
A real-time transaction sent from CMIPS II to the MEDS Share of Cost system when an IHSS payment is made. It reduces any outstanding MEDS share of cost for the corresponding Medi-Cal eligibility month.

Position
During user setup, each user is assigned a position within a workflow structure in Case Management. The position determines the workflow for notifications and tasks, the path in which tasks are escalated, and the cases which he/she can modify.

Provider
A person paid to perform IHSS.

Provider Registry
A registry of approved providers most commonly compiled by a county Public Authority (PA) used to assist recipients in identifying and contacting potential providers. These providers have completed State mandated requirements.

Public Authority (PA)
An entity authorized to act as Employer of Record for Individual Providers for collective bargaining.

R

Receiving County
The county that takes ownership of a case that is being transferred from a sending county, as part of the Inter-County Transfer (ICT) process.

Reduced Hours
The hours and minutes the recipient hours will be reduced based upon the reduced hours percentage. Displays in (HH:MM) format.

Reinstated Hours
The number of reduced hours the case owner reinstated to the recipient. Displays in (HH:MM) format.

Reporting
The Reporting link on the CMIPS II Web Portal provides access to many predefined reports covering various aspects of the IHSS program. Reports can be generated for immediate viewing and printing or generated for future use. Report information can be exported for use in other applications such as Microsoft Word or Excel, Crystal Reports, or Adobe Acrobat Reader. Reporting is used by case owners for a variety of case intake and case management tasks. Managers, supervisors, QA, and payroll also use reporting for auditing and planning purposes.

S

SAWS
See Statewide Automated Welfare System.

SCI
See Statewide Client Index.

SCO
See State Controller's Office.

SEIN
See State Employer Identification Number.

State Employer Identification Number (SEIN)
An identification number assigned by the Employment Development Department (EDD) to each IHSS recipient.

Sending County
The county that currently owns a case that is being transferred to a receiving county, as part of the Inter-County Transfer (ICT) process.

Sensitivity Level
Notes in Case Management have sensitivity levels from 1 to 5. One is the lowest sensitivity and 5 is the highest. Each Case Management user is assigned a sensitivity level that determines what notes he/she can see and what sensitivity level he/she can assign to notes. For example, everyone can see notes with a sensitivity of 1, but only users with a sensitivity of 3 can see or create notes of level 3.

Social Worker Certification
Indicates whether or not the recipient met the criteria for the social worker to certify the reinstatement of all reduced hours.

Stale Dated Warrant
A warrant that remains un-cashed after one year from the date of issue.

State Controller's Office (SCO)
The office managed by the state's chief fiscal officer, responsible for administration and oversight of fiscal affairs for the state. CMIPS II exchanges data with SCO, and in Case Management, the user can request copies of cashed warrants from the SCO.

Statewide Automated Welfare System (SAWS)
The generic term used to refer to CalWIN, C-IV and LEADER, the systems used to determine eligibility for a variety of welfare benefits, including Medi-Cal. Case Management interfaces with these systems to request Medi-Cal eligibility determinations for applicants who are not currently receiving Medi-Cal and to exchange status information.

Statewide Client Index (SCI)
The California Department of Health Care Services' (DHCS) Statewide Client Index generates and controls Client Identification Numbers (CINs). The CIN is the primary identifier for individuals who have applied for public benefits.

T

Task
An item that requires a Case Management user to take action. A task may be generated by Case Management or may be manually created by a user. Each task is assigned a unique task number. A task generated automatically by Case Management and not completed by its deadline escalates to a supervisor.

Timesheet Processing Facility (TPF)
A central facility responsible for the scanning and processing of IHSS timesheets.

TPF
See Timesheet Processing Facility.

W

W-2 Form
Refers to the federal Wage and Tax Statement.

W-4 Form
Refers to the federal Employee's Withholding Allowance Certificate.

W-5 Form
Refers to the federal Earned Income Credit Advance Payment Certificate.

Waiver Personal Care Services (WPCS)
A program administered by In-Home Operations (IHO) in which individuals are either eligible for Nursing Facility (NF) or Model Nursing Facility Waiver services. Both waivers provide personal care services to categorically needy and medically needy Medi-Cal recipients who would otherwise spend at least 90 days in a nursing facility. PCSP/IPO beneficiaries can apply to IHO and receive both IHSS and WPCS program services simultaneously. CMIPS II is the system used by WPCS to pay its providers. Providers of WPCS must be created in CMIPS II to facilitate payment.

Web Portal
A site that creates a single point of access to various components and functionality associated with CMIPS II. The portal offers a structured approach to navigating information, e.g. by subject

(category) then sub-category. The systems in CMIPS II include Case Management, Reporting, Advantage Financial and Advantage Human Resource Management (HRM).

Work Queue

Shared task lists to which a user has been given access. The work queues contain both manually generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county.

WPCS

See Waiver Personal Care Services.

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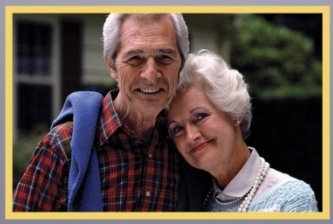
Chapter Seven
Payroll



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Empower

CMIPS II

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1. Introduction

The payroll function within Case Management includes the processes related to payments and deductions. It includes supplemental payments, voids, and adjustments, searching for payments, viewing payment history, and taking steps to investigate a warrant. The user can request a copy of a cashed warrant from the State Controller's Office (SCO) and print the Forged Endorsement Affidavit.

CMIPS II provides some additional features that help make payroll administration easier, including the following:

- Consolidates and summarizes payment details for easier viewing. The user may view details about the payee, case, payment, history, void/reissue activity, cashed warrant copies, or Forged Endorsement Affidavits.
- Automatically issues a payment for taxes that are over-withheld and automates most tax and funding source adjustments.
- Automatically adjusts taxes as necessary. Changes to the funding source are made during the authorization process in Case Management and interface with the Advantage Financial component for accounting/reporting purposes.
- Automatically produces a notification to the case owner when no reconciling timesheets have been received within 45 days of issuing an advanced payment.
- Automatically produces a task for the case owner when no reconciling timesheets have been received within 75 days of issuing an advanced payment.

Once a warrant is issued to an IHSS recipient or provider, several events may occur that require the user to take action on that payment or warrant. For example, if a warrant is damaged, request a void/reissue. If a payment must be stopped immediately, submit a stop payment request.

If concerns arise that a warrant was cashed by someone other than the payee, request a copy of a cashed warrant from the SCO. If the signature on the copy of the warrant does not belong to the payee, request a Forged Endorsement Affidavit.

Sometimes circumstances require that a provider or recipient receive a single payment for a state hearing decision or paramedical reimbursement. Execute a special transaction to provide these types of one-time payments.

When an overpayment to a recipient or provider occurs, first identify the overpayment occurrence, and then create a recovery plan. Recovery plans can also be created for providers that are inactive. This plan may involve either collecting personal payments or setting up automated payroll deductions. Up to five recovery plans can exist for a given relationship if the recovery method requires payroll deductions. It is also possible to accept personal payments against a recovery set up for automated payroll deductions without having to close out the payroll deduction plan to set up a personal payment plan.

The user can take actions to reconcile Advance Pay if an imbalance occurs due to a timesheet not being submitted or a timesheet being submitted for fewer hours than authorized or paid to the recipient.

Finally, Case Management processes county contractor billing invoices. The user can display county contractor service months to view billing details, including hours and amount.

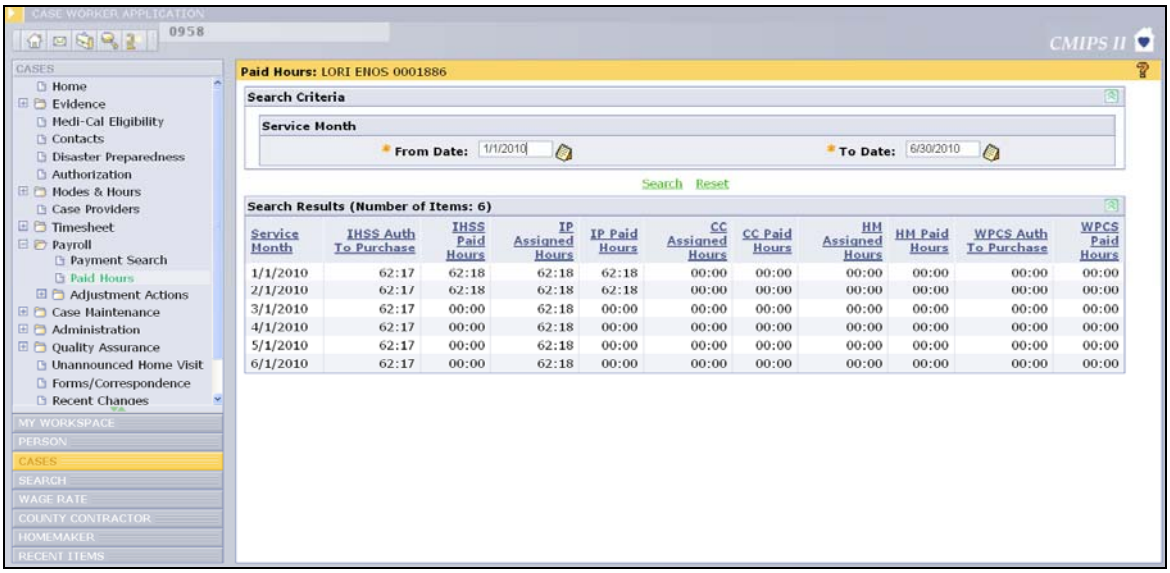
Note: Refer to the Appendix: Payroll Transactions section in this chapter for additional information on special transaction pay types, special transaction deduction types, payment corrections and overpayment recovery.

2. Payments

Begin a payroll inquiry by searching for a payment. There are two ways to search: by person or by case. Search for payments made to a person by starting at the Person Home screen. Search for payments made to a person associated with a case by starting at the Case Home screen. Search for payments using various types of information, including From and To Dates, to narrow the search.

By searching for a payment, the user can select and view the details of that payment, including details about the payee, case, warrant, pay event, and earnings statement. The user also has access to links to request cashed warrant copies and Forged Endorsement Affidavits. In addition, the user can view the employer-paid taxes and the timesheet details associated with a payment.

Use the Paid Hours screen to view authorized and paid hours for each mode of service and for Waiver Personal Care Services (WPCS).



2.1 Search for Payment by Person

Use the Payment Search screen to enter search criteria. Payments for the current and previous three service periods are automatically displayed. To refine the search further, enter From and To Dates, or search for and select a specific recipient or warrant number. Then select among the Search Results area to view the details of a payment record.

Before Beginning: Search for a person on the Person Search screen. Refer to the Search for a Person section in the Case Management Basic Navigation chapter.

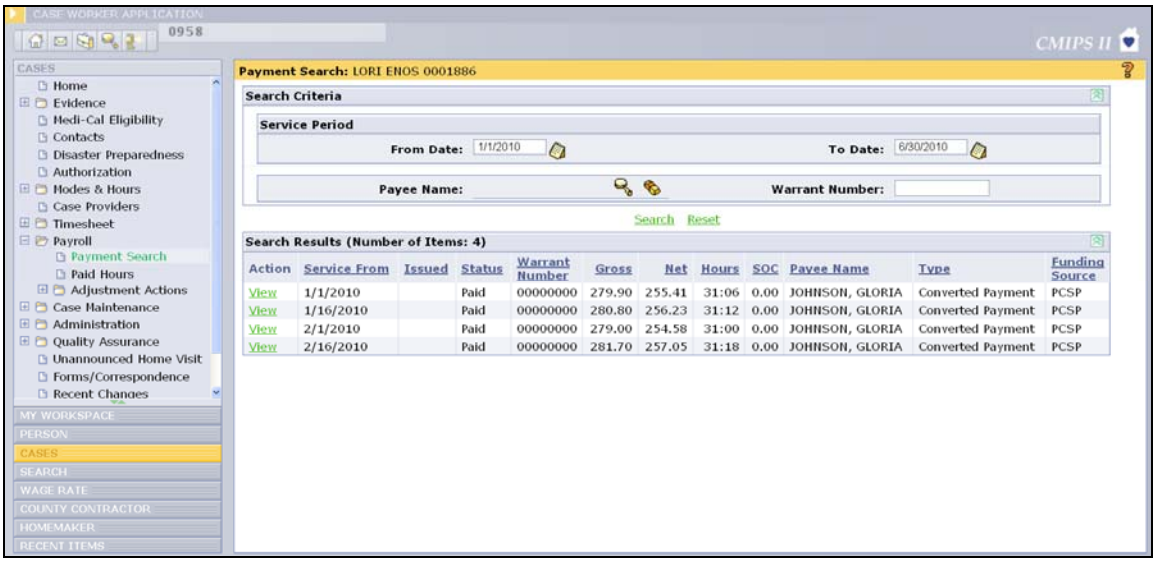
To Search for Payment by Person

1. From the left navigation menu, click the **Payroll** folder and then click the **Payment Search** link. The system displays the Payment Search screen.
2. In the **Service Period** area, select the **From Date**.
3. Select the **To Date**.
4. In the **Recipient Name** box, click the (magnifying glass) to search. The system displays the Cases screen.

5. In the **Search Results** area, click the **Select** link next to the recipient name. The system displays the Payment Search screen.
6. (Optional) Type the **Warrant Number**.
7. Click the **Search** link. The system updates the Search Results area.
8. In the Action column, click the **View** link. The system displays the View Payment Details screen.

2.2 Search for Payment by Case

Use the Payment Search screen to enter search criteria. Payments for the current and previous three service periods are automatically displayed. To refine the search further, enter From and To Dates, or search for and select a specific payee or warrant number. Then select among the Search Results area to view the details of a payment record.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

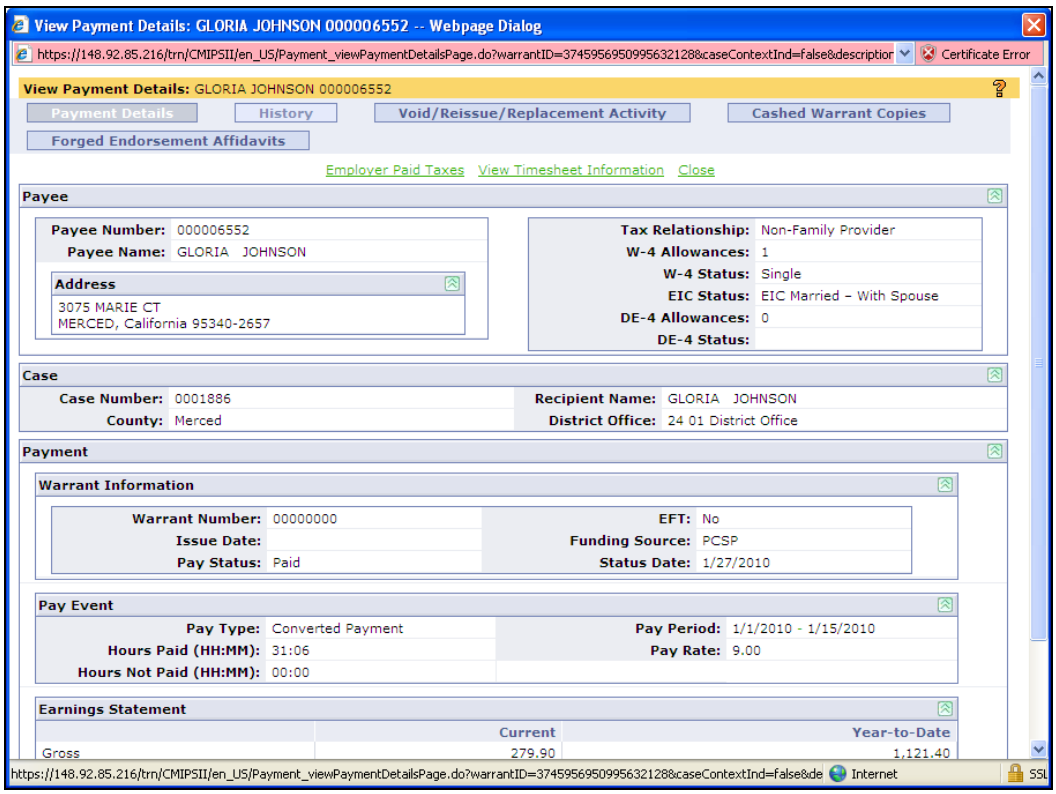
To Search for Payment by Case

1. From the left navigation menu, click the **Payroll** folder and then click **Payment Search**. The system displays the Payment Search screen.
2. In the **Service Period** area, select a **From Date**.
3. Select a **To Date**.

   Note: The To Date must be the 15th or the last day of the month.
4. (Optional) In the **Payee Name** box, click the (magnifying glass) to search. The system displays the Case Participants screen.
5. In the **Search Results** area, click the **Select** link next to the payee name. The system displays the Payment Search screen.
6. (Optional) Type the **Warrant Number**.
7. Click the **Search** link. The system updates the Search Results area.
8. In the Action column, click the **View** link. The system displays the View Payment Details screen.

2.3 View Payment Details

Use the View Payment Details screen to display an overview of the payment. View details about the payment, including earning statement information and timesheet-related information, such as provider name, total hours, and status. From this screen, view a history of payments, voids, and reissues payments; request copies of cashed warrants; and print information pertaining to Forged Endorsement Affidavits. This screen is read-only.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Payment Details

1. From the left navigation menu, click the **Payroll** folder and then click the **Payment Search** link. The system displays the Payment Search screen.
2. In the **Service Period** area, select the **From Date**.
3. Select the **To Date**.
4. In the **Payee Name** box, click the (magnifying glass) to search. The system displays the Case Participants screen.
5. In the **Search Results** area, click the **Select** link next to the payee name. The system displays the Payment Search screen.
6. (Optional) Type the **Warrant Number**.
7. Click the **Search** link. The system updates the Search Results area.
8. In the Action column, click the **View** link. The system displays the View Payment Details screen.

Note: This link is available after the timesheet has been processed for payment.

2.4 View Employer Paid Taxes

Use the Employer Paid Taxes screen to view employer paid taxes that are associated with the payment, including FICA and Medicare, for the selected payee. This screen is read-only.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Employer Paid Taxes

1. From the left navigation menu, click the **Payroll** folder and then click the **Payment Search** link. The system displays the Payment Search screen.
2. In the **Service Period** area, select the **From Date**.
3. Select the **To Date**.
4. In the **Payee Name** box, click the (magnifying glass) to search. The system displays the Case Participants screen.
5. In the **Search Results** area, click the **Select** link next to the payee name. The system displays the Payment Search screen.
6. (Optional) Type the **Warrant Number**.
7. Click the **Search** link. The system updates the Search Results area.
8. In the Action column, click the **View** link. The system displays the View Payment Details screen.
9. Click the **Employer Paid Taxes** link. The system displays the Employer Paid Taxes screen.

2.5 View Timesheet Information

Use the View Timesheet Information screen to view timesheet information for the selected payee, including timesheet details and time entries. This screen is read-only.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

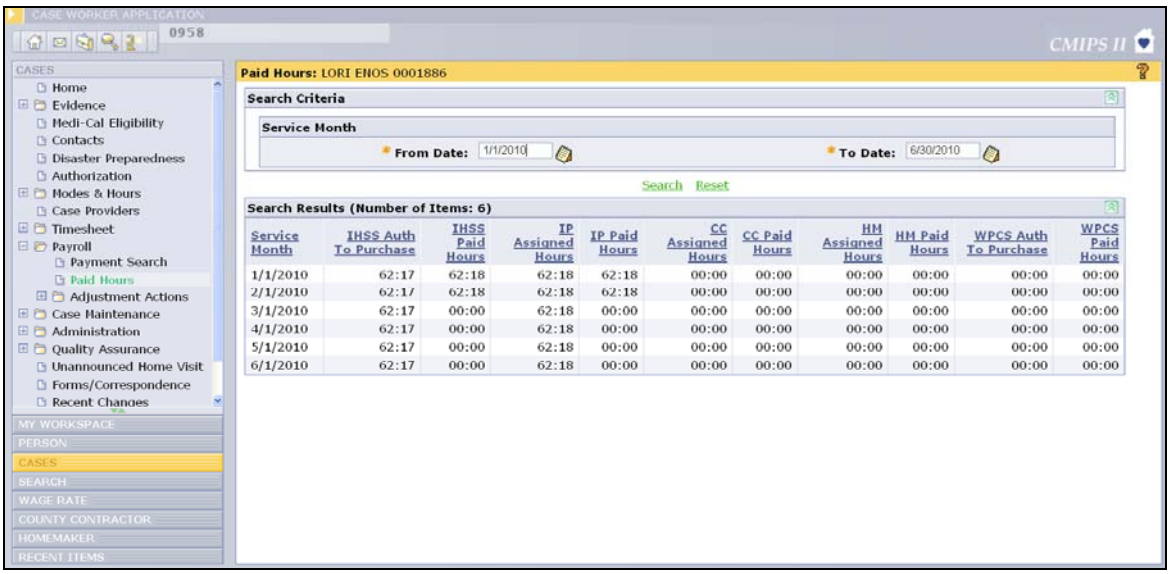
To View Timesheet Information

1. From the left navigation menu, click the **Payroll** folder and then click the **Payment Search** link. The system displays the Payment Search screen.
2. In the **Service Period** area, select the **From Date**.
3. Select the **To Date**.
4. In the **Payee Name** box, click the (magnifying glass) to search. The system displays the Case Participants screen.
5. In the **Search Results** area, click the **Select** link next to the payee name. The system displays the Payment Search screen.
6. (Optional) Type the **Warrant Number**.
7. Click the **Search** link. The system updates the Search Results area.

8. In the Action column, click the **View** link. The system displays the View Payment Details screen.
9. Click the **View Timesheet Information** link. The system displays the View Timesheet Information screen.

2.6 View Paid Hours

Use the Paid Hours screen to view authorized and paid hours for each mode of service and for WPCS. To specify the service months to be displayed, enter search criteria, including From and To Dates. The search range is limited to six months at a time. Then select among the Search Results area to view paid hours for the selected service period. This screen is read-only.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Paid Hours

1. From the left navigation menu, click the **Payroll** folder and then click the **Paid Hours** link. The system displays the Paid Hours screen.
2. In the **Service Month** area, select the **From Date**.
3. Select the **To Date**.
4. Click the **Search** link. The system updates the Search Results area with paid hour details for each service month requested.

3. Void, Reissue, and Stop Payments

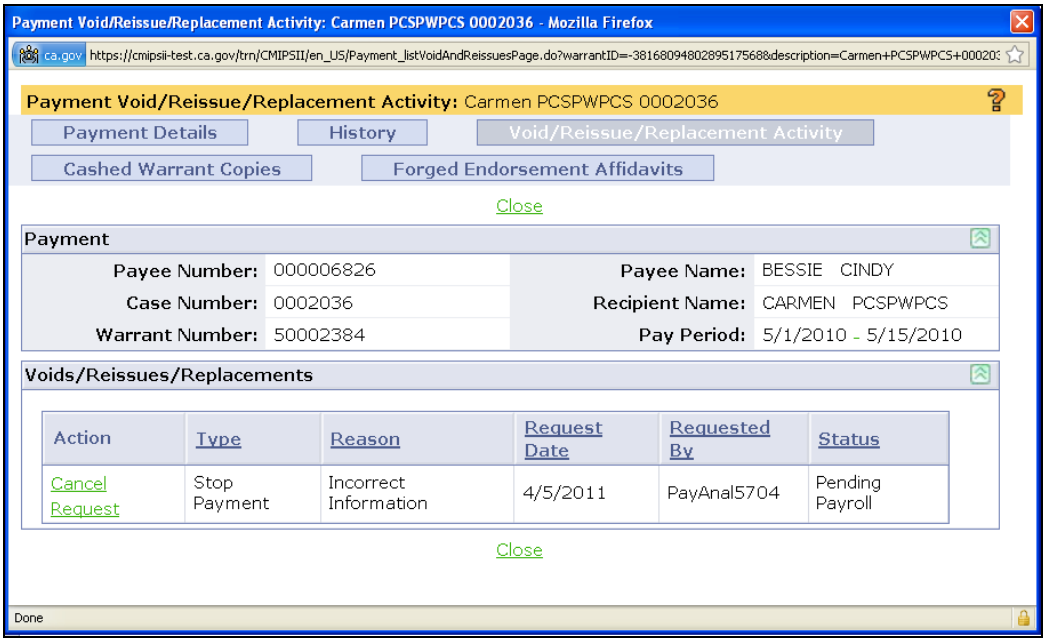
Once a warrant is issued to an In-Home Supportive Services (IHSS) recipient or provider, several events may transpire that require the user to take action on that payment or warrant. Sometimes a payment must be stopped or a warrant must be reissued. The user may be contacted by a provider or recipient with a specific request to void or reissue a warrant. The type of inquiry received determines the response and follow-up actions.

Specify a reason for voiding, reissuing, or stopping a warrant as follows:

- Submit a void/reissue request on a warrant if it is damaged. Evidence of the damaged warrant must be provided.
- Submit a stop payment request on a warrant if it was cancelled or contains incorrect information, or if the payee is ineligible to receive it.

Use the Payment Void/Reissue/Replacement Activity screen to view all void and reissue activities related to a payment. This is also where the user records a new request to void or reissue a payment.

Note: The user will not submit a warrant replacement request on the Payment Void/Reissue/Replacement Activity screen. Payment replacements are not supported by CMIPS II. If a warrant is lost, stolen, destroyed, or never received, the warrant can be replaced by submitting the Request for Duplicate Controller's Warrant (form 435) to the State Controller's Office (SCO). The SCO then issues a replacement warrant with the same warrant number.

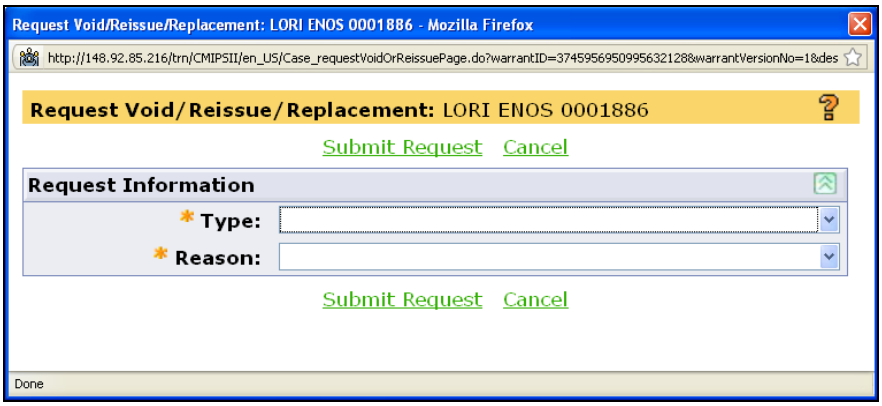


Access the Void/Reissue/Replacement Activity screen from the View Payment Details, Payment History, Cashed Warrant Copy Requests, and Forged Endorsement Affidavits screens.

From the Payment Void/Reissue/Replacement Activity screen, access the View, Create, Modify and Cancel Special Transaction screens.

3.1 Request Void/Reissue

Use the Request Void/Reissue/Replacement screen to specify the type of request and reason the action is being taken.



Before Beginning: Search for a case on the Case Home Screen and then search for payments associated with the case. Refer to the Search for Payment by Case section.

To Request a Void/Reissue/Replacement

1. From the Payment Search screen, in the Action column, click the **View** link. The system displays the View Payment Details screen.
2. Click the **Void/Reissue/Replacement Activity** button. The system displays the Payment Void/Reissue/Replacement Activity screen.
3. Click the **New** link. The system displays the Request Void/Reissue/Replacement screen.
4. Select the **Type**.
5. Select the **Reason**.
6. Click the **Submit Request** link. The system displays the Payment Void/Reissue/Replacement Activity screen.

   Note: If the case is not associated with the user's county location, a notification is sent to the case owner that the request has been modified.

3.2 Cancel Void/Reissue Payment Requests

Use the Cancel Void/Reissue/Replace Payment screen to cancel a request previously entered that day. A request can only be cancelled on the same day it was entered.

Before Beginning: Search for a case on the Case Home Screen and then search for payments associated with the case. Refer to the Search for Payment by Case section.

To Cancel a Void/Reissue/Replacement

1. In the Action column, click the **View** link. The system displays the View Payment Details screen.
2. Click the **Void/Reissue/Replacement Activity** button. The system displays the Payment Void/Reissue/Replacement Activity screen.

3. In the Action column, click the **Cancel Request** link. The system displays the message “Are you sure you want to cancel this Void/Reissue/Replacement request?” on the Cancel Void/Reissue/Replacement Request screen.
4. Click the **Yes** link. The payment is cancelled, and the system displays the Payment Void/Reissue/Replacement Activity screen.

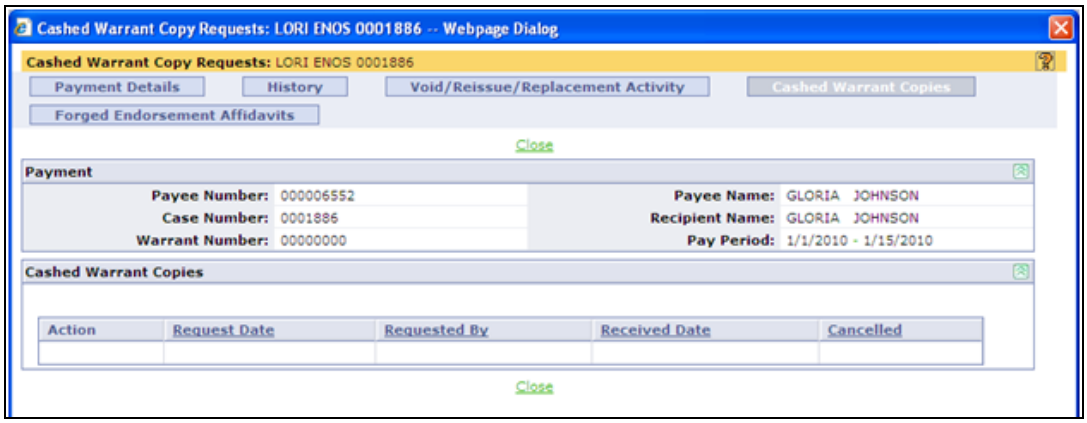
   Note: If the case is not associated with the requester’s county location, a notification is sent to the case owner that the request has been cancelled.

4. Cashed Warrants

If concerns arise that a warrant was cashed by someone other than the payee, the user can initiate a request for a copy of a cashed warrant from the State Controller's Office (SCO). To request a copy of a cashed warrant, the warrant must be in a cleared status. When received, review the signature on the copy of the cashed warrant and determine if the signature belongs to the payee.

The request for a copy of a cashed warrant generates the Request Copies of Cashed Warrants report by county or office. This report is manually transmitted daily via courier from the California Department of Social Services (CDSS) to the SCO for all counties. When the SCO has processed the user's request, it sends the copy directly to the user's office.

Use the Cashed Warrant Copy Requests screen to request a copy of the cashed warrant from the SCO.



Access the Cashed Warrant Copy Requests screen from the View Payment Details, Payment History, Payment Void/Reissue/Replacement Activity, and Forged Endorsement Affidavits screens.

From the Cashed Warrant Copy Requests screen, access the Create, Modify and Cancel Cashed Warrant Copy Requests screens.

4.1 Request Copies of Cashed Warrants

Use the Request Copy of Cashed Warrant screen to submit a request for a copy of a cashed warrant to the State Controller's Office (SCO). A user may submit a new request for a copy of a cashed warrant only when the pay status for the warrant is cleared. Requests appear on the Listing of Requests for Copies of Cashed Warrants report, which is generated daily in the nightly batch cycle and forwarded via courier from CDSS to the SCO for all counties.

Before Beginning: Search for a case on the Case Home Screen and then search for payments associated with the case. Refer to the Search for Payment by Case section.

To Request a Copy of a Cashed Warrant

1. From the Payment Search screen, in the Action column, click the **View** link. The system displays the View Payment Details screen.
2. Click the **Cashed Warrant Copies** button. The system displays the Cashed Warrant Copy Requests screen.
3. Click the **New** link. The system displays the Request Copy of Cashed Warrant screen.

4. Click the **Yes** link. The system displays the Cashed Warrant Copy Requests screen.

   Note: If the case is not associated with the requester's county location, a notification is sent to the case owner that the request has been submitted.

4.2 Modify Cashed Warrant Copy Requests

Use the Modify Cashed Warrant Copy Requests screen to enter the date the copy of the cashed warrant was received from the State Controller's Office (SCO).

Before Beginning: Search for a case on the Case Home Screen and then search for payments associated with the case. Refer to the Search for Payment by Case section.

To Modify a Copy of a Cashed Warrant

1. From the Payment Search screen, in the Action column, click the **View** link. The system displays the View Payment Details screen.
2. Click the **Cashed Warrant Copies** button. The system displays the Cashed Warrant Copy Requests screen.
3. In the **Cashed Warrant Copies** area, in the Action column, click the **Edit** link. The system displays the Modify Cashed Warrant Copy Request screen.
4. Select the **Received Date**.
5. Click the **Save** link. The system displays the Cashed Warrant Copy Requests screen.

   Note: If the case is not associated with the requester's county location, a notification is sent to the case owner that the request has been modified.

4.3 Cancel Cashed Warrant Copy Requests

Use the Cancel Cashed Warrant Copy Requests screen to cancel a request previously entered that day. A request can only be cancelled on the same day it was entered to prevent inclusion on the Listing of Requests for Copies of Cashed Warrants report.

Note: This option is enabled only for cashed warrant copy requests that are in a pending status.

Before Beginning: Search for a case on the Case Home Screen and then search for payments associated with the case. Refer to the Search for Payment by Case section.

To Cancel a Copy of a Cashed Warrant Request

1. From the Payment Search screen, in the Action column, click the **View** link. The system displays the View Payment Details screen.
2. Click the **Cashed Warrant Copies** button. The system displays the Cashed Warrant Copy Requests screen.
3. In the **Cashed Warrant Copies** area, in the Action column, click the **Cancel Request** link. The system displays the message "Are you sure you want to cancel the request for a copy of this Cashed Warrant?" on the Cancel Cashed Warrant Copy Request screen.
4. Click the **Yes** link. The cashed warrant request is cancelled, and the system displays the Cashed Warrant Copy Requests screen.

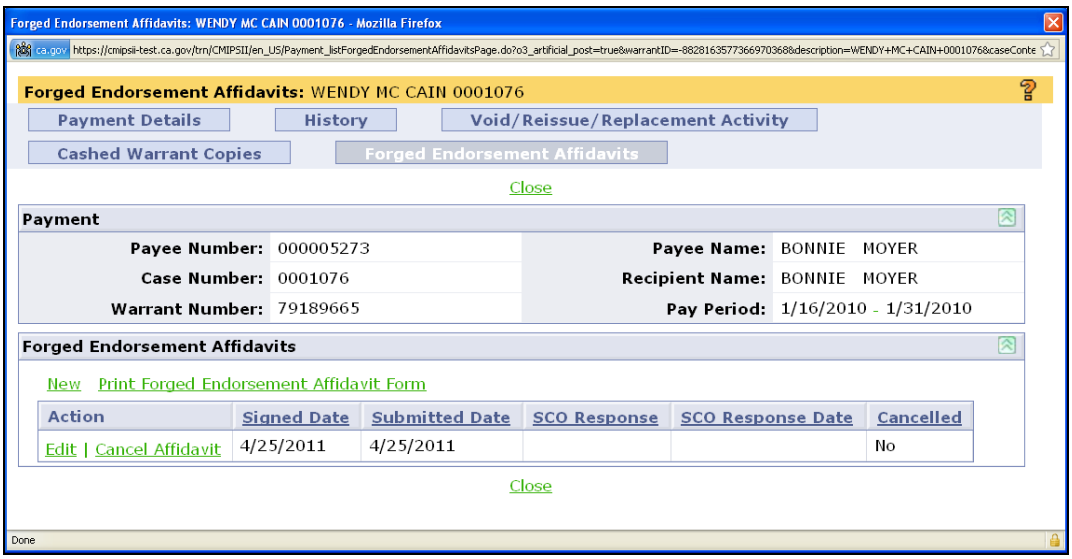
Note: If the case is not associated with the user’s county location, a notification is sent to the case owner that the request has been cancelled.

5. Forged Endorsement Affidavits

If the signature on the copy of the cashed warrant does not belong to the payee or if a payee claims not to have cashed a warrant, request an affidavit for a forged warrant. To request an affidavit for a forged warrant, the warrant must be in a cleared status. The form for the affidavit, also referred to as the Forged Endorsement Affidavit, is pre-populated with information related to the warrant. Case Management automatically prints three copies of the affidavit.

Manually enter information in Case Management to assist in tracking affidavits submitted to the State Controller's Office (SCO), including the following key dates:

- Date the affidavit was signed
- Date the affidavit was submitted to the SCO
- Date the SCO responded to the request



Access the Forged Endorsement Affidavits screen from the View Payment Details, Payment History, Payment Void/Reissue/Replacement Activity, and Cashed Warrant Copy Requests screens.

From the Forged Endorsement Affidavits screen, the user can access the Create, Modify, and Cancel Forged Endorsement Affidavit screens and the Print Forged Endorsement Affidavit Form.

5.1 Create Forged Endorsement Affidavits

Use the Create Forged Endorsement Affidavit screen to enter information about the county submission of a Forged Endorsement Affidavit to the State Controller's Office (SCO). Submit a new request for an affidavit for a forged warrant when the pay status for the warrant is cleared (i.e., cashed).

Before Beginning: Search for a case on the Case Home Screen and then search for payments associated with the case. Refer to the Search for Payment by Case section.

To Create a Forged Endorsement Affidavit

1. From the Payment Search screen, in the Action column, click the **View** link. The system displays the View Payment Details screen.

2. Click the **Forged Endorsement Affidavits** button. The system displays the Forged Endorsement Affidavits screen.
3. In the **Forged Endorsement Affidavits** area, click the **New** link. The system displays the Create Forged Endorsement Affidavit screen.
4. Select the **Signed Date**.
5. (Optional) Select the **Submit Date**.
6. Click the **Save** link. The system displays the Forged Endorsement Affidavits screen.

   Note: If the case is not associated with the requester's county location, a notification is sent to the case owner that the request has been submitted.

5.2 Modify Forged Endorsement Affidavits

Use the Modify Forged Endorsement Affidavit screen to modify information about the county submission of a Forged Endorsement Affidavit to the State Controller's Office (SCO), including the SCO response and response date.

Before Beginning: Search for a case on the Case Home Screen and then search for payments associated with the case. Refer to the Search for Payment by Case section.

To Modify a Forged Endorsement Affidavit

1. From the Payment Search screen, in the Action column, click the **View** link. The system displays the View Payment Details screen.
2. Click the **Forged Endorsement Affidavits** button. The system displays the Forged Endorsement Affidavits screen.
3. In the **Forged Endorsement Affidavits** area, in the Action column, click the **Edit** link. The system displays the Modify Forged Endorsement Affidavit screen.
4. Select the **SCO** Response.
5. Select the **SCO Response Date**.
6. Click the **Save** link. The system displays the Forged Endorsement Affidavits screen.

   Note: If the case is not associated with the requester's county location, a notification is sent to the case owner that the request has been modified.

5.3 Cancel Forged Endorsement Affidavits

Use the Cancel Forged Endorsement Affidavit screen to cancel a previous request for a Forged Endorsement Affidavit.

Before Beginning: Search for a case on the Case Home Screen and then search for payments associated with the case. Refer to the Search for Payment by Case section.

To Cancel a Forged Endorsement Affidavit

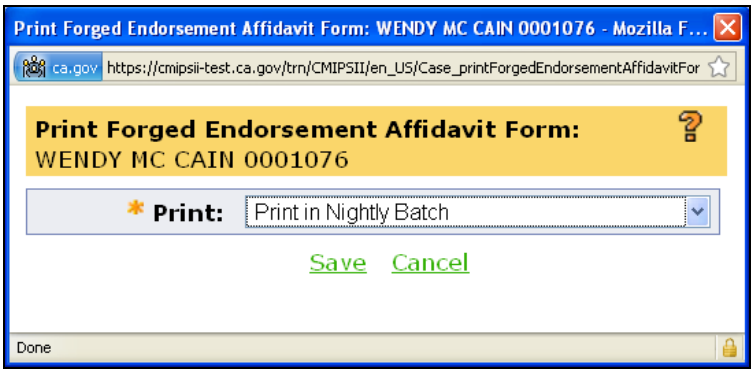
1. From the Payment Search screen, in the Action column, click the **View** link. The system displays the View Payment Details screen.
2. Click the **Forged Endorsement Affidavits** button. The system displays the Forged Endorsement Affidavits screen.

3. In the **Forged Endorsement Affidavits** area, in the Action column, click the **Cancel Affidavit** link. The system displays the message “Are you sure you want to cancel the Forged Endorsement Affidavit on this Warrant?” on the Cancel Forged Endorsement Affidavit screen.
4. Click the **Yes** link. The request is cancelled, and the system displays the Forged Endorsement Affidavits screen.

   Note: If the case is not associated with the requester’s county location, a notification is sent to the case owner that the request has been cancelled.

5.4 Print Forged Endorsement Affidavit Forms

Use the Print Forged Endorsement Affidavit Form screen to print the STO-CA-0034 Forged Endorsement Affidavit. The fields in Box 1 of the form are pre-filled with information related to the warrant.



Before Beginning: Search for a case on the Case Home Screen and then search for payments associated with the case. Refer to the Search for Payment by Case section.

To Print a Forged Endorsement Affidavit Form

1. From the Payment Search screen, in the Action column, click the **View** link. The system displays the View Payment Details screen.
2. Click the **Forged Endorsement Affidavits** button. The system displays the Forged Endorsement Affidavits screen.
3. In the **Forged Endorsement Affidavits** area, click the **Print Forged Endorsement Affidavit Form** link. The system displays the Print Forged Endorsement Affidavit Form screen.
4. In the **Print** box, select **Print Now on CMIPS II Printer**.
5. Click the **Save** link. The system displays the Forged Endorsement Affidavits screen.

6. Special Transactions

Sometimes circumstances require that a provider or recipient receive a single payment or deduction.

Request a special transaction in the form of a one-time payment for the following conditions:

- Advance Pay payment or overpayment recovery refund
- Legislative mandate or state hearing decision
- Paramedical or service authorization reimbursement
- Initial restaurant meals
- Writ of Admin Mandamus (court decision)

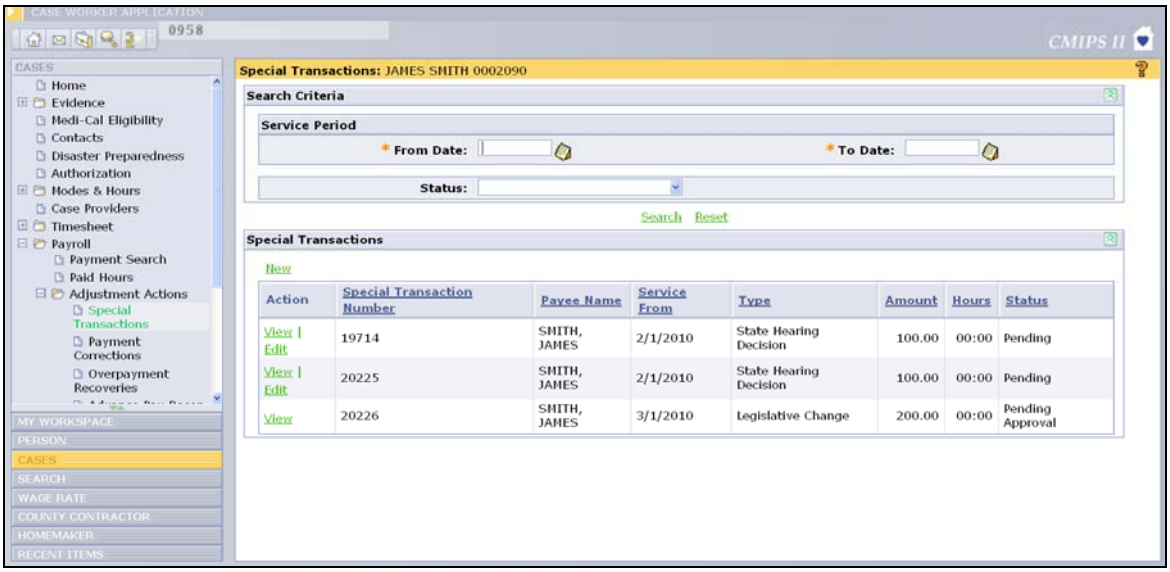
Request a special transaction in the form of a one-time deduction for the following conditions:

- Health benefit deduction
- Share of cost

To execute a special transaction, select the type of special transaction and enter the amount requested as a one-time payment, refund, or deduction. Record the amount of the special transaction as one lump sum, either as dollars or hours, for a recipient or provider payee.

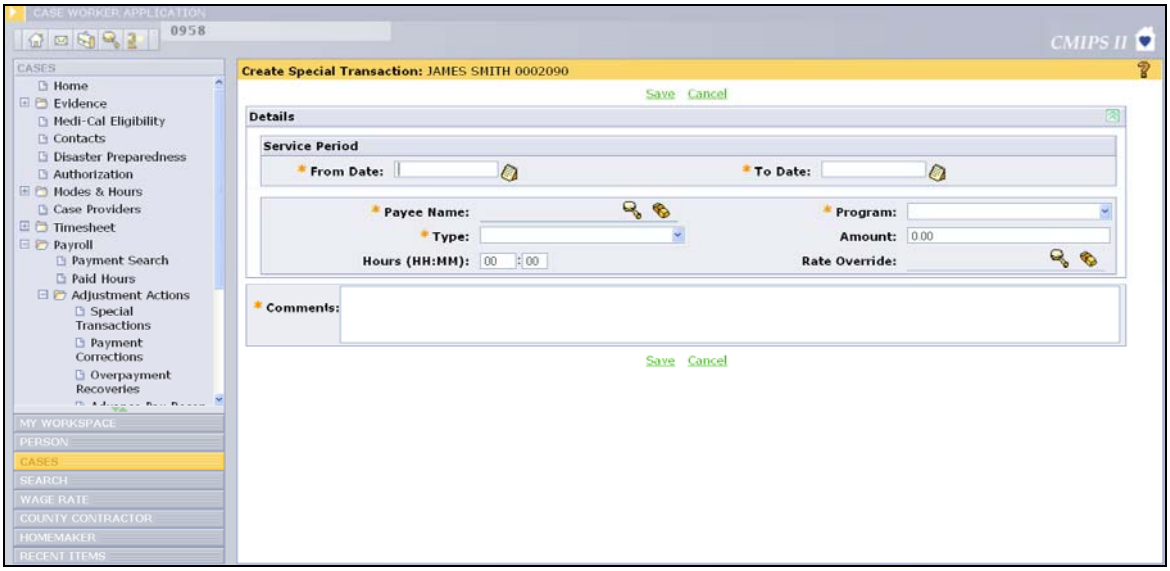
Note: All special transactions require approval prior to processing. Even if the requester is designated to approve payroll requests, the special transaction must be approved by a second person with the security privileges to approve a special transaction. When a special transaction is submitted for approval, a task is sent to the payments pending approval work queue (or WPCS work queue if the selected program is WPCS) to initiate review of the request. Once approved, the special transaction is processed for payment in the nightly batch cycle and can be modified or cancelled until that time.

From the Special Transactions screen, access the View, Create, and Modify Special Transaction screens.



6.1 Create Special Transactions

Use the Create Special Transaction screen to request one-time payments or one-time deductions for a provider or recipient. When the user creates a special transaction, he/she selects the type of transaction needed. The user can also enter the amount requested as a payment or refund. Record the amount of the special transaction as one lump sum, either as dollars or hours, for a recipient or provider payee.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create a Special Transaction

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Special Transactions** link. The system displays the Special Transactions screen.
3. Click the **New** link. The system displays the Create Special Transaction screen.
4. In the **Service Period** area, select the **From Date**.
5. Select the **To Date**.
6. In the **Payee Name** box, click the (magnifying glass) to search for a recipient. The system displays the Case Participants screen.
7. In the **Search Results** area, click the **Select** link next to the recipient name. The system displays the Create Special Transaction screen.
8. Select the **Program**.
9. Select the **Type**.
10. Type either the **Amount** or the **Hours**.
11. (Optional) In the **Rate Override** box, click the (magnifying glass) to search for a county pay rate. The system displays the County Pay Rate screen.
12. (Optional) In the **Pay Rate** area, click the **Select** link next to the county pay rate. The system displays the Create Special Transaction screen.
13. Type the **Comments**.

14. Click the **Save** link. The system displays the View Special Transaction screen.

    OR

    The system displays the Create Special Transactions - Additional Options screen. This occurs when additional information is needed, based on the type of special transaction requested. Specifically, it occurs when the user enters one of the following combinations of entries:

    - A provider payee, hours, and a type of Legislative Change
    - A provider payee, hours or dollars, and a type of Writ of Admin Mandamus
    - A recipient payee, hours, and a type of Writ of Admin Mandamus
    - A type of Overpayment Recovery Refund

To Select Additional Options for the Special Transaction

1. If additional information is needed, select from the additional options:
    - Taxation
    - Bypass hours
    - Funding source
    - Refund hours
2. Click the **Save** link. The system displays the View Special Transaction screen.

    Note: On the View Special Transaction screen, submit the request for approval. Without approval, the request is not sent for payment processing.

6.2 Modify Special Transactions

Use the Modify Special Transaction screen to modify a previously entered special transaction request prior to payment processing. The special transaction is processed for payment in the nightly batch cycle. The user can modify or cancel a request for a special transaction until that time.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify a Special Transaction

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Special Transactions** link. The system displays the Special Transactions screen.
3. (Optional) In the **Search Criteria** area, enter the following:
    a. Select the **From Date**.

    Note: From Date must be the 1st or 16th of the month

    b. Select the **To Date**.

    Note: To Date must be the 15th or the last day of the month

    c. (Optional) Select the **Status**.

    d. Click the **Search** link. The system updates the search results in the Special Transactions area.

4. In the **Special Transactions** area, in the Action column, click the **Edit** link. The system displays the Modify Special Transaction screen.
5. (Optional) In the **Service Period** area, make the appropriate changes.
6. (Optional) In the **Details** area, make the appropriate changes.
7. Type the **Comments**.
8. Click the **Save** link. The system displays the View Special Transaction screen.

   Note: On the View Special Transaction screen, submit the request for approval. Without approval, the request is not sent for payment processing.

6.3 View Special Transactions

Use the View Special Transaction screen to view special transaction requests associated with a recipient and a case. This screen is read-only. If the request has not yet been processed for payment, the user can take the following actions, depending on the security role: Submit for Approval; Cancel Submission; or Approve, Reject, or Cancel Payment Correction. From this screen, access the Modify Special Transaction screen to edit it. Once approved, the special transaction is processed for payment in the nightly batch cycle.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Special Transactions

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Special Transactions** link. The system displays the Special Transactions screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Special Transactions area.
4. In the **Special Transactions** area, in the Action column, click the **View** link. The system displays the View Special Transaction screen.

6.4 Submit Special Transactions for Approval

Submit all special transactions for payment approval prior to processing. Even if the requester is designated to approve payroll requests, the special transaction must be approved by a second person with the security privileges to approve a special transaction. A task is generated to review and approve the request for a special transaction. Once approved, the special transaction is processed for payment in the nightly batch cycle. The user can modify or cancel a request for a special transaction until that time.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Submit Special Transactions for Approval

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Special Transactions** link. The system displays the Special Transactions screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Special Transactions area.
4. In the **Special Transactions** area, in the Action column, click the **View** link. The system displays the View Special Transaction screen.
5. In the **Special Transactions** area, in the Action column, click the **View** link. The system displays the View Special Transaction screen.

   OR

   In the **Special Transactions** area, in the Action column, click the **Edit** link. The system displays the Modify Special Transaction screen.
6. Click the **Submit For Approval** link. The system displays the Submit Special Transaction for Approval screen.
7. Click the **Yes** link to submit the special transactions for payment approval.

6.5 Approve Special Transactions

Use the Approve Special Transaction screen to approve a special transaction request. Access this screen from the View, Create, and Modify Special Transaction screens.

Note: This option is enabled only for a special transaction that is in a pending approval status and for users who have the security privileges to approve a special transaction.

Note: A task is sent to the supervisor to approve provider reinstatement.

Before Beginning: View task received in the Reserved Tasks screen. Refer to the Reserved Task section in the Case Management Basic Navigation chapter.

To Approve a Special Transaction

1. On the Reserved Task screen, in the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.
2. In the **Primary Action** area, click the **View Special Transaction Page** link. The system displays the View Special Transaction screen.

3. In the **Manage** area, click the **Approve** link. The system displays the message “Are you sure you want to approve this Special Transaction? on the Approve Special Transaction confirmation screen.
4. Click the **Yes** link. The special transaction request is approved, and the system displays the View Special Transaction screen.

6.6 Reject Special Transactions

Use the Reject Special Transaction screen to reject a special transaction request. This screen can be accessed from the View, Create, and Modify Special Transaction screen.

Note: This option is enabled only for a special transaction that is in a pending approval status and for users who have the security privileges to reject a special transaction.

Note: A task is sent to the supervisor to reject provider reinstatement.

Before Beginning: View task received in the Reserved Tasks screen. Refer to the Reserved Task section in the Case Management Basic Navigation chapter.

To Reject a Special Transaction

1. On the Reserved Task screen, in the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.
2. In the **Primary Action** area, click the **View Special Transaction Page** link. The system displays the View Special Transaction screen.
3. In the **Manage** area, click the **Reject** link. The system displays the Reject Special Transaction screen.
4. In the **Comment** box, type the rejection reason.
5. Click the **Yes** link. The special transaction request is rejected, and the system displays the View Special Transaction screen.

6.7 Cancel Special Transaction

All special transactions are automatically submitted for payment approval. A special transaction can be modified or cancelled until the time it is processed for payment.

Note: This option is enabled only for a special transaction that is in a pending, pending approval, pending payroll, or rejected status.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Cancel a Special Transaction

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Special Transactions** link. The system displays the Special Transactions screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

Note: From Date must be the 1st or 16th of the month

b. Select the **To Date**.

Note: To Date must be the 15th or the last day of the month

c. (Optional) Select the **Status**.

d. Click the **Search** link. The system updates the search results in the Special Transactions area.

4. In the **Special Transactions** area, in the Action column, click the **View** link. The system displays the View Special Transaction screen.
5. Click the **Cancel Special Transaction** link. The system displays the Cancel Special Transaction screen.
6. Click the **Yes** link. The special transaction is cancelled, and the system displays the View Special Transaction screen.

6.8 Cancel Submission of a Special Transaction

Use the Cancel Special Transaction Submission screen to cancel the submission of a special transaction. A special transaction can be modified or cancelled until the time it is processed for payment.

Note: This option is enabled only for a special transaction that is in a pending approval status.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Cancel the Submission of a Special Transaction

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Special Transactions** link. The system displays the Special Transactions screen.
3. (Optional) In the **Search Criteria** area, enter the following:

   a. Select the **From Date**.

   Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

   Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.

   d. Click the **Search** link. The system updates the search results in the Special Transactions area.
4. In the **Special Transactions** area, in the Action column, click the **View** link. The system displays the View Special Transaction screen.
5. Click the **Cancel Submission** link. The system displays the message “Are you sure you want to cancel this Special Transaction Submission?” on the Cancel Special Transaction Submission screen.
6. Click the **Yes** link. The special transaction is cancelled, and the system displays the View Special Transaction screen. The status of the special transaction is updated to pending.

7. Payment Corrections

If an error occurs in processing a provider's timesheet that results in the provider being underpaid, the user can adjust the provider's time and issue a payment correction. For example, this can happen when the timesheet scanning software reads an "8" as a "3," resulting in an underpayment of five hours. If a correction is not due to an underpayment, then execute a special transaction.

There are several conditions in which it is appropriate to request a payment correction:

- A timesheet was processed for an incorrect number of hours.
- A timesheet was erred out entirely during processing (for example, signature is missing due to recipient's death).
- Hours were over-reported on an Advance Pay reconciling timesheet (for example, reported hours do not match authorized hours).

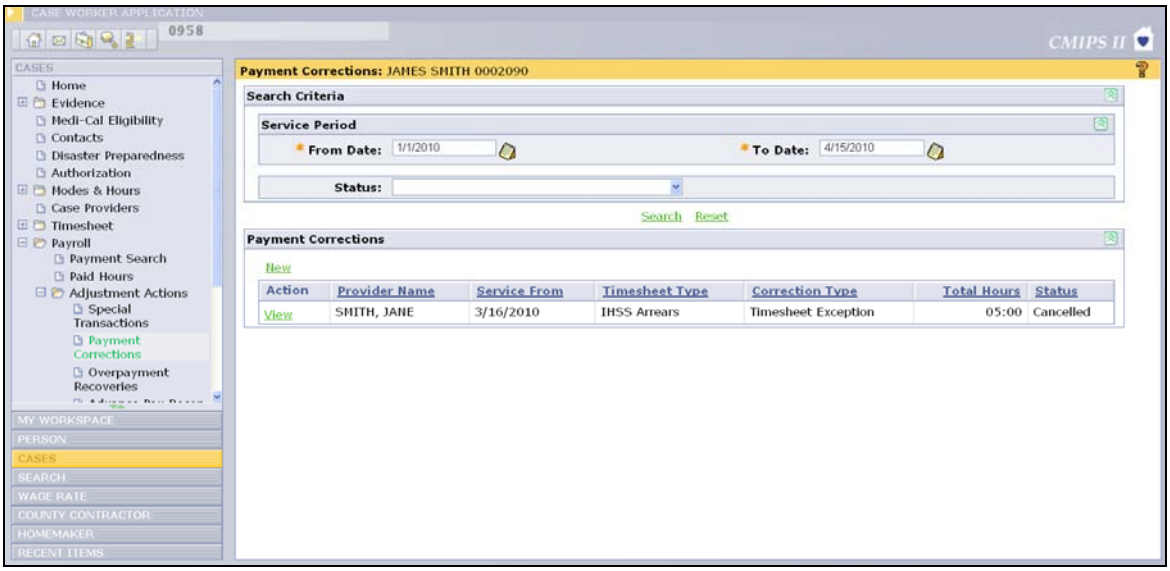
Requesting a payment correction requires that the user first enter a processed timesheet number and then select the type of correction or adjustment needed from the following correction types:

- Prior underpayment
- Over-reported or negative hours
- Timesheet exception
- WPCS recipient on leave (for WPCS providers only)

Note: A task is sent to the supervisor to approve provider reinstatement.

From the Payment Corrections screen, access the View, Create, or Modify Payment Correction screens.

Use the Payment Corrections screen to list payment correction activity that has occurred on the case. By default, the list is filtered to display only payment corrections not yet processed for payment. To view historical payment correction activity, the user can enter search criteria to filter by a service period range (limited to a search range of six months at a time) and, if desired, by the status of the request.



7.1 Create Payment Corrections

Use the Create Payment Corrections screen to request payments to a provider when a timesheet was processed for the incorrect number of hours or erred out entirely during processing, or when a payment needs to be reissued (for example, an undeliverable warrant). In addition, use this screen to correct over-reported hours on an Advance Pay reconciling timesheet as part of the reconciliation process.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create a Payment Correction

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Payment Corrections** link. The system displays the Payment Corrections screen.
3. In the **Payment Corrections** area, click the **New** link. The system displays the Payment Correction - Timesheet Number screen.
4. Type the **Timesheet Number**.
5. Click the **Continue** link. The system displays the Create Payment Correction screen.
6. In the **Details** area, type the **Correction Type**.
7. In the **Time Entries** area, type the appropriate hours and minutes for the payment correction.

   Note: The time entries must be entered on a daily basis within a service period.
8. In the **Comments** box, type comments regarding the payment request.
9. Click the **Save** link. The system displays the View Payment Correction screen.

   OR

   Click the **Save & New** link. The timesheet is saved, and the system displays the Payment Correction - Timesheet Number screen for entry of a new timesheet.

7.2 Modify Payment Corrections

Use the Modify Payment Correction screen to edit a previously entered payment correction request prior to payment processing. A payment correction is processed for payment in the nightly batch cycle. The user can modify or cancel a request for a payment correction until that time.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify a Payment Correction

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Payment Corrections** link. The system displays the Payment Corrections screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

Note: To Date must be the 15th or the last day of the month

c. (Optional) Select the **Status**.

d. Click the **Search** link. The system updates the search results in the Payment Corrections area.

4. In the **Payment Corrections** area, in the Action column, click the **Edit** link. The system displays the Modify Payment Correction screen.
5. In the **Time Entries** area, type the appropriate hours and minutes for the payment correction.

   Note: The time entries must be entered on a daily basis within a service period.
6. Click the **Save** link. The changes are saved to the payment correction request, and the system displays View Payment Correction screen.

   Note: On the View Payment Correction screen, submit the request for approval. Without approval, the request is not sent for payment processing.

7.3 View Payment Corrections

Use the View Payment Correction screen to view a payment correction request. This screen is read-only. If the request has not yet been processed for payment, the user can take the following actions, depending on his/her security role: Submit for Approval; Cancel Submission; or Approve, Reject, or Cancel Payment Correction. Once approved, a payment correction is processed for payment in the nightly batch cycle and can be modified or cancelled until that time.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Payment Corrections

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Payment Corrections** link. The system displays the Payment Corrections screen.
3. (Optional) In the **Search Criteria** area, enter the following:

   a. Select the **From Date**.

   Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

   Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.

   d. Click the **Search** link. The system updates the search results in the Payment Corrections area.
4. In the **Payment Corrections** area, in the Action column, click the **View** link. The system displays the View Payment Correction screen.

7.4 Submit Payment Corrections for Approval

The Submit Payment Correction for Approval screen allows the user to submit the payment correction for supervisor approval.

Note: This option is enabled only for a payment correction that is in a pending approval status and for users who have the security privileges to approve a payment correction.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Submit Payment Corrections for Approval

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Payment Corrections** link. The system displays the Payment Corrections screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Payment Corrections area.
4. In the **Payment Corrections** area, in the Action column, click the **View** link. The system displays the View Payment Correction screen.
5. Click the **Submit for Approval** link. The system displays the Submit for Approval screen.
6. Click the **Yes** link. The payment correction is submitted for payment approval, and the system displays the View Payment Correction screen.

7.5 Approve Payment Corrections

Use the Approve Payment Correction screen to approve a payment correction request. Access this screen from the View and Create Payment Correction screens.

Note: This option is enabled only for a payment correction that is in a pending approval status and for users who have the security privileges to approve a payment correction.

Note: A task is sent to the supervisor to approve provider reinstatement.

Before Beginning: View task received in the Reserved Tasks screen. Refer to the Reserved Task section in the Case Management Basic Navigation chapter.

To Approve a Payment Correction

1. On the Reserved Task screen, in the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.
2. In the **Primary Action** area, click the **View Payment Correction Page** link. The system displays the View Payment Correction screen.
3. In the **Manage** area, click the **Approve** link. The system displays the message “Are you sure you want to approve this Payment Correction?” on the Approve Payment Correction screen.
4. Click the **Yes** link. The payment correction request is approved, and the system displays the View Payment Correction screen.

7.6 Reject Payment Corrections

Use the Reject Payment Correction screen to reject a payment correction request. Access this screen from the View and Create Payment Correction screens.

Note: This option is enabled only for a payment correction that is in a pending approval status and for users who have the security privileges to reject a payment correction.

Note: A task is sent to the supervisor to reject provider reinstatement.

Before Beginning: View task received in the Reserved Tasks screen. Refer to the Reserved Task section in the Case Management Basic Navigation chapter.

To Reject a Payment Correction

1. On the Reserved Task screen, in the Action column, click the **View** link for the appropriate task. The system displays the Task Home screen.
2. In the **Primary Action** area, click the **View Payment Correction Page** link. The system displays the View Payment Correction screen.
3. In the **Manage** area, click the **Reject** link. The system displays the Reject Payment Correction screen.
4. In the **Comments** box, type the rejection reason.
5. Click the **Reject Payment Correction** link. The payment correction is rejected, and the system displays the View Payment Correction screen.

7.7 Cancel Payment Corrections

If a payment correction request has been created but not yet submitted for supervisor approval, use the Cancel Payment Correction screen to cancel the payment correction. A payment correction can be modified or cancelled until the time it is processed for payment.

Note: This option is enabled only for a payment correction that is in a pending, pending approval, pending payroll, or rejected status.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Cancel a Payment Correction

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Payment Corrections** link. The system displays the Payment Corrections screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Payment Corrections area.
4. In the **Payment Corrections** area, in the Action column, click the **View** link. The system displays the View Payment Correction screen.
5. Click the **Cancel Payment Correction** link. The system displays the Cancel Payment Correction screen.
6. Click the **Yes** link. The payment request is cancelled, and the system displays the View Payment Correction screen.

7.8 Cancel Submission of a Payment Correction

Use the Cancel Payment Correction Submission screen to cancel the submission of a payment correction. A payment correction can be modified or cancelled until the time it is processed for payment.

Note: This option is enabled only for a payment correction that is in a pending approval status.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Cancel the Submission of a Payment Correction

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Payment Corrections** link. The system displays the Payment Corrections screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month
   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month
   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Payment Corrections area.
4. In the **Payment Corrections** area, in the Action column, click the **View** link. The system displays the View Payment Correction screen.
5. Click the **Cancel Submission** link. The system displays the message “Are you sure you want to cancel this Payment Correction Submission?” on the Cancel Payment Correction Submission screen.
6. Click the **Yes** link. The payment request is cancelled, and the system displays the View Payment Correction screen. The status of the payment correction is updated to pending.

8. Overpayments

This section introduces overpayments, including:

- Types of overpayments
- General overpayment process

Several different types of overpayments can occur. The following list contains the values that are available in Case Management to identify the type of overpayment:

- Advance Pay - Recipient Payroll Deductions
- Advance Pay - Other
- Excess Compensation - Hours
- Excess Compensation - Rate
- Restaurant Meals
- Share of Cost
- Special Transaction
- Legacy Special Transaction

When an overpayment to a recipient or provider occurs, a user must first identify the occurrence of the overpayment and then create a plan to recover it. Case Management provides a series of screens to document an overpayment.

An overpayment occurrence can be created for both an active and inactive payee. Once an overpayment occurrence is created, a user then creates an overpayment recovery plan. Case Management supports overpayment collections using one of two types of recovery methods:

- Personal payments
- Automated payroll deductions

Monies are recovered based on the details of the recovery plan and the type of recovery method selected. If personal payments are selected as the recovery method, the payee provides payment in the form of cash, check, or money order. Payment is made directly to the county.

If payroll deductions are selected as the recovery method, the payee must be active in Case Management. The user can also specify additional terms, including an installment type and an amount per pay period.

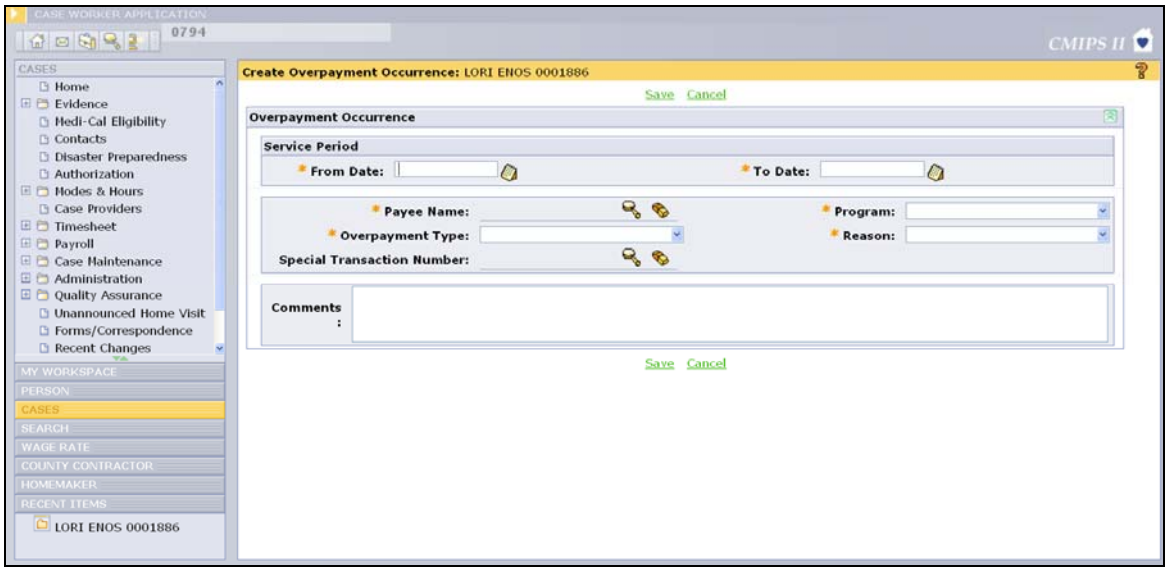
Up to five recovery plans can exist for a given relationship if the recovery method requires payroll deductions. It is also possible to accept personal payments against a recovery set up for automated payroll deductions without having to close out the payroll deduction plan to set up a personal payment plan. When a personal payment is made and applied to a recovery plan for automated payroll deductions, the balance is reduced by the amount of the personal payment to prevent over-collection through payroll deductions.

8.1 Create Overpayment Occurrence

Creating an overpayment occurrence is the first step to begin setting up an overpayment recovery. Use the Create Overpayment Occurrence screen to enter information about the occurrence of an overpayment. When the Create Overpayment Occurrence screen is saved, the system establishes the

occurrence of an overpayment in Case Management and displays the View Overpayment Recovery screen.

Note: The type of overpayment selected on the Create Overpayment Occurrence screen dictates which areas are displayed on the View Overpayment Recovery screen. Overpayment details for each type of overpayment are described in the subtopics below.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create an Overpayment Occurrence

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. In the **Overpayment Recoveries** area, click the **New** link. The system displays the Create Overpayment Occurrence screen.
4. In the **Service Period** area, select the **From Date**.
5. Select the **To Date**.
6. In the **Payee Name** box, click the (magnifying glass) to search. The system displays the Case Participants screen.
   a. (Optional) Select the **Status**.
   b. (Optional) Click **Search** button.
   c. In the **Search Results** area, in the Action column, click the **Select** link. The system displays the Create Overpayment Occurrence screen.
7. Select the **Program**.
8. Select the **Overpayment Type**.

   Note: The Overpayment Type selected on this screen determines the recovery plan details displayed on the View Overpayment Recovery screen and subsequent steps.
9. Select the **Reason**.

10. (Optional) If Special Transaction is selected in the Overpayment Type box, the Special Transaction Number should be selected. In the **Special Transactions Number** box, click the (magnifying glass) to search for the special transactions number that caused the overpayment.

    Note: The list is filtered to display only special transactions in a processed status.

    a. In the **Service Period** area, select the **From Date**.

    b. Select the **To Date**.

    c. Click the **Search** link.

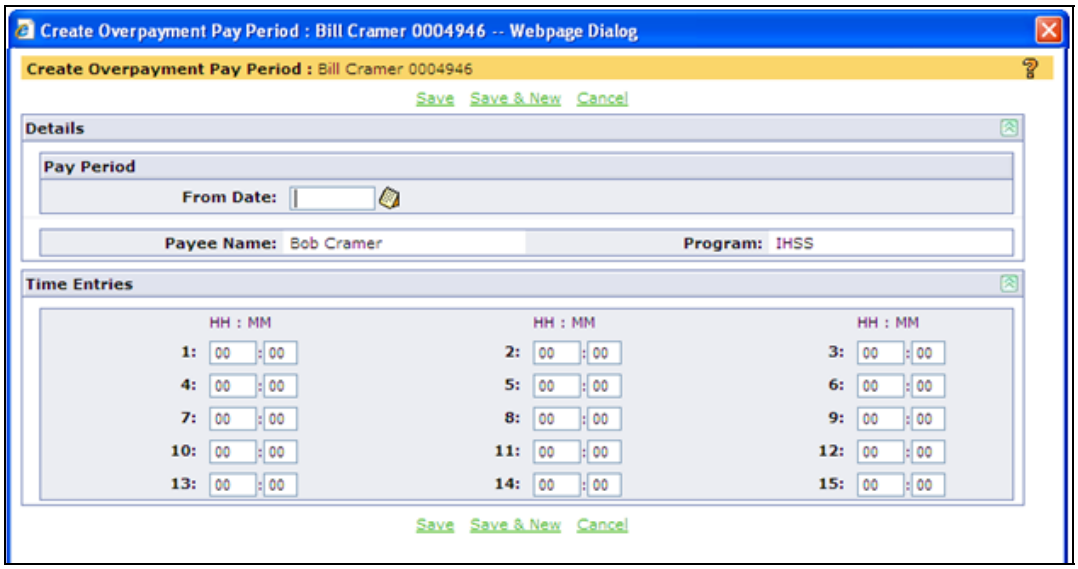
    d. In the Action column, click the **Select** link. The system displays the Create Overpayment Occurrence screen.

11. (Optional) In the **Comments** box, type comments regarding the payment request.

12. Click the **Save** link. The system displays the View Overpayment Recovery screen.

8.1.1 Overpayment Details: Create Overpayment Pay Periods

This area displays on the View Overpayment Recovery screen when the user has selected the Excess Compensation - Hours overpayment type. Use the Create Overpayment Pay Period screen to record overpaid hours by day within a pay period. Based on these entries, the system calculates and displays the total net overpayment. If the overpayment spans multiple pay periods, click the Save & New link to enter the details for the next pay period.



Before Beginning: Complete steps in the Create Overpayment Occurrence section to display the View Overpayment Recovery screen. This is a continuation of the steps in the Create Overpayment Occurrence section when the overpayment type selected is Excess Compensation - Hours.

To Create an Overpayment Pay Period

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.

2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.

3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. In the **Excess Compensation Hours Details** area, click the **Add Overpayment Pay Period** link. The system displays the Create Overpayment Pay Period screen.
6. In the **Pay Period** area, select the **From Date**.
7. In the **Time Entries** area, type the hours and minutes.
8. Click the **Save** link. The system displays the View Overpayment Pay Period screen.

   OR

   Click the **Save & New** link. The system displays the Create Overpayment Pay Period screen for pay period entries for the next pay period.
9. Click the **Close** link. The data is sent for payment processing to calculate the net overpayment for the pay period. The system displays the View Overpayment Recovery screen, where the system-calculated net overpayment for each pay period and total net overpayment (for all pay periods) can be viewed.

Note: Refer to the Create or Modify Overpayment Recovery Setups section in this chapter for additional information on next steps.

8.1.2 Overpayment Details: Modify Overpayment Pay Periods

This area displays on the View Overpayment Recovery screen when the user has selected the Excess Compensation - Hours overpayment type. Use the Modify Overpayment Pay Period screen to modify previously recorded overpaid hours by day within a pay period.

Before Beginning: Complete steps in the Create Overpayment Occurrence section to display the View Overpayment Recovery screen. This is a continuation of the steps in the Create Overpayment Occurrence section when the overpayment type selected is Excess Compensation - Hours.

To Modify Previously Recorded Overpaid Hours

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.

   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.

4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. In the **Excess Compensation Hours Details** area, in the Action column, click the **Edit** link. The system displays the Modify Overpayment Pay Period screen.
6. In the **Time Entries** area, type the hours and minutes.
7. Click the **Save** link. The data is sent for payment processing to calculate the net overpayment for the pay period. The system displays the View Overpayment Recovery screen, where the system-calculated net overpayment for each pay period and total net overpayment (for all pay periods) can be viewed.

8.1.3 Overpayment Details: View Overpayment Pay Periods

This area displays on the View Overpayment Recovery screen when the user has selected the Excess Compensation - Hours overpayment type. Use the View Overpayment Pay Period screen to view overpaid hours by day within a pay period. This screen is read-only.

Before Beginning: Complete steps in the Create Overpayment Occurrence section to display the View Overpayment Recovery screen. This is a continuation of the steps in the Create Overpayment Occurrence section when the overpayment type selected is Excess Compensation - Hours.

To View Overpayment Pay Periods

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:

   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

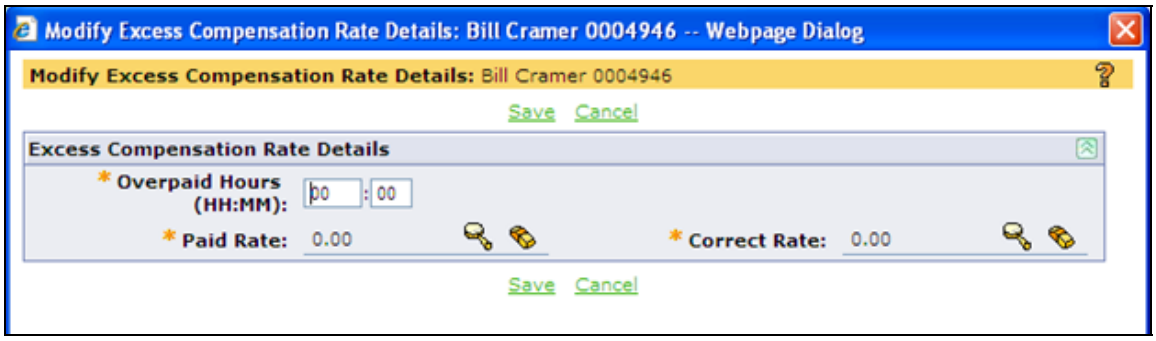
   c. (Optional) Select the **Status**.

   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.

4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. In the **Excess Compensation Hours Details** area, in the Action column, click the **View** link. The system displays the View Overpayment Pay Period screen.

8.1.4 Overpayment Details: Create or Modify Excess Compensation - Rate

This area displays on the View Overpayment Recovery screen when the user has selected the Excess Compensation - Rate overpayment type. Use the Modify Excess Compensation Rate Details screen to either add or modify information about an overpayment resulting from the use of an incorrect rate. The user enters the Overpaid Hours, Paid Rate, and Correct Rate. Based on these entries, the system calculates and displays the total net overpayment.



Before Beginning: Complete steps in the Create Overpayment Occurrence section to display the View Overpayment Recovery screen. This is a continuation of the steps in the Create Overpayment Occurrence section when the overpayment type selected is Excess Compensation - Rate.

To Create or Modify Excess Compensation Rate Details

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. In the **Excess Compensation Rate Details** area, click the **Edit Excess Compensation Rate Details** link. The system displays the Modify Excess Compensation Rate Details screen.
6. In the **Overpaid Hours** box, type the hours and minutes.
7. In the **Paid Rate** box, click the (magnifying glass) to search. The system displays the County Pay Rate screen.
   a. Type the **From Date**.
   b. Click the **Search** link. The system updates the search results in the Pay Rate area.

c. In the **Pay Rate** area, in the Action column, click the **Select** link next to the county pay rate. The system displays the Modify Excess Compensation Rate Details screen.

8. In the **Correct Rate** box, click the (magnifying glass) to search. The system displays the County Pay Rate screen.
   a. Type the **From Date**.
   b. Click the **Search** link. The system updates the search results in the Pay Rate area.
   c. In the **Pay Rate** area, in the Action column, click the **Select** link next to the county pay rate. The system displays the Modify Excess Compensation Rate Details screen.
9. Click the **Save** link. The data is sent for payment processing to calculate the net overpayment. The system displays the View Overpayment Recovery screen, where the system-calculated net overpayment, paid and correct rates can be viewed.

Note: Refer to the Create or Modify Overpayment Recovery Setups section in this chapter for additional information on next steps.

8.1.5 Overpayment Details: Create or Modify Advance Payment Overpayment

This area displays on the View Overpayment Recovery screen when the user has selected the Advance Pay - Recipient Payroll Deductions or Advance Pay - Other overpayment type. Use the Modify Advance Payment Overpayment Details screen to either create or modify record information about an overpayment to an advance payment recipient.

When the overpayment type selected is Advance Pay - Recipient Payroll Deductions, the user enters the Overpaid Hours. Advance Pay - Recipient Payroll Deductions are recouped from future payments as a reduction to hours paid rather than a dollar-based recovery, so the system does not calculate the total gross overpayment.

When the overpayment type selected is Advance Pay - Other, the user enters the Overpaid Hours and the Rate. For Advance Pay - Other, the system uses these values to calculate and display the total gross overpayment.

Before Beginning: Complete steps in the Create Overpayment Occurrence section to display the View Overpayment Recovery screen. This is a continuation of the steps in the Create Overpayment Occurrence section when the overpayment type selected is Advance Pay - Recipient Payroll Deductions or Advance Pay - Other.

To Create or Modify Advance Payment Overpayment Details

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

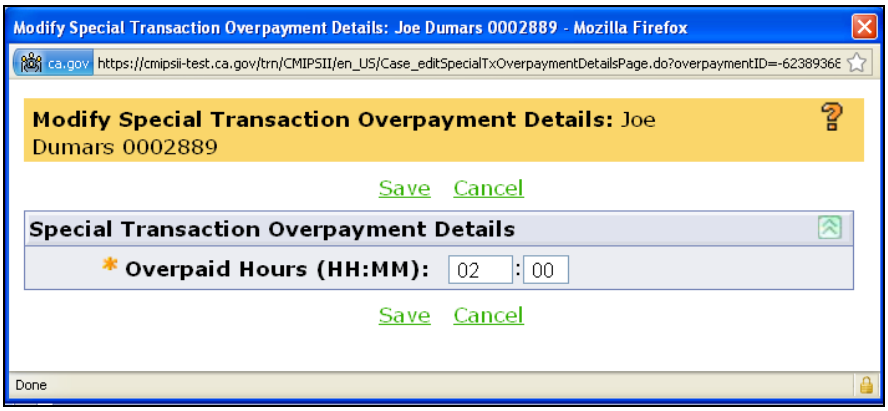
      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. In the **Advance Payment Overpayment Details** area, click the **Edit Advance Payment Overpayment Details** link. The system displays the Modify Advance Payment Overpayment Details screen.
6. In the **Overpaid Hours** box, type the hours and minutes.
7. Click the **Save** link. The data is sent for payment processing. The system displays the View Overpayment Recovery screen, where the total recovered hours can be viewed.

Note: Refer to the Create or Modify Overpayment Recovery Setups section in this chapter for additional information on next steps.

8.1.6 Overpayment Details: Create or Modify Special Transaction Overpayment

This area displays on the View Overpayment Recovery screen when the user has selected the special transaction overpayment type and the special transaction was based on hours. Use the Modify Special Transaction Overpayment Details screen to either create or modify record information about an overpayment to a special transaction when the special transaction was hours-based. The user enters the Overpaid Hours. Based on this entry and the processing details of the special transaction, the system calculates and displays the total net overpayment.



Before Beginning: Complete steps in the Create Overpayment Occurrence section to get to the View Overpayment Recovery screen. This is a continuation of the steps in the Create Overpayment Occurrence section when the overpayment type selected is Special Transaction and it was based on hours.

To Create or Modify Special Transaction Overpayment Details

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

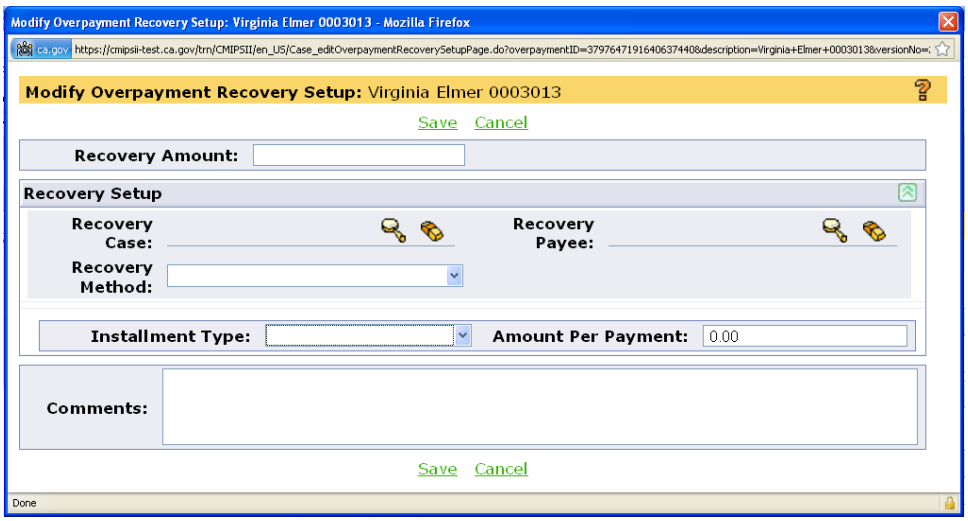
   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. In the **Special Transaction Overpayment Details** area, click the **Edit Special Transaction Overpayment Details** link. The system displays the Modify Special Transaction Overpayment Details screen.
6. In the **Overpaid Hours** box, type the hours and minutes.
7. Click the **Save** link. The data is sent for payment processing. The system displays the View Overpayment Recovery screen, where the system-calculated total net overpayment can be viewed.

Note: Refer to the Create or Modify Overpayment Recovery Setups section in this chapter for additional information on next steps.

8.1.7 Overpayment Details: View Dollar-Based Overpayments

Unlike other types of overpayments where the system calculates the total net overpayment based on hours and rate information provided by the user, dollar-based legacy special transaction, restaurant meals, share of cost and special transaction overpayment types require that the user enter the recovery amount on the Modify Recovery Setup screen.

An overpayment that was created in legacy CMIPS and converted into CMIPS II will be treated as a dollar-based overpayment with a system-generated type of converted overpayment.



Before Beginning: Start on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Dollar-Based Overpayments

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen where the recovery status can be viewed.

Note: Refer to the Create or Modify Overpayment Recovery Setups section in this chapter for additional information on next steps.

8.2 Modify Overpayment Occurrence

Use the Modify Overpayment Occurrence screen to modify overpayment occurrence information.

Before Beginning: Complete steps in the Create Overpayment Occurrence section to get to the View Overpayment Recovery screen.

To Modify an Overpayment Occurrence

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. In the **Occurrence** area, click the **Edit Occurrence** link. The system displays the Modify Overpayment Occurrence screen.
6. (Optional) Enter information if necessary.
7. Click the **Save** link. The system displays the View Overpayment Recovery screen.

8.3 Create or Modify Overpayment Recovery Setups

Use the Modify Overpayment Recovery Setup screen to create or modify information about the recovery plan. Any updates to the recovery plan information for payroll deduction recovery methods trigger an update to payment processing in the nightly batch cycle.

Note: Dollar-based legacy special transaction, restaurant meals, share of cost, and special transaction overpayment types require the user to enter the recovery amount on the Modify Recovery Setup screen as described in the Overpayment Details: View Dollar-Based Overpayments section in this chapter.

Before Beginning: An overpayment occurrence and overpayment details must be created before creating or modifying an overpayment recovery setup. Refer to Create Overpayment Occurrence.

To Create or Modify Information about the Recovery Plan

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.

   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.

4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. In the **Recovery Setup** area, click the **Edit Recovery Setup** link. The system displays the Modify Overpayment Recovery Setup screen.
6. In the **Recovery Amount** box, type the amount if the box is not pre-populated.
7. (Optional) In the **Recovery Setup** area, in the **Recovery Case** box, click the (magnifying glass) to search for a recovery case.
8. Select the **Recovery Method**.

   Note: This field can be edited only when the recovery status is pending or pending payroll.
9. Select the **Installment Type**.
10. In the **Recovery Payee** box, click the (magnifying glass) to search for a recovery payee.

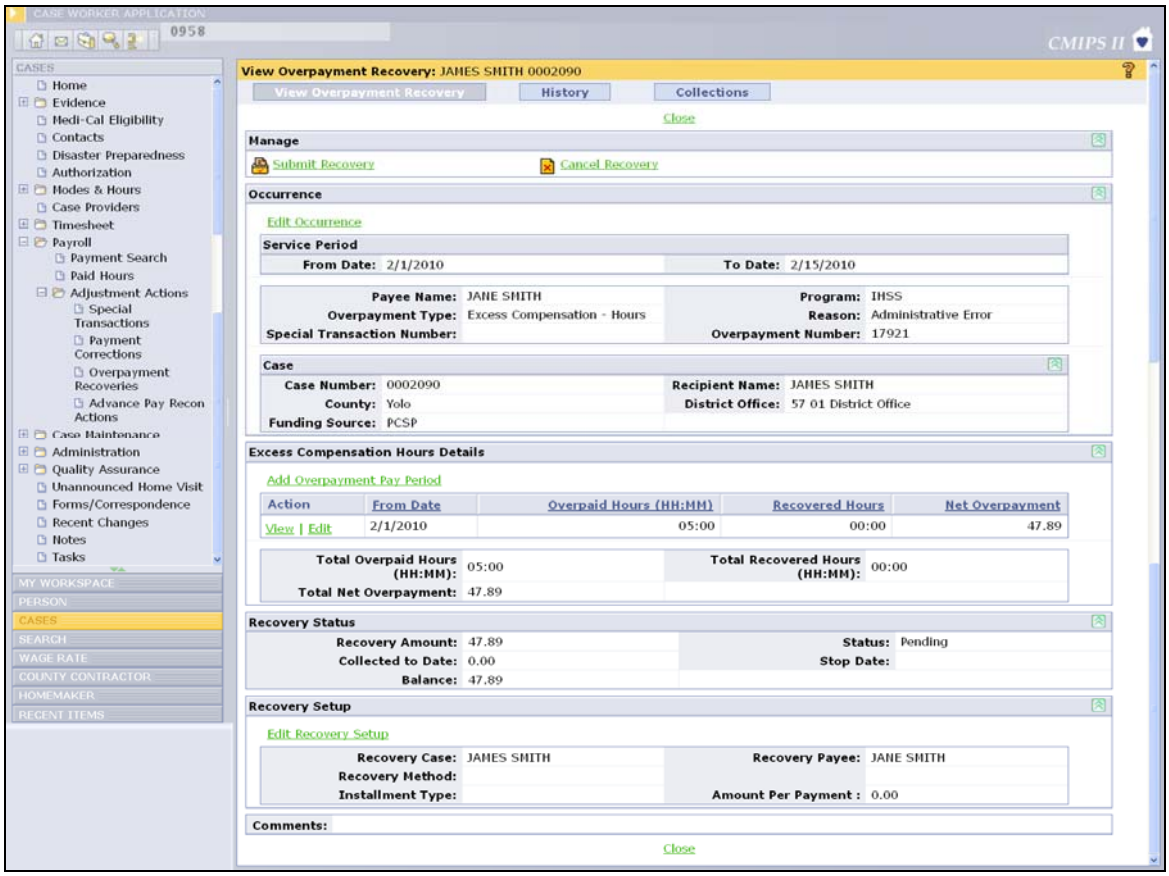
    Note: This field can be edited only when the recovery status is pending or pending payroll.
11. In the **Amount Per Payment** box, type an amount.
12. Click the **Save** link. The system displays the View Overpayment Recovery screen.

    Note: The recovery amount defaults to the system-calculated total net overpayment for the following overpayment types: Excess Compensation - Hours, Excess Compensation - Rate, or Special Transactions - Hours. The recovery amount defaults to the system-calculated total gross overpayment for Advance Pay - Other.

8.4 View Overpayment Recoveries

Use the View Overpayment Recovery screen to view information about the occurrence of an overpayment and the recovery method. This screen is read-only.

The View Overpayment Recovery screen is a key screen in the overpayment recovery process. From this screen, the user can access payment history and collections; edit an overpayment occurrence; and view, add, and edit overpayment pay periods.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Overpayment Recoveries

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.

8.5 Submit Overpayment Recoveries

Use the Submit Overpayment Recovery screen to confirm the request for overpayment recovery, and submit it for processing in Case Management. Payment approval is not required.

Note: If the overpayment occurred on a case not associated with the requester's county location, the case owner may not be aware of the overpayment activity. A notification is sent to inform the case owner that the recovery has been submitted and that he/she should review this activity. The system displays the View Overpayment Recovery screen.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Submit an Overpayment Recovery

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. In the **Manage** area, click the **Submit Recovery** link. The system displays the message "Are you sure you want to submit this Overpayment Recovery?" on the Submit Overpayment Recovery screen.
6. Click the **Yes** link. The status of overpayment recovery is set to pending payroll. The system displays the View Overpayment Recovery screen.

8.6 Cancel Overpayment Recoveries

Use the Cancel Overpayment Recovery screen to cancel an overpayment recovery.

Note: If the overpayment occurred on a case not associated with the requester's county location, the case owner may not be aware of the overpayment activity. A notification is sent to inform the case owner that the recovery has been cancelled and that he/she should review this activity. The system displays the View Overpayment Recovery screen.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Cancel an Overpayment Recovery

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

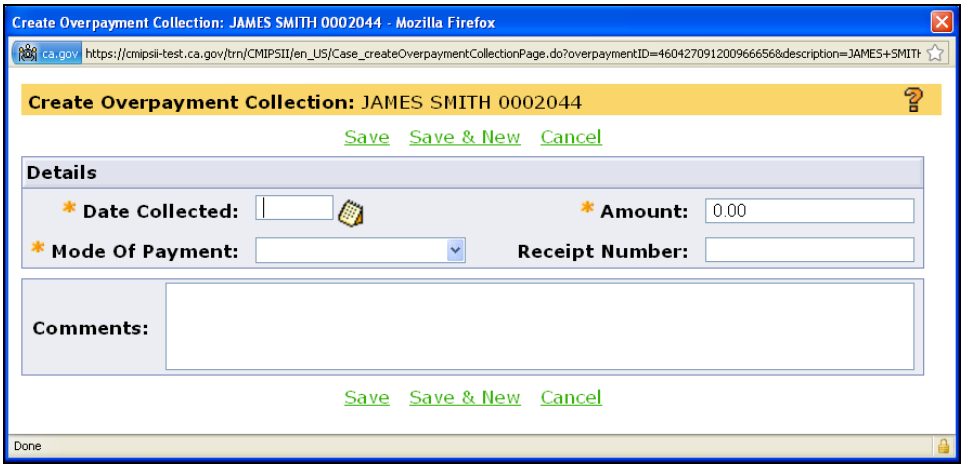
   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. In the **Manage** area, click the **Cancel Recovery** link. The system displays the message “Are you sure you want to cancel this Overpayment Recovery?” on the Cancel Overpayment Recovery screen.
6. Click the **Yes** link. The status of overpayment recovery is set to cancelled. The system displays the View Overpayment Recovery screen.

8.7 Create Overpayment Collections

Use the Create Overpayment Collection screen to record information about the collection of an overpayment made by a personal payment.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Create an Overpayment Collection

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.

2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. Click the **Collections** button. The system displays the Overpayment Recovery Collections screen.
6. In the **Collections** area, click the **New** link. The system displays the Create Overpayment Collection screen.
7. Select the **Date Collected**.
8. Type the **Amount**.
9. Select the **Mode of Payment**.
10. (Optional) Type the **Receipt Number**.
11. (Optional) Type the **Comments**.
12. Click the **Save** link. The system displays the Overpayment Recovery Collections screen. The status is collected.

    OR

    Click the **Save & New** link. The system displays a new Create Overpayment Collection screen to record another payment.

8.8 Modify Overpayment Collections

Use the Modify Overpayment Collection screen to modify information about the collection of an overpayment made by personal payment. The overpayment collection is processed for payment in the nightly batch cycle and can be viewed and fully modified until that time. After that, the user can only modify the returned check indicator.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Modify an Overpayment Collection

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

Note: From Date must be the 1st or 16th of the month

b. Select the **To Date**.

Note: To Date must be the 15th or the last day of the month

c. (Optional) Select the **Status**.

d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.

4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. Click the **Collections** button. The system displays the Overpayment Recovery Collections screen.
6. In the **Collections** area, in the Action column, click the **Edit** link. The system displays the Modify Overpayment Collection screen.

   Note: Date Collected, Amount, Warrant Number/Receipt Number, Mode of Payment, and Status can be edited only when the collection status is pending payroll.
7. (Optional) In the **Details** area, select the **Date Collected**.
8. (Optional) Type the **Amount**.
9. (Optional) Select the **Mode of Payment**.
10. (Optional) Type the **Receipt Number**.
11. (Optional) Type the **Comments**.
12. Click the **Save** link. The changes are saved to collection information, and the system displays the Overpayment Recovery Collections screen.

8.9 View Overpayment Collections

Use the View Overpayment Collection screen to browse information about an overpayment collection. This screen is read-only. From this screen, the user can also access the Cancel Overpayment Collection screen.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Overpayment Collections

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:

   a. Select the **From Date**.

   Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

   Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.

   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.

4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. Click the **Collections** button. The system displays the Overpayment Recovery Collections screen.
6. In the **Collections** area, in the Action column, click the **View** link. The system displays the View Overpayment Collection screen.

8.10 Cancel Overpayment Collections

Use the Cancel Overpayment Collection screen to cancel an overpayment collection with the status of pending payroll.

Note: If the case is not associated with the requester's county location, the case owner may not be aware of the overpayment activity. A notification is sent to inform the case owner that the collection has been cancelled and that he/she should review this activity. The system displays the View Overpayment Recovery screen.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Cancel an Overpayment Collection

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. Click the **Collections** button. The system displays the Overpayment Recovery Collections screen.
6. In the **Collections** area, in the Action column, click the **View** link. The system displays the View Overpayment Collection screen.
7. In the **Manage** area, click the **Cancel Overpayment Collection** link. The system displays the message "Are you sure you want to cancel this Overpayment Collection?" on the Cancel Overpayment Collection screen.
8. Click the **Yes** link. The status of overpayment collection is changed to cancelled, and the system displays the View Overpayment Collection screen.

8.11 Stop Overpayment Collections

Use the Stop Overpayment Collection screen to request that a collection cease using payroll deductions as of the specified date.

Note: The status of overpayment recovery is set to stopped. If the overpayment occurred on a case not associated with the requester's county location, the case owner may not be aware of the overpayment activity. A notification is sent to inform the case owner that the recovery has been submitted and that he/she should review this activity. The system displays the View Overpayment Recovery screen.

Note: For Payroll Deduction Recovery Methods: This option is available when the recovery setup information has been sent for payment processing and the status of the recovery is active. For Personal Payment Recovery Methods: This option is available when the status of the recovery is active.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Stop an Overpayment Collection

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. In the **Manage** area, click the **Stop Collection** link. The system displays the Stop Overpayment Collection screen.
6. Type the **Stop Date**.
7. Click the **Stop** link. The system displays the View Overpayment Recovery screen.

8.12 View Overpayment Recovery History

Use the View Overpayment Recovery History screen to view a snapshot of overpayment recovery at the time a change occurred. This screen is read-only.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View Overpayment Recovery History

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Overpayment Recoveries** link. The system displays the Overpayment Recoveries screen.
3. (Optional) In the **Search Criteria** area, enter the following:
   a. Select the **From Date**.

      Note: From Date must be the 1st or 16th of the month

   b. Select the **To Date**.

      Note: To Date must be the 15th or the last day of the month

   c. (Optional) Select the **Status**.
   d. Click the **Search** link. The system updates the search results in the Overpayment Recoveries area.
4. In the **Overpayment Recoveries** area, in the Action column, click the **View** link. The system displays the View Overpayment Recovery screen.
5. Click the **History** button. The system displays the Overpayment Recovery History screen.

9. Advance Pay

Advance Pay is a type of payment made by the state to a recipient before the actual services are provided. Advance Pay allows the recipient to pay the provider directly, providing payment in cash at the time the service is rendered.

Using the hours entered from the Advance Pay timesheet, Case Management compares the hours worked by the providers with the resulting wages he/she would have earned against the Advance Pay payment made to the recipient. This includes any withholding estimated for the recipient at the beginning of the month. Any variances are identified in a monthly Reconciliation of Advance Payments report. This report helps identify cases that are not in balance and determine the source of the discrepancy.

There are three main reasons for an imbalance in an Advance Pay case:

- Too much money was withheld.
- The timesheet was not submitted.
- The timesheet was submitted for fewer hours than authorized or paid to the recipient.

Understanding the nature of the imbalance helps determine the options available to reconcile and resolve the discrepancy.

If too much money was withheld, Case Management automatically issues a payment for the overage. No further action is required.

If the timesheet was not submitted, the user can change the pay status from Advance Pay to arrears. In addition, the user can create an overpayment occurrence and pursue recovery for monies provided for which no timesheet was received.

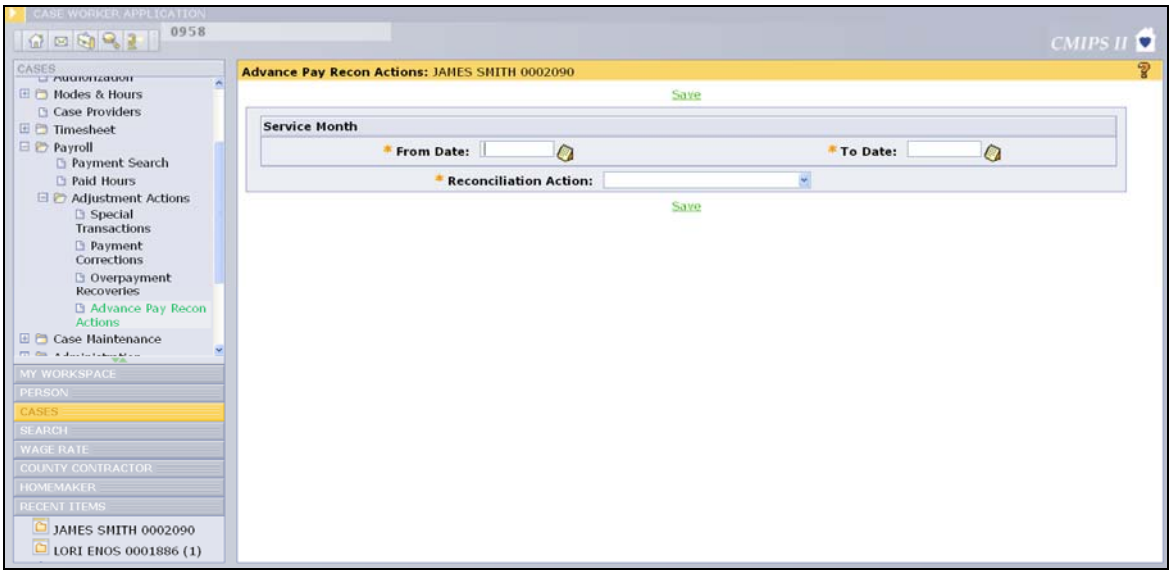
9.1 Reconcile Advance Pay

The monthly Reconciliation of Advance Payments report identifies financial details of each warrant issued to Advance Pay recipients against whom no timesheets have been submitted or the timesheet submitted did not reconcile with the advance payment. County staff can use the report to follow-up on the Advance Pay cases and take one of the following actions:

- Execute an overpayment recovery
- Issue supplemental Advance Pay timesheet
- Force balance an advance payment discrepancy

9.1.1 Force Balance an Advance Payment Discrepancy

When there is no other means to resolve an advance payment discrepancy, the user can force balance. Use the Advance Pay Recon Actions screen to reconcile Advance Pay.



For example, this situation would occur when a recipient is deceased and the discrepancy remains outstanding. In this instance, the user can choose to pursue no further action for a reconciliation month by selecting No Further Action as a reconciliation action from the list of values on the Advance Pay Recon Actions screen. This removes the discrepant record from the monthly report, thus removing the reported discrepancy.

Alternatively, the user can decide to include the un-reconciled discrepancy in the report by selecting Un-Reconcile as a reconciliation action from the list of values on the Advance Pay Recon Actions screen. This changes the status of the reconciliation month back to un-reconciled so that the reconciliation information once again appears in the monthly report. Case Management supports both options.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Force Balance an Advance Payment Discrepancy

1. From the left navigation menu, click the **Payroll** folder and then click the **Adjustment Actions** folder.
2. Click the **Advance Pay Recon Actions** link. The system displays the Advance Pay Recon Actions screen.
3. In the **Service Month** area, select the **From Date**.
4. Select a **To Date**.
5. Select the **Reconciliation Action**.
6. Click the **Save** link. The system displays the Advance Pay Recon Actions screen.

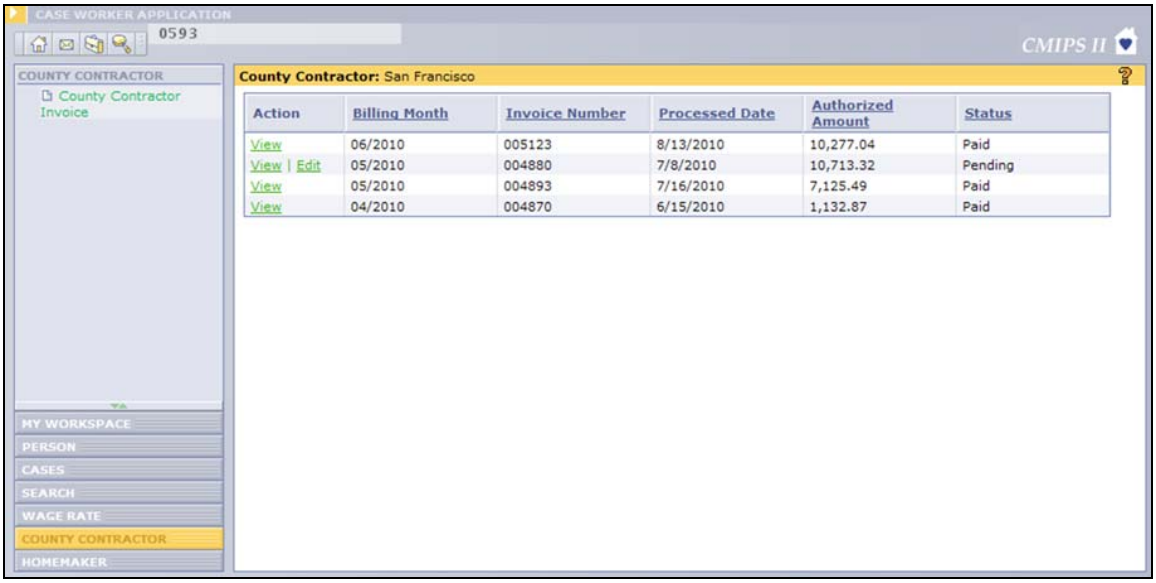
10. County Contractor

County contractors are outside agencies that contract with the county to provide services to IHSS recipients. Counties using the county contractor mode of service have the ability in Case Management to view invoices received from the county contractor (CC) and update the record with a warrant number and paid date.

Processed invoices result in authorized or rejected records that can be viewed using the Contractor Payment Auth Report and/or the Contractor Payment Rejects report. Authorized hours are posted to the case. When a case with assigned county contractor hours has had an invoice processed against it, the user can display the County Contractor Service Month screen to view details, including hours and amount.

When a user selects the County Contractor section from the left navigation menu, the system displays the County Contractor screen. This screen displays the County Contractor invoices processed for the user's county. From the County Contractor screen, access the View and Modify County Contractor screens to print the Contract Expenditures form or access the State of California (SOC) 432 form.

From the County Contractor screen, access the View and Modify County Contractor screens. The user can print the Contract Expenditures form for a county contractor or access the State of California (SOC) 432 form from the View and Modify County Contractor screens. When a user with Contract Coordinator security role logs on to CMIPS II and selects the County Contractor link from the left navigation menu, the system displays the County Contractor List screen. This screen displays the County Contractor invoices processed for the user's county.



10.1 Modify County Contractor Billing Details

Use the Modify County Contractor screen to update a county contractor's invoice by entering a warrant number and paid date. This screen display the county contractor invoices processed for the user's county.

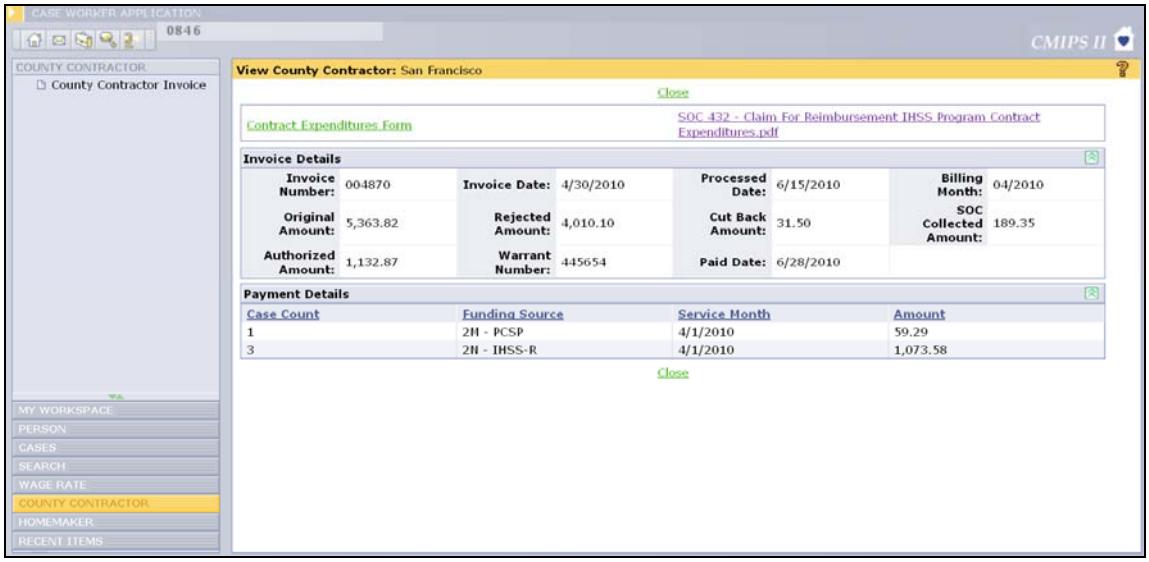
Note: The Modify County Contractor screen only displays when the status is pending.

To Modify a County Contractor

1. From the left navigation menu, click the **County Contractor** section. The system displays the County Contractor screen.
2. In the Action column, click the **Edit** link. The system displays the Modify County Contractor screen.
3. Type the **Warrant Number**.
4. Select the **Paid Date**.
5. Click the **Save** link. The system displays the County Contractor screen.

10.2 View County Contractor Billing Details

Use the View County Contractor screen to review a county contractor's invoice and track payments made to the county contractor. This screen is read-only.



To View County Contractor Billing Details

1. From the left navigation menu, click the **County Contractor** section. The system displays the County Contractor screen.
2. In the Action column, click the **View** link. The system displays the View County Contractor screen.

10.3 Print Contract Expenditures Form

When an invoice is paid, use the View County Contractor screen to print the Contract Expenditures form. The user can also access the SOC 432 Claim for Reimbursement IHSS Program Contract Expenditures form from this screen.

To Print a Contract Expenditures Form

1. From the left navigation menu, click the **County Contractor** section. The system displays the County Contractor screen.
2. In the Action column, click the **View** link. The system displays the View County Contractor screen.
3. Click the **Contract Expenditures Form** link. The system displays the message "Are you sure you want to print this Contract Expenditures Form?" on the Print Contract Expenditures Form screen.

4. Click the **Yes** link. The Contract Expenditures form is printed. The system displays the View County Contractor screen.

10.4 View County Contractor Service Month Detail

Use the View County Contractor Service Month Detail screen for a case with assigned county contractor hours that has had an invoice processed against it. From this screen, review details of a county contractor's service month details, including the hours and amount associated with a contractor, service month, and billing month. This screen is read-only.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View County Contractor Service Month Detail

1. From the left navigation menu, click the **Modes & Hours** folder and then click the **County Contractor** link. The system displays the County Contractor Service Month screen.
2. In the Action column, click the **View** link. The system displays the View County Contractor Service Month Detail screen.

11. Glossary

A

Advance Pay
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.

Advantage Financial (CDSS only)
A complete financial management system specifically designed to support CMIPS II. Advantage Financial issues vendor payments, and serves as a reconciliation and fund source management tool.

Advantage HRM (Human Resource Management) (CDSS only)
The integrated payroll system responsible for processing payments to CMIPS II case participants. Using data received from scanned and manually-entered timesheets, HRM calculates and reports wages, taxes, and other deductions. In addition, HRM processes payment adjustments entered in the Case Management application, as well as Advance Pay and restaurant meals allowance payments.

Application
The form used to record all information necessary to establish eligibility for IHSS. The application form is dated and signed by the applicant. In Case Management, the “Create Application” link opens a case record and allows the user to enter initial eligibility information.

Authorization to Purchase
The number of hours a recipient is authorized to receive for an authorization period or authorization segment.

Authorization Period
The period of time covered by the assessment.

Authorization Segment
The time period, in hours, within an authorization period.

B

Batch
A system or mode of operation in which inputs are collected and processed all at one time, rather than processed as they are submitted. A batch job once started proceeds to completion without additional input or user interaction.

Business Objects
The database within CMIPS II containing the data elements for all operational reports. (See Reporting)

Business Rules
The logic that enforces the IHSS program policies and practices within Case Management.

C

Case Maintenance
The act of updating and maintaining data related to an applicant or case, including evidence, contact information, provider details, etc.

Case Management
A component of CMIPS II that records and tracks information about IHSS recipients and providers. Case Management provides functionality to support case management, provider management, and payroll management. This includes current and historic demographic and assessment data, as well as payroll information.

Case Note
A note created to record information regarding a case.

Case Owner
In Case Management, the user who is assigned to the case. Each case has a case owner.

CASS
See Coding Accuracy Support System.

CC
See County Contractor.

CIN
See Client Index Number.

Claim
An electronic or paper request for payment.

Client Index Number (CIN)
A ten-digit alphanumeric value assigned by the Statewide Client Index (SCI) to uniquely identify an individual to various California public benefit programs. One of the key activities in creating a case in Case Management is to search the SCI for a CIN that is associated with the IHSS applicant.

CMIPS II Printer
A printer connected to the CMIPS II network and dedicated to printing CMIPS II documents only.

Coding Accuracy Support System (CASS)
A system that enables the United States Postal Service to evaluate the accuracy of software that corrects and matches street addresses. CMIPS II cross-checks the street and mailing address entered with what is on file with the United States Postal Service.

County Contractor (CC)
A mode of service wherein IHSS is provided by an agency under contract with a county.

D

Data Download
Provides access to export-ready reports that can be used for additional analysis and transfer of data to other systems.

DE 4 (California State Employee Withholding Certificate)
A form issued by the Employment Development Department (EDD) and completed by the provider if they wish to have state income tax withheld from their pay at a rate different than federal income tax. The form is sent to HP for processing.

Department of Health Care Services (DHCS)
The State agency responsible for protecting and promoting the health status of Californians through the financing and delivery of individual health care services. The DHCS administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal) and In-Home Operations (IHO).

DHCS
See Department of Health Care Services.

E

EFT (Electronic Funds Transfer)
Also known as Direct Deposit, EFT refers to the computer-based systems used to perform financial transactions electronically from one account to another. The State Controller’s Office (SCO) uses EFT to electronically deposit payments for providers and recipients into the banks of their choice.

Evidence
Information collected to determine eligibility for IHSS. Case Management categorizes evidence into four types: Household, Service, Program, and Share of Cost.

F

Federal Financial Participation (FFP)
An indication of whether the federal government shares in the cost of services. In IHSS, if FFP is yes, the federal government pays for 50% of the cost of services for a case.

FFP
See Federal Financial Participation.

Funding Source
The means of financial support for IHSS program costs. The established governmental sources for IHSS funding are PCSP, IPO, and IHSS-R.

H

HM
See Homemaker.
Homemaker (HM)
A mode of service wherein county staff provide IHSS to eligible IHSS recipients.

I

Icon
A picture or symbol on a menu, toolbar or screen that users select by pointing and clicking with a mouse. Icons are used to display information and navigate within CMIPS II.
ICT (Inter-County Transfer) Coordinator
The person responsible for coordinating the transfer of a case from one county to another in Case Management when the recipient moves to a different county and continues to be eligible for IHSS.
IHO
See In-Home Operations.
IHSS Plus Option (IPO)
A funding source associated with the IHSS program. It includes recipients who are eligible for full scope FFP Medi-Cal and have their services provided by a spouse or parent (if the individual is a minor child under 18), or receive Restaurant Meal Allowance or Advance Pay. Unlike the Demonstration Waiver IPW, the IPO is a State Plan Option, and therefore follows the PCSP State Plan regarding program eligibility and services. Cases paid from the IPO funding source are designated with a Medi-Cal Secondary Aid Code of 2L. CMIPS II supports both IPO and IPW programs.
IHSS Plus Waiver (IPW)
An expired funding source formerly associated with the IHSS program.
IHSS-R
See IHSS Residual.
IHSS Residual (IHSS-R)
A funding source associated with the IHSS program. Recipient cases having one or more of the following indications in an eligibility month shall be associated with the IHSS-R program: No Medi-Cal eligibility or Medi-Cal eligibility without Federal Financial Participation (FFP) eligibility. Recipient cases paid from the IHSS-R funding source are designated with a Medi-Cal Secondary Aid Code of 2N. The IHSS-R funding source is paid at a ratio of state 65% and county 35%.
Individual Provider (IP)
A mode of service wherein a person provides IHSS and is not a County Contractor or Homemaker.
In-Home Operations (IHO)
A section within the Department of Health Care Services (DHCS) that administers the Waiver Personal Care Services (WPCS) program.
IP
See Individual Provider.
IPO
See IHSS Plus Option.
IPW
See IHSS Plus Waiver.

L

LMA
The Legislative Mandated Adjustment (LMA) hours. Displays in (HH:MM) format.

J

Job Aid
A device or tool that allows an individual to quickly access the information he or she needs to perform a task.

M

Medi-Cal Eligibility Data System (MEDS)
A system used to maintain a statewide file of eligible Medi-Cal recipients and issue identification cards.

MEDS
See Medi-Cal Eligibility Data System.

MEDS Monthly Renewal
Refers to the monthly interface with MEDS, which sends a file to CMIPS II regarding a recipient's Medi-Cal monthly eligibility.

N

Notification
Informational items in Case Management where the user is not required to take action. Notifications are generated by Case Management based on case actions or information from another source, such as MEDS and SAWS.

O

Online Help
Online help is topic-oriented, procedural, or reference information delivered through computer software. It is a form of user assistance. When online help is accessed from Case Management or the CMIPS II Web Portal, context-sensitive help is displayed.

P

PA
See Public Authority.

PCSP
See Personal Care Services Program.

Password
A secret word or string of characters used for authentication, to prove identity, or to gain access to a protected resource. A password is required to gain access to CMIPS II.

Person
The record of an individual in Case Management. A person may be associated with multiple person type indicators. For example, if someone is both an IHSS recipient and a provider he/she will have a single person record in Case Management.

Person Note
A note created to record information regarding a person. (e.g., provider, recipient, applicant, recipient, provider).

Personal Care Services Program
A funding source associated with the IHSS program. This program provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institute Code Section 14132.95 and Title 22, California Code of Regulations. It is one of three funding sources associated with the IHSS program. Individuals meeting all of the following conditions are funded for PCSP: eligible for full scope FFP Medi-Cal, no Advance Pay, no Restaurant Meal Allowance, and no parent/spouse provider. Recipient cases paid from the PCSP funding source are designated with a Medi-Cal Secondary Aid Code of 2M.

POS
See Point of Service Spend Down Transaction.

Point of Service Spend Down Transaction
A real-time transaction sent from CMIPS II to the MEDS Share of Cost system when an IHSS payment is made. It reduces any outstanding MEDS share of cost for the corresponding Medi-Cal eligibility month.

Position
During user setup, each user is assigned a position within a workflow structure in Case Management. The position determines the workflow for notifications and tasks, the path in which tasks are escalated, and the cases which he/she can modify.

Provider
A person paid to perform IHSS.

Provider Registry
A registry of approved providers most commonly compiled by a county Public Authority (PA) used to assist recipients in identifying and contacting potential providers. These providers have completed State mandated requirements.

Public Authority (PA)
An entity authorized to act as Employer of Record for Individual Providers for collective bargaining.

R

Receiving County
The county that takes ownership of a case that is being transferred from a sending county, as part of the Inter-County Transfer (ICT) process.

Reduced Hours
The hours and minutes the recipient hours will be reduced based upon the reduced hours percentage. Displays in (HH:MM) format.

Reinstated Hours
The number of reduced hours the case owner reinstated to the recipient. Displays in (HH:MM) format.

Reporting
The Reporting link on the CMIPS II Web Portal provides access to many predefined reports covering various aspects of the IHSS program. Reports can be generated for immediate viewing and printing or generated for future use. Report information can be exported for use in other applications such as Microsoft Word or Excel, Crystal Reports, or Adobe Acrobat Reader. Reporting is used by case owners for a variety of case intake and case management tasks. Managers, supervisors, QA, and payroll also use reporting for auditing and planning purposes.

S

SAWS
See Statewide Automated Welfare System.

SCI
See Statewide Client Index.

SCO
See State Controller’s Office.

SEIN
See State Employer Identification Number.

State Employer Identification Number (SEIN)
An identification number assigned by the Employment Development Department (EDD) to each IHSS recipient.

Sending County
The county that currently owns a case that is being transferred to a receiving county, as part of the Inter-County Transfer (ICT) process.

Sensitivity Level
Notes in Case Management have sensitivity levels from 1 to 5. One is the lowest sensitivity and 5 is the highest. Each Case Management user is assigned a sensitivity level that determines what notes he/she can see and what sensitivity level he/she can assign to notes. For example, everyone can see notes with a sensitivity of 1, but only users with a sensitivity of 3 can see or create notes of level 3.

Social Worker Certification
Indicates whether or not the recipient met the criteria for the social worker to certify the reinstatement of all reduced hours.

Stale Dated Warrant
A warrant that remains un-cashed after one year from the date of issue.

State Controller's Office (SCO)
The office managed by the state's chief fiscal officer, responsible for administration and oversight of fiscal affairs for the state. CMIPS II exchanges data with SCO, and in Case Management, the user can request copies of cashed warrants from the SCO.

Statewide Automated Welfare System (SAWS)
The generic term used to refer to CalWIN, C-IV and LEADER, the systems used to determine eligibility for a variety of welfare benefits, including Medi-Cal. Case Management interfaces with these systems to request Medi-Cal eligibility determinations for applicants who are not currently receiving Medi-Cal and to exchange status information.

Statewide Client Index (SCI)
The California Department of Health Care Services' (DHCS) Statewide Client Index generates and controls Client Identification Numbers (CINs). The CIN is the primary identifier for individuals who have applied for public benefits.

T

Task
An item that requires a Case Management user to take action. A task may be generated by Case Management or may be manually created by a user. Each task is assigned a unique task number. A task generated automatically by Case Management and not completed by its deadline escalates to a supervisor.

Timesheet Processing Facility (TPF)
A central facility responsible for the scanning and processing of IHSS timesheets.

TPF
See Timesheet Processing Facility.

W

W-2 Form
Refers to the federal Wage and Tax Statement.

W-4 Form
Refers to the federal Employee's Withholding Allowance Certificate.

W-5 Form
Refers to the federal Earned Income Credit Advance Payment Certificate.

Waiver Personal Care Services (WPCS)
A program administered by In-Home Operations (IHO) in which individuals are either eligible for Nursing Facility (NF) or Model Nursing Facility Waiver services. Both waivers provide personal care services to categorically needy and medically needy Medi-Cal recipients who would otherwise spend at least 90 days in a nursing facility. PCSP/IPO beneficiaries can apply to IHO and receive both IHSS and WPCS program services simultaneously. CMIPS II is the system used by WPCS to pay its providers. Providers of WPCS must be created in CMIPS II to facilitate payment.

Web Portal
A site that creates a single point of access to various components and functionality associated with CMIPS II. The portal offers a structured approach to navigating information, e.g. by subject

(category) then sub-category. The systems in CMIPS II include Case Management, Reporting, Advantage Financial and Advantage Human Resource Management (HRM).

Work Queue

Shared task lists to which a user has been given access. The work queues contain both manually generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county.

WPCS

See Waiver Personal Care Services.

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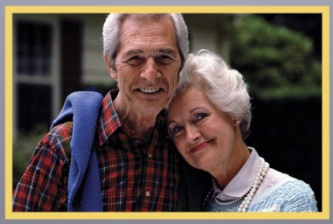
user's MANUAL

Chapter Eight

Forms, Reports and Data Download



to Assist and Empower

CMIPS II

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1. Introduction

Within the CMIPS II system is a powerful functionality to use the data captured in various ways. While the various functions listed below are not directly related to each other or do not necessarily operate in similar ways, several functions are included together in this chapter for purposes of organizing this manual.

This chapter contains information on how to:

- Generate and print forms and correspondence in Case Management.
- Navigate, view, generate, print, and export reports in Reporting.
- View and export Data Download files.

The forms and correspondence feature within Case Management in CMIPS II gives users the ability to generate, edit, view, and print forms, correspondence and Notices of Action (NOA) associated with a case. Forms can be generated for immediate printing on a county printer or can be sent to a nightly batch printing on a CMIPS II printer for next-day mailing to the appropriate party.

The Reporting link on the CMIPS II Web Portal provides access to many predefined reports covering various aspects of the In-Home Supportive Services (IHSS) program. Reports can be generated for immediate viewing and printing or generated for future use. Report information can be exported for use in other applications such as Microsoft Word or Excel, Crystal Reports or Adobe Acrobat Reader.

Data Download files are accessed through the Secure File Transfer (SFT) server or Reporting. The daily and monthly Data Download files are exported as CSV files and are available through SFT. The Data Download folder within Reporting allows users to schedule files updated within specified date ranges.

Note: Instructions for how to access Data Download files from the SFT are available from the CMIPS II Help Desk.

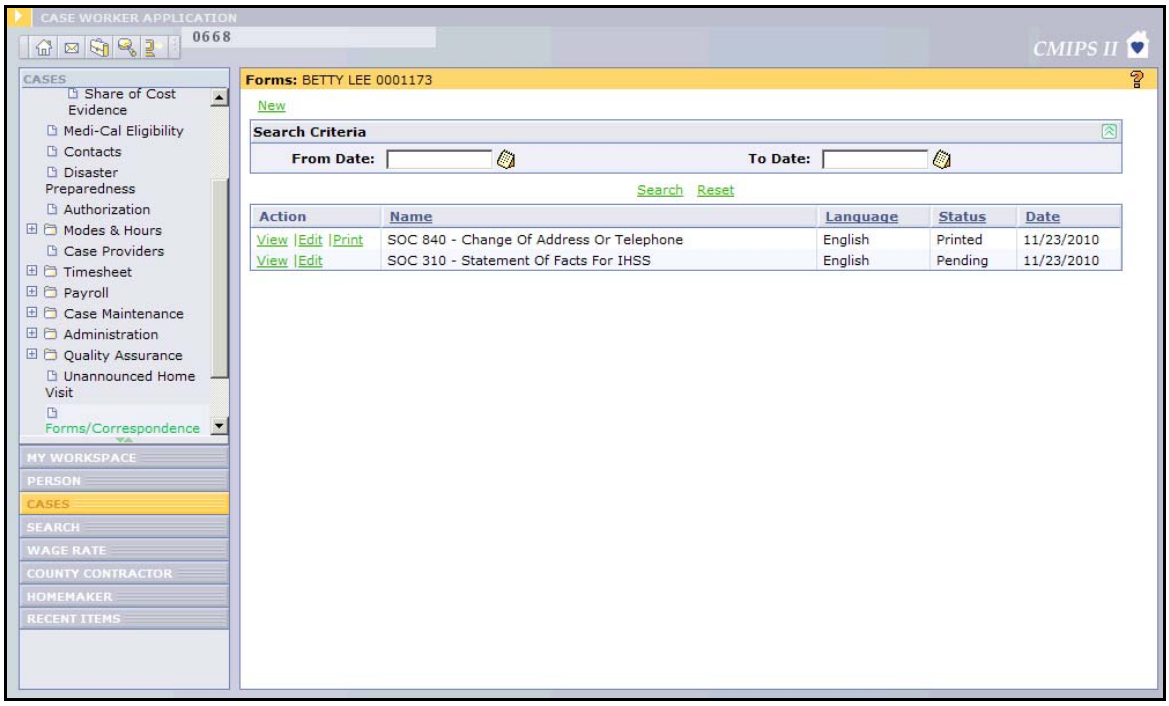
This chapter also contains a section on printing that explains which type of printer is associated with various types of forms and reports within CMIPS II.

2. Forms and Correspondence

Using the Forms/Correspondence link in the left navigation menu of Case Management, users can create, edit, view, and print forms. The list of forms is predefined, and users cannot add or change forms within CMIPS II. The forms printed and the correspondence issued for a case can be displayed for the previous 3-month period, with a maximum of 50 records. Specifically, users can:

- View existing correspondence produced in Case Management.
- Search for correspondence from an earlier period.
- Generate a new form.
- Print a form or correspondence.
- Mark a generated correspondence as inactive/not mailed.

From the Forms screen, users can access the View, Create or Modify and Inactivate Form screens. In addition, users can perform a search for previously printed forms or correspondence. This screen is read-only.

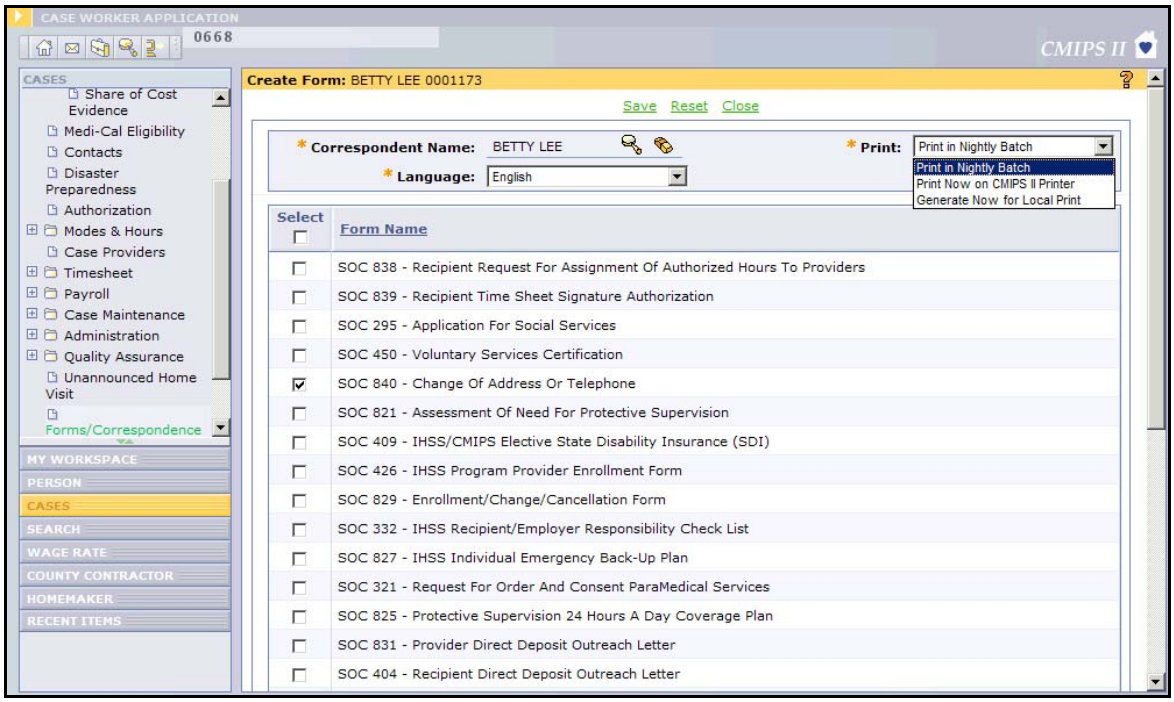


Note: The ability to edit (mark as inactive or add comments) a form is granted as part of security role set up.

2.1 Generate a New Form

Generating a new form in Case Management consists of the following steps:

- Select a correspondent.
- Select a form or form package from an existing list.
- Select the language to be used in the form.
- Select when and how to print the form.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Generate a New Form

1. From the left navigation menu, select the **Forms/Correspondence** link. The system displays the Forms screen.
2. Click the **New** link. The system displays the Create Form screen.
3. In the **Correspondent Name** box, click the (magnifying glass) to select a correspondent. The system displays the Select Correspondent screen, with a list of correspondents associated with the case.
   a. In the Action column, click the **Select** link next to the appropriate correspondent name. The system displays the Create Form screen.
4. Select the **Language**.

   Note: The default language is English.
5. In the **Print** box, select when to print the form:
   - Print in Nightly Batch - the PDF is created overnight and sent to the CMIPS II printer. Once, printed, the PDF is accessible from the Forms screen.
   - Print Now on CMIPS II Printer - the PDF is created and sent to the CMIPS II printer immediately. The PDF is accessible from the Forms screen.
   - Generate Now for Local Print - the PDF is created immediately, but not sent to the printer. The user must access the PDF from the Forms screen and print it (from Acrobat) to his/her county printer.
6. Select the appropriate form or form package from the list.

Note: When a package is treated as a single item, it means there is only one PDF file rather than a separate PDF file for each form. If a user wants to reprint only a specific form from within the package, he/she can access the PDF and print only the relevant pages.

7. (Optional) For form SOC 321 only, in the **Paramedical Form Text** box, type **comments** if necessary.
8. Click the **Save** link. The system displays the Forms screen.

2.2 View Forms

Use the View Form screen to view the PDF version of a previously printed form. Links on this screen provide access to the Modify and Inactivate Form screen, or to print the form now or in the nightly batch cycle.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To View the PDF Version of a Form

1. From the left navigation menu, select the **Forms/Correspondence** link. The system displays the forms issued against the case in the past 3 months, up to a maximum of 50, on the Forms screen.
2. In the Action column, click the **View** link next to the appropriate form. The system displays the View Form screen.

   Note: The View link only displays when the status is pending or printed.
3. Click the **Form Name** link. The system displays the File Download screen.

   Note: This screen may differ slightly if the user has Microsoft Office 2003 or 2007 installed on his/her computer.
4. Click the **Open** button to view the form. The previously printed form or correspondence displays in PDF format.

2.3 Print an Existing Form

Using the Forms/Correspondence link in the left navigation menu of Case Management, users can print forms from the Forms screen or View Forms screen. The forms printed and the correspondence issued for a case is displayed for the previous 3-month period, with a maximum of 50 records.

2.3.1 Print an Existing Form from the Forms Screen

Use the Forms screen to reprint the PDF version of a previously printed form or a form that was generated for the county printer.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Print an Existing Form from the Forms Screen

1. From the left navigation menu, select the **Forms/Correspondence** link. The system displays the Forms screen.

2. In the Action column, click the **Print** link next to the appropriate form. The system displays the File Download screen.

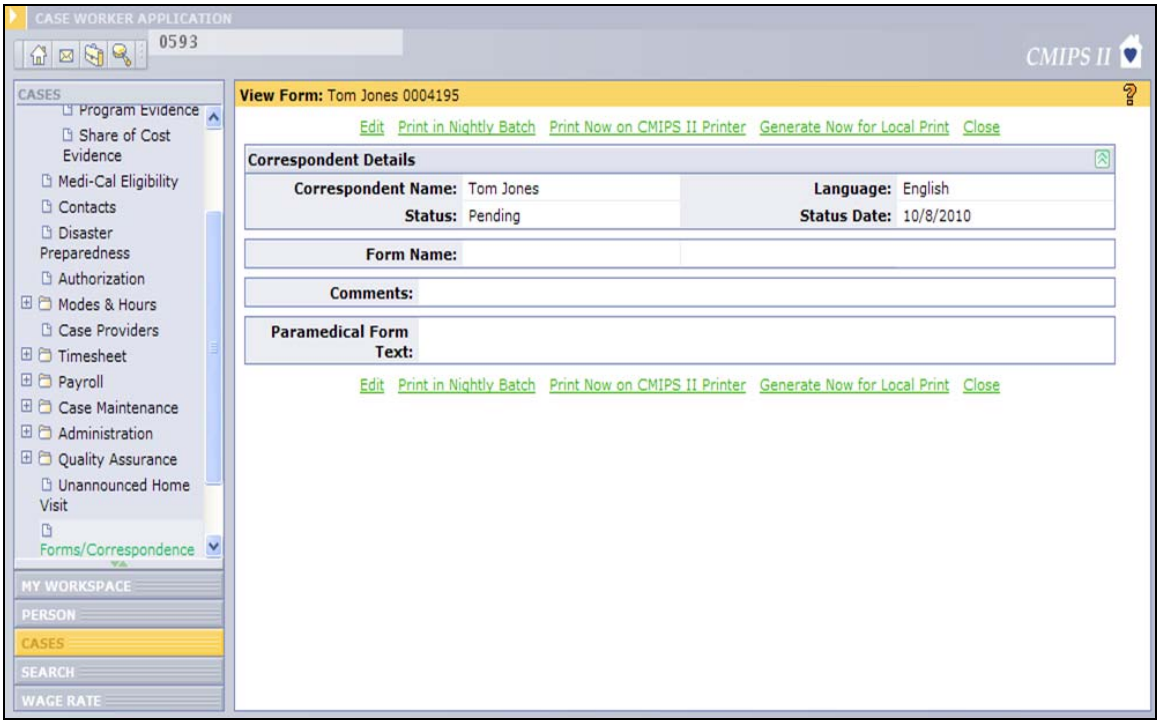
   Note: The Print link only displays when the status is printed. This screen may differ slightly if the user has Microsoft Office 2003 or 2007 installed on his/her computer.

3. Click **Open** button to view the form. The previously printed form or correspondence displays in PDF format.

4. Click the **Print** icon on the toolbar in Adobe Acrobat Reader.

2.3.2 Print an Existing Form from the View Forms Screen

Use the View Form screen to print an existing form now or in the nightly batch cycle.



Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Print an Existing Form from the View Forms Screen

1. From the left navigation menu, select the **Forms/Correspondence** link. The system displays the forms issued against the case in the past 3 months, up to a maximum of 50, on the Forms screen.

2. In the Action column, click the **View** link next to the appropriate form. The system displays the View Form screen.

   Note: The View link only displays when the status is pending or printed. Refer to the Printing section for additional information on printing.

3. (Optional) Click the **Print in Nightly Batch** link.

   Note: This will queue the form to be printed overnight on the CMIPS II printer. The PDF is created overnight and sent to the CMIPS II printer. The PDF is stored on the case and is

accessible on the Forms/Correspondence screen. This link only displays when the status is pending and the form is not a recipient notice of action or provider notification.

4. (Optional) Click the **Print Now on CMIPS II Printer** link.

   Note: This will immediately create the PDF document and send it to the CMIPS II printer. The PDF is stored on the case and is accessible on the Forms/Correspondence screen. This link only displays when the status is pending and the form is not a recipient notice of action or provider notification.

5. (Optional) Click the **Generate Now for Local Print** link.

   Note: This will immediately create the PDF document but not send it to the CMIPS II printer. The user can access the PDF on the Forms/Correspondence screen and print it (from Acrobat) to his/her county printer. This link only displays when the status is pending and the form is not a recipient notice of action or provider notification.

2.4 Search for an Existing Form

Use the Forms screen to search for previously generated forms or correspondence for the entered date range.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Search for an Existing Form

1. From the left navigation menu, select the **Forms/Correspondence** link. The system displays the forms issued against the case in the past 3 months, up to a maximum of 50, on the Forms screen.
2. (Optional) In the **Search Criteria** area, select the **From Date** and **To Date** to search for a form within a specific date range.
3. Click the **Search** link. The system displays previously printed forms or correspondence for the entered date range.

2.5 Modify/Inactivate an Existing Form

Use the Modify and Inactivate Form screen to mark an existing form as inactivate/not mailed. This screen is also used to add comments associated with the specific form or correspondence.

Before Beginning: Search for a case on the Case Home screen. Refer to the Search for a Case section in the Case Management Basic Navigation chapter.

To Change the Form Status or Add Comments

1. From the left navigation menu, select the **Forms/Correspondence** link. The system displays the Forms screen.
2. In the Action column, click the **Edit** link next to the appropriate form. The system displays the Modify and Inactivate Form screen.
3. In the Correspondent Details area, select the **Mark As Inactivated/Not Mailed** checkbox.

   Note: If the status is pending and the checkbox is selected, the status changes to inactivate on Forms screen when saved.

OR

If the status is printed and the checkbox is selected, the status changes to not mailed on Forms screen when saved.

4. (Optional) Type the **Comments**.
5. Click the **Save** link. The system displays the Forms screen.

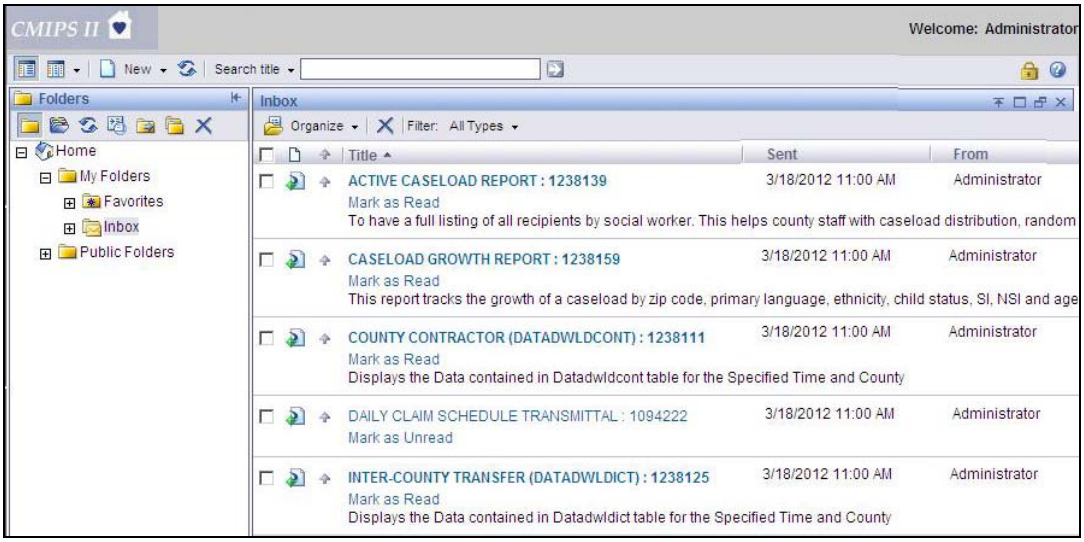
3. Reporting

Reporting provides access to many predefined reports covering various aspects of the IHSS program. Reporting is available to users who have been granted access as determined by his/her assigned security group. The user's security group determines the report folders and subfolders he/she can view along how much information is returned on any report generated.

Reporting is updated nightly and contains information from the previous day.

Reporting is a separate component of CMIPS II from Case Management, with different navigation and functionality. As CMIPS II reporting functionality is significantly different from Case Management, users require additional direction and guidance on the use of Reporting. The following sections provide guidance for how to navigate, schedule, and generate reports.

From the CMIPS II Web Portal, users can access Reporting in a new browser window.



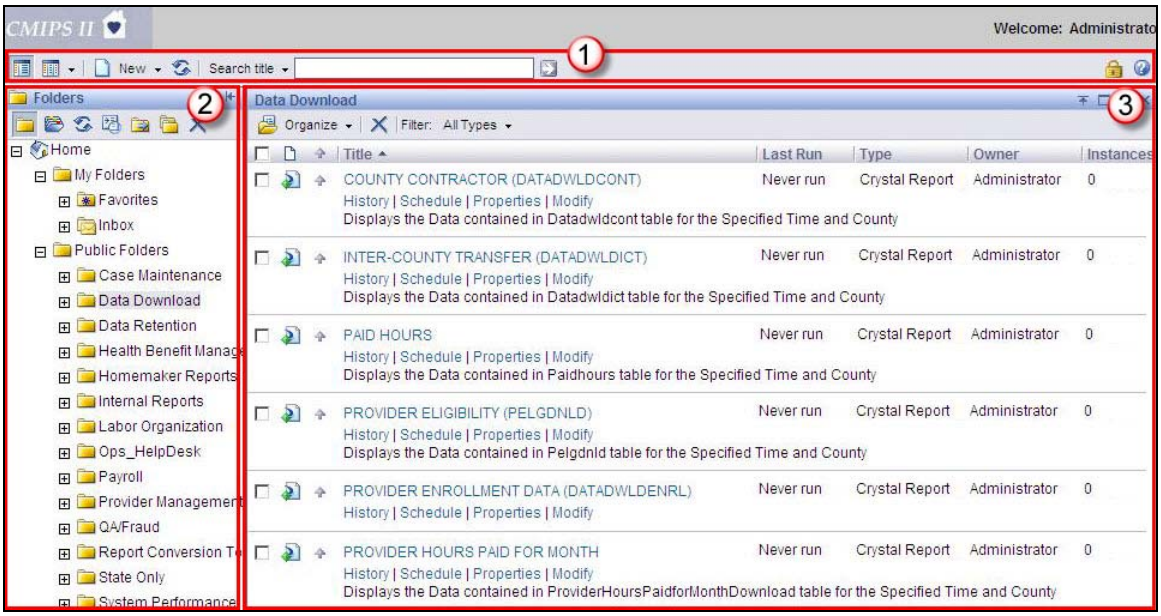
Note: Reporting automatically times out after 20 minutes of inactivity.

3.1 Navigate in Reporting

The Reporting link on the CMIPS II Web Portal allows users to access Reports in a new browser window. The first screen he/she comes to in Reporting is the user's Inbox screen.

This section discusses how to navigate in Reporting.

Note: When an icon/link is selected for which the user does not have the appropriate security role, an error message will display indicating he/she does not have the right to access it.



Each Reporting screen consists of three features. The features have folders, subfolders, links and icons that, when clicked, take the user to the appropriate next step. The numbers displayed on the Reporting screen above match the screen feature in the table below.

#	Feature
1	Header Panel
2	Left Navigation Menu
3	Workspace Panel

3.1.1 Header Panel

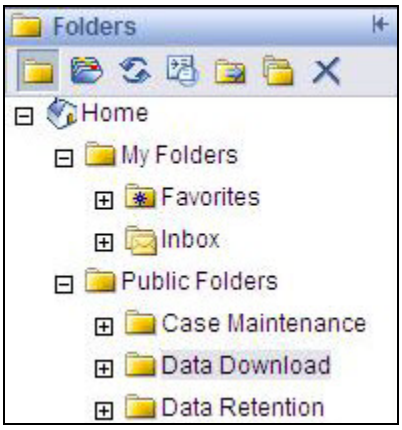
The table below lists the icons displayed in the Header Panel toolbar of the Reporting screen. The toolbar does not change as users view different screens in the system. Click an icon in the Header Panel toolbar to access Reporting functionality.

Icon	Name	Description
	Toggle Navigation	Shows/hides the left navigation menu. Allows users to show more of the Workspace Panel when they are viewing reports.
	Create a New Item	Creates a new hyperlink, Crystal Report, or document from local computer or folder.
	Refresh the Workspace Panel	Refreshes the Workspace Panel.
	Search	Allows users to search for reports. Search by all fields, title, or keyword.
	Log Off	Logs the user out of Reporting.

Icon	Name	Description
	Help	Displays the Reporting Online Help. Click the Help icon to access additional information on Reporting features not fully covered in the CMIPS II User's Manual.

3.1.2 Left Navigation Menu

The left navigation menu is an expandable/collapsible menu structure of folders and links that allow users to access reports. The left navigation menu displays two types of folders, My Folders and Public Folders, in a hierarchical structure, allowing users to navigate through them easily. When users select a folder in the left navigation menu, the contents display in the Workspace Panel.



- My Folders contains the Favorites and Inbox folders.
  - The Favorites folder allows users to create and save links to generate predefined reports they frequently use.
  - My Folders are specific to each individual user.
  - Users can create and delete folders and reports in the My Favorites folder.
  - The Inbox folder stores the user's reports that were successfully scheduled from the Public Folders.
- Public Folders contain predefined reports that users can access.
  - Public Folders contain groups of subfolders that organize reports.
  - Users will only see folders and subfolders that are associated with their assigned security group. The user role determines how much information is returned on any report.

    Note: For a complete list of reports available in Reporting, refer to the Appendix A – Job Aids chapter.

Left Navigation Menu Toolbar
The table below lists the icons displayed in the left navigation menu toolbar of the Reporting screen. The toolbar does not change as users view different screens in the system. Click an icon in the left navigation menu toolbar to access Reporting functionality.

Icon	Name	Description
	Show Folders	Displays the available folders.
	Refresh the Left Navigation Menu	Refreshes the left navigation menu.
	Properties	Sets properties for the selected folder. **Note:** Applicable to My Folders only.
	Move	Moves the selected folder. **Note:** Applicable to My Folders only.
	Copy	Makes a copy of the selected folder. **Note:** Applicable to My Folders only.
	Delete	Deletes the selected folder. **Note:** Applicable to My Folders only.

3.1.3 Workspace Panel

When users select a folder in the left navigation menu, the contents display in the Workspace Panel. Users can complete many actions such as viewing, scheduling, and modifying reports.

Reports listed in the Workspace Panel contain links to additional information or functionality related to the report.

- Report Name (e.g. Recipient Summary Characteristics Listing): Enter the report parameters and generate the report now.
- History: Displays the status of past reports that have been generated or reports that are scheduled in the future.

  Note: Report instances with the status of pending, running or failed will display on the History screen. Successful instances are automatically sent to the user's inbox and will not display on the History screen.
- Schedule: Enters report parameters and schedules the report to be generated.
- Properties: Displays basic report information such as the report name, description, and date created.

Workspace Panel Toolbar
The table below lists the icons displayed in the Workspace Panel toolbar of the Reporting screen. Click an icon in the Workspace Panel toolbar to access Reporting functionality.

Icon	Name	Description
Organize	Organize	Allows users to move, copy, and create shortcuts to a folder in My Folders.
	Delete	Deletes the selected report.
Filter: All Types	Filter	Filters the document types that are displayed.

3.2 View a List of Reports

Public Folders contain predefined reports that the user can view, provided that the user has been given access to Reports.

To View a List of Reports

1. From the Web Portal left navigation menu, click the **Reporting** link. The system displays the user's inbox screen in Reporting.
2. From the Reporting left navigation menu, expand the **Public Folders** to display the subfolders.

   Note: Some Reporting folders do not expand when you click the corresponding + icon. Instead, click directly on the folder name to view the reports contained in the folder.
3. Click on a **folder** to display a list of the reports.

Note: A report list may have multiple pages. If so, at the bottom right corner of the list, a sequence of numbers displays indicating how many pages comprise that list.

3.3 Search for Report

Users can search for a report by using keywords or report name.

To Search for a Report

1. From the Web Portal left navigation menu, click the **Reporting** link. The system displays the user's inbox screen in Reporting.
2. In the Header Panel toolbar, in the **Search Title** box, type the **report name**.

   Note: It is possible to enter keywords into the search box if the report name is not known. For example, to see a list of all reports about assessments, type Assessment in the search box.
3. Press **Enter** or click the **Execute Search** icon. The system displays a list of reports matching the search criteria in the Workspace Panel.

   Note: System will perform a search against the Public Folders and My Folders for a match and displays a list of reports matching the search criteria in the Workspace Panel.

3.4 Mark a Report as a Favorite

Public Folders contain predefined reports that the user can view, provided that the user has been given access to reports. Users can mark a report as a favorite, and a shortcut is stored in the Favorites folder.

Before Beginning: Select desired report. Refer to the Search for a Report section or View List of Reports section in this chapter.

To Mark a Report as a Favorite

1. From the Reporting left navigation menu, expand the **Public Folders** to display the subfolders.
2. Click on a **folder** to display the report to mark as a favorite.

   Note: A report list may have multiple pages. If so, at the bottom right corner of the list, a sequence of numbers displays indicating how many pages comprise that list.
3. In the Workspace Panel, select (place a checkmark next to) the appropriate report.
4. Click the **Organize** icon on the toolbar.

5. Select the **Add to my Favorites…** option. The system displays the confirmation message "Where do you want to place shortcuts for the selected items?" on the Favorites screen.
6. Click the **Favorites** folder.
7. Click the **OK** button to add the report to the Favorites folder.
8. In the Reporting left navigation menu, expand the **My Folders** folder to display the subfolders.
9. Select the **Favorites** folder to display a list of reports.

   Note: A report list may have multiple pages. If so, at the bottom right corner of the list, a sequence of numbers displays indicating how many pages comprise that list.
10. Confirm the shortcut has been added to the Favorites folder.

3.4.1 Managing Subfolders in the Favorites Folder

Users can create and delete subfolders in the Favorites folder.

Before Beginning: Select desired report. Refer to the Search for a Report section or View List of Reports section in this chapter.

To Create Subfolders in the Favorites Folder

1. From the Reporting left navigation menu, expand the **My Folders** to display the subfolders.
2. Select the **Favorites** folder.
3. In the Header Panel, click the **New** icon.
4. Select the **Folder** option. The system displays the New screen.
5. In the **Folder Name** box, type the new **subfolder name**.
6. (Optional) In the **Description** box, type a short description of the subfolder.
7. Click the **OK** button to create the subfolder.
8. In the Reporting left navigation menu, expand the **My Folders** folder to display the subfolders.
9. Expand the **Favorites** folder.
10. Confirm the new subfolder has been added to the Favorites folder.

To Delete Subfolders in the Favorites Folder

1. From the Reporting left navigation menu, expand the **My Folders** to display the subfolders.
2. Expand the **Favorites** folder to display the subfolders.
3. Select the subfolder to delete.
4. In the Reporting left navigation menu toolbar, click the **Delete** icon. The system displays the confirmation message "Are you sure you want to delete the selected folder?" in a new window.
5. Click the **OK** button. The subfolder is deleted and no longer displays in the Favorites folder.

3.5 Generate or Schedule a Report

Users can access reports in a variety of ways depending on the data they choose to view and the timeframes associated with that data. CMIPS II creates reports on a predefined schedule, but users can also generate reports as needed. In addition to this, reports can be scheduled to be generated at a

specified time in the future, or at a user-defined interval. This allows the user to view a report with updated data, rather than waiting for the next scheduled report.

3.5.1 Generate a Report

CMIPS II creates reports on a predefined schedule, but users can also generate reports as needed. This allows the user to view a report with updated data, rather than waiting for the next scheduled report or completing the additional steps to schedule the report.

Note: When a user schedules a report, Reporting stores the history. When a report is generated, the history is not stored in Reporting.

Before Beginning: Select desired report. Refer to the Search for a Report section or View List of Reports section in this chapter.

To Generate a Report

1. In the Workspace Panel, click the **Report Title** link. The system displays the selected report.

   Note: Depending on the report, a Parameters screen may display required information that is used to generate the report.

2. All available parameters must be provided with a valid value.

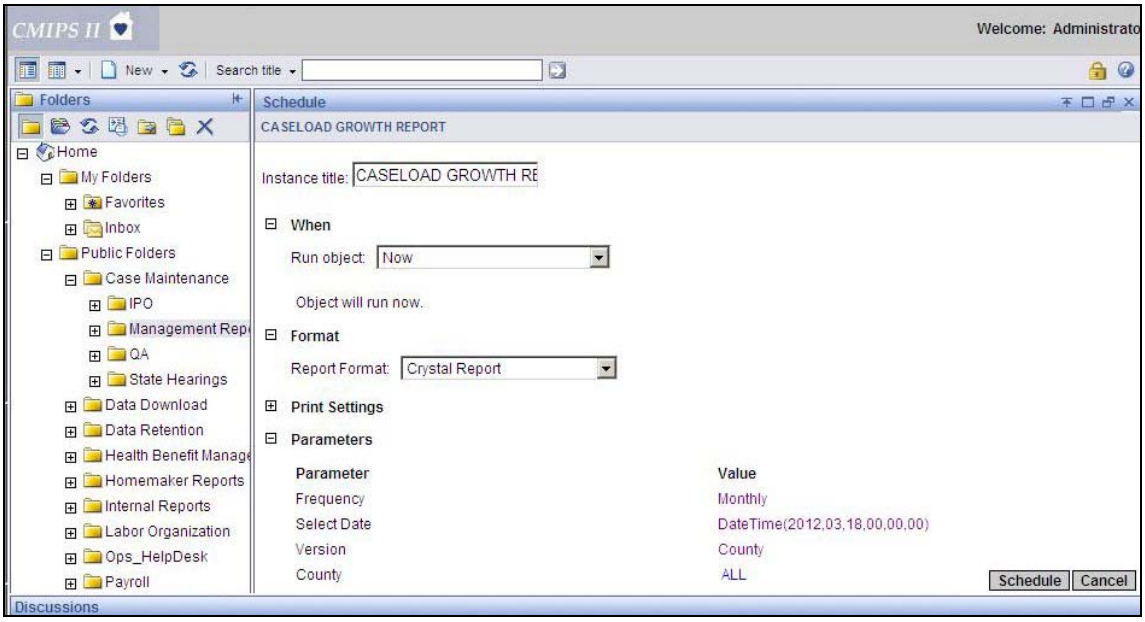
   Note: If valid value is not provided to any parameter the report instance will fail.

3. Click the **OK** button. The system displays the selected report.

3.5.2 Schedule a Report

Reports can be scheduled to be generated at a specified time in the future, or at a user-defined interval. Scheduling a report allows the user to generate a report for viewing now, daily, monthly, on a selected date, etc. The default option is now, which will generate the report immediately.

Note: When a user schedules a report, Reporting stores the history. When a report is generated, the history is not stored in Reporting.



Before Beginning: Select desired report. Refer to the Search for a Report section or View List of Reports section in this chapter.

To Schedule a Report

1. In the Workspace Panel, click the **Schedule** link beneath the report title. The system displays the Schedule screen.
2. (Optional) Expand the **When** section to select when the report will be generated.

   Note: The default option is Now, which will generate the report immediately. The user can also select the option to generate the report Once, Hourly, Daily, Weekly, Monthly, Nth Day of the Month, 1st Monday of the Month, Last Day of the Month, X Day of Nth Week of the Month, or to choose a date from a Calendar.
3. (Optional) Expand the **Format** section to select the report format type.

   Note: The default option is Crystal Reports. The user can also select the option for Microsoft Excel, Microsoft Excel (Data Only), Microsoft Word (RTF), Adobe Acrobat, Rich Text, Editable Rich Text, Plain Text, Paginated Text, Tab-Separated Text, or Character-Separated Values (CSV).
4. (Optional) Expand the **Print Settings** section to select the print settings.
   a. (Optional) To print the report in Crystal Reports Format, select the **Print a Copy of the Report in Crystal Reports Format when Scheduling** checkbox.
   b. (Optional) To set the report's page layout, select the layout option.

      Note: The default option is Report File Default, which allows the user to specify the system default printer. The user can also select the option for Specify Printer Settings or Custom Settings.
5. Expand the **Parameters** section.
   a. Click the parameter value to modify.
   b. Select the parameters to use in the report.
   c. Click the **OK** button. The parameters section displays the selected parameter values.
   d. (Optional) Repeat step 5 for any additional parameter values to be modified.
6. Click the **Schedule** button. The system schedules the report to be generated and displays a list of scheduled reports on the History screen.

   Note: The History screen displays the status of past reports that have been generated or reports that are scheduled to be generated in the future.
7. Click the **Refresh** button to view reports that have a status of pending or running.

   Note: Failed or unsuccessful instances will display on the History screen. Successful instances are automatically sent to the user's inbox, they will not display on the History screen. You may need to refresh more than once until the instance is complete.
8. In the Reporting left navigation menu, expand the **My Folders** to display the subfolders.
9. Select the **Inbox** folder to display a list of reports.

   Note: A report list may have multiple pages. If so, at the bottom right corner of the list, a sequence of numbers displays indicating how many pages comprise that list.
10. In the Workspace Panel, click the **Report Title** link. The system displays the selected report.

3.5.2.1 Reschedule a Report

Reports that have been scheduled can be rescheduled by the user. When a report is rescheduled, the original parameters entered by the user are retained. The user can modify the parameters as necessary and schedule the report again.

Note: Successful instances in the user's inbox cannot be rescheduled.

Before Beginning: Select desired report. Refer to the Search for a Report section or View List of Reports section in this chapter.

To Reschedule a Report

1. In the Workspace Panel, click the **History** link beneath the report title. The system displays the History screen.
2. Click the **Reschedule** link associated with the report to reschedule. The system displays the Schedule screen.
3. (Optional) Expand the **When** section to select when the report will be generated.

   Note: The default option is Now, which will generate the report immediately. The user can also select the option to generate the report Once, Hourly, Daily, Weekly, Monthly, Nth Day of the Month, 1st Monday of the Month, Last Day of the Month, X Day of Nth Week of the Month, or to choose a date from a Calendar.
4. (Optional) Expand the **Format** section to select the report format type.

   Note: The default option is Crystal Reports. The user can also select the option for Microsoft Excel, Microsoft Excel (Data Only), Microsoft Word (RTF), Adobe Acrobat, Rich Text, Editable Rich Text, Plain Text, Paginated Text, Tab-Separated Text, or Character-Separated Values.
5. (Optional) Expand the **Print Settings** section to select the print settings.
   a. (Optional) To print the report in Crystal Reports Format, select the **Print a Copy of the Report in Crystal Reports Format when Scheduling** checkbox.
   b. (Optional) To set the report's page layout, select the layout option.

      Note: The default option is Report File Default, which allows the user to specify the system default printer. The user can also select the option for Specify Printer Settings or Custom Settings.
6. (Optional) Expand the **Parameters** section.

   Note: When a report is rescheduled, the original parameters entered by the user are retained, but can be modified.

   a. Click the parameter value to modify.
   b. Modify the parameters to use in rescheduling the report.
   c. Click the **OK** button. The parameters section displays the selected parameter values.
   d. (Optional) Repeat step 6 for any additional parameter values to be modified.
7. Click the **Schedule** button. The system schedules the report to be generated and displays a list of scheduled reports on the History screen.
8. (Optional) After the report has been scheduled, click the **Refresh** button to view reports that have a status of pending or running.

   Note: Successful instances are automatically sent to the user's inbox, they will not display on the History screen. You may need to refresh more than once until the instance is complete.

3.6 View Report History

Users can view the history for the selected report. The History screen displays the status of past reports that have been generated or reports that are scheduled to be generated in the future.

Before Beginning: Select desired report. Refer to the Search for a Report section or View List of Reports section in this chapter.

To View Report History

1. In the Workspace Panel, click the **History** link beneath the report title. The system displays the report History screen.

   Note: Failed or unsuccessful instances will display on the History screen. Successful instances are automatically sent to the user's inbox and will not display on the History screen.

3.7 Print a Report

Once a report has been generated and displayed on the screen, it can be printed on a county printer.

Before Beginning: Select desired report. Refer to the Generate a Report section or Schedule a Report section in this chapter. Report must be successfully generated or scheduled in order to be printed.

To Print a Report

1. The system displays the selected report.
2. Click the **Print This Report** icon on the toolbar. The system displays the Print Report screen.

   Note: This screen may differ slightly if the user has Microsoft Office 2003 or 2007 installed on his/her computer.
3. Select the appropriate printer.
4. Click the **Print** button. The report is printed on the selected printer.

3.8 Export a Report

Once generated, the user has a variety of ways to export a report to different file formats.

Output Format	Generates a File that…
Crystal Reports	Can be imported into Crystal Reports software.
Adobe Acrobat (PDF)	Cannot be edited but can be printed or saved.
Microsoft Excel	Includes column and report headers in Microsoft Excel.
Microsoft Excel - Data Only	Does not include column and report headers in Microsoft Excel.
Microsoft Word	Includes the document layout and formatting in Microsoft Word.
Microsoft Word - Editable	Does not include the document layout and formatting in Microsoft Word. This format converts all of the report contents to text lines.
Rich Text Format	Removes some of the formatting to create a smaller-sized file that can be opened in WordPad or other RTF reader.

Before Beginning: Select desired report. Refer to the Generate a Report section or Schedule a Report section in this chapter. Report must be successfully generated or scheduled in order to be exported.

To Export a Report

1. The system displays the selected report.
2. Click the **Export This Report** icon on the toolbar. The system displays the Export Report screen.

   Note: This screen may differ slightly if the user has Microsoft Office 2003 or 2007 installed on his/her computer.
3. Select the appropriate **File Format**.
4. Click the **OK** button.
5. Click the **Open** button to view the report.

   OR

   Click the **Save** button to save the report locally.

4. Printing

CMIPS II provides the ability for counties to print Notices of Action (NOAs), forms, letters, timesheets, and reports. Two types of printers are available to users when working within CMIPS II: CMIPS II printer(s) and county printer(s).

As part of the setup process, each user is linked to a specific CMIPS II printer. In addition, each user may be connected to a county printer.

Step-by-step instructions on how to print NOAs, forms, letters, timesheets, and reports are included in the appropriate chapters and sections throughout this document.

The table below presents information on the types of documents printed, timing of print options, and available printer options.

Document Type	Application within CMIPS II Web Portal	CMIPS II Printer		Ability to Print to County Printer	Ability to *Reprint* to County Printer
		Batch	Print Now		
NOAs	Case Management	Yes	No	No	Yes
Forms and Correspondence	Case Management	Yes	Yes	Yes	Yes
Initial, Replacement, and Supplemental Timesheets	Case Management	Yes	Yes	No	No
Predefined Reports	Reporting	Not Applicable	Only when scheduled	Yes	Not Applicable

4.1 Printing from Within Case Management

Users print Notices of Action (NOAs), forms, correspondence, and timesheets from within Case Management.

There are three options for printing from Case Management:

- Print in Nightly Batch - the PDF is created overnight and sent to the CMIPS II printer. Once, printed, the PDF is accessible from the Forms screen.
- Print Now on CMIPS II Printer - the PDF is created and sent to the CMIPS II printer immediately. The PDF is accessible from the Forms screen.
- Generate Now for Local Print - the PDF is created immediately but not sent to the printer. The user must access the PDF from the Forms screen and print it (from Acrobat) to his/her county printer.

Documents are printed in a specific order as part of the batch process. Documents generated using Print Now on CMIPS II Printer will print in the order they were sent to the printer. This is similar to how a regular network printer works. Duplex, or two-sided, printing is the default setting for all documents printed by the CMIPS II printer.

Batch	Print Now
1. NOAs sorted by case owner 2. Timesheets sorted by user who requested the document 3. Other forms sorted by user who requested the document	• No order, first in/first out

4.1.1 Printing Status Codes

Once requested, documents can have one of four print status values:

Status	Description
Printed	The document has been created and routed to the CMIPS II printer queue. **Note:** Not all documents with the status of printed are routed to the CMIPS II printer queue. When the user selects the Generate Now for Local Print option, a PDF is created and the status is printed.
Pending	The document is pending the nightly batch cycle. Once the PDF is generated and sent to the print queue, the status changes to printed.
Not Mailed	The status of a printed document changes to not mailed when the user selects the Mark As Inactivate/Not Mailed checkbox on the Modify and Inactivate Form screen.
Inactivated	The status of a pending document changes to inactivated when the user selects the Mark As Inactivate/Not Mailed checkbox on the Modify and Inactivate Form screen.

4.1.2 Reprinting Documents

CMIPS II retains PDF images of all forms (except timesheets), letters, and NOAs generated from the system, and they can be reprinted at any time. Once the initial print request is made in CMIPS II, documents appear on the Forms and Correspondence screen of the case record. Documents available for reprint are in a printed status. A user can open the PDF document in Acrobat Reader and print it to a county printer. Reprinted documents cannot be printed to a CMIPS II printer.

Note: Once the Timesheet Processing Facility (TPF) has received and processed a timesheet, a PDF image of the timesheet is available in CMIPS II for the user to view.

4.1.3 Holding CMIPS II Printer Output

A CMIPS II printer can be configured to hold all output. This option holds all printing jobs until released by the printer administrator, even if a user selects Print Now on CMIPS II Printer.

Note: This setting is configured by HP at the server level. It is not something that the users can turn on and/or off. If the print queue is configured to hold all output, then every user and every form sent to that printer is held.

5. Data Download

Data Download is an important function for counties and the California Department of Social Services (CDSS) to allow for additional analysis and transfers of data to other related systems.

Note: Instructions for how to access Data Download files from the SFT are available from the CMIPS II Help Desk.

5.1 Data Download Files

In addition to the predefined reports that are available for export, reports have been created and reside within the Data Download folder in Reporting. These files fall into two categories:

- Legacy CMIPS-formatted download files that will be produced for a limited time.
- CMIPS II-formatted download files that are new and tailored to CMIPS II operations.

The Legacy CMIPS-formatted download files are being provided as a temporary transition into CMIPS II. The legacy CMIPS download files consist of the following:

Report Name	Description	SFT	Reporting
Paid hours		Daily/Monthly	Selected Date Range
Provider hours paid for month		Daily/Monthly	Selected Date Range
PELGDNLD	Legacy provider information	Daily/Monthly	Selected Date Range
RELADNLD	Legacy recipient demographics information	Daily/Monthly	Selected Date Range
RELBDNLD	Legacy recipient eligibility information	Daily/Monthly	Selected Date Range
RELCDNLD	Legacy recipient services information	Daily/Monthly	Selected Date Range

The new files for CMIPS II are the following:

Report Name	Description	SFT	Reporting
DATADWLDTS	Time sheet information	Daily/Monthly	Selected Date Range
DATADWLDPROV	Provider management information	Daily/Monthly	Selected Date Range
DATADWLDICT	Inter-county transfer	Daily/Monthly	Selected Date Range
DATADWLDCONT	County contractor information	Daily/Monthly	Selected Date Range
DATADWLDREC1	Recipient management information	Daily/Monthly	Selected Date Range
DATADWLDREC2	Recipient management information	Daily/Monthly	Selected Date Range
DATADWLDREC3	Recipient management information	Daily/Monthly	Selected Date Range
DATADWLDREC4	Recipient management information	Daily/Monthly	Selected Date Range
DATADWLDENRL	Provider enrollment data	Daily/Monthly	Selected Date Range

5.2 Data Download from Secure File Transfer vs. Reporting

Authorized users can download data from CMIPS II using either SFT server or Reporting. The following sections discuss what is available from SFT and Reporting.

5.2.1 Secure File Transfer

Counties will primarily access the Data Download files through SFT. Data Download files in SFT are available with the following options:

- Daily - This will contain any record associated with the file selected that has either been updated from or added to the previous day activity. The daily Data Download files will be exported to CSV files and delivered to the Secure File Transfer server each day. Once delivered to SFT, Data Download files are available for 15 calendar days. Designated county users will log onto the SFT server and retrieve Data Download files.
- Monthly - This will contain all records associated with the file selected as of the end of the previous month. The monthly Data Download files will be exported to CSV files and delivered to the Secure File Transfer server by the end of the first business day of each month. Once delivered to SFT, Data Download files are available for 15 calendar days. Designated county users will log onto the SFT server and retrieve Data Download files.

Note: Instructions for how to access Data Download files from the SFT server are available from the CMIPS II Help Desk.

5.2.2 Reporting

Data Download files in Reporting are available:

- Date Range - This will extract any record associated with the file selected that has either been updated from or added to within the specified start and end date entered. Reporting will provide up to 31 days of data from the start date entered.

Note: Although generated within Reporting, Data Download files are not formatted as regular reports. They are intended to be exported for county use as needed.

5.2.3 Differences

To illustrate the differences between the Daily, Monthly and Date Range parameters, a scenario has been created. The action specified in the scenario is the only action taken against the case on the actual date specified in CMIPS II.

Scenario

On the 7th of current month, Mary applies for IHSS and initial information is entered into CMIPS II. This results in the creation of case A with a case status of pending. On the 16th of current month, the caseworker conducts a home visit to determine service eligibility. On the same day, the caseworker enters all necessary information and activates the evidences in CMIPS II. This results in the case status being updated from pending to eligible. With regards to this specific scenario, the following chart reflects the type of data available in each Data Download frequency.

Data Download Frequency	Date Action Taken In CMIPS II	Date Download Record Is Created	Data Available		
			1 Day After Date Action Taken	15 Days After Data Is Exported To SFT	16 Days After Data Is Exported To SFT
Monthly (SFT)	N/A	1st of current month	All cases in CMIPS II, including cases with no change activity as of the previous day or throughout the month (i.e. terminated cases from prior years).	All cases in CMIPS II, including cases with no change activity as of the previous day or throughout the month (i.e. terminated cases from prior years).	No data
Daily (SFT)	7th of current month	8th of current month	Case A Case status= Pending	Case A Case status= Pending	No data
Daily (SFT)	No action 8th-15th of current month	No record 9th -16th of current month	No data **Note:** No record will be produced if no changes were made on the prior day.	No data	No data
Daily (SFT)	16th of current month	17th of current month	Case A Case status= Eligible	Case A Case status= Eligible	No data
Date Range (Reporting) *Date Report Scheduled*: 20th of current month *Parameters:* Begin: 5th of current month End: 13th of current month	N/A	17th of current month	No data **Note:** Reporting does not store historical data for the Date Range download files. Because Case A's information was changed on the 16th <u>and</u> the previous Data Download record for the 7th is updated outside the parameter entered, no data was reported for this case.	N/A **Note:** Date Range is scheduled in Reporting.	N/A **Note:** Date Range is scheduled in Reporting.

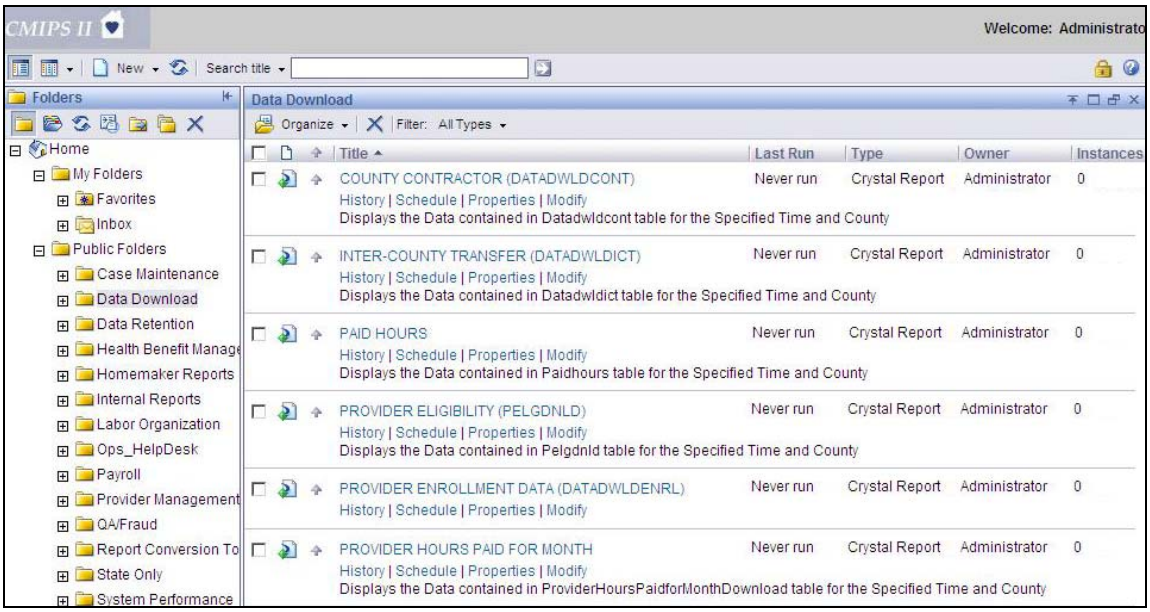
Data Download Frequency	Date Action Taken In CMIPS II	Date Download Record Is Created	Data Available		
			1 Day After Date Action Taken	15 Days After Data Is Exported To SFT	16 Days After Data Is Exported To SFT
Date Range (Reporting) *Date Report Scheduled:* 20th of current month *Parameters:* Begin: 5th of current month End: 18th of current month	N/A	17th of current month	Case A case status= Eligible **Note:** Because Case A's information was changed on the 16th and Data Download records are updated the 17th, data is reported for this case.	N/A **Note:** Date Range is scheduled in Reporting.	N/A **Note:** Date Range is scheduled in Reporting.
Date Range (Reporting) *Date Report Scheduled:* 27th of current month *Parameters:* Begin: 5th of last month End: 15th of current month	N/A	17th of current month	No data **Note:** Since the parameter range entered is over 31 days, the end date is truncated. Reporting does not store historical data for the Date Range download files. Because Case A's information was changed on the 16th <u>and</u> the previous Data Download record for the 7th is updated outside the parameter entered, no data is reported for this case.	N/A **Note:** Date Range is scheduled in Reporting.	N/A **Note:** Date Range is scheduled in Reporting.
Monthly (SFT)	N/A	1st of next month	All cases in CMIPS II, including cases with no change activity as of the previous day or throughout the month (i.e. terminated cases from prior years) and Case A.	All cases in CMIPS II, including cases with no change activity as of the previous day or throughout the month (i.e. terminated cases from prior years) and Case A.	No data

5.3 Schedule and Export Data Download Files from Reporting

Although counties will primarily access the Data Download files from SFT, Reporting can be used to schedule Data Download files for records updated within a specific start and end date.

Note: In addition to having access to Reporting, users must also have a security role that allows access to the Data Download folder. If the Reporting link is not displayed in the left navigation menu of the CMIPS II Web Portal, contact the Security Administrator for access.

Note: Counties with very large case counts may need additional steps to address their larger file sizes and record counts. This example is not intended to cover all possible situations or county tools.



To Schedule and Export Data Download Files from Reporting

1. From the Web Portal left navigation menu, click the **Reporting** link. The system displays the user's inbox screen in Reporting.
2. From the Reporting left navigation menu, expand the **Public Folders** to display the subfolders.
3. Select the **Data Download** folder to display a list of reports.

   Note: A report list may have multiple pages. If so, at the bottom right corner of the list, a sequence of numbers displays indicating how many pages comprise that list.
4. In the Workspace Panel, click the **Schedule** link beneath the report title. The system displays the Schedule screen.
5. Expand the **When** section.
6. In the **Run Object** list, select the **Now** option to generate the report immediately.
7. Expand the **Format** section.
   a. Select the **Character-Separated Values** (CSV) report format type.
   b. Unselect the **Use the Export Options in the Report** checkbox.
   c. In the Report and Page Sections area, select the **Isolate Report/Page Sections** checkbox.

   d. In the Group Sections area, select the **Isolate Group Sections** checkbox.

8. Expand the **Parameters** section.
   a. Click the parameter value to modify.
   b. Select the parameters to use in the report.
   c. Click the **OK** button. The parameters section displays the selected parameter values.
   d. (Optional) Repeat step 8 for any additional parameter values to be modified.
9. Click the **Schedule** button. The system schedules the report to be generated and displays a list of scheduled reports on the History screen.
10. After the report has been scheduled, click the **Refresh** button to view reports that have a status of pending or running.

    Note: Failed or unsuccessful instances will display on the History screen. Successful instances are automatically sent to the user's inbox, they will not display on the History screen. You may need to refresh more than once until the instance is complete.
11. In the Reporting left navigation menu, expand the **My Folders** to display the subfolders.
12. Select the **Inbox** folder to display a list of reports.

    Note: A report list may have multiple pages. If so, at the bottom right corner of the list, a sequence of numbers displays indicating how many pages comprise that list.
13. In the Workspace Panel, click the **Report Title** link. The system displays the selected report in CSV format.

    Note: Larger data sets will need to make sure the data is fully displayed to the window before the next step.
14. Right click and select all or from within the window press CTRL-A to select all.

    Note: For large counties, the amount of data may cause the application to freeze when the user tries to copy data from Reporting. Counties may have to do multiple cut and paste in small sections.
15. Open a text editor, for example Notepad.
16. Right click and paste or press CTRL-V to paste inside the text editor.
17. Save the file to your local computer with the .csv file extension.
18. Open Microsoft Excel 2007.
19. From the **Data** tab, select **Get External Data from Text**. The system displays the Import Text File window.
20. Locate the report saved to your local computer. The system displays the Text Import Wizard Step 1 of 3 window.
21. In the Original Data Type area, select the **Delimited** radio button.
22. In the **Start Import at Row** box, select row **1**.
23. Click the **Next** icon. The system displays the Text Import Wizard Step 2 of 3 window.
24. In the **Delimiter** area, select only the **Comma** checkbox.
25. In the Text Qualifier box, select the default option.
26. Click the **Next** icon. The system displays the Text Import Wizard Step 3 of 3 window.
27. (Optional) In the **Column Data Format** area, select the columns and define the column data format.
28. Click the **Finish** icon.

6. Glossary

A

Advance Pay
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.

Advantage Financial (CDSS only)
A complete financial management system specifically designed to support CMIPS II. Advantage Financial issues vendor payments, and serves as a reconciliation and fund source management tool.

Advantage HRM (Human Resource Management) (CDSS only)
The integrated payroll system responsible for processing payments to CMIPS II case participants. Using data received from scanned and manually-entered timesheets, HRM calculates and reports wages, taxes, and other deductions. In addition, HRM processes payment adjustments entered in the Case Management application, as well as Advance Pay and restaurant meals allowance payments.

Application
The form used to record all information necessary to establish eligibility for IHSS. The application form is dated and signed by the applicant. In Case Management, the “Create Application” link opens a case record and allows the user to enter initial eligibility information.

Authorization to Purchase
The number of hours a recipient is authorized to receive for an authorization period or authorization segment.

Authorization Period
The period of time covered by the assessment.

Authorization Segment
The time period, in hours, within an authorization period.

B

Batch
A system or mode of operation in which inputs are collected and processed all at one time, rather than processed as they are submitted. A batch job once started proceeds to completion without additional input or user interaction.

Business Objects
The database within CMIPS II containing the data elements for all operational reports. (See Reporting)

Business Rules
The logic that enforces the IHSS program policies and practices within Case Management.

C

Case Maintenance
The act of updating and maintaining data related to an applicant or case, including evidence, contact information, provider details, etc.

Case Management
A component of CMIPS II that records and tracks information about IHSS recipients and providers. Case Management provides functionality to support case management, provider management, and payroll management. This includes current and historic demographic and assessment data, as well as payroll information.

Case Note
A note created to record information regarding a case.

Case Owner
In Case Management, the user who is assigned to the case. Each case has a case owner.

CASS
See Coding Accuracy Support System.

CC
See County Contractor.

CIN
See Client Index Number.

Claim
An electronic or paper request for payment.

Client Index Number (CIN)
A ten-digit alphanumeric value assigned by the Statewide Client Index (SCI) to uniquely identify an individual to various California public benefit programs. One of the key activities in creating a case in Case Management is to search the SCI for a CIN that is associated with the IHSS applicant.

CMIPS II Printer
A printer connected to the CMIPS II network and dedicated to printing CMIPS II documents only.

Coding Accuracy Support System (CASS)
A system that enables the United States Postal Service to evaluate the accuracy of software that corrects and matches street addresses. CMIPS II cross-checks the street and mailing address entered with what is on file with the United States Postal Service.

County Contractor (CC)
A mode of service wherein IHSS is provided by an agency under contract with a county.

D

Data Download
Provides access to export-ready reports that can be used for additional analysis and transfer of data to other systems.

DE 4 (California State Employee Withholding Certificate)
A form issued by the Employment Development Department (EDD) and completed by the provider if they wish to have state income tax withheld from their pay at a rate different than federal income tax. The form is sent to HP for processing.

Department of Health Care Services (DHCS)
The State agency responsible for protecting and promoting the health status of Californians through the financing and delivery of individual health care services. The DHCS administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal) and In-Home Operations (IHO).

DHCS
See Department of Health Care Services.

E

EFT (Electronic Funds Transfer)
Also known as Direct Deposit, EFT refers to the computer-based systems used to perform financial transactions electronically from one account to another. The State Controller’s Office (SCO) uses EFT to electronically deposit payments for providers and recipients into the banks of their choice.

Evidence
Information collected to determine eligibility for IHSS. Case Management categorizes evidence into four types: Household, Service, Program, and Share of Cost.

F

Federal Financial Participation (FFP)
An indication of whether the federal government shares in the cost of services. In IHSS, if FFP is yes, the federal government pays for 50% of the cost of services for a case.

FFP
See Federal Financial Participation.

Funding Source
The means of financial support for IHSS program costs. The established governmental sources for IHSS funding are PCSP, IPO, and IHSS-R.

H

HM
See Homemaker.
Homemaker (HM)
A mode of service wherein county staff provide IHSS to eligible IHSS recipients.

I

Icon
A picture or symbol on a menu, toolbar or screen that users select by pointing and clicking with a mouse. Icons are used to display information and navigate within CMIPS II.
ICT (Inter-County Transfer) Coordinator
The person responsible for coordinating the transfer of a case from one county to another in Case Management when the recipient moves to a different county and continues to be eligible for IHSS.
IHO
See In-Home Operations.
IHSS Plus Option (IPO)
A funding source associated with the IHSS program. It includes recipients who are eligible for full scope FFP Medi-Cal and have their services provided by a spouse or parent (if the individual is a minor child under 18), or receive Restaurant Meal Allowance or Advance Pay. Unlike the Demonstration Waiver IPW, the IPO is a State Plan Option, and therefore follows the PCSP State Plan regarding program eligibility and services. Cases paid from the IPO funding source are designated with a Medi-Cal Secondary Aid Code of 2L. CMIPS II supports both IPO and IPW programs.
IHSS Plus Waiver (IPW)
An expired funding source formerly associated with the IHSS program.
IHSS-R
See IHSS Residual.
IHSS Residual (IHSS-R)
A funding source associated with the IHSS program. Recipient cases having one or more of the following indications in an eligibility month shall be associated with the IHSS-R program: No Medi-Cal eligibility or Medi-Cal eligibility without Federal Financial Participation (FFP) eligibility. Recipient cases paid from the IHSS-R funding source are designated with a Medi-Cal Secondary Aid Code of 2N. The IHSS-R funding source is paid at a ratio of state 65% and county 35%.
Individual Provider (IP)
A mode of service wherein a person provides IHSS and is not a County Contractor or Homemaker.
In-Home Operations (IHO)
A section within the Department of Health Care Services (DHCS) that administers the Waiver Personal Care Services (WPCS) program.
IP
See Individual Provider.
IPO
See IHSS Plus Option.
IPW
See IHSS Plus Waiver.

L

LMA
The Legislative Mandated Adjustment (LMA) hours. Displays in (HH:MM) format.

J

Job Aid
A device or tool that allows an individual to quickly access the information he or she needs to perform a task.

M

Medi-Cal Eligibility Data System (MEDS)
A system used to maintain a statewide file of eligible Medi-Cal recipients and issue identification cards.

MEDS
See Medi-Cal Eligibility Data System.

MEDS Monthly Renewal
Refers to the monthly interface with MEDS, which sends a file to CMIPS II regarding a recipient's Medi-Cal monthly eligibility.

N

Notification
Informational items in Case Management where the user is not required to take action. Notifications are generated by Case Management based on case actions or information from another source, such as MEDS and SAWS.

O

Online Help
Online help is topic-oriented, procedural, or reference information delivered through computer software. It is a form of user assistance. When online help is accessed from Case Management or the CMIPS II Web Portal, context-sensitive help is displayed.

P

PA
See Public Authority.

PCSP
See Personal Care Services Program.

Password
A secret word or string of characters used for authentication, to prove identity, or to gain access to a protected resource. A password is required to gain access to CMIPS II.

Person
The record of an individual in Case Management. A person may be associated with multiple person type indicators. For example, if someone is both an IHSS recipient and a provider he/she will have a single person record in Case Management.

Person Note
A note created to record information regarding a person. (e.g., provider, recipient, applicant, recipient, provider).

Personal Care Services Program
A funding source associated with the IHSS program. This program provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institute Code Section 14132.95 and Title 22, California Code of Regulations. It is one of three funding sources associated with the IHSS program. Individuals meeting all of the following conditions are funded for PCSP: eligible for full scope FFP Medi-Cal, no Advance Pay, no Restaurant Meal Allowance, and no parent/spouse provider. Recipient cases paid from the PCSP funding source are designated with a Medi-Cal Secondary Aid Code of 2M.

POS
See Point of Service Spend Down Transaction.

Point of Service Spend Down Transaction
A real-time transaction sent from CMIPS II to the MEDS Share of Cost system when an IHSS payment is made. It reduces any outstanding MEDS share of cost for the corresponding Medi-Cal eligibility month.

Position
During user setup, each user is assigned a position within a workflow structure in Case Management. The position determines the workflow for notifications and tasks, the path in which tasks are escalated, and the cases which he/she can modify.

Provider
A person paid to perform IHSS.

Provider Registry
A registry of approved providers most commonly compiled by a county Public Authority (PA) used to assist recipients in identifying and contacting potential providers. These providers have completed State mandated requirements.

Public Authority (PA)
An entity authorized to act as Employer of Record for Individual Providers for collective bargaining.

R

Receiving County
The county that takes ownership of a case that is being transferred from a sending county, as part of the Inter-County Transfer (ICT) process.

Reduced Hours
The hours and minutes the recipient hours will be reduced based upon the reduced hours percentage. Displays in (HH:MM) format.

Reinstated Hours
The number of reduced hours the case owner reinstated to the recipient. Displays in (HH:MM) format.

Reporting
The Reporting link on the CMIPS II Web Portal provides access to many predefined reports covering various aspects of the IHSS program. Reports can be generated for immediate viewing and printing or generated for future use. Report information can be exported for use in other applications such as Microsoft Word or Excel, Crystal Reports, or Adobe Acrobat Reader. Reporting is used by case owners for a variety of case intake and case management tasks. Managers, supervisors, QA, and payroll also use reporting for auditing and planning purposes.

S

SAWS
See Statewide Automated Welfare System.

SCI
See Statewide Client Index.

SCO
See State Controller’s Office.

SEIN
See State Employer Identification Number.

State Employer Identification Number (SEIN)
An identification number assigned by the Employment Development Department (EDD) to each IHSS recipient.

Sending County
The county that currently owns a case that is being transferred to a receiving county, as part of the Inter-County Transfer (ICT) process.

Sensitivity Level
Notes in Case Management have sensitivity levels from 1 to 5. One is the lowest sensitivity and 5 is the highest. Each Case Management user is assigned a sensitivity level that determines what notes he/she can see and what sensitivity level he/she can assign to notes. For example, everyone can see notes with a sensitivity of 1, but only users with a sensitivity of 3 can see or create notes of level 3.

Social Worker Certification
Indicates whether or not the recipient met the criteria for the social worker to certify the reinstatement of all reduced hours.

Stale Dated Warrant
A warrant that remains un-cashed after one year from the date of issue.

State Controller's Office (SCO)
The office managed by the state's chief fiscal officer, responsible for administration and oversight of fiscal affairs for the state. CMIPS II exchanges data with SCO, and in Case Management, the user can request copies of cashed warrants from the SCO.

Statewide Automated Welfare System (SAWS)
The generic term used to refer to CalWIN, C-IV and LEADER, the systems used to determine eligibility for a variety of welfare benefits, including Medi-Cal. Case Management interfaces with these systems to request Medi-Cal eligibility determinations for applicants who are not currently receiving Medi-Cal and to exchange status information.

Statewide Client Index (SCI)
The California Department of Health Care Services' (DHCS) Statewide Client Index generates and controls Client Identification Numbers (CINs). The CIN is the primary identifier for individuals who have applied for public benefits.

T

Task
An item that requires a Case Management user to take action. A task may be generated by Case Management or may be manually created by a user. Each task is assigned a unique task number. A task generated automatically by Case Management and not completed by its deadline escalates to a supervisor.

Timesheet Processing Facility (TPF)
A central facility responsible for the scanning and processing of IHSS timesheets.

TPF
See Timesheet Processing Facility.

W

W-2 Form
Refers to the federal Wage and Tax Statement.

W-4 Form
Refers to the federal Employee's Withholding Allowance Certificate.

W-5 Form
Refers to the federal Earned Income Credit Advance Payment Certificate.

Waiver Personal Care Services (WPCS)
A program administered by In-Home Operations (IHO) in which individuals are either eligible for Nursing Facility (NF) or Model Nursing Facility Waiver services. Both waivers provide personal care services to categorically needy and medically needy Medi-Cal recipients who would otherwise spend at least 90 days in a nursing facility. PCSP/IPO beneficiaries can apply to IHO and receive both IHSS and WPCS program services simultaneously. CMIPS II is the system used by WPCS to pay its providers. Providers of WPCS must be created in CMIPS II to facilitate payment.

Web Portal
A site that creates a single point of access to various components and functionality associated with CMIPS II. The portal offers a structured approach to navigating information, e.g. by subject

(category) then sub-category. The systems in CMIPS II include Case Management, Reporting, Advantage Financial and Advantage Human Resource Management (HRM).

Work Queue

Shared task lists to which a user has been given access. The work queues contain both manually generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county.

WPCS

See Waiver Personal Care Services.

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Chapter Nine
System Security

to
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and
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CMIPS II

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1. Introduction

This chapter contains information about system security and administration. System security features in CMIPS II are established and managed at the county, state, and HP levels. County users with system administration roles include the Security Officer and Security Administrator. The Security Officer is approved by CDSS and set up in CMIPS II by HP. The Security Administrator may be the same user as the Security Officer or another user. The Security Administrator's role is managed by the county.

The system administration roles allow assigned users the right to create and/or modify user information in the CMIPS II Web Portal, including Case Management, Reporting and Advantage.

The following information represents the technical process for creating and maintaining users in CMIPS II.

1. The Security Officer confirms that the user does not already exist in the system and creates a new account in the CMIPS II Web Portal.
2. If appropriate, the Security Officer or Security Administrator activates the new user within Case Management. This process includes activities such as assigning the user to a position within the organization and assigning a security role and CMIPS II printer.
3. If appropriate, the Security Officer or Security Administrator assigns the new user to a security group within Reporting. The security group to which the user is assigned determines which reports the user can access. The reports are organized in folders by topic. For example, Core is a security group that contains Case Maintenance, Homemaker, Payroll, Provider Management, QA/Fraud, and Time and Attendance folders. The corresponding reports are accessible in those folders. A user can be given access to multiple security groups.

1.1 Web Portal Security Roles

The table below lists the unique security roles defined within the CMIPS II Web Portal. Each user may be assigned more than one of these roles. Some roles are exclusive to the California Department of Social Services (CDSS) or HP users.

Role	Description
Case Management	User has access to Case Management.
Reporting	User has access to CMIPS II Reporting.
Web Portal	User has access to base Web Portal screens (Reset Password, Help, Notifications, Contacts, and Maintain Account Information).
Advantage HRM	User has access to Advantage Human Resource Management (HRM). **Note:** This role is exclusively for CDSS users.
Advantage Financial	User has access to Advantage Financial. **Note:** This role is exclusively for CDSS users.
Security Officer	User has access to Security Administration screens (Add New User, Security Profile, and Reset User Password). **Note:** Refer to the System Administrator Roles section for additional information on the roles, their differences, and recommended assignment criteria.
Security Administrator	User has access to Security Administration screens (Security Profile and Reset User Password).

Role	Description
	Note: Refer to the System Administrator Roles section for additional information on the roles, their differences, and recommended assignment criteria.
Web Master	User has access to maintain Web Portal content. **Note:** This role is exclusively for HP users.
TPF Manager	User has access to TPF metrics add and modify screens. **Note:** This role is exclusively for HP users.

1.2 System Administrator Roles

The table below lists the unique system administrator roles defined within the CMIPS II Web Portal.

Role	Description
Security Officer	The Security Officer is approved by CDSS and assigned by HP. The Security Officer has the ability to create new and maintain existing users within CMIPS II and reset passwords. This includes activating a user in Case Management and/or Reporting. **Note:** Because this role involves adding users to CMIPS II, it is recommended that it be assigned to a county IT/help desk person and not a Case Management user.
Security Administrator	The Security Administrator has the ability to maintain existing users within CMIPS II. This includes resetting passwords and activating a user in Case Management and/or Reporting. A Security Administrator cannot create new CMIPS II users. **Note:** Unlike the Security Officer role, the Security Administrator role cannot add users and, as a result, it can be assigned to a Case Management user.

2. Security Administration

The Security Officer adds new CMIPS II users. Once a new user is added, all other setup tasks can be performed by either the Security Officer or Security Administrator including:

- Updating a security profile.
- Resetting a password.
- Activating the user in Case Management.

2.1 Add a New User to the Web Portal

The Security Officer adds new CMIPS II users. Once a new user is added, all other setup tasks can be performed by either the Security Officer or Security Administrator.

Note: The HP Help Desk administers access and assigns privileges needed to add/subtract Business Objects users to and from the various BO groups. This is necessary when adding Security Officers and Security Administrators.

Note: Search for the user before creating a new user to determine if there is an existing account.

To Add a New User

1. From the Web Portal left navigation menu, under **Security Administration**, click the **Add New User** link. The system displays the Search User screen.
2. Type the **Last Name**.

3. Type the **First Name**.

   Note: First Name and Last Name are required. If the complete and/or accurate spelling is unknown, use an asterisk (*) to substitute those letters. For example, searching for "Be*" returns both Betty and Betsy.

4. (Optional) Enter additional search criteria if necessary.
5. Click the **Search** button. The system displays the Search Results screen with matches to the criteria entered.

   Note: If the search results match the data for the user to be created, that user may already have an account in the system. In this situation, verify it is the same user and activate the account.

6. If the search brings no results or the results do not match, click the **Create User** button. The system displays a blank Create User screen.
7. Type the **User ID**.

   Note: The User ID must be a unique ID for the user to log on to the portal.

8. Type the **Worker Number**.

   Note: Although the worker number is entered at the CMIPS II Web Portal level when the new user account is created, the worker number is not passed to Case Management and needs to be entered again when activating the new user in Case Management. The worker number must be 4 characters long and can be both alpha and numeric.

9. (Optional) Select the **County** in which the user will work.

   Note: The county field defaults to the county of the Security Officer. For a Security Officer, the county field is filled in by the system and cannot be changed. For a CDSS Security Officer, the county field can be changed, but the user will still be able to find the user, regardless of the value.

10. Type the **Location/District Office**.

    Note: Enter the two-digit code for the district office to which the user is assigned; this may differ in each county. Although the Location/District Office is entered at the CMIPS II Web Portal level when the new user account is created, the Location/District Office is not passed to Case Management and needs to be entered again when activating the new user in Case Management.

11. Type the name of the **Authorizing Manager**.
12. Type the user's **First Name**.
13. (Optional) Type the user's **Middle Name**.
14. Type the user's **Last Name**.
15. Select the user's **Month of Birth** from the list.
16. Select the user's **Day of Birth** from the list.
17. (Optional) Type the **Account Disabled Date**.

    Note: The date the account becomes inactive.

18. Review the **Pre-Expired Activated Date**.

    Note: This is the system-generated date by which the user must change his/her password or be locked out.

19. Select the **Report Access Level** from the list.
    - 0 - State returns statewide data.
    - 1 - County returns data for an entire county.
    - 2 - Worker may only return data on the user's cases depending upon the report specified.

Note: In order for 0 (State) to be selected, the County field must contain the AllCounties value. In order for 1 (County) or 2 (Worker) to be selected, the County field cannot contain the AllCounties value.

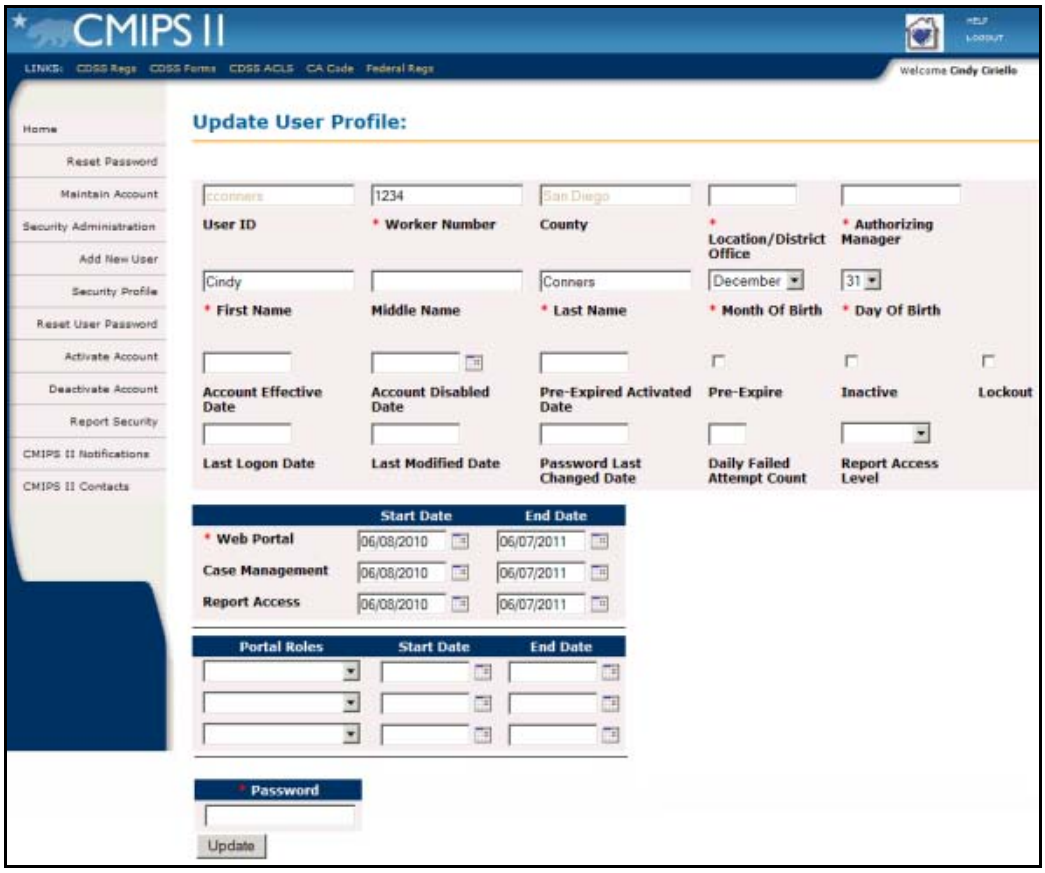
20. Click the **Create** button. The system displays the message "User Created Successfully, given below is the login credentials" on the Create User screen. The User ID and Password display below the message. Send these items to the user so he/she can log on to the Web Portal, reset his/her password, and set up his/her security questions for the account.

2.2 Update a Security Profile

The Security Officer or Security Administrator updates a user's security profile to modify the user's access to CMIPS II. These modifications may include, for example, granting the user access to another component of CMIPS II or changing the user's report access.

Searching for an active user is the first step to updating a security profile, resetting a user's password, or activating or deactivating a user account. An asterisk (*****) can be used as a wildcard character in the search.

The Update User Profile screen is identical to the Create User screen. To make changes, the Security Officer or Security Administrator enters his/her password at the bottom of the screen to confirm any changes and clicks the Update button.



To Update a Security Profile

1. From the Web Portal left navigation menu, under **Security Administration**, click the **Security Profile** link. The system displays the Search Active User screen.
2. Type the **Last Name**.

   Note: If the complete and/or accurate spelling is unknown, use an asterisk (*) to substitute those letters. For example, searching for "Be*" returns both Betty and Betsy.
3. (Optional) Enter additional search criteria if necessary.
4. Click the **Search** button. The system displays the Search Results screen with matches to the criteria entered.
5. In the Action column, click the **Update Profile** button next to the user profile to update the profile. The system displays the Update User Profile screen.

   Note: The user cannot edit any field with grayed-out data.
6. Update the appropriate profile information for the user.
7. (Optional) Select or unselect the following checkboxes:
   - Pre-Expire - To have a user's password expire prior to its normal expiration date, select the Pre-Expire checkbox. To have a user's password expire on its normal expiration date, unselect the Pre-Expire checkbox.
   - Inactive - If the Inactive checkbox is selected, the user's account is inactive either because he/she has not logged into the system for a long period of time or a Security Administrator has deactivated his/her account. If the Inactive checkbox is unselected, the user's account is active.

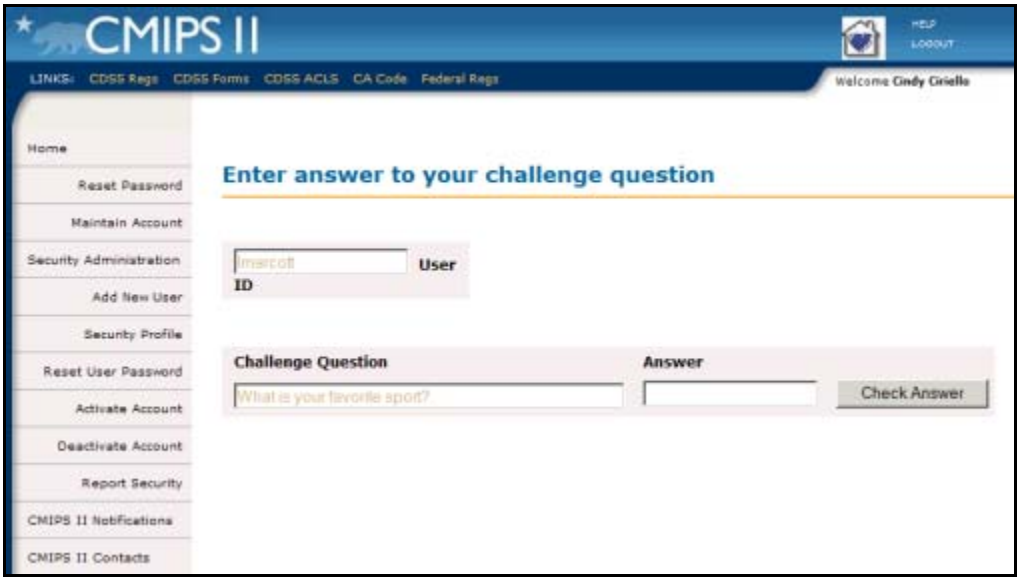
- Lockout - If the Lockout checkbox is selected, the user has had three failed attempts to log in, and the system has locked him/her out. If the Lockout checkbox is unselected, the user is able to log in.

  Note: Unlocking a user's account does not reset his/her password.

8. In the **Password** box, type the Security Officer's or Security Administrator's password.
9. Click the **Update** button. The system updates the user's profile and displays the message "User Updated successfully in WebPortal Application".

2.3 Reset a User's Password

The Security Officer or Security Administrator can reset the password for a user on the CMIPS II Web Portal. A user can only reset his/her password once in a 24-hour period. If a user locks himself/herself out more than once in a 24-hour period, the Security Officer or Security Administrator can reset the user's password.



To Reset a User's Password

1. From the Web Portal left navigation menu, under **Security Administration**, click the **Reset User Password** link. The system displays the Search Active User screen.
2. Type the **Last Name**.

   Note: If the complete and/or accurate spelling is unknown, use an asterisk (*) to substitute those letters. For example, searching for "Be*" returns both Betty and Betsy.
3. (Optional) Enter additional search criteria if necessary.
4. Click the **Search** button. The system displays the Search Results screen with matches to the criteria entered.
5. In the Action column, click the **Verify User** button next to the user profile to update the profile. The system displays the Verify User Profile screen.
6. If this is the correct user, in the **Your Password** box, type the Security Officer's or Security Administrator's password.
7. Click the **Confirm** button.

Note: If the user has not entered challenge questions, the system displays the message "No Challenge Question Registered, You Cannot Reset the Password."

8. If the user has entered challenge questions, type the **answers** to the user's challenge questions and click the **Check Answer** button. The system displays the System Assigned Password screen.

   Note: If the correct answers are not entered, the system inactivates the account and only a Security Officer can reactivate the account, which generates a new password.

9. In the **Your Password** box, type the Security Officer's or Security Administrator's password.

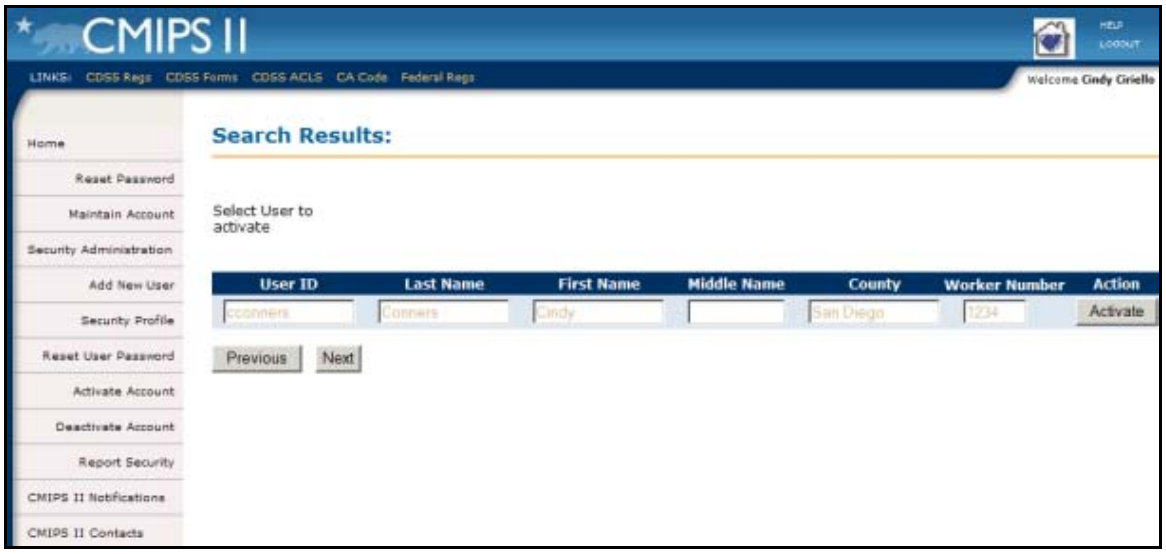
   Note: Write down the new password (example: z36aKXHN) to give to the user.

10. Click the **Confirm** button. The user password is reset and the system displays the message "The User's password reset successfully."

    Note: Send the user ID and password to the user so he/she can log on to the CMIPS II Web Portal and reset his/her password and set up security questions for the account.

2.4 Activate a User Account

If a user account has been deactivated, the Security Officer can reactivate an account for a user on the CMIPS II Web Portal. Reactivating an account restores access to the same systems within CMIPS II that the user could access before deactivation.



To Activate or Unlock a User Account

1. From the Web Portal left navigation menu, under **Security Administration**, click the **Activate Account** link. The system displays the Search Active User screen.
2. Type the **Last Name**.

   Note: If the complete and/or accurate spelling is unknown, use an asterisk (*) to substitute those letters. For example, searching for "Be*" returns both Betty and Betsy.

3. (Optional) Enter additional search criteria if necessary.
4. Click the **Search** button. The system displays the Search Results screen with deactivated users that match the criteria entered.
5. In the Action column, click the **Activate** button next to the user profile to be activated. The system displays the Update User Profile screen.
6. If the user account has been deactivated, unselect the **Inactive** checkbox.

OR

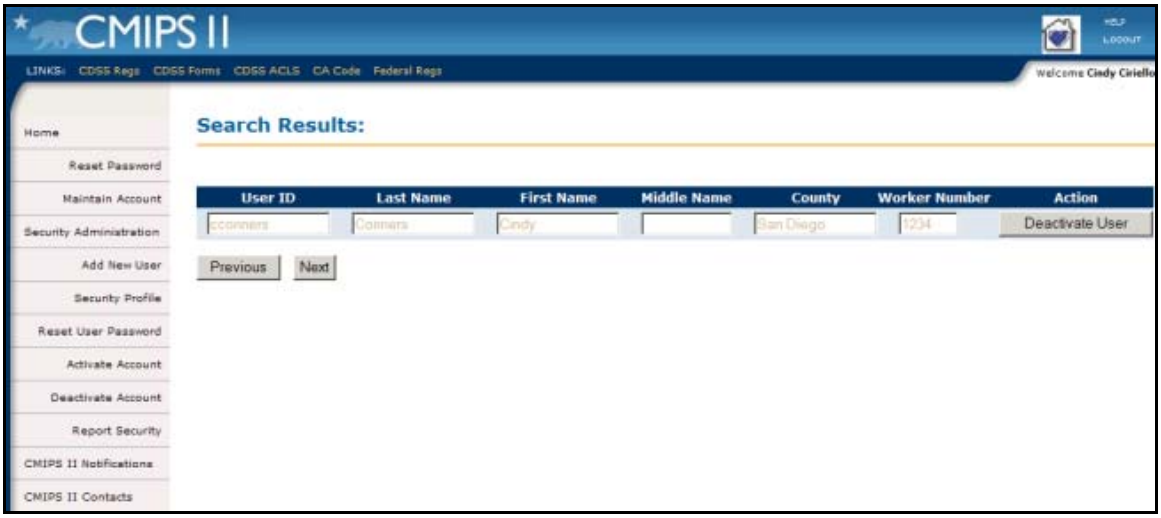
If the user account has been locked, unselect the **Lockout** checkbox.

7. In the **Password** box, type the Security Officer password.
8. Click the **Update** button. The system updates the user's profile, and the screen refreshes with the user ID and new system-generated password.

   Note: Send the user ID and password to the user so he/she can log on to the CMIPS II Web Portal, reset his/her password, and set up security questions for the account.

2.5 Deactivate a User Account

User accounts are deactivated rather than being deleted. Once the appropriate business process is followed and a request is received to terminate a user's access to CMIPS II, the Security Officer or Security Administrator can deactivate a user account on the CMIPS II Web Portal.



To Deactivate a User Account

1. From the Web Portal left navigation menu, under **Security Administration**, click the **Deactivate Account** link. The system displays the Search Active User screen.
2. Type the **Last Name**.

   Note: If the complete and/or accurate spelling is unknown, use an asterisk (*) to substitute those letters. For example, searching for "Be*" returns both Betty and Betsy.
3. (Optional) Enter additional search criteria if necessary.
4. Click the **Search** button. The system displays the Search Results screen with users who match the criteria entered.
5. Click the **Deactivate User** button next to the user profile to deactivate. The system displays the Confirm user being deactivated screen with the User ID of the user to be deactivated.
6. In the **Your Password** box, type the Security Officer's or Security Administrator's password.
7. Click the **Confirm** button. The system deactivates the account, and the screen refreshes with the message "The User's account is deactivated successfully."

3. Case Management Security Administration

Once a new-user account has been created in the CMIPS II Web Portal, information is automatically sent to Case Management. The new user still must be activated within Case Management before he/she can access the system. This section describes how to activate a new user within Case Management.

Case Management within CMIPS II has a variety of workspaces that contain functionality for different types of users.

The County System Administration workspace within Case Management contains different shortcuts on the Home screen. The left navigation menu contains different sections than most system users see. Anyone acting as a Security Administrator can use this workspace to perform the tasks described in this section.

3.1 Activate a User in Case Management

When a user is created in CMIPS II and is given access to Case Management, a generic new-user account is created in Case Management with these properties:

- New User position is assigned at the county level
- Worker number defaults to 99
- Security role is set to New User
- Application workspace is set to New User

Note: Although the worker number was entered at the CMIPS II Web Portal level when the new-user account was created, the information is not passed to Case Management and needs to be inputted again.

If new CMIPS II users log into Case Management before their profiles are activated, they see the New Worker screen.

The Security Officer or Security Administrator activates a new user in Case Management by:

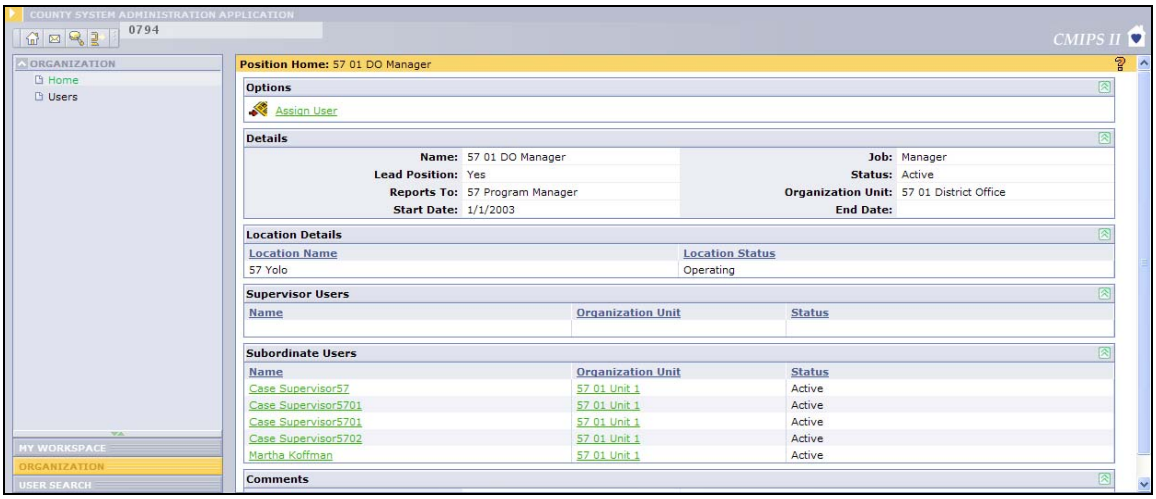
1. Assigning the user to a position in an organization.
2. Removing the user from the new user position.
3. Assigning a CMIPS II printer.
4. Modifying the security role and application workspace.
5. Subscribing the user to applicable work queues.

   Note: There are administrator rights associated with subscribing access to work queues. In order for the Security Officer or Security Administrator to subscribe a user to applicable work queue(s), he/she has to be given those administrator rights by the CMIPS II Help Desk.

3.1.1 Assign a User to a Position in an Organization

Assigning users to positions within an organization determines their escalation path.

Note: There should only be one user in a supervisor or lead position. More than one person in a supervisor or lead position puts the receiver of escalated tasks in question.



To Assign a User to a Position in an Organization

1. From the Case Management left navigation menu, click the **Organization** section. The system displays the Organization Units screen with the name and status of the Security Administrator's county.
2. In the Action column, click the **View** link. The system displays the Organization Unit Home screen.
3. From the left navigation menu, click the **Child Organization Units** link. The system displays the Organization Units screen with the name and status of the Child Organizations within the county.
4. In the Action column, click the **View** link for the organization to which the user is assigned. The system displays the Organization Unit Home screen with information about the Child Organization.
5. From the left navigation menu, click the **Child Organization Units** link. The system displays the Organization Units screen with the name and status of the offices or locations within the Child Organization.
6. Click the **View** link for the location to which the user is assigned.

   Note: Depending on the size of the county, the number of Child Organizations within a county will vary.
7. From the left navigation menu, click the **Positions** link. The system displays the Positions screen with a list of positions within the associated Child Organization.
8. In the Action column, click the **View** link for the position to which the user is assigned. The system displays the Position Home screen with information about the position.
9. Click the **Assign User** link. The system displays the Assign User screen.
10. In the **User** box, click the (magnifying glass) icon. The system displays the User Search screen.
11. Type the **search criteria** for the user to be located.

    Note: Search using various fields such as Worker Number, Username, or Zip Code. The username search is case sensitive. If you search by First and Last Name, the search is not case sensitive.
12. Click the **Search** link. The system updates the Search Results area.
13. In the **Search Results** area, click the **Select** link next to the user name. The system displays the Assign User screen.
14. (Optional) Type the **From Date** and **To Date**.
15. Click the **Save** link. The system displays the Position Home screen.

16. From the left navigation menu, click the **Users** link. The system displays the Users screen with a list of users assigned to the position within the associated Child Organization.
17. Confirm that the user has been added to the position.

3.1.2 Remove a User's Default Position

After a user is assigned a position within an organization, the New User system-generated default position must be deleted.

Note: The user cannot be removed from the New User position until placed into another position.

To Remove a User's Default Position

1. From the Case Management left navigation menu, click the **Organization** section. The system displays the Organization Units screen with the name and status of the Security Administrator's county.
2. In the Action column, click the **View** link. The system displays the Organization Unit Home screen.
3. From the left navigation menu, click the **Positions** link. The system displays the Positions screen with a list of positions associated with the county.
4. In the Action column, click the **View** link next to the New User position. The system displays the Position Home screen.
5. From the left navigation menu, click the **Users** link. The system displays the Users screen with a list of users assigned to the New User position.
6. In the Action column, click the **Remove** link next to the appropriate user. The system displays the message "Are you sure you want to remove this User from this Position?" on the Remove User screen.
7. Click the **Yes** link to confirm the removal. The system displays the Users screen. The status of the new user position is cancelled.

3.1.3 Find a User

Before default user information can be modified, the user needs to be found in the system.

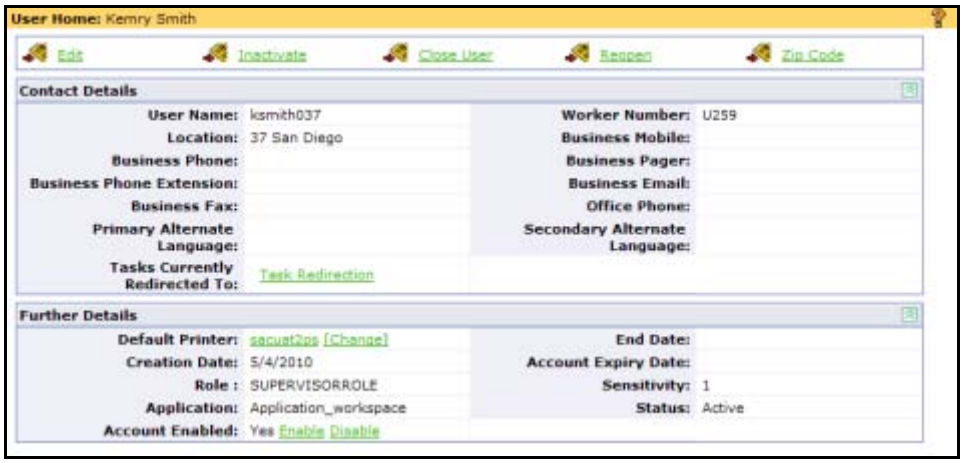
To Find a User

1. On the My Workspace screen, in the **My Shortcuts** area, click the **Find a User** link. The system displays the User Search screen.
2. Type the **search criteria** for the user to be located.

   Note: Search using various fields such as Worker Number, Username or Zip Code. The username search is case sensitive. If you search by First and Last Name, the search is not case sensitive.
3. Click the **Search** link. The system updates the Search Results area.
4. In the **Search Results** area, in the Action column, click the **View** link next to the user name. The system displays the User Home screen.

3.1.4 Assign a CMIPS II Printer

The default printer assignment is done from the User Home screen.



Before Beginning: Search for a user on the User Search screen. Refer to the Find a User section in this chapter.

To Assign a Default Printer

1. On the User Home screen, in the **Default Printer** box, click the **Change** link. The system displays the Select Printer screen with a list of available CMIPS II printers in the county.

   Note: The list displays dedicated CMIPS II printers located in the user's county.

2. In the Action column, click the **Select** link for the appropriate printer. The system displays the message "Are you sure you want to select this printer?" on the Confirm Printer screen.
3. Click the **Yes** link to confirm the selection. The system displays the User Home screen.

3.1.5 Modify the Security Role and Application Workspace

A user's security role determines his/her access to Case Management. Security roles are collections of access privileges to different parts of the system that affect what the user is authorized to do.

For example, a user with the Case Management role can perform different tasks and see different screens from a user with the Provider Management role.

The security role is assigned on the User Home screen. The default security role assigned on creation of the user account is NEWUSERROLE. To change the user's security role, first search for the user and display the User Home screen.

Before Beginning: Search for a user on the User Search screen. Refer to the Find a User section in this chapter.

To Modify the Security Role and Application Workspace

1. On the User Home screen, click the **Edit** link. The system displays the Modify User screen.
2. In the **Detail** area, type the **Worker Number**.

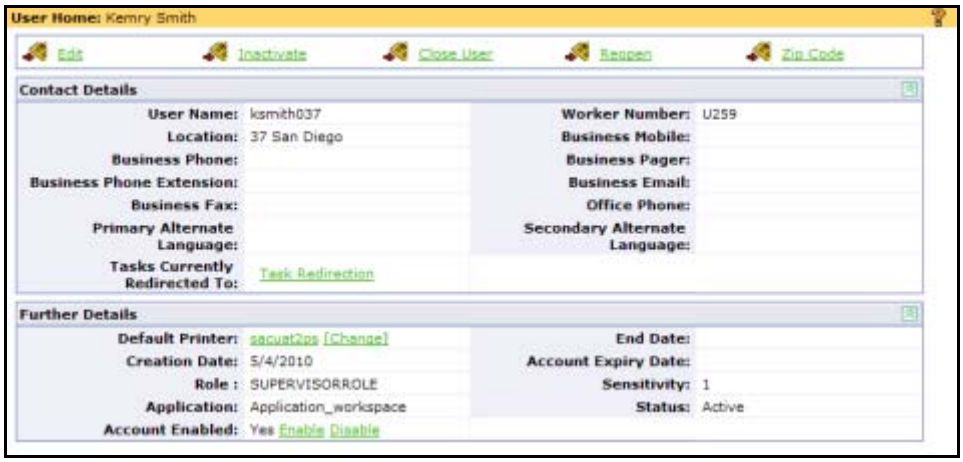
   Note: The worker number defaults to 99 in Case Management, The worker number must be changed to a four character alphanumeric. Although the worker number was entered at the CMIPS II Web Portal level when the new-user account was created, the information is not passed to Case Management and needs to be input again.
3. In the **Security** area, in the **Role Name** box, click the (magnifying glass). The system displays the Security Roles screen with a list of role names.
4. In the Action column, click the **Select** link next to the appropriate role. The system displays the Modify User screen. Refer to any county-specific user setup documentation to determine the correct role.
5. Set the application by selecting the appropriate workspace.

   Note: In most cases, *Application_workspace* is appropriate.
6. Click the **Save** link. The system displays the User Home screen.

3.1.6 Close or Inactivate a User

In most cases, CMIPS II users are deactivated at the portal level. This action removes a user's access to all areas of CMIPS II, including Reporting and Case Management.

Additionally, it may be necessary to remove a user's account in Case Management. This is done to prevent the user from being assigned as a case owner in the future and prevents the user from displaying in the user search results. Either close or inactivate a user from the User Home screen within Case Management.



Before Beginning: Search for a user on the User Search screen. Refer to the Find a User section in this chapter.

To Close a User

Closing a user allows for the account to be reopened in the future as needed. This is the most commonly used method.

1. On the User Home screen, click the **Close User** link. The system displays the Close User screen.

   Note: Closing a user suspends an account. If a user ever needs his/her access to Case Management reestablished, that can be done using the Reopen link on the User Home screen.

2. Type the **End Date**.

3. In the **Task Redirection Details** area, in the **Reassign Task To** box, click the (magnifying glass).

4. Type the **search criteria** for the user.

   Note: Search using various fields such as Worker Number, Username, or Zip Code. The username search is case sensitive. If you search by First and Last Name, the search is not case sensitive.

5. Click the **Search** link. The system updates the Search Results area.

6. In the **Search Results** area, in the Action column, click the **Select** link next to the user. The system displays the Close User screen.

7. Click the **Save** link. The system displays the User Home screen.

To Inactivate a User

Inactivated users are removed from Case Management. The user account is permanently disabled and can no longer be viewed or accessed by any county user. Inactivating a user is rarely necessary.

1. On the User Home screen, click the **Inactivate** link. The system displays the message "Do you want to delete this user?" on the Delete User screen.

2. Click the **Yes** link. The system displays the User Home screen.

Note: In the Further Details area of the User Home screen, the Account Enabled box indicates whether the user's account is enabled or disabled in Case Management. This functionality should not be used to manage access to Case Management. Refer to the Close a User or Inactivate a User procedure above.

3.1.7 Reopen a User

If a user's account has been closed in Case Management, access can be reinstated by reopening the user. Reopen a user from the User Home screen.

Before Beginning: Search for a user on the User Search screen. Refer to the Find a User section in this chapter.

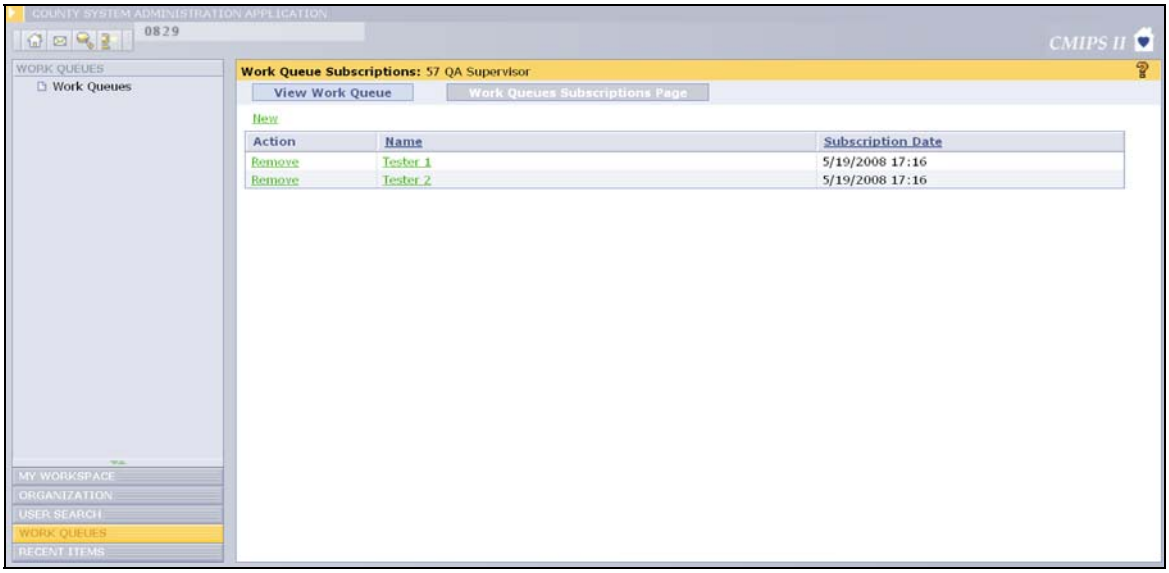
To Reopen a User

1. On the User Home screen, click the **Reopen** link. The system displays the message "Are you sure you want to reopen this user?" on the Reopen User screen.
2. (Optional) Select the **Reopen Previous Positions** checkbox.
3. Click the **Save** link. The system displays the User Home screen.

3.2 Managing Work Queue Subscriptions

Work queues are groupings of manual tasks or tasks generated by Case Management. The work queue groupings are based on the type of task. Tasks that are automatically generated and placed in a work queue are assigned deadlines. Users who are subscribed to the appropriate work queue can then view and reserve tasks in order to complete the working tasks before the deadline. Any task not completed by its deadline is escalated. Users need to be subscribed to a work queue to view and reserve tasks from it.

Each work queue has only one administrator who can subscribe or unsubscribe users. This administrator can be either the Security Officer or Security Administrator, and the CMIPS II Help Desk must give him/her those administrator rights. A column on the Work Queues screen displays the administrator for each work queue.



To View a Work Queue

1. From the left navigation menu, click the **Work Queues** section. The system displays the Work Queues screen.
2. In the Action column, click the **View** link for the work queue to view. The system displays the View Work Queue screen for the selected work queue.

3. Click the **Work Queue Subscriptions Page** button. The system displays the members of the work queue on the Work Queue Subscriptions screen.

3.2.1 Subscribe a User to a Work Queue

Use the Add Work Queue Subscription screen to subscribe users to a work queue.

Note: User must be logged in as the administrator of the work queue.

To Add a Work Queue Subscription

1. From the left navigation menu, click **Work Queues** section. The system displays the Work Queues screen.
2. In the Action column, click the **View** link for the work queue to view. The system displays the View Work Queue screen for the selected work queue.
3. Click the **Work Queue Subscriptions Page** button. The system displays the members of the work queue on the Work Queue Subscriptions screen.
4. Click the **New** link. The system displays the Add Work Queue Subscription screen.
5. In the **Details** area, in the **User** box, click the (magnifying glass) to search for the user. The system displays the User Search screen.
6. Type the **search criteria** for the user.

   Note: Search using various fields such as Worker Number, Username, or Zip Code. The username search is case sensitive. If you search by First and Last Name, the search is not case sensitive.
7. Click the **Search** link. The system updates the Search Results area.
8. In the **Search Results** area, in the Action column, click the **Select** link next to the user. The system displays the Add Work Queue Subscription screen.
9. Click the **Save** link. The selected user is subscribed to the work queue, and the system displays the Work Queue Subscriptions screen.

   OR

   Click the **Save & New** link. The selected user is subscribed to the work queue, and the system displays a new Add Work Queue Subscription screen.

3.2.2 Remove a User from a Work Queue

Use the Add Work Queue Subscription screen to remove users from a work queue.

To Remove a Work Queue Subscription

1. From the left navigation menu, click **Work Queues** section. The system displays the Work Queues screen.
2. In the Action column, click the **View** link for the work queue to view. The system displays the View Work Queue screen for the selected work queue.
3. Click the **Work Queue Subscriptions Page** button. The system displays the members of the work queue on the Work Queue Subscriptions screen.
4. In the Action column, click the **Remove** link for the user being removed. The system displays the message "Are you sure you want to remove this user's subscription to the work queue?" on the Remove Work Queue Subscriptions screen.
5. Click the **Yes** link to confirm the removal. The system displays the Work Queue Subscriptions screen.

4. Reporting System Administration

The HP Help Desk administers access and manages security setup for users in Reporting. The Security Administrator will create a new CMIPS II user and then select the appropriate reporting access level for the user. They will then send a request to the CMIPS II HP Help Desk to set up the new users in Reporting by assigning them to the appropriate reporting security groups.

4.1 Reporting Security Groups

Reports are grouped into various public folders. Users will only see folders and subfolders that are associated with their assigned group.

The HP Help Desk manages security setting to grant report access to users in Reporting. Adding users to one of the predefined security groups permits them to view and run reports within the folders associated with that group.

Note: Users will not be able to modify any report in a public folder.

Note: The following table is not available in the CMIPS II Web Portal. This table is presented as a resource to assist in completing the request to set up the new user.

Security Group	Associated Folders in Reporting
State	• State Only • Case Maintenance • Homemaker Reports • Payroll • Provider Management • QA/Fraud • Time and Attendance • Health Benefits Managers • Labor Organization
Core (most users)	• Case Maintenance • Homemaker Reports • Payroll • Provider Management • QA/Fraud • Time and Attendance
Health Benefit Manager (HBM)	• Health Benefit Managers
Labor Organization (LO)	• Labor Organizations
County System Administrator	• System Performance • System Security • Data Download • Data Retention

Security Group	Associated Folders in Reporting
Internal HP	• State Only • Case Maintenance • Homemaker Reports • Payroll • Provider Management • QA/Fraud • Time and Attendance • Health Benefits Managers • Labor Organization • System Performance • System Security • Data Download • Data Retention

Note: For a complete list of reports available in Reporting, refer to the Appendix A – Job Aids chapter.

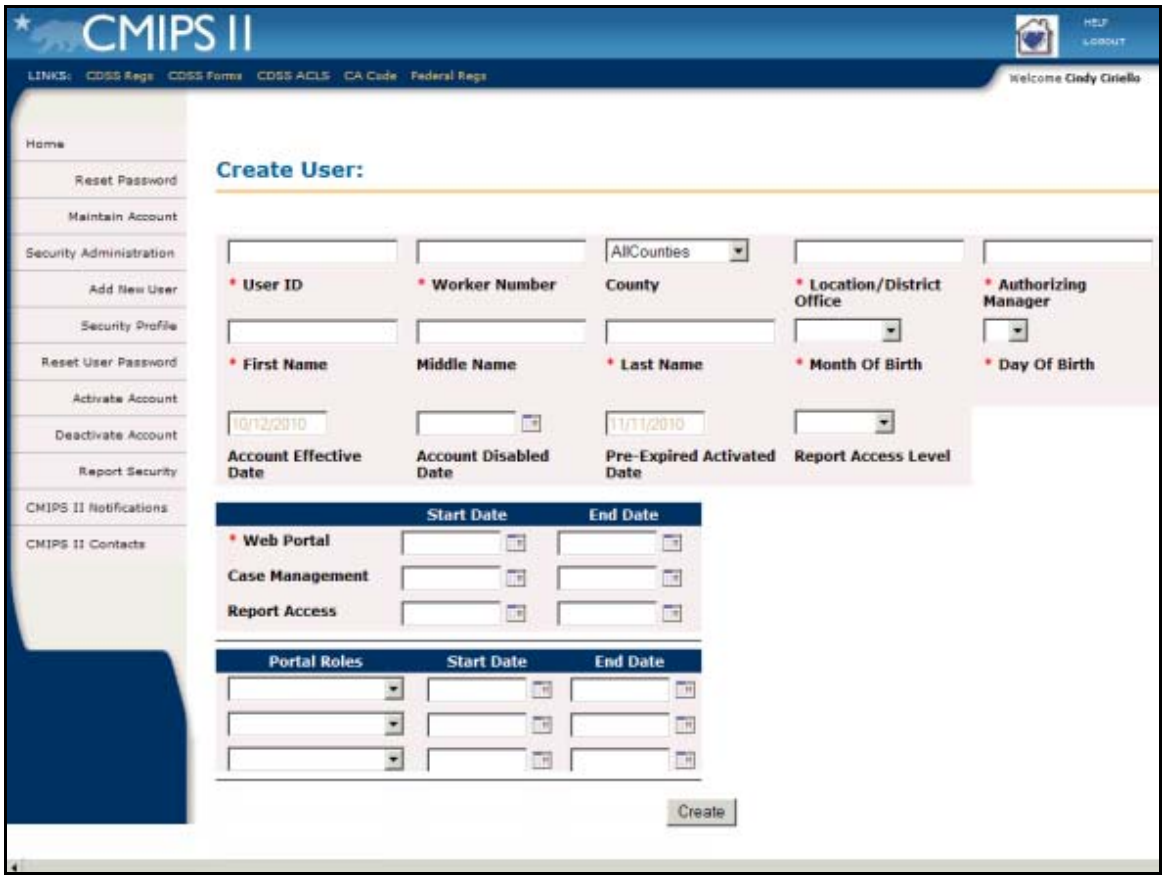
4.2 Report Access Level

New users must be set up in the CMIPS II Web Portal before they can be granted access to Reporting.

During the process of setting up a new user on the CMIPS II Web Portal, each user will be assigned a Report Access Level. The Report Access Level determines how much information is returned on any report the user runs.

- **0 - State** returns statewide data.
- **1 - County** returns data for an entire county.
- **2 - Worker** may only return data on the user's cases depending upon the report specified.

Note: In order for 0 (State) to be selected, the County field must contain the AllCounties value. In order for 1 (County) or 2 (Worker) to be selected, the County field cannot contain the AllCounties value.


CMIPS II
HELP
LOGOUT
LINKS: CDSS Regs CDSS Forms CDSS ACLS CA Code Federal Regs
Welcome Cindy Ciriello
Home
Reset Password
Maintain Account
Security Administration
Add New User
Security Profile
Reset User Password
Activate Account
Deactivate Account
Report Security
CMIPS II Notifications
CMIPS II Contacts
Create User:
AllCounties
* User ID
* Worker Number
County
* Location/District Office
* Authorizing Manager
* First Name
Middle Name
* Last Name
* Month Of Birth
* Day Of Birth
10/12/2010
11/11/2010
Account Effective Date
Account Disabled Date
Pre-Expired Activated Date
Report Access Level
Start Date
End Date
* Web Portal
Case Management
Report Access
Portal Roles
Start Date
End Date
Create

5. Advantage Administration

Allowing users to access to the Advantage Financial and HRM systems is a two part process.

Part 1
The Security Officer creates a new-user account in the CMIPS II Web Portal. This will enable the Advantage Financial and Advantage HRM links in the Web Portal left navigation menu.

Note: The new user still must be activated by the HP Help Desk within Advantage Financial and HRM before he/she can access the systems.

Part 2
The HP Help Desk administers access to the Advantage Financial and Advantage HRM systems.

Note: The Advantage User ID and Password will be the same as those used to access the CMIPS II Web Portal.

6. Printer Administrator

The Printer Administrator maintains the CMIPS II printer(s) at the county location. Common tasks performed by the Printer Administrator include:

- Maintaining paper and toner in the CMIPS II printer(s).
- Monitoring the paper and toner levels for the nightly batch printing jobs each day before leaving.
- Monitoring and ordering supplies for the CMIPS II printer(s).
- Managing error messages on the CMIPS II printer(s).

Error messages from the CMIPS II printer will be emailed to the Printer Administrator. The Printer Administrator will be responsible for fixing common problems, such as paper jams, adding toner or installing a maintenance kit. For non-standard printer errors, the Printer Administrator will contact the CMIPS II Help Desk for assistance.

7. List of County Codes

County Code	Associated County
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

County Code	Associated County
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

8. Glossary

A

Advance Pay
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.

Advantage Financial (CDSS only)
A complete financial management system specifically designed to support CMIPS II. Advantage Financial issues vendor payments, and serves as a reconciliation and fund source management tool.

Advantage HRM (Human Resource Management) (CDSS only)
The integrated payroll system responsible for processing payments to CMIPS II case participants. Using data received from scanned and manually-entered timesheets, HRM calculates and reports wages, taxes, and other deductions. In addition, HRM processes payment adjustments entered in the Case Management application, as well as Advance Pay and restaurant meals allowance payments.

Application
The form used to record all information necessary to establish eligibility for IHSS. The application form is dated and signed by the applicant. In Case Management, the "Create Application" link opens a case record and allows the user to enter initial eligibility information.

Authorization to Purchase
The number of hours a recipient is authorized to receive for an authorization period or authorization segment.

Authorization Period
The period of time covered by the assessment.

Authorization Segment
The time period, in hours, within an authorization period.

B

Batch
A system or mode of operation in which inputs are collected and processed all at one time, rather than processed as they are submitted. A batch job once started proceeds to completion without additional input or user interaction.

Business Objects
The database within CMIPS II containing the data elements for all operational reports. (See Reporting)

Business Rules
The logic that enforces the IHSS program policies and practices within Case Management.

C

Case Maintenance
The act of updating and maintaining data related to an applicant or case, including evidence, contact information, provider details, etc.

Case Management
A component of CMIPS II that records and tracks information about IHSS recipients and providers. Case Management provides functionality to support case management, provider management, and payroll management. This includes current and historic demographic and assessment data, as well as payroll information.

Case Note
A note created to record information regarding a case.

Case Owner
In Case Management, the user who is assigned to the case. Each case has a case owner.

CASS
See Coding Accuracy Support System.

CC
See County Contractor.

CIN
See Client Index Number.

Claim
An electronic or paper request for payment.

Client Index Number (CIN)
A ten-digit alphanumeric value assigned by the Statewide Client Index (SCI) to uniquely identify an individual to various California public benefit programs. One of the key activities in creating a case in Case Management is to search the SCI for a CIN that is associated with the IHSS applicant.

CMIPS II Printer
A printer connected to the CMIPS II network and dedicated to printing CMIPS II documents only.

Coding Accuracy Support System (CASS)
A system that enables the United States Postal Service to evaluate the accuracy of software that corrects and matches street addresses. CMIPS II cross-checks the street and mailing address entered with what is on file with the United States Postal Service.

County Contractor (CC)
A mode of service wherein IHSS is provided by an agency under contract with a county.

D

Data Download
Provides access to export-ready reports that can be used for additional analysis and transfer of data to other systems.

DE 4 (California State Employee Withholding Certificate)
A form issued by the Employment Development Department (EDD) and completed by the provider if they wish to have state income tax withheld from their pay at a rate different than federal income tax. The form is sent to HP for processing.

Department of Health Care Services (DHCS)
The State agency responsible for protecting and promoting the health status of Californians through the financing and delivery of individual health care services. The DHCS administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal) and In-Home Operations (IHO).

DHCS
See Department of Health Care Services.

E

EFT (Electronic Funds Transfer)
Also known as Direct Deposit, EFT refers to the computer-based systems used to perform financial transactions electronically from one account to another. The State Controller's Office (SCO) uses EFT to electronically deposit payments for providers and recipients into the banks of their choice.

Evidence
Information collected to determine eligibility for IHSS. Case Management categorizes evidence into four types: Household, Service, Program, and Share of Cost.

F

Federal Financial Participation (FFP)
An indication of whether the federal government shares in the cost of services. In IHSS, if FFP is yes, the federal government pays for 50% of the cost of services for a case.

FFP
See Federal Financial Participation.

Funding Source
The means of financial support for IHSS program costs. The established governmental sources for IHSS funding are PCSP, IPO, and IHSS-R.

H

HM
See Homemaker.
Homemaker (HM)
A mode of service wherein county staff provide IHSS to eligible IHSS recipients.

I

Icon
A picture or symbol on a menu, toolbar or screen that users select by pointing and clicking with a mouse. Icons are used to display information and navigate within CMIPS II.
ICT (Inter-County Transfer) Coordinator
The person responsible for coordinating the transfer of a case from one county to another in Case Management when the recipient moves to a different county and continues to be eligible for IHSS.
IHO
See In-Home Operations.
IHSS Plus Option (IPO)
A funding source associated with the IHSS program. It includes recipients who are eligible for full scope FFP Medi-Cal and have their services provided by a spouse or parent (if the individual is a minor child under 18), or receive Restaurant Meal Allowance or Advance Pay. Unlike the Demonstration Waiver IPW, the IPO is a State Plan Option, and therefore follows the PCSP State Plan regarding program eligibility and services. Cases paid from the IPO funding source are designated with a Medi-Cal Secondary Aid Code of 2L. CMIPS II supports both IPO and IPW programs.
IHSS Plus Waiver (IPW)
An expired funding source formerly associated with the IHSS program.
IHSS-R
See IHSS Residual.
IHSS Residual (IHSS-R)
A funding source associated with the IHSS program. Recipient cases having one or more of the following indications in an eligibility month shall be associated with the IHSS-R program: No Medi-Cal eligibility or Medi-Cal eligibility without Federal Financial Participation (FFP) eligibility. Recipient cases paid from the IHSS-R funding source are designated with a Medi-Cal Secondary Aid Code of 2N. The IHSS-R funding source is paid at a ratio of state 65% and county 35%.
Individual Provider (IP)
A mode of service wherein a person provides IHSS and is not a County Contractor or Homemaker.
In-Home Operations (IHO)
A section within the Department of Health Care Services (DHCS) that administers the Waiver Personal Care Services (WPCS) program.
IP
See Individual Provider.
IPO
See IHSS Plus Option.
IPW
See IHSS Plus Waiver.

L

LMA
The Legislative Mandated Adjustment (LMA) hours. Displays in (HH:MM) format.

J

Job Aid
A device or tool that allows an individual to quickly access the information he or she needs to perform a task.

M

Medi-Cal Eligibility Data System (MEDS)
A system used to maintain a statewide file of eligible Medi-Cal recipients and issue identification cards.

MEDS
See Medi-Cal Eligibility Data System.

MEDS Monthly Renewal
Refers to the monthly interface with MEDS, which sends a file to CMIPS II regarding a recipient's Medi-Cal monthly eligibility.

N

Notification
Informational items in Case Management where the user is not required to take action. Notifications are generated by Case Management based on case actions or information from another source, such as MEDS and SAWS.

O

Online Help
Online help is topic-oriented, procedural, or reference information delivered through computer software. It is a form of user assistance. When online help is accessed from Case Management or the CMIPS II Web Portal, context-sensitive help is displayed.

P

PA
See Public Authority.

PCSP
See Personal Care Services Program.

Password
A secret word or string of characters used for authentication, to prove identity, or to gain access to a protected resource. A password is required to gain access to CMIPS II.

Person
The record of an individual in Case Management. A person may be associated with multiple person type indicators. For example, if someone is both an IHSS recipient and a provider he/she will have a single person record in Case Management.

Person Note
A note created to record information regarding a person. (e.g., provider, recipient, applicant, recipient, provider).

Personal Care Services Program
A funding source associated with the IHSS program. This program provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institute Code Section 14132.95 and Title 22, California Code of Regulations. It is one of three funding sources associated with the IHSS program. Individuals meeting all of the following conditions are funded for PCSP: eligible for full scope FFP Medi-Cal, no Advance Pay, no Restaurant Meal Allowance, and no parent/spouse provider. Recipient cases paid from the PCSP funding source are designated with a Medi-Cal Secondary Aid Code of 2M.

POS
See Point of Service Spend Down Transaction.

Point of Service Spend Down Transaction
A real-time transaction sent from CMIPS II to the MEDS Share of Cost system when an IHSS payment is made. It reduces any outstanding MEDS share of cost for the corresponding Medi-Cal eligibility month.

Position
During user setup, each user is assigned a position within a workflow structure in Case Management. The position determines the workflow for notifications and tasks, the path in which tasks are escalated, and the cases which he/she can modify.

Provider
A person paid to perform IHSS.

Provider Registry
A registry of approved providers most commonly compiled by a county Public Authority (PA) used to assist recipients in identifying and contacting potential providers. These providers have completed State mandated requirements.

Public Authority (PA)
An entity authorized to act as Employer of Record for Individual Providers for collective bargaining.

R

Receiving County
The county that takes ownership of a case that is being transferred from a sending county, as part of the Inter-County Transfer (ICT) process.

Reduced Hours
The hours and minutes the recipient hours will be reduced based upon the reduced hours percentage. Displays in (HH:MM) format.

Reinstated Hours
The number of reduced hours the case owner reinstated to the recipient. Displays in (HH:MM) format.

Reporting
The Reporting link on the CMIPS II Web Portal provides access to many predefined reports covering various aspects of the IHSS program. Reports can be generated for immediate viewing and printing or generated for future use. Report information can be exported for use in other applications such as Microsoft Word or Excel, Crystal Reports, or Adobe Acrobat Reader. Reporting is used by case owners for a variety of case intake and case management tasks. Managers, supervisors, QA, and payroll also use reporting for auditing and planning purposes.

S

SAWS
See Statewide Automated Welfare System.

SCI
See Statewide Client Index.

SCO
See State Controller's Office.

SEIN
See State Employer Identification Number.

State Employer Identification Number (SEIN)
An identification number assigned by the Employment Development Department (EDD) to each IHSS recipient.

Sending County
The county that currently owns a case that is being transferred to a receiving county, as part of the Inter-County Transfer (ICT) process.

Sensitivity Level
Notes in Case Management have sensitivity levels from 1 to 5. One is the lowest sensitivity and 5 is the highest. Each Case Management user is assigned a sensitivity level that determines what notes he/she can see and what sensitivity level he/she can assign to notes. For example, everyone can see notes with a sensitivity of 1, but only users with a sensitivity of 3 can see or create notes of level 3.

Social Worker Certification
Indicates whether or not the recipient met the criteria for the social worker to certify the reinstatement of all reduced hours.

Stale Dated Warrant
A warrant that remains un-cashed after one year from the date of issue.

State Controller's Office (SCO)
The office managed by the state's chief fiscal officer, responsible for administration and oversight of fiscal affairs for the state. CMIPS II exchanges data with SCO, and in Case Management, the user can request copies of cashed warrants from the SCO.

Statewide Automated Welfare System (SAWS)
The generic term used to refer to CalWIN, C-IV and LEADER, the systems used to determine eligibility for a variety of welfare benefits, including Medi-Cal. Case Management interfaces with these systems to request Medi-Cal eligibility determinations for applicants who are not currently receiving Medi-Cal and to exchange status information.

Statewide Client Index (SCI)
The California Department of Health Care Services' (DHCS) Statewide Client Index generates and controls Client Identification Numbers (CINs). The CIN is the primary identifier for individuals who have applied for public benefits.

T

Task
An item that requires a Case Management user to take action. A task may be generated by Case Management or may be manually created by a user. Each task is assigned a unique task number. A task generated automatically by Case Management and not completed by its deadline escalates to a supervisor.

Timesheet Processing Facility (TPF)
A central facility responsible for the scanning and processing of IHSS timesheets.

TPF
See Timesheet Processing Facility.

W

W-2 Form
Refers to the federal Wage and Tax Statement.

W-4 Form
Refers to the federal Employee's Withholding Allowance Certificate.

W-5 Form
Refers to the federal Earned Income Credit Advance Payment Certificate.

Waiver Personal Care Services (WPCS)
A program administered by In-Home Operations (IHO) in which individuals are either eligible for Nursing Facility (NF) or Model Nursing Facility Waiver services. Both waivers provide personal care services to categorically needy and medically needy Medi-Cal recipients who would otherwise spend at least 90 days in a nursing facility. PCSP/IPO beneficiaries can apply to IHO and receive both IHSS and WPCS program services simultaneously. CMIPS II is the system used by WPCS to pay its providers. Providers of WPCS must be created in CMIPS II to facilitate payment.

Web Portal
A site that creates a single point of access to various components and functionality associated with CMIPS II. The portal offers a structured approach to navigating information, e.g. by subject

(category) then sub-category. The systems in CMIPS II include Case Management, Reporting, Advantage Financial and Advantage Human Resource Management (HRM).

Work Queue

Shared task lists to which a user has been given access. The work queues contain both manually generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county.

WPCS

See Waiver Personal Care Services.

9. Index

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Chapter Ten
CMIPS II Adult Programs Division

to
Assist
and
Empower

CMIPS II

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1 OVERVIEW OF CMIPS II ADVANTAGE FEATURES

AMS Advantage© is a complete payroll (Advantage HRM) and financial management (Advantage Financial) system specifically designed to support the CMIPS II functions. Using data provided by the users, CMIPS II Advantage maintains a payroll and financial database that can be used to produce a variety of detail and summary information.

1.1 NAVIGATION

CMIPS II Advantage uses a Web interface to display the types of application pages listed below.

- Document pages (Documents), which are used to record payroll activities, such as timesheet transactions and financial activities (e.g., transfer of expense with journal vouchers).
- Inquiry pages (Inquiries), which are used to display summary and detailed information from system-maintained tables.
- Reference Table pages (Reference Tables), which provide access to user-maintained and system-maintained tables.

Each page, whether a Document, Inquiry, or Reference Table has a page code associated with it. For instance, the Object Table has the page code of 'OBJ'.

Users can gain access to specific pages, either through the primary navigation panel located at the top of every page, or the secondary navigation panel located on the left side of every page. The primary navigation panel contains a Page Code search field; users can also search for pages by using the secondary navigation panel's Search > Page Search feature. The Search > Page Search feature makes it possible to search by page description in addition to page code. The '*' wildcard can be used when searching by page description.

2 CHART OF ACCOUNTS TABLES

CMIPS II Financial allows California Department of Social Services (CDSS) to configure the financial tables to ensure the key financial management processes of CMIPS II are met. The subsections that follow will discuss how these tables will be used, the table and its required and optional fields, and the steps to view data on each table used for CMIPS II.

Chart of Accounts – Identifies and classifies all financial data stores in AMS Advantage Financial, ensuring that all types of financial transaction (such as payroll, budgeting and accounting) use the same set of valid codes. The Chart of Accounts is the heart of the financial and budgeting systems, used for transactions, reports, and analysis.

Adult Programs Division (APD) staff has view only permission for CMIPS II. When changes are needed to the financial tables, HP will make the required changes via APD staff request.

When a new chart of account element such as program or district needs to be established then APD staff will send a form to HP. HP staff will configure the new chart of account element.

When a chart of account element, such as program or district, is no longer needed APD staff will send a form to HP. HP will then inactivate the chart of account element.

2.1 FISCAL YEAR (FY) TABLE

The Fiscal Year table allows CDSS to establish and verify the valid fiscal years and budget fiscal years in Financial component of CMIPS II. All transactions and processes must be executed within a valid year. Verification of the Fiscal Year used on a transaction not only ensures a valid fiscal year is entered on transactions, but also ensures that the year is open for transactions.

This table is shared between Advantage Financial and Advantage HRM.

2.1.1 Processing Steps

This section will instruct users how to view data on the Fiscal Year table.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **FY** • Select the **Browse** link. • Select the **Fiscal Year** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Fiscal Year **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete a fiscal year record from the table. The fiscal year record is used on the budget structure and other inference tables and document.

2.1.2 Table Results - Fields

Table	Field	Value	Comments
FY	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record.
FY	End Date	06/30/2010	Required. The last calendar date of the fiscal year.
FY	Closed	Check box is not checked	Required. This field indicates whether the fiscal year is closed for processing. This flag can be set manually or by the annual closing process.
FY	Archived	Checkbox is not checked	Default. When a fiscal year has been marked as archived, it means that records from at least one journal or ledger have been archived. Subsequently, that fiscal year will no longer be available for document

Table	Field	Value	Comments
			processing.
FY	Closing Process Run	Checkbox is not checked	Default. When selected, this field signifies that the period closing process has been executed and many other processes like ledger summarization have occurred. This flag can only be set by the period closing process.

2.2 FUND (FUND) TABLE

The Fund (FUND) table has four sections: General Information, Year End Options, Rollups, and Description/Contact. Only two sections are used: General Information and Year End Options. Only one field in the Year End Options section will be populated and the other fields are not required for CMIPS II. The Rollups section and the Description/Contact section will not be used by CDSS.

CDSS is using the General Fund 0001 for the IHSS programs. This is the only fund that will be established in CMIPS II.

This table is shared between Advantage Financial and Advantage HRM.

2.2.1 Processing Steps

This section will instruct users how to view data on the Fund table.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **FUND** • Select the **Browse** link. • Select the **Fund** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Fiscal Year **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete a fund record from the table. The fund record is used on the budget structure and other inference tables and document.

2.2.2 Table Results - Fields

Table	Field	Value	Comments
FUND	General Information Section		
FUND	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record. It is validated against the Fiscal Year table, which contains controls and other attributes of the year.
FUND	Fund	0001	Required. The identification code associated with a fund record, which is an essential part of a governmental accounting system. Values may be entered as a chart of account element on a budget or accounting document.
FUND	Name	General Fund	Required. The name associated with an individual fund code.
FUND	Short Name	General Fund	Required. The short name associated with the fund. This name is used on queries, reports, and inferences for display on transactions and pages when there is not enough room for the full name.
FUND	Bank	1000	Required. This field identifies the banks that are the defaults for this fund. The Bank value is the one that will default to certain accounting documents when not manually entered.
FUND	EFT Bank	1000	Required. EFT Bank is the value defaulted to disbursement documents that are Electronic Funds Transfer documents.
FUND	Master Bank	1000	Required. Master Bank is the real bank account. This is the value used with the Automatic Bank Transfer batch program.
FUND	Effective From		Blank.
FUND	Effective To		Blank.
FUND	Active	Checkbox is checked	Required. This flag checked indicates whether or not the fund is active for use. When selected, the fund can be used on tables and transactions.
FUND	Budgeting	Checkbox is checked	Required. This flag checked indicates whether this fund is allowed for budgeting or not.
FUND	Component Unit	Checkbox is not checked	Default. This flag checked indicates that this fund is handled differently for CAFR reports. The flag is intended as an aid for CAFR reporting and is optional.
FUND	Pool Fund	Checkbox is not checked	Default. This flag checked indicates the fund code is the one to be used as the pool fund in the investment area.
FUND	Major Fund	Checkbox is not checked	Default. This flag checked indicates that this fund must be displayed separately from others of this same fund type because of size or volume. The flag is intended as an aid for CAFR reporting and is optional.
FUND	General Capital Assets (GCA)	Checkbox is not checked	Default. This flag checked indicates a fund code will use the GCA fund to record all asset information instead of in the individual fund itself.

Table	Field	Value	Comments
	Fund		
FUND	Responsibility Center Posting	Checkbox is not checked	Default. This flag indicates whether the fund can use the Responsibility Center Posting functionality.
FUND	Allow Override of Responsibility Center Posting	Checkbox is not checked	Default. This flag checked indicates the user can manually change the inherited Responsibility Center Posting value from Fund on the Fixed Asset document.
FUND	Allow Negative Investment Balance	Checkbox is not checked	Default. The flag indicates a fund code allows a negative balance in a Pool Investment account for the participatory fund.
FUND	Year End Options Section		
FUND	Pre Enc Close Action	No Action	Default. Indicates the type of action to apply to the document when it is closed. The default value is No Action.
FUND	Pre Enc Roll Min	$0.00	Default. The minimum dollar amount for the Roll action to be applied to pre-encumbrances.
FUND	Enc Close Action	No Action	Default. Indicates the type of action to apply to a document when it is closed. The default value is No Action.
FUND	Enc Roll Min	$0.00	Default. The minimum dollar amount for the Roll action to be applied.
FUND	Recv Close Action	No Action	Default. Actions to be taken against outstanding receivables at year end. The default value is No Action.
FUND	Recv Roll Min	$0.00	Default. The minimum amount a receivable accounting line must be for in order to be selected by the roll process.
FUND	Other Items Closed Action	No Action	Default. On the Fund (FUND) table, actions to be taken against outstanding 'other' activity at year end. The default value is No Action.
FUND	Other Items Roll Min	$0.00	Default. The minimum amount an accounting line must be equal to or greater than in a document representing other items in order to be selected by the roll process.
FUND	Close Fund Into Account	Fund Balance	Required. Select the correct account into which the fund balance is closed during the annual closing process. Funds, because of their fund types and classes as defined by Generally Accepted Accounting Procedures (GAAP) close differently. Valid values in the drop down are Agency Due To, Retained Earnings, and Fund Balance.

2.3 Department (DEPT) Table

The Department (DEPT) table is used for establishing department controls that are not fiscal year based. The Department table has three sections: General Information, Buyers, and

Description/Contacts. Only one section will be used: General Information. The Buyer and Description/Contacts sections will not be used by CDSS.

In CDSS' current budget structure, the Organization 5180 is used to indicate CDSS. The Department 5180 in CMIPS II will be the equivalent to the CDSS' Organization 5180.

Note: Advantage HRM has added additional elements to this table but these are not considered "Financial" data. These elements will not be used as part of the financial reporting but are needed in order to process the payroll data.

This table is shared between Advantage Financial and Advantage HRM.

2.3.1 Processing Steps

This section will instruct users how to view data on the Department table.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select the **Page Search** link. • Enter the page code: **DEPT** • Select the **Browse** link. • Select the **Department** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Department **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete a department record from the table. The department record is used on the budget structure and other inference tables and document.

2.3.2 Table Results - Fields

Table	Field	Value	Comments
DEPT	General Information Section		
DEPT	Department	5180	Required. The unique identification code assigned to the department.
DEPT	Name	Department of Social Services	Required. The name associated with the department. This name is used on queries, reports and inferences for display on transactions and pages.
DEPT	Short Name	CDSS	Required. The short name associated with the department. This name is used on queries, reports, and inferences for display on transactions and screens when there is not enough room for the full name.

Table	Field	Value	Comments
DEPT	Effective From		Blank.
DEPT	Effective To		Blank.
DEPT	Active	Checkbox is checked	Required. This flag checked indicates whether or not the department is active for use. When selected, the department can be used on tables and transactions.
DEPT	Budgeting	Checkbox is checked	Required. This flag checked indicates whether this department is allowed for budgeting or not.
DEPT	AR Unit Inference	Set to All	Required. Select 'Set to All' from the drop down. Other values in the drop down are: Infer from User ID, Infer from Document ID and No Inference. Set to All value means that there are no specific rules by Unit. California Department of Social Services is not using the Accounts Receivable business function at this time. This field established as to how the account receivable department is inferred or has to be manually entered on documents recording accounts receivable activity.

2.4 APPROPRIATION (APPR) TABLE

The Appropriation (APPR) table has two (2) sections: General Information and Rollups. Only one section will be used: General Information. The Rollups section will not be used by CDSS. In CMIPS II, an appropriation refers to a set of budget lines, all governed by the same legislative authorization.

In the current budget structure, CDSS uses Reference 111, Program 25 and Element 15 to reference a budget line. In CMIPS II, the Reference, Program and Element will be combined to create an appropriation unit. Example: 1112515.

There will only be one Appropriation and it was established during Production Configuration.

This table is shared between Advantage Financial and Advantage HRM.

2.4.1 Processing Steps

This section will instruct users how to view data on the Appropriation table.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **APPR** • Select the **Browse** link. • Select the **Appropriation** link from the search results. **Action 3:** Select the **Search** link.

Step	Role	Description
		Action 4: Enter the following field: • Fiscal Year **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete an appropriation record from the table. The appropriation record is used on the budget structure and other inference tables and document.

2.4.2 Table Results - Fields

Table	Field	Value	Comments
APPR	General Information Section		
APPR	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record. Validated against a Fiscal Year table which contains controls and other attributes of the year.
APPR	Appr Unit	1112515	Required. The identification code assigned to a single appropriation unit. An appropriation is a budgeting Chart of Accounts element. The appropriation field may be used as an input field on a document, a selection criteria on a parameter table, a key to a specific business rule on a control table, a field to be inferred on a document, or the appropriation value on a historical record.
APPR	Name	IHSS	Required. The name associated with the appropriation unit. This name is used on queries, reports and inferences for display on transactions and pages.
APPR	Short Name	IHSS	Required. The short name associated with the appropriation unit. This name is used on queries, reports, and inferences for display on transactions and screens when there is not enough room for the full name.
APPR	Contact Code		Blank.
APPR	Effective From		Blank.
APPR	Effective To		Blank.
APPR	Active	Checkbox is checked	Required. This flag checked indicates whether or not the appropriation is active for use. When selected, the appropriation can be used on tables and transactions.
APPR	Budgeting	Checkbox is checked	Required. This flag checked indicates whether this appropriation is allowed for budgeting or not.
APPR	Description		Blank.
APPR	Appropriation Classification	Regular	Required. Select Regular from the drop down. Other values in the drop down are: Continuing, Supplemental, Special, and Multi-Year. Regular appropriations normally begin with the fiscal

Table	Field	Value	Comments
			year and end no later than the end of the fiscal year, are not based on special funding and are reviewed on an annual basis.

2.5 Balance Sheet Account (BSA) Table

The Balance Sheet Account (BSA) table is used by other configuration tables. There are three sections to the BSA table: General Information, Rollups, and 1099 Info/1042-S Info. CDSS is not using BSA rollups and 1099 Info/1042-S Info, so these sections will not be populated. Only the General Information section will be used.

The cash balance sheet account must be established in order to record payment information. Other balance sheet accounts established are accounts payable, disbursements payable, warrant payable, and stale dated payable.

This table is shared between Advantage Financial and Advantage HRM.

2.5.1 Processing Steps

This section will instruct users how to view data on the Balance Sheet Account table.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **BSA** • Select the **Browse** link. • Select the **Balance Sheet Account** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Fiscal Year **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete a balance sheet account record from the table. The balance sheet account record is used on other inference tables and document.

2.5.2 Table Results - Fields

Table	Field	Value	Comments
BSA	General Information Section		
BSA	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record. Validated against a Fiscal Year table which

Table	Field	Value	Comments
			contains controls and other attributes of the year.
BSA	BSA	1110	Required. The identification code assigned to the balance sheet account.
BSA	Name	General Cash	Required. The name associated with the balance sheet account. This name is used for queries, reports, and inferences for display on other pages or transactions.
BSA	Short Name	General Cash	Required. The short name associated with the balance sheet account. This name is used for queries, reports, and inferences for display on other pages or transactions when there is not enough room for the balance sheet account name.
BSA	Account Type	Asset	Required. The type of balance sheet account. Valid values in the drop down are Asset, Liability, Equity, and Asset Offset.
BSA	Level of Balance Control	Warning	Required. CMIPS II will use “Warning”. A flexible level of control to be used when a document causes a balance sheet account record for a fund to have a balance contrary to what is normal for that type of account. Valid values in the drop down are No Error, Warning, Override, and Error. No Error is the default.
BSA	FASB Class	Not Applicable	Required. For GASB clients, this indicator is marked ‘Not Applicable’. California Department of Social Services is a GASB client. Valid values in the drop down are Not Applicable, Unrestricted, Temporarily Restricted, or Permanently Restricted.
BSA	Contact Code		Blank.
BSA	Effective From		Blank.
BSA	Effective To		Blank.
BSA	Active	Check box is checked	Required. This field indicates whether or not the balance sheet account is active for use. When selected, the balance sheet account can be used on tables and transactions.
BSA	Cash Account	Check box is checked	Required. This field signifies to the system that the Balance Sheet Account code is 'Cash Account'.
BSA	Memo Account	Check box is not checked	Default. This field indicates if the balance sheet account is a memo account.
BSA	Payroll	Check box is checked	Required. This field indicates whether or not the object is used for payroll. This is Designation only (no edit against this). Note: Certain objects can be restricted from being used on certain documents by making an entry on the Valid Document Code and Object Combination table.
BSA	Contributed Account	Check box is not checked	Default. Select this flag if this balance sheet account will be assigned as a contributed asset balance sheet

Table	Field	Value	Comments
			account on the Fixed Asset Type (FATP) table.
BSA	Control Account	Check box is not checked	Default. This flag controls whether the selected BSA can be manually entered on the accounting line of documents. If this flag is selected, then an error will be issued when the document is validated or submitted.
BSA	Description		Blank.

2.5.3 Balance Sheets Accounts

BSA	Name	Asset / Liability / Equity
1110	General Cash	Asset
2000	Disbursement Payable	Liability
3000	Accounts Payable	Liability
3101	Personal Income Tax	Liability
3102	State Unemployment Insurance	Liability
3103	Employer Training Tax	Liability
3104	State Disability Insurance	Liability
3105	Disability Insurance Elective Coverage	Liability
3106	Estimated AP - State Disability Insurance	Liability
3107	Share of Cost	Liability
3108	Estimated AP - Share of Cost	Liability
3109	Reimbursement of Buyout - County	Liability
3110	Transfer of Stale Dated Warrant Funds	Liability
3111	Share of Cost - Adjustment	Liability
3201	Federal Unemployment Tax Act	Liability
3202	Federal Income Tax	Liability
3203	Earned Income Credit	Liability
3204	Federal Insurance Contributions Act - Employee	Liability
3205	Federal Insurance Contributions Act - Employer	Liability
3206	Medicare - Employee	Liability
3207	Medicare - Employer	Liability
3208	Estimated AP-Federal Insurance Contributions Act - Employee	Liability
3209	Estimated AP - Medicare - Employee	Liability

BSA	Name	Asset/Liability/Equity
3301	Union Dues	Liability
3302	Heath Trust	Liability
3303	Cope/People	Liability
3304	Initiation	Liability
3305	Other Insurance	Liability
3401	Health Insurance	Liability
3402	Vision Insurance	Liability
3403	Dental Insurance	Liability
3501	Liens	Liability
3601	EDD Refund – Personal Income Tax	Liability
3602	EDD Refund – State Unemployment Insurance	Liability
3603	EDD Refund – Employer Training Tax	Liability
3604	EDD Refund – State Disability Insurance	Liability
3605	EDD Refund – Disability Insurance Elective Coverage	Liability
4000	Warrants Payable	Liability
5000	Stale Date Payable	Liability
6000	Escheat Payable	Liability
7000	Cancelled Disbursements Payable	Liability
8000	Fund Balance	Equity
9999	Annual Closing Offset	Asset Offset

2.6 Object Category (OCAT) Table

CDSS currently is only using object 706 to record CMIPS activities. In order to capture additional detail for payroll and financial reporting, new objects were developed to meet payroll reporting needs, which are used only in the Financial component of CMIPS II system. The new objects were not established in CALSTARS. The new objects will roll up to CDSS' object 706.

Example: Wages is established with object code 5001 and will roll up to object category code 706.

There will only be one Object Category and it was established during Production Configuration.

This table is shared between Advantage Financial and Advantage HRM.

2.6.1 Processing Steps

This section will instruct users how to view data on the Object Category table.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **OCAT** • Select the **Browse** link. • Select the **Object Category** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Object Category **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete the object category record from the table. The object category record is used on the object record.

2.6.2 Table Results - Fields

Table	Field	Value	Comments
OCAT	Object Category	706	Required. The identification code associated with the object category. This code groups objects for reporting purposes.
OCAT	Name	Contract Payments (Non-Governmental)	Required. The name associated with the object category. If name is used on queries, reports, and inferences for display on transactions and pages.
OCAT	Short Name	Contract Pay	Required. The short name associated with the object category. This name is used on queries, reports, and inferences for display on transactions and pages when there is not enough room for the full name.
OCAT	Contact Code		Blank.
OCAT	Effective From		Blank.
OCAT	Effective To		Blank.
OCAT	Active	Checkbox is checked	Required. This flag checked indicates whether or not the object category is active for use. When selected, the object category can be used on tables and transactions.
OCAT	Budgeting	Checkbox is not checked	Required. This flag checked indicates whether this object category is allowed for budgeting or not.

Table	Field	Value	Comments
OCAT	Description		Blank.

2.7 OBJECT (OBJ) TABLE

The Object (OBJ) table has four sections: General Information, General Options, 1099 Info/1042-S Info and Rollups. Only one section will not be used: 1099 Info/1042-S Info.

CDSS is only using object 706 for payroll reporting. In order to capture additional detail for reporting, new objects were developed to meet payroll and financial reporting needs which are used only in the Financial component of CMIPS II system. The new objects were not established in CALSTARS. The new objects will roll up to CDSS' CALSTARS object 706. The CMIPS II object category 706 is equivalent to CDSS CALSTARS object.

Example: Wages are established with the object code 5001, which will roll up to object category code 706 (CALSTARS object).

This table is shared between Advantage Financial and Advantage HRM.

2.7.1 Processing Steps

This section will instruct users how to view data on the Object table.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **OBJ** • Select the **Browse** link. • Select the **Object** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Fiscal Year **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete the object record from the table. The object record is used on the budget structure and other inference tables and document.

2.7.2 Table Results - Fields

Table	Field	Value	Comments
OBJ	General Information Section		
OBJ	Fiscal Year	2010	Required. The Fiscal Year associated with an account

Table	Field	Value	Comments
			or record. Validated against a Fiscal Year table which contains controls and other attributes of the year.
OBJ	Object	5001	Required. The identification code associated with an object of expenditure.
OBJ	Name	Wages	Required. The name associated with the object. If name is used on queries, reports, and inferences for display on transactions and pages.
OBJ	Short Name	Wages	Required. The short name associated with the object. This name is used on queries, reports, and inferences for display on transactions and pages when there is not enough room for the full name.
OBJ	Contact Code		Blank.
OBJ	Effective From		Blank.
OBJ	Effective To		Blank.
OBJ	Active	Checkbox is checked	Required. This flag checked indicates whether or not the object is active for use. When selected, the object can be used on tables and transactions.
OBJ	Budgeting	Checkbox is checked	Required. This flag checked indicates whether this object is allowed for budgeting or not.
OBJ	Description		Blank.
OBJ	General Options Section		
OBJ	FASB Class	Not Applicable	Required. A classification for FASB reporting to be associated with each code. Valid values in the drop down are Not Applicable, Unrestricted, Temporarily Restricted, or Permanently Restricted.
OBJ	Operating	Yes	Default. Indicates whether the object is considered to be operating, non-operating, or is not applicable. Used primarily for reporting purposes. However, the operational transfer event categories require an Operating object to be used for the transferring party.
OBJ	Payroll	Checkbox is checked	Default. Indicates whether or not the object is used for payroll. Note: Certain objects can be restricted from being used on certain documents by making an entry on the Valid Document Code and Object Combination table.
OBJ	Reimbursement Eligible	Checkbox is not checked	Required. Indicates that an object is eligible for reimbursement billing process in cost accounting. Default is cleared.
OBJ	Reimbursable	Checkbox is checked	Required. When set to YES, an object code is reimbursable, which means it can be used by a selling party on an internal reimbursement purchase and for the providing party on an internal operational transfer.
OBJ	Eligible for Intercept process	Checkbox is not checked	Default. When set on the object table, it means that a receivable (RE) line with that object code can be used to intercept a payment. CDSS is not using the

Table	Field	Value	Comments
			Accounts Receivable business function at this time.
OBJ	FACP Eligible	Checkbox is not checked	Required. This field indicates whether the object is eligible to be included in the accumulation of costs against a Program-Related Fixed Asset. The default for this field is Yes. CDSS is not using the Fixed Asset functionality.
OBJ	Payment Lag	0	Default. The number of lag days to be used in the Scheduled Payment Date calculation of Payment Request on documents that can request a disbursement. In the Scheduled Payment Date calculation, multiple Object codes and System Option values can be retrieved when calculating the date for a single vendor line. In such a case, the greatest lag date is used.
OBJ	1099 Info / 1042-S Info		
OBJ	1099 Income Code		Blank.
OBJ	Legal Services	Checkbox is not checked	Required. This flag allows for object codes to be set as legal services for 1099 purposes. Only objects that are 1099 reportable can have this flag selected. The result is vendors that are marked as corporations will have legal services reports on 1099 forms, but other types of vendors will not. Valid values in the drop down are Yes or No.
OBJ	1042-S Income Code		Blank.
OBJ	Rollups Section		
OBJ	Object Class		Blank.
OBJ	Object Category	706	Required. The identification code associated with the object category. This code groups objects for reporting purposes.
OBJ	Object Type		Blank.
OBJ	Object Group		Blank.
OBJ	Major CAFR Expense Type		Blank.
OBJ	Minor CAFR Expense Type		Blank.

2.7.3 Objects

OBJ	Name
3001	Employer Training Tax
3002	State Unemployment Insurance
3003	Federal Unemployment Tax Act

OBJ	Name
3004	Federal Insurance Contributions Act - Employer
3005	Medicare - Employer
5001	Wages
5002	Advance Pay
5003	State Override Only
5004	Federal / County Override
5005	County Override
5006	County Contractors Hrs
5007	Homemakers Hrs
5008	State / County Override
5009	Restaurant Meals
5011	Cash In Door
9999	Master Closing Object

All the objects, with the exception of those noted below, are split based on the program funding:

- Object 5003 (State Override Only) will post 100% to State funding.
- Object 5004 (Federal/County Override) will post 50% to Federal and 50% to County funding.
- Object 5005 (County Override) will post 100% to the County funding.
- Object 5008 (State/County Override) will post 65% to State and 35% to County funding.

2.8 UNIT (UNIT) TABLE

The Unit (UNIT) table has four sections: General Information, Rollups, Flexible Reporting, and Buyer. Only one section will be used: General Information. This table will display the CMIPS II programs currently known as fund source and sub sources. Example: IHSS Plus Waiver (IPW) has six sub sources that display as IPW1, IPW2, IPW3, IPW4, IPW5, and IPW6 in CMIPS II.

Note: Advantage HRM has added additional elements to this table, but these are not considered “financial” data. These elements will not be used as part of the financial reporting, but are needed in order to process the payroll data.

This table is shared between Advantage Financial and Advantage HRM.

2.8.1 Processing Steps

This section will instruct users how to view data on the Unit table.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **UNIT** • Select the **Browse** link. • Select the **Unit** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following fields: • Fiscal Year • Department **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not delete a unit record from the table. The unit record is used on the budget structure and other reference tables and document.

If the unit becomes inactive, HP staff will enter an “Effective To” date. If a new unit is created, HP staff will enter an “Effective From” date.

2.8.2 Table Results - Fields

Table	Field	Value	Comments
UNIT	General Information Section		
UNIT	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record. Validated against a Fiscal Year table which contains controls and other attributes of the year.
UNIT	Department	5180	Required. The unique identification code assigned to the department.
UNIT	Unit	IHSS	Required. Unit is the lowest organizational level in the main organizational structure. At the unit level, all the organizational elements it reports to are defined so that they are inferred to accounting documents. Unit codes themselves can be values entered on budgeting and accounting documents, keys to business rule tables, and values seen in historical records.
UNIT	Name	In-Home Supportive Services-Residual	Required. The name associated with the unit. This name is used on queries, reports and inferences for display on transactions and pages.
UNIT	Short Name	IHSS	Required. The short name associated with the unit.

Table	Field	Value	Comments
			This name is used on queries, reports, and inferences for display on transactions and screens when there is not enough room for the full name.
UNIT	Contact Code		Blank.
UNIT	Disbursement Contact Code		Blank.
UNIT	Effective From		Blank.
UNIT	Effective To		Blank.
UNIT	Active	Checkbox is checked	Required. This flag checked indicates whether or not the unit is active for use. When selected, the unit can be used on tables and transactions.
UNIT	Budgeting	Checkbox is checked	Required. This flag checked indicates whether this unit is allowed for budgeting or not.
UNIT	VSS Unit	Checkbox is not checked	Default. The VSS Unit flag indicates the specific units that may be selected by vendors in VSS. CDSS is not using the Vendor Self Service module.
UNIT	Description		Blank.

2.8.3 Unit (Financial)

Unit	Name	Short Name
9999	Default for Payroll	Default
IHSS	In-Home Supportive Services-Residual	IHSS
IPO	IPO	IPO
IPW1	IPW - Parent/Spouse	Parent/Spouse
IPW2	IPW - Advance Pay	Advance Pay
IPW3	IPW - Protective Supervision by Parent/Spouse	Protective Sup
IPW4	IPW - Domestic Services and Related by Parent/Spouse	Domestic Serv
IPW5	IPW - Meals	Meals
IPW6	IPW - Multiple Services	Multi Services
PCSP	Personal Care Services Program	PCSP
WPCS	Waiver Personal Care Services	WPCS

2.9 Sub Unit (SUNIT) Table

The Sub Unit (SUNIT) table is used to define the most detailed element in the organizational chart of accounts structure. CDSS needs to be able to attribute funding structure to a County and to the District office within the county. In CMIPS II, the County and the District

will be combined to create a sub unit. Example: Alameda County 01 and District office 21 will be sub unit 0121.

This table is shared between Advantage Financial and Advantage HRM.

2.9.1 Processing Steps

This section will instruct users how to view data on the Sub Unit table.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **SUNIT** • Select the **Browse** link. • Select the **Sub Unit** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following fields: • Fiscal Year • Department • Unit **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not delete a sub unit record from the table.

If the sub unit becomes inactive, HP staff will enter an “Effective To” date. If a new sub unit is created, HP staff will enter an “Effective From” date.

2.9.2 Table Results - Fields

Table	Field	Value	Comments
SUNIT	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record. Validated against a Fiscal Year table which contains controls and other attributes of the year.
SUNIT	Department	5180	Required. The unique identification code assigned to the department.
SUNIT	Unit	IHSS	Required. Unit is the lowest organizational level in the main organizational structure. At the unit level, all the organizational elements it reports to are defined so that they are inferred to accounting documents. Unit codes themselves can be values entered on budgeting and accounting documents, keys to business rule tables, and values seen in historical records.
SUNIT	Sub Unit	0101	Required. Sub Unit is a means of breaking down a

Table	Field	Value	Comments
			unit code into smaller measurements. It is the lowest level of organizational structure and is required or prohibited based on one or more sub unit requirement tables.
SUNIT	Name	ALAMEDA-01	Required. The name associated with the sub unit. This name is used on queries, reports and inferences for display on transactions and pages.
SUNIT	Short Name	ALAMEDA01	Required. The short name associated with the sub unit. This name is used on queries, reports, and inferences for display on transactions and screens when there is not enough room for the full name.
SUNIT	Contact Code		Blank.
SUNIT	Effective From		Blank.
SUNIT	Effective To		Blank.
SUNIT	Active	Checkbox is checked	Required. This flag checked indicates whether or not the sub unit is active for use. When selected, the unit can be used on tables and transactions.
SUNIT	Budgeting	Checkbox is not checked	Required. This flag checked indicates whether this sub unit is allowed for budgeting or not.
SUNIT	Description		Blank.

2.9.3 Sub Unit

There are over 2,000 entries for FY 2010. Below is a sample of the data on this table.

Sub Unit	Name	Short Name
0101	ALAMEDA-01	ALAMEDA-01
0121	ALAMEDA-21	ALAMEDA-21
0121	ALAMEDA-22	ALAMEDA-22
0123	ALAMEDA-23	ALAMEDA-23
0131	ALAMEDA-31	ALAMEDA-31
0132	ALAMEDA-32	ALAMEDA-32
0133	ALAMEDA-33	ALAMEDA-33
0134	ALAMEDA-34	ALAMEDA-34
0135	ALAMEDA-35	ALAMEDA-35
0199	ALAMEDA-99	ALAMEDA-99
0201	ALPINE-01	ALPINE-01
0299	ALPINE-99	ALPINE-99
0301	AMADOR-01	AMADOR-01
0399	AMADOR-99	AMADOR-99

2.10 Reporting Code (RPT) Table

The Reporting Code (RPT) table has two sections: General Information and Rollups. Only one section was established: General Information. The Rollups section will not be used by CDSS. This table will display the different types of reporting elements: County, State, and Federal to help define the cost for each program.

This table is shared between Advantage Financial and Advantage HRM.

2.10.1 Processing Steps

This section will instruct users how to view the data on the Reporting Code table.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **RPT** • Select the **Browse** link. • Select the **Reporting Code** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Fiscal Year **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not delete a reporting code record from the table.

2.10.2 Table Results - Fields

Table	Field	Sample Value	Comments
RPT	General Information Section		
RPT	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record. Validated against a Fiscal Year table which contains controls and other attributes of the year.
RPT	Reporting	221R	Required. The identification code associated with a fund record, which is an essential part of a governmental accounting system. Values may be entered as a chart of account elements on a budget or accounting document.
RPT	Name	County	Required. The name associated with reporting code.
RPT	Short Name	County	Required. The short name associated with the

Table	Field	Sample Value	Comments
			reporting code. This name is used on queries, reports, and inferences for display on transactions and pages when there is not enough room for the full name.
RPT	Contact Code		Blank.
RPT	Effective From		Blank.
RPT	Effective To		Blank.
RPT	Active	Checkbox is checked	Required. This flag checked indicates whether or not the reporting code is active for use. When selected, the reporting code can be used on tables and transactions.
RPT	Budgeting	Checkbox is not checked	Required. This flag checked indicates whether this reporting code is allowed for budgeting or not.
RPT	Description		Blank.

2.10.3 Reporting Code

Reporting Code	Name
221R	County
222G	State
222R	Federal
221	CC & HM (Note: Used on interface only)

3 BUDGET INQUIRE TABLES

3.1 BUDGET INQUIRY TABLES

The Budget Inquiry tables list all budget lines that have been established for the CMIPS II budget structure and level that is indicated in the page caption on the inquiry. The Chart of Accounts elements and name of each budget are displayed and searchable. The budget inquiry tables also display budget tracking amount fields associated with the selected budget as well as non-budgetary information that pertain to the selected budget. The fields displayed on these tables were defined during implementation of the Financial component of CMIPS II.

For each standalone budget tracking amount field (those directly updated by accounting and budget documents) the user can access field details and transaction details. The field details show the actual bucket amount and totals for how much is in pending for the bucket for both increases and decreases. This is done by a mouse click directly on the label for the standalone bucket. The magnifying glass icon to the right of the bucket opens a window where documents, which have updated the budget bucket, are listed. Each record has a transition to allow a document to be opened. The Download action found just below the grid of documents will create an Excel file of all documents for the budget amount being

investigated. That file can then be saved locally with a name provided by the system user. When the Detailed Transaction Listing window is closed, the user is returned to the transaction details.

The budget was established as zero dollars.

Adult Programs Division (APD) staff has view only permission for budget inquiry tables for CMIPS II.

3.1.1 Processing Steps

This section will instruct users how to view data on the Budget Inquiry Level 1 table.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **BQ29LV1** • Select the **Browse** link. • Select the **OC Appropriation Budget** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • BFY **Action 5:** Select the **OK** link. The results are displayed. **Action 6:** Select **magnifying glass icon to the right** of the Accrued Expenses field or Cash Expenses field. The results are the documents that made up the data in this field.

3.1.2 Table Results - Fields

Table	Field	Sample Value	Comments
BQ29LV1	Budget Actuals		
BQ29LV1	Pre-Encumbered		Blank.
BQ29LV1	Encumbered		Blank.
BQ29LV1	Actual Expenses	$356.00	The amount of expenditures against a budget that have not been paid
BQ29LV1	Cash Expenses	$2,934,029.79	The amount of expenditures against a budget that have been paid, thereby reducing cash
BQ29LV1	Uncommitted	($2,934,385.79)	CDSS is not entering a budget therefore this field has no meaning at this time.

Table	Field	Sample Value	Comments
			A method of calculating the total amount of budget funds available. The amount is used to specify the amount of the current budget that is available for commitment transactions such as purchase orders and payment requests. How the actual calculation is actually defined is determined on the Budget Tracking Amount table.
BQ29LV1	Unobligated	($2,934,385.79)	CDSS is not entering a budget therefore this field has no meaning at this time. A method of calculating the total amount of budget funds available. Specifies the amount of the current budget that has not been obligated. The actual calculation and its use in controlling spending are based on how the budget is configured.
BQ29LV1	Actual Expenses	$2,934,385.79	Amount of expenditures against a budget that are either accrued or disbursed. This is the total expensed for the IHSS program at the appropriation level at a point in time.

3.1.3 Processing Steps

This section will instruct users how to view data on the Budget Inquiry Level 2 table.

Step	Role	Description
1	APD Staff	**Action 1:** Login to Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **BQ29LV2** • Select the **Browse** link. • Select the **OC Expense Budget** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following fields: • BFY • Unit • Object Note: If the user wants the data at program level, then enter Unit and not object. If the user wants the data at detail level for that program such as Advance Pay wages, then enter the object. **Action 5:** Select the **OK** link. The results are displayed. **Action 6**: Select **magnifying glass icon to the right** of the Accrued Expenses field or Cash Expenses field. The results are the documents

Step	Role	Description
		that made up the data in this field.

3.1.4 Table Results - Fields

Table	Field	Sample Value	Comments
BQ29LV2	Budget Actuals		
BQ29LV2	Pre-Encumbered		Blank.
BQ29LV2	Encumbered		Blank.
BQ29LV2	Actual Expenses	$356.00	The amount of expenditures against a budget that have not been paid
BQ29LV2	Cash Expenses	$12,203.68	The amount of expenditures against a budget that have been paid, thereby reducing cash
BQ29LV2	Uncommitted	($12,559.68)	CDSS is not entering a budget therefore this field has no meaning at this time. A method of calculating the total amount of budget funds available. The amount is used to specify the amount of the current budget that is available for commitment transactions such as purchase orders and payment requests. How the actual calculation is actually defined is determined on the Budget Tracking Amount table.
BQ29LV2	Unobligated	($12,559.68)	CDSS is not entering a budget therefore this field has no meaning at this time. A method of calculating the total amount of budget funds available. Specifies the amount of the current budget that has not been obligated. The actual calculation and its use in controlling spending are based on how the budget is configured.
BQ29LV2	Actual Expenses	$12,559.68	Amount of expenditures against a budget that are either accrued or disbursed. This is the total expensed for the program at the unit and object level at a point in time.

4 BALANCE SHEET DETAIL

4.1 INCEPTION-TO-DATE BALANCE SHEET DETAIL

The Inception-to-Date Balance Sheet Detail table allows a view of balance sheet account balances at a more detailed level.

Records are added to the table by an accounting transaction using a unique combination of elements. Updates to the credit and debit amount fields are made by posting lines reaching

the final status that have a value in the BSA or Offset Balance Sheet Account (OBSA) fields. Documents in pending status do not make any updates to this table.

The magnifying glass icon allows for researching amounts. Clicking the icon transitions a user to the Accounting Journal (JACTG) page and performs a search for documents that updated the amount.

Adult Programs Division (APD) staff has view only permission for CMIPS II.

4.1.1 Processing Steps

This section will instruct users how to view data on the ITD Balance Sheet Detail table.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **BBALD** • Select the **Browse** link. • Select the **ITD Balance Sheet Detail** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • BSA **Action 5:** Select the **OK** link. The results are displayed. **Action 6:** Select **magnifying glass icon to the right** of the Debit Amount field, Credit Amount field or Balance field. The results are the documents that made up the data in this field.

4.1.2 Table Results - Fields

Table	Field	Value	Comments
BBALD	Fund	0001	The identification code associated with a fund record, which is an essential part of a governmental accounting system
BBALD	Sub Fund		Blank.
BBALD	BSA	1110	The identification code assigned to the balance sheet account.
BBALD	Sub BSA		Blank
BBALD	BSA Type	Asset	
BBALD	Debit Amount	$754.68	The total debited amount for an account based on the time frame associated with the record
BBALD	Credit Amount	$2,800,084.88	The total credit amount for an account based on the time frame associated with the record

Table	Field	Value	Comments
BBALD	Balance	($2,799,330.20)	The current available balance for the fund.

5 JOURNAL VOUCHER

5.1 JOURNAL VOUCHER

The journal voucher will be entered by APD staff to move bulk payments from one program to another. Research will need to be performed to determine the appropriate amounts to be transferred from one program to another. For example, if a provider was paid for three (3) service periods from the wrong program (IHSS-R) instead of PCSP, the total amount of payments and all deductions will need to be moved from the IHSS program to the PCSP program. Reports are available to assist with this research. The reports recommended to use for this transaction is the Provider Payment Detail, Provider Payment Summary and/or Provider Year-To-Date Payment History.

Adult Programs Division (APD) staff will have permission to only enter JVAs for CMIPS II.

5.1.1 Required Transaction Processing

Transaction	Field	Sample Value	Source	Comments
JVA	Header Section			
JVA	General Information Sub Section			
JVA	Document Name			Blank.
JVA	Record Date	10/26/2009	System Inferred	Default. The record date is the date the document was submitted successfully.
JVA	Budget FY	2010	System Inferred	Default. When on the header of a document, this is the default budget fiscal year that will be pushed to all accounting lines. When on any other level of a document, it is just a means of getting the header value to the accounting lines. This default value will become the accounting line.
JVA	Fiscal Year	2010	System Inferred	Default. The fiscal year associated with this document.
JVA	Period	4	System Inferred	Default. When on the header of a document, this is the default accounting period that is pushed to all accounting

Transaction	Field	Sample Value	Source	Comments
				lines. If not manually entered, the field remains until the document is submitted successfully. At this point, it is set to the current accounting period. This field is automatically filled out by the application on any modification or cancellation draft.
JVA	Document Description	PCSP program correction	Data Entry	Required. The description associated with the document.
JVA	Total Credits	1243.53	System Inferred	Default. Total Credits for this document.
JVA	Total Debits	1243.53	System Inferred	Default. Total Debits for this document.
JVA	Budget Control Level Reduction	Checkbox is not checked	System Inferred	Default. Indicates whether a document is specified to override any budget edits that the document might have failed otherwise.
JVA	Fund Balance Control Level Reduction	Checkbox is not checked	System Inferred	Default. When true this flag reduces the level of control defined for a fund on the Fund Balance Maintenance table one level.
JVA	Cash Balance Control Level Reduction	Checkbox is not checked	System Inferred	Default. Indicates if error checking can be turned off for cash balance amount edits.
JVA	Reversal Date			Blank.
JVA	Create Reversal Document on Hold	Checkbox is not checked	System Inferred	Default. A control that will ensure that a reversing journal voucher will be created on hold so that it will not be immediately processed.
JVA	Extended Description Sub Section			
JVA	Extended Description			Blank.
JVA	Contact Sub Section			This sub section will not be used by CDSS.
JVA	Line Group Section Insert New Line			
JVA	Contact			Blank.
JVA	Document Information			
JVA	Created By		System Inferred	Default. The user identification code assigned by the system for the user

Transaction	Field	Sample Value	Source	Comments
				creating this document
JVA	Created On		System Inferred	Default. The application date on which the document was created.
JVA	Modified By		System Inferred	Default. The user ID who last modified the document. The user ID does not change once the document is finalized.
JVA	Modified On		System Inferred	Default. The application date on which the document was last modified. The date does not change once the document is finalized.
JVA	General Information Sub Section			
JVA	Line Group	1	System Inferred	Default. Line Group Number.
JVA	Event Type		System Inferred	Blank.
JVA	Posting Pair	A	System Inferred	Default. A posting pair ID is a unique ID assigned to a debt and/or credit posting code. They are defined for each event category. Normally not seen on documents, this ID is visible on the journal voucher line group. Every posting line has a posting pair ID which can be used to help identify what a posting line is doing in accounting terms. This posting pair ID is always written to journals, and can optionally be written to ledgers. Valid values in the drop down are A, B, C, D, E, F, G, H, I, and J.
JVA	Posting Pair Name		System Inferred	Default. Full name of the posting pair entered on the line group as defined on the Event Category table.
JVA	Line Group Description			Blank.
JVA	Debit Total	1243.53	System Inferred	Default. Debit Total for this Line Group.
JVA	Credit Total	1243.35	System Inferred	Default. Credit Total for this Line Group.
JVA	Cross Appr Unit	Checkbox is not checked	System Inferred	Default. This Cross Appr Unit checkbox, when checked, indicates there is more than one appropriation code on the

Transaction	Field	Sample Value	Source	Comments
				accounting lines per line group. This checkbox is protected so users are not able to change the checkbox value.
JVA	Vendor Customer Information			This sub section will not be used by CDSS.
JVA	Vendor Customer			Blank.
JVA	Legal Name			Blank.
JVA	Alias/DBA			Blank.
JVA	Address Code			Blank.
JVA	Address Line 1			Blank.
JVA	Address Line 2			Blank.
JVA	City			Blank.
JVA	State			Blank.
JVA	Zip			Blank.
JVA	Country			Blank.
JVA	County			Blank.
JVA	Vendor Contact Id			Blank.
JVA	Vendor Contact Name			Blank.
JVA	Vendor Contact Phone			Blank.
JVA	Vendor Contact Phone Ext			Blank.
JVA	Fax			Blank.
JVA	Fax Extension			Blank.
JVA	Vendor Contact Email			Blank.
JVA	Web Address http://:			Blank.
JVA	Taxpayer Id			Blank.
JVA	Taxpayer Id Type			Blank.
JVA	Reference Sub Section			This sub section will not be used by CDSS.

Transaction	Field	Sample Value	Source	Comments
JVA	Ref Doc Code			Blank.
JVA	Ref Doc Dept			Blank.
JVA	Ref Doc ID			Blank.
JVA	Ref Vendor Line			Blank.
JVA	Ref Commodity Line			Blank.
JVA	Ref Accounting Line			Blank.
JVA	Reference Type			Blank.
JVA	Accounting Section - Line 1 Insert New Line			
JVA	General Information Sub Section			
JVA	Event Type		System Inferred	Blank.
JVA	Posting Pair	A	System Inferred	Default. A posting pair ID is a unique ID assigned to a debt and/or credit posting code. They are defined for each event category. Normally not seen on documents, this ID is visible on the journal voucher line group. Every posting line has a posting pair ID which can be used to help identify what a posting line is doing in accounting terms. This posting pair ID is always written to journals, and can optionally be written to ledgers. Valid values in the drop down are A, B, C, D, E, F, G, H, I, and J.
JVA	Posting Pair Name	A	System Inferred	Default. The Name of the Posting Pair.
JVA	Posting Code	D014	Data Entry	Required. The unique identification code assigned to the posting code.
JVA	Posting Code Name	External Cash Expenditure/Expense	System Inferred	Default. The Name of the Posting Code.
JVA	Accounting Template			Blank.
JVA	Line			Blank.

Transaction	Field	Sample Value	Source	Comments
	Description			
JVA	Debit Amount	1243.53	Data Entry	Rule Driven. The amount to be debited to an account.
JVA	Credit Amount			Rule Driven. The amount to be credited to an account.
JVA	Budget FY	2010	System Inferred	Default. When on the header of a document, this is the default budget fiscal year that will be pushed to all accounting lines. When on any other level of a document, it is just a means of getting the header value to the accounting lines. This default value will become the accounting line
JVA	Fiscal Year	2010	System Inferred	Default. The fiscal year associated with this document.
JVA	Period	4	System Inferred	Default. When on the header of a document, this is the default accounting period that is pushed to all accounting lines. If not manually entered, the field remains until the document is submitted successfully. At this point, it is set to the current accounting period. This field is automatically edited out by the application on any modification or cancellation draft.
JVA	Bank			Rule Driven. The unique identification code associated with the bank account. A bank account code is used in place of the actual bank account to prevent the posting of actual bank account numbers throughout the system.
JVA	Reference Sub Section			This sub section will not be used by CDSS.
JVA	Ref Doc Code			Blank.
JVA	Ref Doc Dept			Blank.
JVA	Ref Doc ID			Blank.
JVA	Ref Vendor Line			Blank.

Transaction	Field	Sample Value	Source	Comments
JVA	Ref Commodity Line			Blank.
JVA	Ref Accounting Line			Blank.
JVA	Reference Type			Blank.
JVA	Fund Accounting Sub Section			
JVA	Fund	0001	Data Entry	Required. The fund code associated with this accounting line. This code must be valid on the Fund table.
JVA	Sub Fund			Blank.
JVA	Department	5180	Data Entry	Required. The department code associated with this accounting line. This code must be valid on the Department table.
JVA	Unit	PCSP	Data Entry	Rule Driven. The unit code associated with this accounting line. This code must be valid on the Unit table.
JVA	Sub Unit	0101	Data Entry	Rule Driven. The sub unit code associated with this accounting line. This code must be valid on the Sub Unit table. Sub Unit is a means of breaking down a unit code into smaller measurements.
JVA	Appr Unit	1112515	Data Entry	Required. The appropriation unit code associated with this accounting line. This code must be valid on the Appropriation table.
JVA	Object	5001	Data Entry	Rule Driven. The object code associated with this accounting line. This code must be valid on the Object table.
JVA	Sub Object			Blank.
JVA	Revenue			Blank.
JVA	Sub Revenue			Blank.
JVA	BSA			Rule Driven. The balance sheet account code associated

Transaction	Field	Sample Value	Source	Comments
				with this accounting line. This code must be valid on the Balance Sheet Account table.
JVA	Sub BSA			Blank.
JVA	OBSA			Blank.
JVA	Sub OBSA			Blank.
JVA	Dept Object			Blank.
JVA	Dept Revenue			Blank.
JVA	Internal Fund			Blank.
JVA	Internal Sub Fund			Blank.
JVA	Internal Dept			Blank.
JVA	Detail Accounting Sub Section			
JVA	Location			Blank.
JVA	Sub Location			Blank.
JVA	Activity			Blank.
JVA	Sub Activity			Blank.
JVA	Function			Blank.
JVA	Sub Function			Blank.
JVA	Reporting			Rule Driven. The reporting code element is a programmatic element that can be used in many different ways for measurement and tracking. The reporting code associated with this accounting line. This code must be valid on the Reporting table.
JVA	Sub Reporting			Blank.
JVA	Task			Blank.
JVA	Sub Task			Blank.
JVA	Task Order			Blank.
JVA	Major Program			Blank.
JVA	Program			Blank.
JVA	Phase			Blank.
JVA	Program Period			Blank.
JVA	Accounting Section - Line 2			

Transaction	Field	Sample Value	Source	Comments
	Insert New Line			
JVA	General Information Sub Section			
JVA	Event Type		System Inferred	Default. The alpha-numeric identification code assigned to an event type.
JVA	Posting Pair	A	System Inferred	Default. A posting pair ID is a unique ID assigned to a debt and/or credit posting code. They are defined for each event category. Normally not seen on documents, this ID is visible on the journal voucher line group. Every posting line has a posting pair ID which can be used to help identify what a posting line is doing in accounting terms. This posting pair ID is always written to journals, and can optionally be written to ledgers. Valid values in the drop down are A, B, C, D, E, F, G, H, I, and J.
JVA	Posting Pair Name	A	System Inferred	Default. The Name of the Posting Pair.
JVA	Posting Code	DO14	Data Entry	Required. The unique identification code assigned to the posting code.
JVA	Posting Code Name	External Cash Expenditure/Expense	System Inferred	Default. The Name of the Posting Code.
JVA	Accounting Template			Blank.
JVA	Line Description			Blank.
JVA	Debit Amount			Rule Driven. The amount to be debited to an account.
JVA	Credit Amount	1243.53	Data Entry	Rule Driven. The amount to be credited to an account.
JVA	Budget FY	2010	System Inferred	Default. When on the header of a document, this is the default budget fiscal year that will be pushed to all accounting lines. When on any other level of a document, it is just a means of getting the header value to the accounting lines. This default value will become the accounting line

Transaction	Field	Sample Value	Source	Comments
JVA	Fiscal Year	2010	System Inferred	Default. The fiscal year associated with this document.
JVA	Period	4	System Inferred	Default. When on the header of a document, this is the default accounting period that is pushed to all accounting lines. If not manually entered, the field remains until the document is submitted successfully. At this point, it is set to the current accounting period. This field is automatically edited out by the application on any modification or cancellation draft.
JVA	Bank			Blank.
JVA	Reference Sub Section			This sub section will not be used by CDSS.
JVA	Ref Doc Code			Blank.
JVA	Ref Doc Dept			Blank.
JVA	Ref Doc ID			Blank.
JVA	Ref Vendor Line			Blank.
JVA	Ref Commodity Line			Blank.
JVA	Ref Accounting Line			Blank.
JVA	Reference Type			Blank.
JVA	Fund Accounting Sub Section			
JVA	Fund	0001	Data Entry	Required. The fund code associated with this accounting line. This code must be valid on the Fund table.
JVA	Sub Fund			Blank.
JVA	Department	5180	Data Entry	Required. The department code associated with this accounting line. This code must be valid on the Department table.
JVA	Unit	IHSS	Data Entry	Rule Driven. The unit code associated with this accounting line. This code

Transaction	Field	Sample Value	Source	Comments
				must be valid on the Unit table.
JVA	Sub Unit	0101	Data Entry	Rule Driven. The sub unit code associated with this accounting line. This code must be valid on the Sub Unit table. Sub Unit is a means of breaking down a unit code in to smaller measurements.
JVA	Appr Unit	1112515	Data Entry	Required. The appropriation unit code associated with this accounting line. This code must be valid on the Appropriation table.
JVA	Object			Rule Driven. The object code associated with this accounting line. This code must be valid on the Object table.
JVA	Sub Object			Blank.
JVA	Revenue			Blank.
JVA	Sub Revenue			Blank.
JVA	BSA			Rule Driven. The balance sheet account code associated with this accounting line. This code must be valid on the Balance Sheet Account table.
JVA	Sub BSA			Blank.
JVA	OBSA			Blank.
JVA	Sub OBSA			Blank.
JVA	Dept Object			Blank.
JVA	Dept Revenue			Blank.
JVA	Internal Fund			Blank.
JVA	Internal Sub Fund			Blank.
JVA	Internal Dept			Blank.
JVA	Detail Accounting Sub Section			
JVA	Location			Blank.
JVA	Sub Location			Blank.
JVA	Activity			Blank.
JVA	Sub Activity			Blank.
JVA	Function			Blank.

Transaction	Field	Sample Value	Source	Comments
JVA	Sub Function			Blank.
JVA	Reporting			Rule Driven. The reporting code element is a programmatic element that can be used in many different ways for measurement and tracking. The reporting code associated with this accounting line. This code must be valid on the Reporting table.
JVA	Sub Reporting			Blank.
JVA	Task			Blank.
JVA	Sub Task			Blank.
JVA	Task Order			Blank.
JVA	Major Program			Blank.
JVA	Program			Blank.
JVA	Phase			Blank.
JVA	Program Period			Blank.

5.1.2 Processing Steps

This section will instruct users how to enter the JVA online.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary navigation panel on the left side of the screen, select **Document Catalog** link. Enter the following fields in the Document Identifier section: • Code: JVA • Dept: 5180 • ID: APDC **Action 3:** Select the **Create** link at the top of the page to enter Create Mode. **Action 4:** Enter the following fields in the Other Options section: • Auto Numbering: Checkbox is checked • Create Template: Checkbox is not checked

Step	Role	Description
		Action 5: Select the **Create** link at the bottom of the page to create the new document.
2	APD Staff	**Action 1:** From the secondary navigation panel on the left side of the screen, select the **Header** link. Enter the following field in the General Information section: • Document Description: <enter the employee id and description of the correction> **Action 2:** From the secondary navigation panel on the left side of the screen, select the **Accounting** link. **Action 3:** Select **Insert New Line** link. **Action 4:** Enter the following fields in the General Information section: • Posting Code: D014 • Debit Amount: <the gross wage amount for the correct program based on the percentage> **Action 5:** Enter the following fields in the Fund Accounting section: • Fund: 0001 • Department: 5180 • Unit: <enter the program> • Sub Unit <enter county/district> • Appr Unit: 1112515 • Object: < 5001 for wages or 5002 for advance pay> **Action 6:** Enter the following fields in the Detail Accounting section: • Reporting: <222R or 222G or 221R> **Action 6:** Repeat Action 3 thru Action 6 for each accounting line until all the debit data has been entered. **Action 7:** Select **Insert New Line** link. **Action 8:** Enter the following fields in the General Information section: • Posting Code: D014 • Credit Amount: <the gross wage amount for the incorrect program based on the percentage> **Action 9:** Enter the following fields in the Fund Accounting section: • Fund: 0001 • Department: 5180 • Unit: <enter the program> • Sub Unit <enter county/district> • Appr Unit: 1112515

Step	Role	Description
		• Object: < 5001 for wages or 5002 for advance pay> **Action 10:** Enter the following fields in the Detail Accounting section: • Reporting: <222R or 222G or 221R> **Action 11:** Repeat Action 7 thru Action 10 until all data has been entered. **Action 10:** Select the **Validate** button. • Message at top of the page should read "**Document validated successfully"**. • If that is not the message, then review and correct any errors. • Errors that are encountered will be displayed at the top of the page. **Action 11:** Select the **Submit** button to submit the document. • Message at top of the page should read "**Document submitted successfully"**. • If that is not the message, then review and correct any errors. • Errors that are encountered will be displayed at the top of the page. **Action 12:** Select the **Close** button to close the document.

5.1.3 Processing Steps for Reversing a Journal Voucher

The reversing journal voucher is simply backing out the original journal voucher. The APD staff will copy the original journal voucher and reverse the original debit amount becomes the credit amount and the original credit amount becomes the debit amount.

Below is the process for reversing a journal voucher.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Advantage Financial and navigate to **Search**. **Action 2:** From the secondary navigation panel on the left side of the screen, select **Document Catalog** link. Enter the following fields in the Document Identifier section: • Code: JVA • Dept: 5180 • ID: <The ID of the JVA to be reversed.> **Action 3:** Select the **Browse** link at the bottom of the page to search for the JVA. **Action 4:** Select the toggle at the side of the grid to select the JVA. **Action 5:** Select the copy selected document option at the top of the grid. **Action 6:** Enter the following fields in the Target Document section: • Document Department Code: 5180 • Document ID: APDC • Auto Numbering: Checkbox is checked **Action 7:** Select the **Copy Document** link below.
2	APD Staff	**Action 1:** From the secondary navigation panel on the left side of the screen, select the **Header** link. Change the following field in the General Information section: • Document Description: <enter the reason the JVA is being reversed> **Action 2:** From the secondary navigation panel on the left side of the screen, select the **Accounting** link. **Action 3:** Select an accounting line from the grid. **Action 4:** Enter the following fields in the General Information section: • Credit Amount: (The debit amount from the original JVA) Or • Debit Amount: (The credit amount from the original JVA) **DO NOT CHANGE any other data on the JVA.**

Step	Role	Description
		Note: Repeat Action 3 through Action 4 for the rest of the expense accounting lines (if applicable). **Action 5:** Select the **Validate** button. • Message at top of the page should read "**Document validated successfully"**. • If that is not the message, then review and correct any errors. • Errors that are encountered will be displayed at the top of the page. **Action 6:** Select the **Submit** button to submit the document. • Message at top of the page should read "**Document submitted successfully"**. • If that is not the message, then review and correct any errors. • Errors that are encountered will be displayed at the top of the page. **Action 7:** Select the **Close** button to close the document.

6 LIEN HOLDERS

6.1 SEARCH FOR LIEN HOLDER INFORMATION

This section will instruct users how to search for lien holder information against a Provider. The only data that should be given to the Provider is the lien holder name and address, along with the docket number, if available. No adjustments or refunds for lien payments will be provided through CMIPS II. All requests for refunds must be directed to the lien holder.

Adult Programs Division (APD) staff has view only permission for CMIPS II.

6.1.1 Lien Values

The following types of Liens can be present on Provider record.

Deduction Type	Deduction Plan	Comment	Vendor
FLEVY	FLEVY	The federal levy. Only one levy can be placed on a Provider at a time. *Note: A federal levy will take priority	Internal Revenue Service

Deduction Type	Deduction Plan	Comment	Vendor
		over a state levy	
SLEVY	SLEVY	The state levy. Only one levy can be placed on a Provider at a time. *Note: If a federal levy is already in place the state levy will not withhold until the federal levy has been satisfied. If a federal levy comes in after the state levy, the state levy will suspend until the federal levy is satisfied and then resume.	Franchise Tax Board
CSUP*	CSUP*	Child Support with a number following (1-5), identifying the number of support orders.	State Disbursement Unit typically, can vary
SSUP*	SSUP*	Spousal Support with a number following (1-4), identifying the number of support orders.	State Disbursement Unit typically, can vary
MSUP*	MSUP*	Medical Support with a number following (1-5), identifying the number of support orders.	State Disbursement Unit typically, can vary
CSAR*	CSAR*	Arrears Child Support with a number following (1-5), identifying the number of support orders.	State Disbursement Unit typically, can vary
SSAR*	SSAR*	Arrears Spousal Support with a number following (1-4), identifying the number of support orders.	State Disbursement Unit typically, can vary
MSAR*	MSAR*	Arrears Medical Support with a number following	State Disbursement Unit typically, can vary

Deduction Type	Deduction Plan	Comment	Vendor
		(1-5), identifying the number of support orders.	
BANK*	BANK*	Bankruptcy with a number following(1-4), identifying the number of bankruptcies	Various
GARN*	GARN*	Any other garnishment a number following, identifying the number of garnishments.	Various
GARN1	SLOAN	Student Loan	Various

6.1.2 Processing Steps

This section will instruct users how to search for lien holder information.

Step	Role	Description
1	APD Staff	**Action 1:** Receive call from county with a provider request to provide name of lien holder for lien withholding on check. County provides the Provider ID, Check Date and the Net Pay amount.
2	APD Staff	**Action 1:** Log into Advantage HR and navigate to **Search**. **Action2:** From the secondary navigation panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the page code: **PAYM.** • Select the **Browse** link. • Select the **Payroll Management** link form the search results. **Action 3:** Search window pops up, enter the Provider ID provided by the county in the **Alternate ID field** and select the **OK** link. **Action 4:** Select the first record in the returned result set. **Action 5:** From the secondary navigation panel on the left side of the screen select the **Issued Checks/Advices** link. **Action 6:** Select the record in the returned result set that has the desired Check Date and Net Pay. If no such record exists, repeat Action 3 selecting the next record. Repeat actions 4 and 5 until the correct record is found.

Step	Role	Description
		Action 7: Select the **Deductions Details** link to find the type of lien that is being taken from the Provider's warrant. If more than one page of deductions exist for this Provider select the Next link to see the next page. Repeat if more pages exist. Write down the deductions that have been taken that represent a lien (see table 6.1.1). **Action 8:** In the **Jump To** box at the top of the screen enter **DEDM** and click **Go**. **Action 9:** From the secondary navigation panel on the left side of the screen select the link that corresponds to the deduction type: • Select the Family Court/Family Court Arrears/Bankruptcy link for all Bankruptcy, Support and support Arrears deductions • Select the Garnishment link for GARN* and SLOAN deductions • Select the Tax Levy link for FLEVY and SLEVY deductions **Action 10:** Expand the Recipient Information section and record the following information: • Override Vendor Desc • Docket Number, if present • Case Number, if present

7 PUBLIC AUTHORITY WAGE RATE

7.1 PUBLIC AUTHORITY HEALTH BENEFIT CHANGE REQUEST

A County can request a change to their health benefit set up in CMIPS II. This defines what health benefit deductions and the related amount to be deducted from the Providers warrant. The following is a sample form that should be used by the County to request a change to the Health Benefit rate structure.

Adult Programs Division (APD) staff has permission to the enter data for this area in CMIPS II.

7.1.1 Sample Form

REQUEST A CHANGE TO HEALTH BENEFIT DEDUCTIONS

To: Adult Programs Branch
California Department of Social Services
744 P Street, MS 19-92
Sacramento , CA 95814

FROM:	
COUNTY:	
ADDRESS:	
CONTACT PERSON:	
PHONE NUMBER:	

HEALTH CARE UPDATE

County Code	Deduction Type	Deduction Plan	Tier	Monthly Rate	Effective Date

I hereby certify, under penalty of perjury, that I am the official reponsible for the administration of the Personal Care Services Program: that I have not violated any of the provisions of federal law (Section 440.070 (f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95(v) Welfare and Institutions Code personal care services as a benefit for the categorical eligible; and the provisions of Section 1090 to 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specifies in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.

I hereby certify, under penalty of perjury, that I am the official reponsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170 (f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95(v) Welfare and Institutions Code personal care services as a benefit for the categorical eligible; and the provisions of Section 1090 to 1096, inclusive, of the Government Codes; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made or expenditures otherwise incurred according to law.

7.2 Public Authority Wage Rate Processing

7.2.1 Public Authority Wage Rates Screen Data Elements

The following data elements are specific to the Public Authority Wage Rate screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
County	County Name	Drop-down List	Yes	No	Yes
Effective Date	Effective Date of Contract	Date	No	System Populated	No
Rate	Contractor Rate	Decimal	No	No	No
Wage	Contractor Wage	Decimal	No	No	No
Health Benefit State Shared	Health Benefit State Shared	Decimal	No	No	No
Health Benefit Not State Shared	Health Benefit Not State Shared	Decimal	No	No	No
Non-Health Benefits	Non-Health Benefits	Decimal	No	No	No
Admin Rate	Admin Rate	Decimal	No	No	No
Estimated Taxes	Estimated Taxes	Decimal	No	No	No

The following data elements are specific to Create Public Authority Wage Rate screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Effective Date	Effective Date of Rate	Date	Yes	No	Yes
End Date	End date of this rate	Date	Yes	No	Yes
Type	Type can be: Public Authority Non Profit Consortium Joint Powers Agreement	Drop-down List	Yes	No	Yes
Rate	Rate	Decimal	Yes	No	Yes
Wage	Wage	Decimal	Yes	No	Yes
Non-State Share Over	Non-State Share Over the State Allowed rate for reimbursement	Decimal	Yes	No	Yes
Admin Rate	Admin Rate	Decimal	Yes	No	Yes
Estimated Taxes	Estimated Taxes	Decimal	Yes	No	Yes
State Shared	Health Benefit State Shared	Decimal	Yes	No	Yes
Not State Shared Over	Health Benefit Not State Shared	Decimal	Yes	No	Yes
Non-Health Benefits	Non-Health Benefits	Decimal	Yes	No	Yes

The following data elements are to the View Public Authority Wage Rate screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Effective Date	Effective Date of the Rate	Date	No	No	No
End Date	End Date of Rate	Date	No	No	No
Type	Select type from the drop-down list	String	No	No	No
Rate	Rate	Decimal	No	No	No
Wage	Wage	Decimal	No	No	No
Non-State Share Over	Non-State Share Over the State Allowed rate for reimbursement	Decimal	No	No	No
Admin Rate	Admin Rate	Decimal	No	No	No
Estimated Taxes	Estimated Taxes	Decimal	No	No	No
State Shared	Health Benefit State Shared	Decimal	No	No	No
Not State Shared Over	Health Benefit Not State Shared	Decimal	No	No	No
Non-Health Benefits	Non-Health Benefits	Decimal	No	No	No

The following data elements are specific to the Modify Public Authority Wage Rate screen:

Field Name	Description	Data Type	Required Indicator	Default Value	Editable Field
Effective Date	Effective date of rate	Date	Yes	Current Date	Yes
End Date	End date of rate	Date	Yes	Current Date	Yes
Type	Select type from the drop-down list.	Drop-down List	Yes	No	Yes
Rate	Rate	Decimal	Yes	No	Yes
Wage	Wage	Decimal	Yes	No	Yes
Non-State Share Over	Non-State share over the State allowed rate for reimbursement.	Decimal	Yes	No	Yes
Admin Rate	Admin rate	Decimal	Yes	No	Yes
Estimated Taxes	Estimated Taxes	Decimal	Yes	No	Yes
State Shared	Health benefit State shared	Decimal	Yes	No	Yes
Not State Shared Over	Health benefit not State shared	Decimal	Yes	No	Yes
Non-Health Benefits	Non-health benefits	Decimal	Yes	No	Yes

7.2.2 Processing Steps

This section will instruct users how to **view** a list of Public Authority Wage Rates for a specific county.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Case Management. **Action 2:** Select **Public Authority Wage Rate** from the left navigation menu. **Action 3:** Select a **County** from the dropdown. **Action 4:** Select the **Get Public Authority Wage** link. **Action 5:** The results displayed the list of wage rates associated with the selected County.

Step	Role	Description
		• Effective Date • Rate • Wage • Health Benefit State Shared • Health Benefit Not State Shared • Non-Health Benefits • Admin Rate • Estimated Taxes

This section will instruct users how to **add** a new Public Authority wage rate.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Case Management. **Action 2:** Select **Public Authority Wage Rate** from the left navigation menu. **Action 3:** Select a **County** from the dropdown. **Action 4:** Select the **New** link. **Action 5:** Enter the following fields in the Details section: • Effective Date • End Date • Type • Non-State Share Over • Rate • Admin Rate • Wage • Estimated Taxes **Action 6:** Enter the following fields in the Health Benefits section: • State Shared • Non-State Share Over • Non-Health Benefits **Action 7:** Select the **Save** link. **Action 8:** User is returned to Create Wage Rate screen. **Note:** If the user wants to save the current entry and add another entry, then skip Actions 7 and 8 and use the following actions. **Action 9:** Select the **Save & New** link. **Action 10:** Enter the following fields in the Details section: • Effective Date

Step	Role	Description
		• End Date • Type • Non-State Share Over • Rate • Admin Rate • Wage • Estimated Taxes **Action 11:** Enter the following fields in the Health Benefits section: • State Shared • Non State Share Over • Non-Health Benefits **Action 12:** Select the **Save** link. **Action 13:** User is returned to Create Wage Rate screen. Note: If the user decides not to add a new rate, then the user would select the **Cancel** link. The **Cancel** link dismisses the current screen and takes the user back to the Create Wage Rate screen.

This section will instruct users how to **view** a Public Authority wage rate.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Case Management. **Action 2:** Select **Public Authority Wage Rate** from the left navigation menu. **Action 3:** Select a **County** from the dropdown. **Action 4:** Select the **View** link under the Action header. **Action 5:** The following fields are displayed in the Details section: • Effective Date • End Date • Type • Non-State Share Over • Rate • Admin Rate • Wage • Estimated Taxes **Action 6:** The following fields are displayed in the Health Benefits section: • State Shared

Step	Role	Description
		• Non-State Share Over • Non-Health Benefits **Action 7:** Select the **Cancel** link. Cancels the current screen and takes the used back to the Wage Rate screen.

This section will instruct users how to **edit** a Public Authority wage rate.

Step	Role	Description
1	APD Staff	**Action 1:** Log into Case Management. **Action 2:** Select **Public Authority Wage Rate** from the left navigation menu. **Action 3:** Select a **County** from the dropdown. **Action 4:** Select the **Edit** link under the Action header. **Action 5:** The following fields can be modified in the Details section: • Effective Date • End Date • Type • Non-State Share Over • Rate • Admin Rate • Wage • Estimated Taxes **Action 6:** The following fields can be modified in the Health Benefits section: • State Shared • Non State Share Over • Non-Health Benefits **Action 7:** Select the **Save** link. **Action 8:** User is returned to Create Wage Rate screen. **Note:** If the user decides not to modify the entry then select the **Cancel** link. Cancels the current screen and takes the used back to the Wage Rate screen.

7.3 LIST COUNTY PAY RATE

7.3.1 County Pay Rate Screen Data Elements

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Grade	County pay rate grade. Valid values: 01, 02, 03.	Number	No	System Populated	No
Step	County pay rate step. Valid values: 01, 02, 03.	Number	No	System Populated	No
Amount	County pay rate in dollar amount.	Decimal	No	System Populated	No
Begin Date	Begin date for the current county pay rate.	Date	No	System Populated	No
End Date	End date for the current pay rate.	Date	No	System Populated	No

7.3.2 Processing Steps

This section will instruct users how to **view** a County Pay Rate.

Step	Role	Description
1	APD Staff	**Action 1**: Log into Case Management. **Action 2:** Select **County Pay Rate** from the left navigation menu. **Action 3:** Select a **County** from the dropdown. **Action 4:** Select the **View** link under the Action header. **Action 5:** The following fields are displayed in the Details section: • Grade • Step • Amount • Begin Date • End Date **Action 6:** Select the **Cancel** link. Cancels the current screen and takes the used back to the CM Home screen.

7.4 County Rate Change Process

A pay rate change request initiated by a County or Public Authority must move through a review and approval process before it can go into effect. Approval must first be given by the County's Board of Supervisors. The Department of Health Services (DHS) issues the final approval, and the Department of Social Services (DSS) manages the process.

Per W&I Code 12306.1 (2) b. states "Any rate approved pursuant to subdivision (a) shall take effect commencing on the first day of the month subsequent to the month in which final approval is received from the department…".

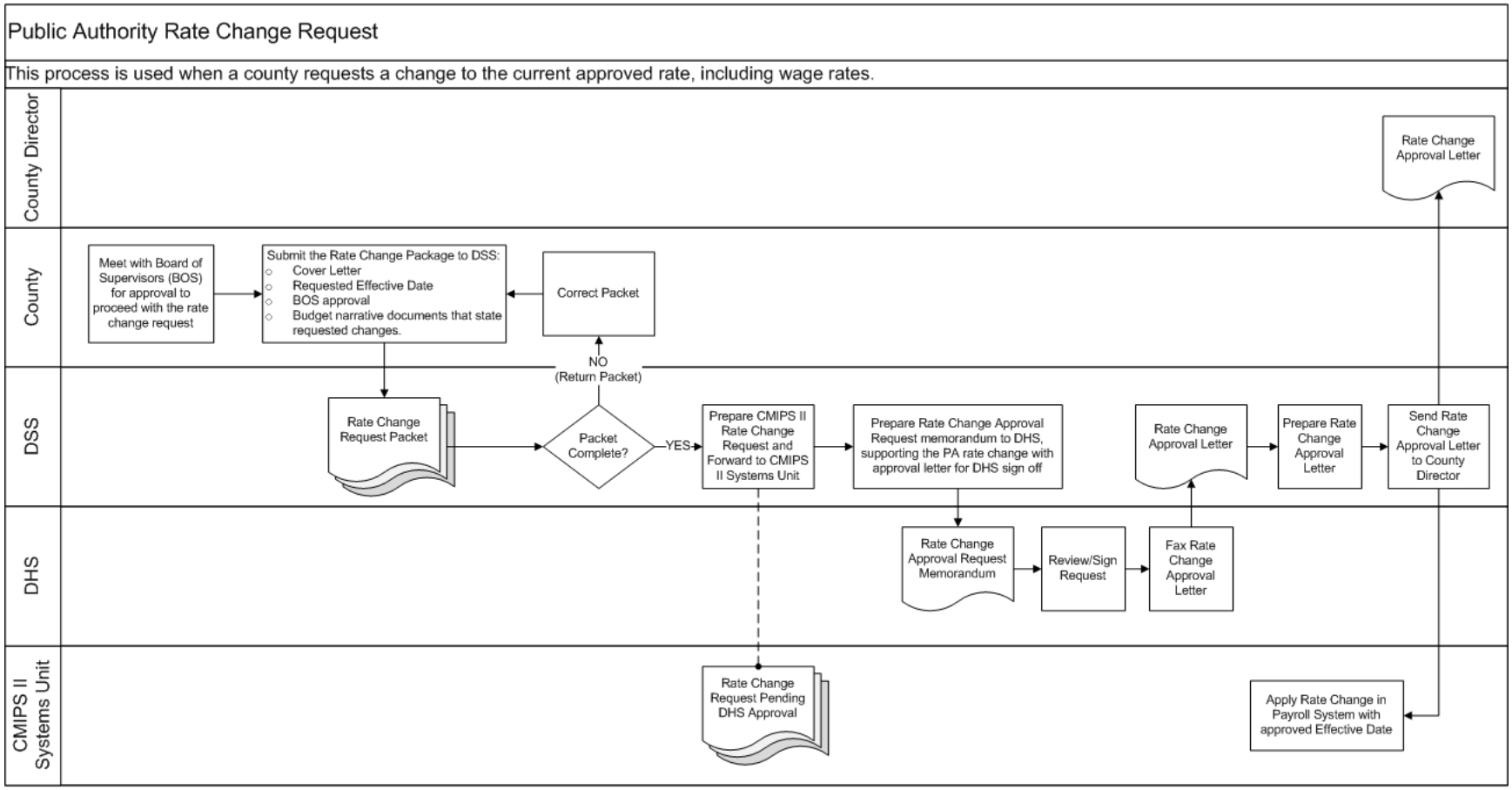
There are several factors in determining the total County or Public Authority rate:

- Total IP Wage
- Administrative Rate
- Estimated Taxes
- State Contribution to Benefits (maximum of $.60)

When authorizing a pay rate change, DSS must provide the following information to the CMIPS II payroll administrator or contractor:

- Effective Date for the new rate
- Total IP Wage
- Indication if the new rate is over State participation rate, which is currently $12.10
- The amount that is over State participation, which is determined by the following formula: [State Contribution to Benefits] + [Total IP wage] – [State participation rate].

The following diagram shows the process that is in place between the Counties and the APD for changing pay rates.



*Please note W&I Code 12306.1 (2) b. states "Any rate approved pursuant to subdivision (a) shall take effect commencing on the first day of the month subsequent to the month in which final approval is received from the department…"

Once this process has been followed a Work Authorization will be submitted to HP for the changes to be made in the CMIPS II Payroll System.

8 CMIPS II PROCESSES

8.1 CMPS II PROCESSES

Below are the CMIPS II Processes established during General System Design and Detailed System Design. If there are changes in CDSS APD processes then it is noted.

8.1.1 CMIPS II Process for Daily Payroll Balancing

There are no changes in the APD process for Daily Payroll Balancing.

The following diagrams describe the process flow for Daily Payroll Balancing.

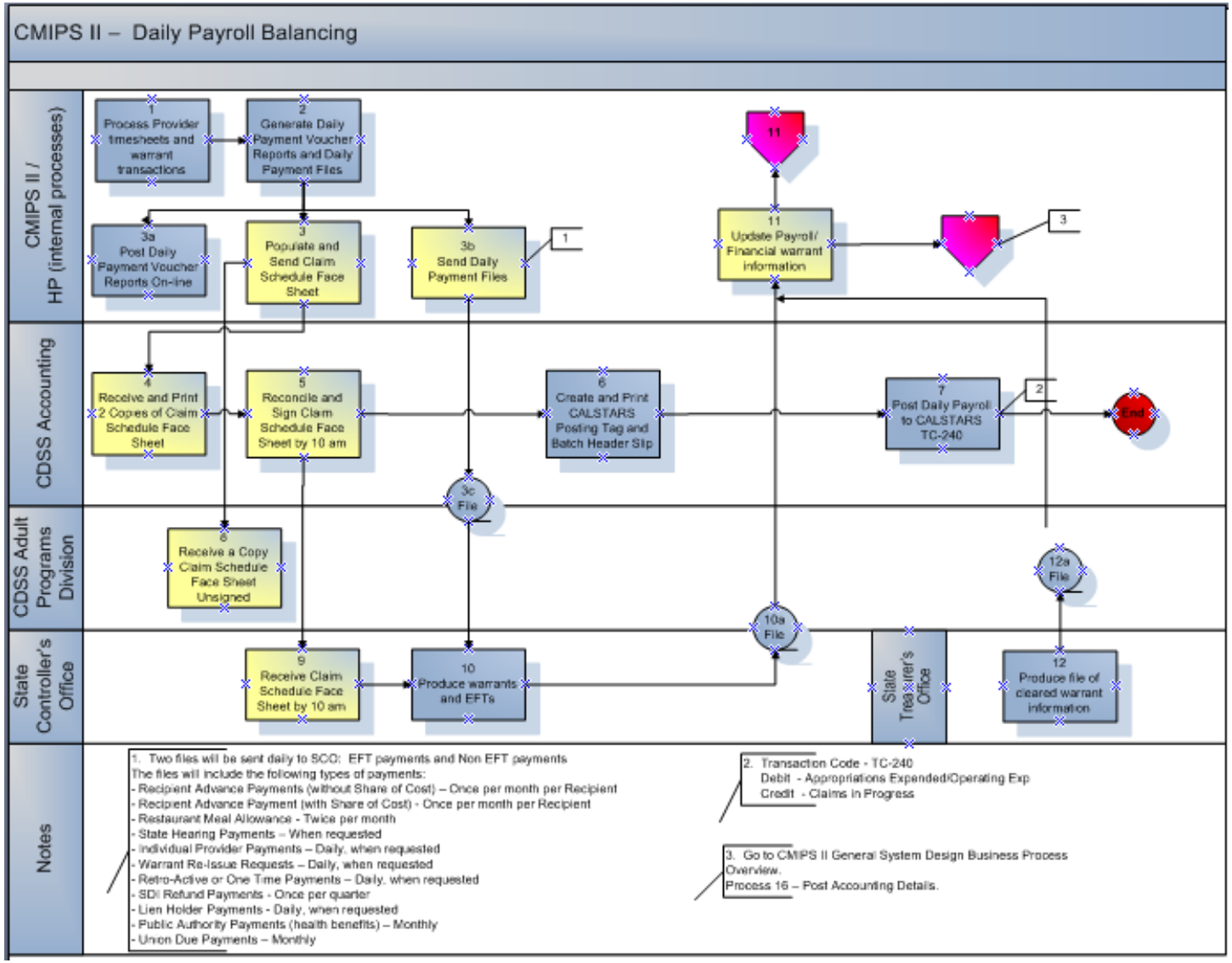


Figure 1 – CMIPS II Daily Payroll Processing – Part 1

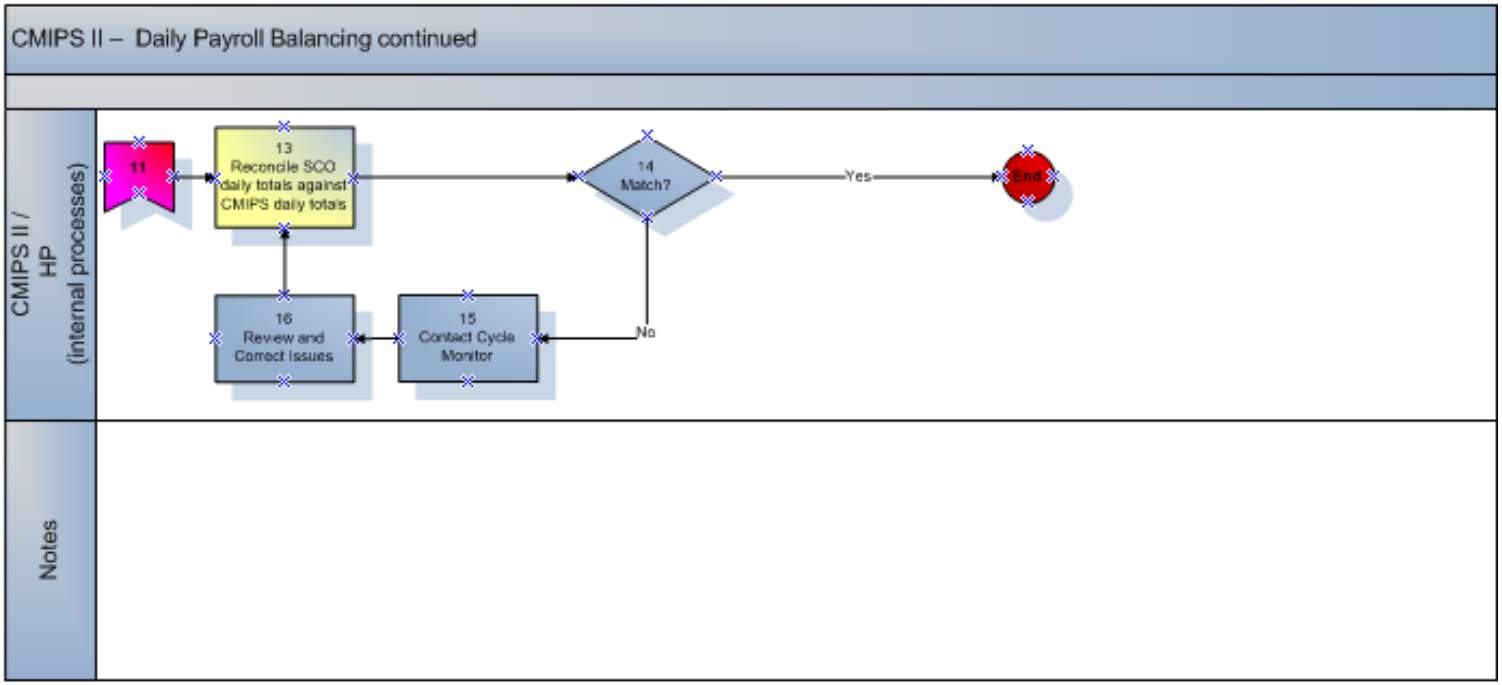


Figure 2 – CMIPS II Daily Payroll Processing – Part 2

8.1.2 CMIPS II Process for Quarterly for Federal Taxes

There are no changes in the CDSS APD process for reconciliation for Quarterly Federal Taxes (Payment).

The following diagram describes the process flow for Quarterly Federal Taxes (Payment).

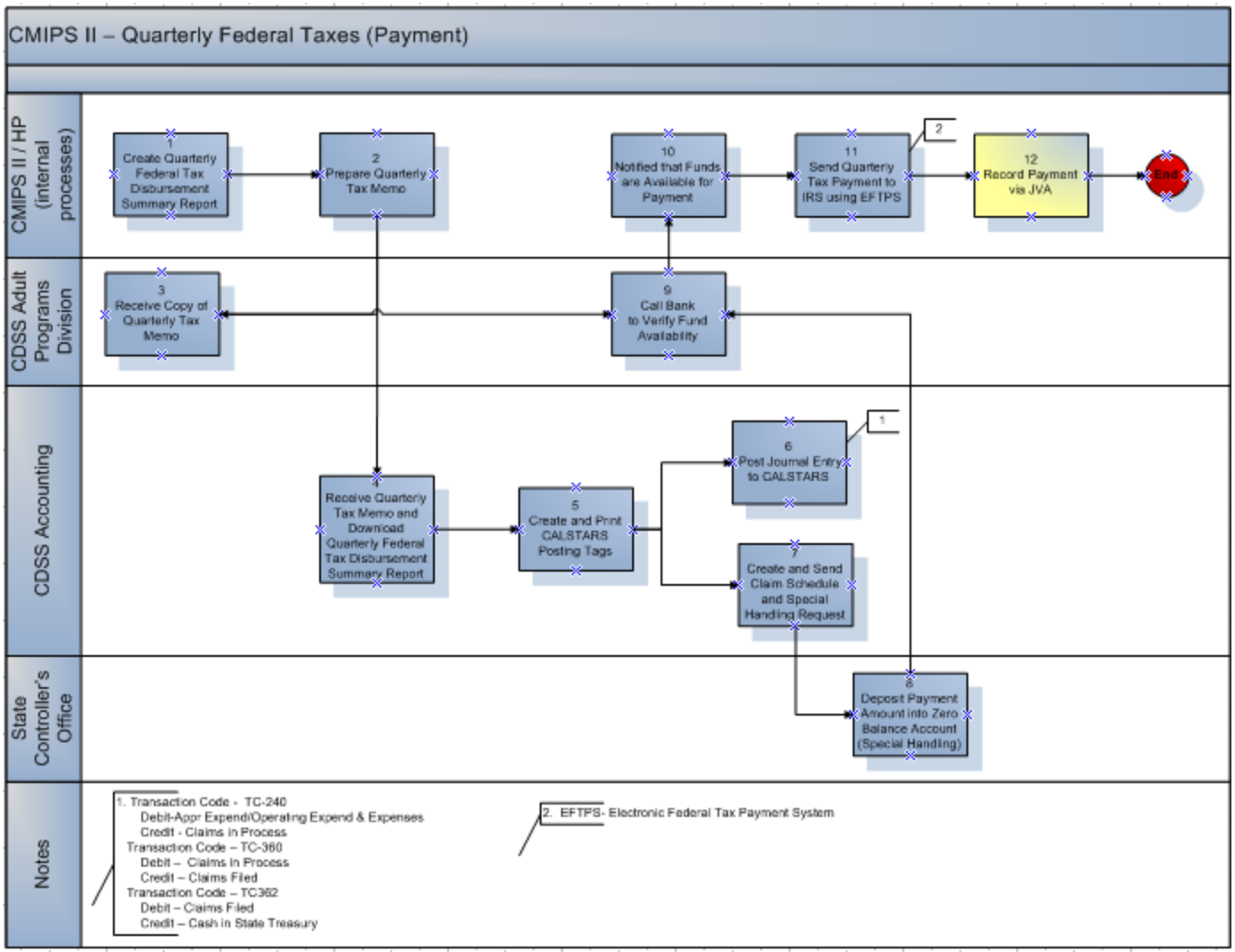


Figure 3 – CMIPS II Quarterly Federal Taxes (Payment)

8.1.3 CMIPS II Process for Quarterly for State Taxes

There are no changes in the CDSS APD process for reconciliation for Quarterly State Taxes (Payment).

The following diagram describes the process flow for Quarterly State Taxes (Payment).

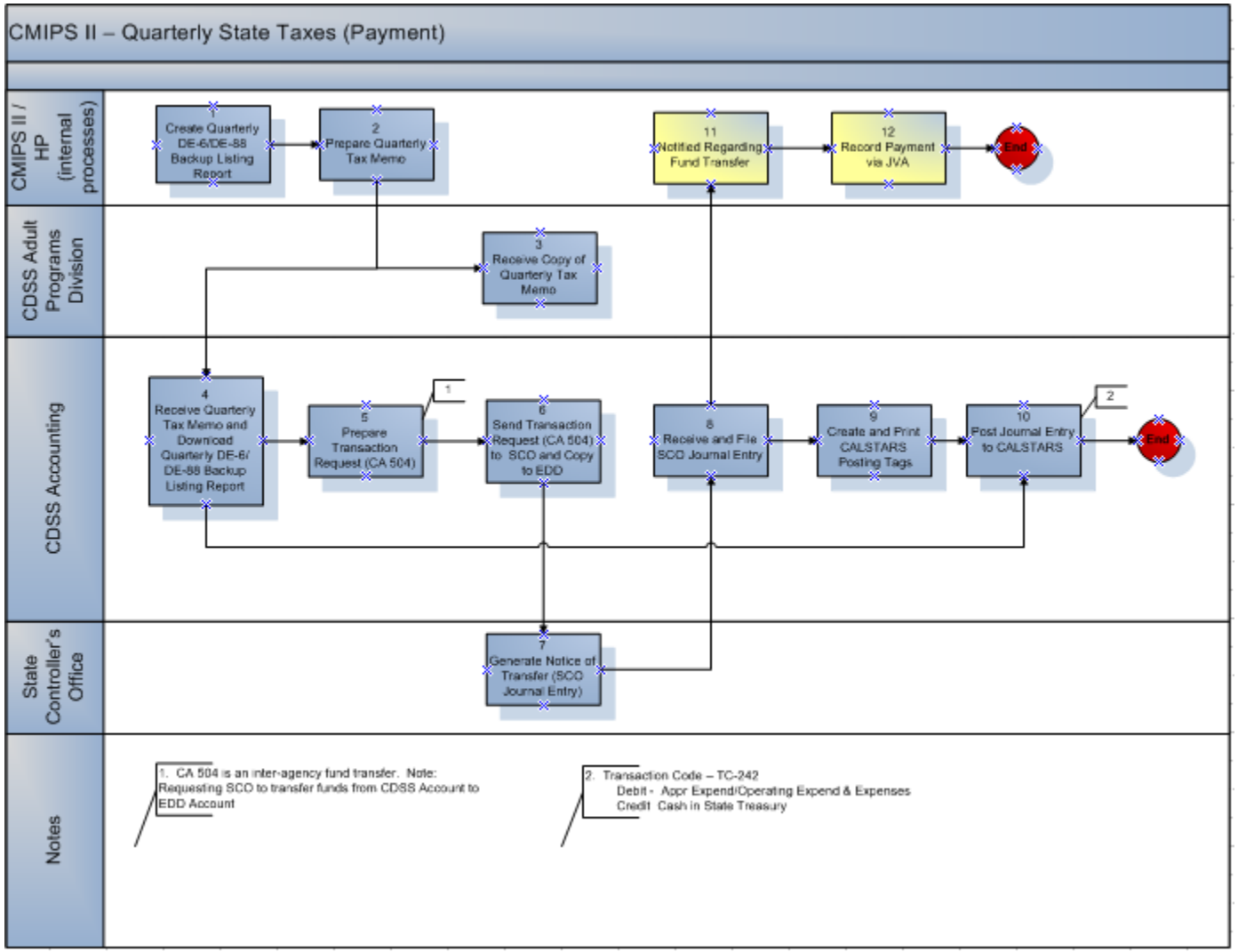


Figure 4 – CMIPS II Quarterly State Taxes (Payment)

9 REPORTS AVAILABLE TO APD STAFF

9.1 FUND MANAGEMENT REPORTS

Below is a list of Fund Management reports and brief description of the report available to CDSS APD staff.

9.1.1 Daily Claim Schedule Transmittal

The Daily Claim Schedule Transmittal provides summary information about the daily claim transmittal process. It summarizes the total warrant activity for the day, as well as the total of the EFT transactions. It also provides summary amounts for each funding source and for Federal, State and county share.

This report is used by HP staff to prepare the STD-218 Claim Schedule that is sent daily to CDSS Accounting. This report will be used by CDSS Accounting to create the daily positing into CALSTARS.

This report is available to CDSS APD staff and CDSS Accounting staff.

9.1.1.1 Report Elements

Report Element Name	Description	Comments
Cycle Date	Date range the report was run for	
Run Date	Date the report was executed	
Claim Schedule Number	Unique 5 digit Claim Schedule number for non-EFT warrants for the day.	The Claim Schedule Number comes from a set of numbers provided by SCO.
Total Warrant Amount	Total net amount of all non- EFT warrants for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of Warrants	Count of all non-EFT warrants for all programs for the day.	
IHSS Warrant Amount	Total net amount of all non-EFT IHSS warrants for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of IHSS Warrants	Count of non-EFT warrants for IHSS program for the day.	

Report Element Name	Description	Comments
PCSP Warrant Amount	Total net amount of all non-EFT PCSP warrants for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of PCSP Warrants	Count of non-EFT warrants for PCSP program for the day.	
IPW Warrant Amount	Total net amount of all non-EFT IPW warrants for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of IPW Warrants	Count of non-EFT warrants for IPW program for the day.	
IPO Warrant Amount	Total net amount of all non-EFT IPO warrants for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of IPO Warrants	Count of non-EFT warrants for IPO program for the day.	
WPCS Warrant Amount	Total amount of all non-EFT WPCS warrants for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of WPCS Warrants	Count of all non-EFT warrants for WPCS program for the day.	
Claim Schedule Number	Unique 5 digit Claim Schedule number for EFT transactions for the day.	The Claim Schedule Number comes from a set of numbers provided by SCO.
Total EFT Amount	Total net amount of all EFTs for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of EFT Transactions	Count of all EFT transactions for all programs for the day.	
IHSS EFT Amount	Total net amount of all IHSS EFTs for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of IHSS EFT Transactions	Count of all EFT transactions for IHSS program for the day.	

Report Element Name	Description	Comments
PCSP EFT Amount	Total net amount of all PCSP EFTs for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of PCSP EFT Transactions	Count of all EFT transactions for PCSP program for the day.	
IPW EFT Amount	Total net amount of all IPW EFTs for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of IPW EFT Transactions	Count of all EFT transactions for IPW program for the day.	
IPO EFT Amount	Total net amount of all IPO EFTs for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of IPO EFT Transactions	Count of all EFT transactions for IPO program for the day.	
WPCS EFT Amount	Total net amount of all WPCS EFTs for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of WPCS EFT Transactions	Count of all EFT transactions for WPCS program for the day.	

9.1.2 County Payment Voucher

The County Payment Voucher report provides County staff detailed information on all warrants issued during the daily checkwrite cycle. Each page of the report will consist of one (1) warrant's information, allowing relevant warrant detail to be presented.

A separate County Payment Voucher report will be generated for Advance Pay recipients during the Advance Pay checkwrite cycle.

The report will be grouped by County, District Office, and Funding Source (WPCS, PCSP, IHSS-R, IPW and IPO). It will be used to help reconcile the entire suite of financial reports by providing detailed information on every transaction that occurs in the system. This report is generated daily.

This report is available to County staff, CDSS APD staff and CDSS Accounting staff.

9.1.2.1 Report Elements

Report Element Name	Description	Comments	Financial Object / BSA Codes
Cycle Date	Date range the report was run.		
Run Date	Date the report was executed		
Recipient Name	Recipient Name	Last name, First name Middle initial.	
Case Number	CMIPS II Case Number		
Provider Name	Provider Name	Last name, First name Middle initial.	
Provider Number	CMIPS II Provider Number		
Gross Wages	Gross wage amount from the warrant.	Reported by Federal share, State share, County share & Total	Objects 5001, 5003, 5004, 5005, 5008, 5009, and 5011
Employee - FIT	Employee Federal Income Tax	Reported by Federal share, State share, County share & Total	BSA 3202
Employee - PIT	Employee Personal Income Tax	Reported by Federal share, State share, County share & Total	BSA 3101
Employee – EIC	Employee Earned Income Credit	Reported by Federal share, State share, County share & Total	BSA 3203
Employee – FICA	Employee Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share & Total	BSA 3204
Employee – Medicare	Employee Medicare amount	Reported by Federal share, State share, County share & Total	BSA 3206

Report Element Name	Description	Comments	Financial Object / BSA Codes
Employee – SDI	Employee State Disability	Reported by Federal share, State share, County share & Total	BSA 3104
Employee – DIEC	Employee Disability Insurance Elective Coverage amount	Reported by Federal share, State share, County share & Total	BSA 3105
Employee – SOC	Employee Share of Cost amount	Reported by Federal share, State share, County share & Total	BSA 3107
Employee – Health	Employee Health Benefits contribution amount	Reported by Federal share, State share, County share & Total	BSAs 3401, 3402 and 3403
Employee – Labor Org	Employee Labor Organization dues amount	Reported by Federal share, State share, County share & Total	BSAs 3301, 3302, 3303, 3304 and 3305
Employee – Lien	Employee Lien deduction amount	Reported by Federal share, State share, County share & Total	BSA 3501
Employer – UI	Employer Unemployment Insurance amount	Reported by Federal share, State share, County share & Total	BSA 3102
Employer – FICA	Employer Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share & Total	BSA 3205
Employer – ETT	Employer Employee Training Tax	Reported by Federal share, State share, County share & Total	BSA 3103

Report Element Name	Description	Comments	Financial Object / BSA Codes
Employer – Medicare	Employer Medicare amount	Reported by Federal share, State share, County share & Total	BSA 3207
Employer – FUTA	Employer Federal Unemployment Tax Act amount	Reported by Federal share, State share, County share & Total	BSA 3201
Total Employee Deductions	Total of all Employee Deductions	Reported by Federal share, State share, County share & Total	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403 and 3501
Total Employer Contributions	Total of all Employer Contributions	Reported by Federal share, State share, County share & Total	BSAs 3102, 3103, 3201, 3205 and 3207
Total Deductions And Contributions	Total of Employee Deductions & Employer Contributions	Reported by Federal share, State share, County share & Total	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403, 3501, 3102, 3103, 3201, 3205 and 3207

9.1.3 Payment Voucher Summary

The Payment Voucher Summary report provides CDSS Accounting, CDSS APD staff and County staff with a summary of all voucher activity for a given date range. The report details the Federal, State, and County share amounts for each funding source, as well as the total dollar amount.

The report will be grouped as follows:

- Statewide, Funding Source
  - Provides totals for each funding source at the statewide level.
- County, Funding Source

  - Provides totals for each funding source at the county level.
- County, District, Funding Source
  - Provides totals for each funding source at the county district level.

Advance Payments will be reported separately using the same layouts and groupings as defined above.

This report is generated on a daily, weekly, monthly, quarterly, and yearly basis. The weekly, monthly, quarterly, and yearly versions of the report will also include summary totals for County Contractor and Homemaker expenditures.

This report is available to County staff, CDSS APD staff and CDSS Accounting staff.

9.1.3.1 Report Elements

Report Element Name	Description	Comments	Financial Object / BSA Codes
Cycle Date	Date range the report was run for		
Run Date	Date the report was executed		
Gross Wages	Gross wage amount	This field includes regular wages, restaurant meals, State override, Federal/County override, County override, State/County override and Cash in Door. Reported by Federal share, State share, County share & Total	Objects 5001, 5003, 5004, 5005, 5008, 5009, and 5011
Employee – FIT	Employee Federal Income Tax	Reported by Federal share, State share, County share & Total	BSA 3202
Employee – PIT	Employee Personal Income Tax	Reported by Federal share, State share, County share & Total	BSA 3101
Employee – EIC	Employee Earned Income Credit	Reported by Federal share, State share, County share & Total	BSA 3203

Report Element Name	Description	Comments	Financial Object / BSA Codes
Employee – FICA	Employee Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share & Total	BSA 3204
Employee – Medicare	Employee Medicare amount	Reported by Federal share, State share, County share & Total	BSA 3206
Employee – SDI	Employee State Disability	Reported by Federal share, State share, County share & Total	BSA 3104
Employee – DIEC	Employee Disability Insurance Elective Coverage amount	Reported by Federal share, State share, County share & Total	BSA 3105
Employee – Share of Cost	Employee Share of Cost amount	Reported by Federal share, State share, County share & Total	BSA 3107
Employee – Health	Employee Health Benefits contribution amount	Reported by Federal share, State share, County share & Total	BSAs 3401, 3402 and 3403
Employee – Labor Org	Employee Labor Organization dues amount	Reported by Federal share, State share, County share & Total	BSAs 3301, 3302, 3303, 3304 and 3305
Employee – Lien	Employee Lien deduction amount	Reported by Federal share, State share, County share & Total	BSA 3501
Total Employee Deductions	Total of all Employee Deductions	Sums all the employee deductions displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403 and 3501

Report Element Name	Description	Comments	Financial Object / BSA Codes
Employer – FICA	Employer Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share & Total	BSA 3205
Employer – ETT	Employer Employee Training Tax	Reported by Federal share, State share, County share & Total	BSA 3103
Employer – Medicare	Employer Medicare amount	Reported by Federal share, State share, County share & Total	BSA 3207
Employer – UI	Employer Unemployment Insurance amount	Reported by Federal share, State share, County share & Total	BSA 3102
Employer – FUTA	Employer Federal Unemployment Tax Act amount	Reported by Federal share, State share, County share & Total	BSA 3201
Total Employer Contributions	Total of all Employer Contributions	Sums all the employer contribution displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3102, 3103, 3201, 3205 and 3207
Total Deductions and Contributions	Total of Employee Deductions & Employer Contributions	Sums all the employee deduction and employer contribution displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403, 3501, 3102, 3103, 3201, 3205 and 3207

Report Element Name	Description	Comments	Financial Object / BSA Codes
County Contractor Amount Owed	Amount Owed for County Contractor Expenditures	This is the program split of the County Contractor invoice for each program. Reported by Federal share, State share, County share & Total.	Object 5006 with Reporting Code 222R, 222G and 221R
County Contractor Amount Paid	Amount Paid for County Contractor Expenditures	This is what was initially paid by the County for County Contractor services. Only the County column is populated since the County paid the invoice.	Object 5006 with Reporting Code 221
County Contractor Balance	Balance Due for County Contractor Expenditures	This is the net of the County Contractor amount owed and County amount paid. The County is given credit for the Federal and State share of the invoice. The Federal and County are billed for their share of the invoice. Reported by Federal share, State share, County share & Total.	
Homemaker Amount Owed	Amount Owed for Homemaker Expenditures	This is the program split of the Homemaker charges for each program. Reported by Federal share, State share, County share & Total.	Object 5007 with Reporting Code 222R, 222G and 221R

Report Element Name	Description	Comments	Financial Object / BSA Codes
Homemaker Amount Paid	Amount Paid for Homemaker Expenditures	This is what was initially paid by the County for Homemaker services. Only the County column is populated since the County paid the invoice.	Object 5007 with Reporting Code 221
Homemaker Balance	Balance Due for Homemaker Expenditures	This is the net of the Homemaker amount owed and Homemaker amount paid. The County is given credit for the Federal and State share of the invoice. The Federal and County are billed for their share of the invoice. Reported by Federal share, State share, County share & Total.	
Cash In Door Adjustment	Amount refunded to Federal and State based on amount collected by the County.	This is the net of the Cash in Door amount paid. The Federal and State are given credit for the amount the County collected that is due to the Federal and State. Reported by Federal share, State share, County share & Total.	Object 5011

Report Element Name	Description	Comments	Financial Object / BSA Codes
Total Amount Owed	Total Amount Owed for services.	Formula for this field: Sum of Gross Wages, total Employer Taxes, total County Contractor, total Homemaker, and less Share of Cost. Reported by Federal share, State share, County share & Total.	
Weekly Federal Billing Amount	Amount billed weekly to Federal for services.	Formula for this field: Total Amount Owed less ALL Employee Taxes, Employer Taxes, County Contractor and Homemaker plus Cash in Door Amount Owed.	
Monthly County Billing Amount	Amount billed monthly to County for services. This does not include administration cost.	Formula for this field: Sum of Gross Wages, total Employer Taxes, less Share of Cost, plus Cash in Door Amount Owed, plus Cash in Door Adjustment. This amount is displayed under County column only.	
Quarterly Federal Billing	Amount billed quarterly to Federal for taxes.	Formula for this field: Includes all employee taxes and employer taxes.	

9.1.4 Payment Voucher - State Summary

The Payment Voucher- State Summary report provides the CDSS Accounting staff, CDSS APD staff and County staff with a summary of all voucher activity for a given date range. The report details the Federal, State, and County share amounts across all funding sources, as well as each funding source total amount.

The report will be grouped as follows:

- Statewide
  - Provides totals at the statewide level.
- County
  - Provides totals at the county level.
- County, District
  - Provides totals at the county district level.

This report is generated on a daily, weekly, monthly, quarterly, and yearly basis. The weekly, monthly, quarterly, and yearly versions of the report will also include summary totals for County Contractor and Homemaker expenditures.

This report is available to County staff, CDSS APD staff and CDSS Accounting staff.

9.1.4.1 Report Elements

Report Element Name	Description	Comments	Financial Object / BSA Codes
Cycle Date	Date range the report was run for		
Run Date	Date the report was executed		
Gross Wages	Gross wage amount	This field includes regular wages, restaurant meals, State override, Federal/County override, County override, State/County override and Cash in Door. Reported by Federal share, State share, County share, Total and totals for each Funding Source	Objects 5001, 5003, 5004, 5005, 5008, 5009, and 5011

Report Element Name	Description	Comments	Financial Object / BSA Codes
Employee – FIT	Employee Federal Income Tax	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3202
Employee – PIT	Employee Personal Income Tax	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3101
Employee – EIC	Employee Earned Income Credit	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3203
Employee – FICA	Employee Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3204
Employee – Medicare	Employee Medicare amount	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3206
Employee – SDI	Employee State Disability	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3104
Employee – DIEC	Employee Disability Insurance Elective Coverage amount	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3105

Report Element Name	Description	Comments	Financial Object / BSA Codes
Employee – Share of Cost	Employee Share of Cost amount	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3107
Employee – Health	Employee Health Benefits contribution amount	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3401, 3402 and 3403
Employee – Labor Org	Employee Labor Organization dues amount	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3301, 3302, 3303, 3304 and 3305
Employee – Lien	Employee Lien deduction amount	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3501
Total Employee Deductions	Total of all Employee Deductions	Sums all the employee deductions displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403 and 3501
Employer – FICA	Employer Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3205

Report Element Name	Description	Comments	Financial Object / BSA Codes
Employer – ETT	Employer Employee Training Tax	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3103
Employer – Medicare	Employer Medicare amount	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3207
Employer – UI	Employer Unemployment Insurance amount	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3102
Employer – FUTA	Employer Federal Unemployment Tax Act amount	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3201
Total Employer Contributions	Total of all Employer Contributions	Sums all the employer contributions displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3102, 3103, 3201, 3205 and 3207

Report Element Name	Description	Comments	Financial Object / BSA Codes
Total Deductions and Contributions	Total of Employee Deductions & Employer Contributions	Sums all the employee deduction and employer contribution displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403, 3501, 3102, 3103, 3201, 3205 and 3207
County Contractor Amount Owed	Amount Owed for County Contractor Expenditures	This is the program split of the County Contractor invoice for each program. Reported by Federal share, State share, County share & Total.	Object 5006 with Reporting Code 222R, 222G and 221R
County Contractor Amount Paid	Amount Paid for County Contractor Expenditures	This is what was initially paid by the County for County Contractor services. Only the County column is populated since the County paid the invoice.	Object 5006 with Reporting Code 221

Report Element Name	Description	Comments	Financial Object / BSA Codes
County Contractor Balance	Balance Due for County Contractor Expenditures	This is the net of the County Contractor amount owed and County amount paid. The County is given credit for the Federal and State share of the invoice. The Federal and County are billed for their share of the invoice. Reported by Federal share, State share, County share & Total.	
Homemaker Amount Owed	Amount Owed for Homemaker Expenditures	This is the program split of the Homemaker charges for each program. Reported by Federal share, State share, County share & Total.	Object 5007 with Reporting Code 222R, 222G and 221R
Homemaker Amount Paid	Amount Paid for Homemaker Expenditures	This is what was initially paid by the County for Homemaker services. Only the County column is populated since the County paid the invoice.	Object 5007 with Reporting Code 221

Report Element Name	Description	Comments	Financial Object / BSA Codes
Homemaker Balance	Balance Due for Homemaker Expenditures	This is the net of the Homemaker amount owed and Homemaker amount paid. The County is given credit for the Federal and State share of the invoice. The Federal and County are billed for their share of the invoice. Reported by Federal share, State share, County share & Total.	
Cash In Door Adjustment	Amount refunded to Federal and State based on amount collected by the County.	This is the net of the Cash in Door amount paid. The Federal and State are given credit for the amount the County collected that is due to the Federal and State. Reported by Federal share, State share, County share & Total.	Object 5011

Report Element Name	Description	Comments	Financial Object / BSA Codes
Total Amount Owed	Total Amount Owed for services.	Formula for this field: Sum of Gross Wages, total Employer Taxes, total County Contractor, total Homemaker, and less Share of Cost. Reported by Federal share, State share, County share & Total.	

9.1.5 Payment Voucher - State Summary - Advance Pay

The Payment Voucher- State Summary – Advance Pay report provides the CDSS Accounting staff and CDSS APD staff with a summary of payment voucher activity for a given date range. The report details the Federal, State, and County share amounts across all funding sources, as well as each funding source total amount.

The report will be grouped as follows:

- Statewide
  - Provides totals at the statewide level
- County
  - Provides totals at the county level
- County, District
  - Provides totals at the county district level

This report is generated on a daily basis.

This report is available to County staff, CDSS APD staff and CDSS Accounting staff.

9.1.5.1 Report Elements

Report Element Name	Description	Comments	Financial Object / BSA Codes
Cycle Date	Date range the report was run for		
Run Date	Date the report was executed		

Report Element Name	Description	Comments	Financial Object / BSA Codes
Gross Wages	Gross wage amount	This field includes advance pay wages only. Reported by Federal share, State share, County share & Total	Object 5002
Employee – FICA	Employee Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share & Total	BSA 3208
Employee – Medicare	Employee Medicare amount	Reported by Federal share, State share, County share & Total	BSA 3209
Employee – SDI	Employee State Disability	Reported by Federal share, State share, County share & Total	BSA 3106
Employee – Share of Cost	Employee Share of Cost amount	Reported by Federal share, State share, County share & Total	BSA 3108
Total Employee Deductions	Total of all Employee Deductions	Sums all the employee deductions displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3208, 3209, 3106 and 3108

9.1.6 Payment Voucher Summary – Weekly (excludes Advance Pay)

The Payment Voucher Summary report provides CDSS Accounting staff and CDSS APD staff with a summary of payment voucher activity for a given date range. The report details the Federal, State, and County share amounts for each funding source, as well as the total dollar amount.

The report will be grouped as follows:

- Statewide, Funding Source

  - Provides totals for each funding source at the statewide level
- County, Funding Source
  - Provides totals for each funding source at the county level
- County, District, Funding Source
  - Provides totals for each funding source at the county district level

This report is available to County staff, CDSS APD staff and CDSS Accounting staff.

9.1.6.1 Report Elements

See Section 9.1.3.1 for report elements.

9.1.7 Payment Voucher Summary – Monthly (excludes Advance Pay)

The Payment Voucher Summary report provides CDSS Accounting staff and CDSS APD staff with a summary of payment voucher activity for a given date range. The report details the Federal, State, and County share amounts for each funding source as well as the total dollar amount.

The report will be grouped as follows:

- Statewide, Funding Source
  - Provides totals for each funding source at the statewide level
- County, Funding Source
  - Provides totals for each funding source at the county level
- County, District, Funding Source
  - Provides totals for each funding source at the county district level

This report is available to County staff, CDSS APD staff and CDSS Accounting staff.

9.1.7.1 Report Elements

See Section 9.1.3.1 for report elements.

9.1.8 Payment Voucher Summary –Quarterly (excludes Advance Pay)

The Payment Voucher Summary – Quarterly report provides CDSS Accounting staff and CDSS APD staff with a summary of payment voucher activity for a given date range. The report details the Federal, State, and County share amounts for each funding source, as well as the total dollar amount.

The report will be grouped as follows:

- Statewide, Funding Source

  - Provides totals for each funding source at the statewide level
- County, Funding Source
  - Provides totals for each funding source at the county level
- County, District, Funding Source
  - Provides totals for each funding source at the county district level

This report is generated quarterly.

The quarterly report shows the Federal Billing amount (taxes).

This report is available to County staff, CDSS APD staff and CDSS Accounting staff.

9.1.8.1 Report Elements

See Section 9.1.3.1 for report elements.

9.1.9 Quarterly Tax Disbursement

The Quarterly Tax Disbursement report provides detailed information regarding employee tax deductions and employer tax contributions. It provides subtotals at the employee and employer level, as well as totals for taxes disbursed.

The report is broken out into 13 separate one-page reports as follows:

- Quarterly Tax Disbursement Report
  - High level report giving total tax deduction and contribution amounts for each funding source, as well as a total for IHSS program contributions, and total contributions.
- Quarterly Tax Disbursement Report – PCSP
  - Total tax deduction and contribution amounts for PCSP. The total PCSP amount is broken down into Federal, State, and County shares.
- Quarterly Tax Disbursement Report – IPW
  - Total tax deduction and contribution amounts for IPW (n). The total IPW (n) amount is broken down into Federal, State and County shares.
- Quarterly Tax Disbursement Report – IHSS-R
  - Total tax deduction and contribution amounts for IHSS-R. The total IHSS-R amount is broken down into Federal, State and County shares.
- Quarterly Tax Disbursement Report – Total IHSS Program Contribution
  - Total tax deduction and contribution amounts for PCSP, IPW (1-6) and IHSS-R. The total amount is broken down into Federal, State, and County shares.
- Quarterly Tax Disbursement Report – WPCS
  - Total tax deduction and contribution amounts for WPCS. The total WPCS amount is broken down into Federal, State, and County shares.
- Quarterly Tax Disbursement Report – IPO
  - Total tax deduction and contribution amounts for IPO. The total IPO amount is broken down into Federal, State, and County shares.

- Quarterly Tax Disbursement Report – Total Contribution
  - Total tax deduction and contribution amounts for PCSP, IPW (1-6), IPO, IHSS-R and WPCS. The total amount is broken down into Federal, State, and County shares.

The reports will be sorted as follows:

- Statewide
  - Provides totals at the statewide level
- County
  - Provides totals at the county level
- County, District
  - Provides totals at the county district level

This report is used by HP staff to reconcile the quarterly taxes and prepare the Federal Tax Memo. The report is also used by CDSS Accounting staff to prepare the journal entries to CALSTARS. This report is generated quarterly.

This report is available to CDSS APD staff and CDSS Accounting staff.

9.1.9.1 Report Elements

Report Element Name	Description	Comments	Financial Object / BSA Codes
Cycle Date	Date range the report was run for		
Run Date	Date the report was executed		
Employee PIT	Employee Personal Income Tax	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3101
Employee SDI	Employee State Disability Insurance	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3104
Employee DIEC	Employee Disability Insurance Elective Coverage	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3105

Report Element Name	Description	Comments	Financial Object / BSA Codes
Total State Tax	Employee Total State Tax	Sums the employee state taxes displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3101, 3104, 3105
Employee FIT	Employee Federal Income Tax	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3202
Employee FICA	Employee Federal Insurance Contributions Act	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3204
Employee Medicare	Employee Medicare	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3206
Employee EIC	Employee Earned Income Credit	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3203
Total Federal Tax	Employee Total Federal Tax	Sums the employee federal taxes displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3202, 3203, 3204, 3206

Report Element Name	Description	Comments	Financial Object / BSA Codes
Total Employee Tax	Employee total tax	Sums the employee state taxes and employee federal taxes displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3101, 3104, 3105, 3202, 3203, 3204, 3205
Employer SUI	Employer State Unemployment Insurance	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3102
Employer ETT	Employer Employment Training Tax	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3103
Total State Tax	Employer total state tax	Sums the employer state taxes displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3102, 3103
Employer FICA	Employer Federal Insurance Contributions Act	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3205
Employer Medicare	Employer Medicare	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3207
Total Federal Tax	Employer total federal tax contribution amount	Sums the employer federal taxes displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3205, 3207

Report Element Name	Description	Comments	Financial Object / BSA Codes
FUTA	Employer Federal Unemployment Tax Act	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3201
Total Employer Tax	Employer total tax	Sums the employer state taxes, employer federal taxes and FUTA displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3102, 3103, 3201, 3205, 3207
Total State Tax	Total State Tax for Employee & Employer	Sums the employee state taxes and employer states taxes displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3101, 3102, 3103, 3104, 3105
Total Federal Tax	Total Federal Tax amount for Employee & Employer	Sums the employee federal taxes and employer federal taxes displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3202, 3203, 3204, 3205, 3206, 3207
Total FUTA	Total Employer Federal Unemployment Tax Act	Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSA 3201

Report Element Name	Description	Comments	Financial Object / BSA Codes
Total Tax Payments	Total Tax amount for Employee & Employer	Sums the employee state and federal taxes and employer states and federal taxes and FUTA displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Source	BSAs 3101, 3102, 3103, 3104, 3105, 3201, 3202, 3203, 3204, 3205, 3206, 3207

9.1.1 Warrant Redeposit Listing Report

The Warrant Redeposit Listing report provides CDSS Accounting, County staff and CDSS APD staff with a summary of warrant redeposit activity for a given date range. The report details the amount redeposit in each funding source, as well as the detail about the warrant.

The report will be grouped as follows:

- Statewide
  - Provides totals at the statewide level
- County
  - Provides totals at the county level
- County, District
  - Provides totals at the county district level

This report is available to CDSS APD staff and CDSS Accounting staff.

9.1.1.1 Report Elements

Report Element Name	Description	Comments
Cycle Date	Date range the report was run for	
Run Date	Date the report was executed	
Payee Name	Payee Name	Last Name, First Name
Case Number	Case Number	CMIPS II Recipient Case Number
Provider Number	Provider Number	CMIPS II Provider Number
Warrant Number	Warrant Number	The SCO Warrant Number

Report Element Name	Description	Comments
Warrant Issue Date	Date warrant was issued	The SCO Issue Date
Warrant Amount	Warrant Amount	
PCSP Amount	Warrant Amount funded from PCSP	
IPO Amount	Warrant Amount funded from IPO	
IPW Amount	Warrant Amount funded from IPW	
IHSS-R Amount	Warrant Amount funded from IHSS-R	
WPCS Amount	Warrant Amount funded from WPCS	

9.1.2 Warrant Redeposit Listing - Vendor Report

The Warrant Redeposit Listing – Vendor report provides CDSS Accounting with a summary of vendor warrant redeposit activity for a given date range.

The report is grouped at the statewide level.

This report is available to CDSS APD staff and CDSS Accounting staff.

9.1.2.1 Report Elements

Report Element Name	Description	Comments
Cycle Date	Date range the report was run for	
Run Date	Date the report was executed	
Vendor Name	Vendor Name	
Vendor Number	Vendor Number	
Warrant Number	Warrant Number	The SCO Warrant Number
Warrant Issue Date	Date warrant was issued	The SCO Issue Date
Warrant Amount	Warrant Amount	

9.1.3 Stale Dated Warrant Listing Report

The Stale Dated Warrant Listing report provides CDSS Accounting with a summary of stale dated warrant activity for a given date range. The report details the amount stale dated warrant in each funding source, as well as the detail about the warrant.

The report will be grouped as follows:

- Statewide
  - Provides totals at the statewide level
- County
  - Provides totals at the county level
- County, District
  - Provides totals at the county district level

This report is available to CDSS APD staff and CDSS Accounting staff.

9.1.3.1 Report Elements

Report Element Name	Description	Comments
Cycle Date	Date range the report was run for	
Run Date	Date the report was executed	
Payee Name	Payee Name	Last Name, First Name
Case Number	Case Number	CMIPS II Recipient Case Number
Provider Number	Provider Number	CMIPS II Provider Number
Warrant Number	Warrant Number	The SCO Warrant Number
Warrant Issue Date	Date warrant was issued	The SCO Issue Date
Warrant Amount	Warrant Amount	
PCSP Amount	Warrant Amount funded from PCSP	
IPO Amount	Warrant Amount funded from IPO	
IPW Amount	Warrant Amount funded from IPW	
IHSS-R Amount	Warrant Amount funded from IHSS-R	
WPCS Amount	Warrant Amount funded from WPCS	

9.1.4 Stale Dated Warrant Listing - Vendor Report

The Stale Dated Warrant Listing – Vendor report provides CDSS Accounting with a statewide summary of all vendors stale dated warrant activity for a given date range.

The report is grouped at the statewide level.

This report is available to CDSS APD staff and CDSS Accounting staff.

9.1.4.1 Report Elements

Report Element Name	Description	Comments
Cycle Date	Date range the report was run for	
Run Date	Date the report was executed	
Vendor Name	Vendor Name	
Vendor Number	Vendor Number	
Warrant Number	Warrant Number	The SCO Warrant Number
Warrant Issue Date	Date warrant was issued	The SCO Issue Date
Warrant Amount	Warrant Amount	

10 GLOSSARY

A

Advance Pay
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.

Advantage Financial (CDSS only)
A complete financial management system specifically designed to support CMIPS II. Advantage Financial issues vendor payments, and serves as a reconciliation and fund source management tool.

Advantage HRM (Human Resource Management) (CDSS only)
The integrated payroll system responsible for processing payments to CMIPS II case participants. Using data received from scanned and manually-entered timesheets, HRM calculates and reports wages, taxes, and other deductions. In addition, HRM processes payment adjustments entered in the Case Management application, as well as Advance Pay and restaurant meals allowance payments.

application
The form used to record all information necessary to establish eligibility for IHSS. The application form is dated and signed by the applicant. In Case Management, the “Create Application” link opens a case record and allows the user to enter initial eligibility information.

authorization to purchase
The number of hours a recipient is authorized to receive for an authorization period or authorization segment.

authorization period
The period of time covered by the assessment.
authorization segment
The time period, in hours, within an authorization period.

B

batch
A system or mode of operation in which inputs are collected and processed all at one time, rather than processed as they are submitted. A batch job once started proceeds to completion without additional input or user interaction.
Business Objects
The database within CMIPS II containing the data elements for all operational reports. (See Reporting)
business rules
The logic that enforces the IHSS program policies and practices within Case Management.

C

Case Management
A component of CMIPS II that records and tracks information about IHSS recipients and providers. Case Management consists of the functionality to support Recipient Case Management, Provider Management, and Payroll Management for the IHSS program. This includes current and historic demographic and assessment data, as well as payroll information.
case note
A note created to record information regarding a case.
case owner
In Case Management, the user who is assigned to the case. Each case has a case owner.
CASS
See Coding Accuracy Support System.
CC
See County Contractor.
CIN
See Client Index Number.
claim
An electronic or paper request for payment.
Client Index Number (CIN)
A ten-digit alphanumeric value assigned by the Statewide Client Index (SCI) to uniquely identify an individual to various California public benefit programs. One of the key activities in creating a case in Case Management is to search the SCI for a CIN that is associated with the IHSS applicant.
CMIPS II printer
A printer connected to the CMIPS II network and dedicated to printing CMIPS II documents only.
Coding Accuracy Support System (CASS)
A system that enables the United States Postal Service to evaluate the accuracy of software that corrects and matches street addresses. CMIPS II cross-checks the street and mailing address entered with what is on file with the United States Postal Service.
County Contractor (CC)
A mode of service wherein IHSS is provided by an agency under contract with a county.

D

Data Download
Provides access to export-ready reports that can be used for additional analysis and transfer of data to other systems.

DE 4 (California State Employee Withholding Certificate)
A form issued by the Employment Development Department (EDD) and completed by the provider if they wish to have state income tax withheld from their pay at a rate different than federal income tax. The form is sent to HP for processing.

Department of Health Care Services (DHCS)
The State agency responsible for protecting and promoting the health status of Californians through the financing and delivery of individual health care services. The DHCS administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal) and In-Home Operations (IHO).

DHCS
See Department of Health Care Services.

E

EFT (Electronic Funds Transfer)
Also known as Direct Deposit, EFT refers to the computer-based systems used to perform financial transactions electronically from one account to another. The State Controller's Office (SCO) uses EFT to electronically deposit payments for providers and recipients into the banks of their choice.

evidence
Information collected to determine eligibility for IHSS. Case Management categorizes evidence into four types: Household, Service, Program, and Share of Cost.

F

Federal Financial Participation (FFP)
An indication of whether the federal government shares in the cost of services. In IHSS, if FFP is yes, the federal government pays for 50% of the cost of services for a case.

FFP
See Federal Financial Participation.

funding source
The means of financial support for IHSS program costs. The established governmental sources for IHSS funding are PCSP, IPO, and IHSS-R.

H

HM
See Homemaker.

Homemaker (HM)
A mode of service wherein county staff provide IHSS to eligible IHSS recipients.

I

icon
A picture or symbol on a menu, toolbar or screen that users select by pointing and clicking with a mouse. Icons are used to display information and navigate within CMIPS II.

ICT (Inter-County Transfer) Coordinator
The person responsible for coordinating the transfer of a case from one county to another in Case Management when the recipient moves to a different county and continues to be eligible for IHSS.

IHO
See In-Home Operations.

IHSS Plus Option (IPO)
A funding source associated with the IHSS program. It includes recipients who are eligible for full scope FFP Medi-Cal and have their services provided by a spouse or parent (if the individual is a minor child under 18), or receive Restaurant Meal Allowance or Advance Pay. Unlike the Demonstration Waiver IPW, the IPO is a State Plan Option, and therefore follows the PCSP State Plan regarding program eligibility and services. Cases paid from the IPO funding source are designated with a Medi-Cal Secondary Aid Code of 2L. CMIPS II supports both IPO and IPW programs.

IHSS Plus Waiver (IPW)
An expired funding source formerly associated with the IHSS program.

IHSS-R
See IHSS Residual.

IHSS Residual (IHSS-R)
A funding source associated with the IHSS program. Recipient cases having one or more of the following indications in an eligibility month shall be associated with the IHSS-R program: No Medi-Cal eligibility or Medi-Cal eligibility without Federal Financial Participation (FFP) eligibility. Recipient cases paid from the IHSS-R funding source are designated with a Medi-Cal Secondary Aid Code of 2N. The IHSS-R funding source is paid at a ratio of state 65% and county 35%.

Individual Provider (IP)
A mode of service wherein a person provides IHSS and is not a County Contractor or Homemaker.

In-Home Operations (IHO)
A section within the Department of Health Care Services (DHCS) that administers the Waiver Personal Care Services (WPCS) program.

IP
See Individual Provider.

IPO
See IHSS Plus Option.

IPW
See IHSS Plus Waiver.

L

LMA
The Legislative Mandated Adjustment (LMA) hours. Displays in (HH:MM) format.

J

job aid
A device or tool that allows an individual to quickly access the information he or she needs to perform a task.

M

Medi-Cal Eligibility Data System (MEDS)
A system used to maintain a statewide file of eligible Medi-Cal recipients and issue identification cards.

MEDS
See Medi-Cal Eligibility Data System.

MEDS Monthly Renewal
Refers to the monthly interface with MEDS, which sends a file to CMIPS II regarding a recipient's Medi-Cal monthly eligibility.

N

notification
Informational items in Case Management where the user is not required to take action. Notifications are generated by Case Management based on case actions or information from another source, such as MEDS and SAWS.

O

online help
Online help is topic-oriented, procedural, or reference information delivered through computer software. It is a form of user assistance. When online help is accessed from Case Management or the CMIPS II Web Portal, context-sensitive help is displayed.

P

PA
See Public Authority.

PCSP
See Personal Care Services Program.

password
A secret word or string of characters used for authentication, to prove identity, or to gain access to a protected resource. A password is required to gain access to CMIPS II.

person
The record of an individual in Case Management. A person may be associated with multiple person type indicators. For example, if someone is both an IHSS recipient and a provider he/she will have a single person record in Case Management.

person note
A note created to record information regarding a provider or recipient.

Personal Care Services Program
A funding source associated with the IHSS program. This program provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institute Code Section 14132.95 and Title 22, California Code of Regulations. It is one of three funding sources associated with the IHSS program. Individuals meeting all of the following conditions are funded for PCSP: eligible for full scope FFP Medi-Cal, no Advance Pay, no Restaurant Meal Allowance, and no parent/spouse provider. Recipient cases paid from the PCSP funding source are designated with a Medi-Cal Secondary Aid Code of 2M.

POS
See Point of Service Spend Down Transaction.

Point of Service Spend Down Transaction
A real-time transaction sent from CMIPS II to the MEDS Share of Cost system when an IHSS payment is made. It reduces any outstanding MEDS share of cost for the corresponding Medi-Cal eligibility month.

position
During user setup, each user is assigned a position within a workflow structure in Case Management. The position determines the workflow for notifications and tasks, the path in which tasks are escalated, and the cases which he/she can modify.

provider
A person paid to perform IHSS.

provider registry
A listing of approved providers most commonly compiled by a county Public Authority (PA) used to assist recipients in identifying and contacting potential providers. These providers have already completed all aspects of the provider enrollment process.

Public Authority (PA)
An entity authorized to act as Employer of Record for Individual Providers for collective bargaining.

Q

Query and Sampling Tool (QST)
The Query and Sampling Tool link on the CMIPS II Web Portal allows users to run ad hoc reports and perform other tasks using recipient, provider, payroll, and timesheet data. Once generated, tasks such as printing lists and mailing labels, viewing information, and downloading data can be performed.

QST
See Query and Sampling Tool.

R

receiving county
The county that takes ownership of a case that is being transferred from a sending county, as part of the Inter-County Transfer (ICT) process.

Reduced Hours
The hours and minutes the recipient hours will be reduced based upon the reduced hours percentage. Displays in (HH:MM) format.

Reinstated Hours
The number of reduced hours the case owner reinstated to the recipient. Displays in (HH:MM) format.

Reporting
The Reporting link on the CMIPS II Web Portal provides access to many predefined reports covering various aspects of the IHSS program. Reports can be generated for immediate viewing and printing or generated for future use. Report information can be exported for use in other applications such as Microsoft Word or Excel, Crystal Reports, or Adobe Acrobat Reader. Reporting is used by case owners for a variety of case intake and case management tasks. Managers, supervisors, QA, and payroll also use reporting for auditing and planning purposes.

S

SAWS
See Statewide Automated Welfare System.

SCI
See Statewide Client Index.

SCO
See State Controller's Office.

SEIN
See State Employer Identification Number.

State Employer Identification Number (SEIN)
An identification number assigned by the Employment Development Department (EDD) to each IHSS recipient.

sending county
The county that currently owns a case that is being transferred to a receiving county, as part of the Inter-County Transfer (ICT) process.

sensitivity level
Notes in Case Management have sensitivity levels from 1 to 5. One is the lowest sensitivity and 5 is the highest. Each Case Management user is assigned a sensitivity level that determines what notes he/she can see and what sensitivity level he/she can assign to notes. For example, everyone can see notes with a sensitivity of 1, but only users with a sensitivity of 3 can see or create notes of level 3.

Social Worker Certification
Indicates whether or not the recipient met the criteria for the social worker to certify the reinstatement of all reduced hours.

stale dated warrant
A warrant that remains un-cashed after one year from the date of issue.

State Controller's Office (SCO)
The office managed by the state's chief fiscal officer, responsible for administration and oversight of fiscal affairs for the state. CMIPS II exchanges data with SCO, and in Case Management, the user can request copies of cashed warrants from the SCO.

Statewide Automated Welfare System (SAWS)
The generic term used to refer to CalWIN, C-IV and LEADER, the systems used to determine eligibility for a variety of welfare benefits, including Medi-Cal. Case Management interfaces with these systems to request Medi-Cal eligibility determinations for applicants who are not currently receiving Medi-Cal and to exchange status information.

Statewide Client Index (SCI)
The California Department of Health Care Services' (DHCS) Statewide Client Index generates and controls Client Identification Numbers (CINs). The CIN is the primary identifier for individuals who have applied for public benefits.

T

task
An item that requires a Case Management user to take action. A task may be generated by Case Management or may be manually created by a user. Each task is assigned a unique task number. A task generated automatically by Case Management and not completed by its deadline escalates to a supervisor.

Timesheet Processing Facility (TPF)
A central facility responsible for the scanning and processing of IHSS timesheets.

TPF
See Timesheet Processing Facility.

W

W-2 Form
Refers to the federal Wage and Tax Statement.

W-4 Form
Refers to the federal Employee's Withholding Allowance Certificate.

W-5 Form
Refers to the federal Earned Income Credit Advance Payment Certificate.

Waiver Personal Care Services (WPCS)
A program administered by In-Home Operations (IHO) in which individuals are either eligible for Nursing Facility (NF) or Model Nursing Facility Waiver services. Both waivers provide personal care services to categorically needy and medically needy Medi-Cal recipients who would otherwise spend at least 90 days in a nursing facility. PCSP/IPO beneficiaries can apply to IHO and receive both IHSS and WPCS program services simultaneously. CMIPS II is the system used by WPCS to pay its providers. Providers of WPCS must be created in CMIPS II to facilitate payment.

Web Portal
A site that creates a single point of access to various components and functionality associated with CMIPS II. The portal offers a structured approach to navigating information, e.g. by subject (category) then sub-category. The systems in CMIPS II include Case Management, Reporting, Query & Sampling Tool, Advantage Financial and Advantage Human Resource Management (HRM).

work queue
Shared task lists to which a user has been given access. The work queues contain both manually-generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county.

WPCS

See Waiver Personal Care Services.

user's MANUAL

Chapter Eleven
CDSS Accounting Procedures

to Assist and Empower

CMIPS II

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1 OVERVIEW OF CMIPS II ADVANTAGE FEATURES

AMS Advantage© is a complete payroll (Advantage HRM) and financial management (Advantage Financial) system specifically designed to support the CMIPS II functions. Using data provided by the users, CMIPS II Advantage maintains a payroll and financial database that can be used to produce a variety of detail and summary information.

1.1 NAVIGATION

CMIPS II Advantage uses a Web interface to display the types of application pages listed below.

- Document pages (Documents), which are used to record payroll activities, such as timesheet transactions and financial activities (e.g., transfer of expense with journal vouchers).
- Inquiry pages (Inquiries), which are used to display summary and detailed information from system-maintained tables.
- Reference Table pages (Reference Tables), which provide access to user-maintained and system-maintained tables.

Each page, whether a Document, Inquiry, or Reference Table has a page code associated with it. For instance, the Object Table has the page code of 'OBJ'.

Users can gain access to specific pages, either through the primary navigation panel located at the top of every page, or the secondary navigation panel located on the left side of every page. The primary navigation panel contains a Page Code search field; users can also search for pages by using the secondary navigation panel's Search > Page Search feature. The Search > Page Search feature makes it possible to search by page description in addition to page code. The '*' wildcard can be used when searching by page description.

2 CHART OF ACCOUNTS TABLES

CMIPS II Financial allows California Department of Social Services (CDSS) to configure the financial tables to ensure the key financial management processes of CMIPS II are met. The subsections that follow will discuss how these tables will be used, the table and its required and optional fields, and the steps to view data on each table used for CMIPS II.

Chart of Accounts – Identifies and classifies all financial data stores in AMS Advantage Financial, ensuring that all types of financial transaction (such as payroll, budgeting and accounting) use the same set of valid codes. The Chart of Accounts is the heart of the financial and budgeting systems, used for transactions, reports, and analysis.

CDSS Accounting staff has view only permission for CMIPS II. When changes are needed to the financial tables, HP will make the required changes via Adult Programs Division (APD) staff request.

When a new chart of account element such as program or district needs to be established then Adult Programs Division (APD) staff will send a form to HP. HP staff will configure the new chart of account element.

When a chart of account element, such as program or district, is no longer needed APD staff will send a form to HP. HP will then inactivate the chart of account element.

2.1 FISCAL YEAR (FY) TABLE

The Fiscal Year table allows CDSS to establish and verify the valid fiscal years and budget fiscal years in Financial component of CMIPS II. All transactions and processes must be executed within a valid year. Verification of the Fiscal Year used on a transaction not only ensures a valid fiscal year is entered on transactions, but also ensures that the year is open for transactions.

This table is shared between Advantage Financial and Advantage HRM.

2.1.1 Processing Steps

This section instructs users how to view data on the Fiscal Year table.

Step	Role	Description
1	CDSS Accounting Staff	**Action 1:** Login to Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the Page Code: **FY** • Select the **Browse** link. • Select the **Fiscal Year** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Fiscal Year **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete a fiscal year record from the table. The fiscal year record is used on the budget structure and other reference tables and document.

2.1.2 Table Results - Fields

Table	Field	Value	Comments
FY	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record.
FY	End Date	06/30/2010	Required. The last calendar date of the fiscal year.
FY	Closed	Check box is not checked	Required. This field indicates whether the fiscal year is closed for processing. This flag can be set manually or by the annual closing process.
FY	Archived	Checkbox is not checked	Default. When a fiscal year has been marked as archived, it means that records from at least one journal or ledger have been archived. Subsequently, that fiscal year will no longer be available for document processing.
FY	Closing	Checkbox is	Default. When selected, this field signifies that the

Table	Field	Value	Comments
	Process Run	not checked	period closing process has been executed and many other processes like ledger summarization have occurred. This flag can only be set by the period closing process.

2.2 FUND (FUND) TABLE

The Fund (FUND) table has four sections: General Information, Year End Options, Rollups, and Description/Contact. Only two sections are used: General Information and Year End Options. Only one field in the Year End Options section will be populated and the other fields are not required for CMIPS II. The Rollups section and the Description/Contact section will not be used by CDSS.

CDSS is using the General Fund 0001 for the IHSS programs. This is the only fund that will be established in CMIPS II.

This table is shared between Advantage Financial and Advantage HRM.

2.2.1 Processing Steps

This section instructs users how to view data on the Fund table.

Step	Role	Description
1	CDSS Accounting Staff	**Action 1:** Login to Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the Page Code: **FUND** • Select the **Browse** link. • Select the **Fund** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Fiscal Year **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete a fund record from the table. The fund record is used on the budget structure and other reference tables and document.

2.2.2 Table Results - Fields

Table	Field	Value	Comments
FUND	General Information Section		
FUND	Fiscal Year	2010	Required. The Fiscal Year associated with an account or

Table	Field	Value	Comments
			record. It is validated against the Fiscal Year table, which contains controls and other attributes of the year.
FUND	Fund	0001	Required. The identification code associated with a fund record, which is an essential part of a governmental accounting system. Values may be entered as a chart of account element on a budget or accounting document.
FUND	Name	General Fund	Required. The name associated with an individual fund code.
FUND	Short Name	General Fund	Required. The short name associated with the fund. This name is used on queries, reports, and inferences for display on transactions and pages when there is not enough room for the full name.
FUND	Bank	1000	Required. This field identifies the banks that are the defaults for this fund. The Bank value is the one that will default to certain accounting documents when not manually entered.
FUND	EFT Bank	1000	Required. EFT Bank is the value defaulted to disbursement documents that are Electronic Funds Transfer documents.
FUND	Master Bank	1000	Required. Master Bank is the real bank account. This is the value used with the Automatic Bank Transfer batch program.
FUND	Effective From		Blank.
FUND	Effective To		Blank.
FUND	Active	Checkbox is checked	Required. This flag checked indicates whether or not the fund is active for use. When selected, the fund can be used on tables and transactions.
FUND	Budgeting	Checkbox is checked	Required. This flag checked indicates whether this fund is allowed for budgeting or not.
FUND	Component Unit	Checkbox is not checked	Default. This flag checked indicates that this fund is handled differently for CAFR reports. The flag is intended as an aid for CAFR reporting and is optional.
FUND	Pool Fund	Checkbox is not checked	Default. This flag checked indicates the fund code is the one to be used as the pool fund in the investment area.
FUND	Major Fund	Checkbox is not checked	Default. This flag checked indicates that this fund must be displayed separately from others of this same fund type because of size or volume. The flag is intended as an aid for CAFR reporting and is optional.
FUND	General Capital Assets (GCA) Fund	Checkbox is not checked	Default. This flag checked indicates a fund code will use the GCA fund to record all asset information instead of in the individual fund itself.
FUND	Responsibility Center Posting	Checkbox is not checked	Default. This flag indicates whether the fund can use the Responsibility Center Posting functionality.
FUND	Allow	Checkbox is	Default. This flag checked indicates the user can

Table	Field	Value	Comments
	Override of Responsibility Center Posting	not checked	manually change the inherited Responsibility Center Posting value from Fund on the Fixed Asset document.
FUND	Allow Negative Investment Balance	Checkbox is not checked	Default. The flag indicates a fund code allows a negative balance in a Pool Investment account for the participatory fund.
FUND	Year End Options Section		
FUND	Pre Enc Close Action	No Action	Default. Indicates the type of action to apply to the document when it is closed. The default value is No Action.
FUND	Pre Enc Roll Min	$0.00	Default. The minimum dollar amount for the Roll action to be applied to pre-encumbrances.
FUND	Enc Close Action	No Action	Default. Indicates the type of action to apply to a document when it is closed. The default value is No Action.
FUND	Enc Roll Min	$0.00	Default. The minimum dollar amount for the Roll action to be applied.
FUND	Recv Close Action	No Action	Default. Actions to be taken against outstanding receivables at year end. The default value is No Action.
FUND	Recv Roll Min	$0.00	Default. The minimum amount a receivable accounting line must be for in order to be selected by the roll process.
FUND	Other Items Closed Action	No Action	Default. On the Fund (FUND) table, actions to be taken against outstanding 'other' activity at year end. The default value is No Action.
FUND	Other Items Roll Min	$0.00	Default. The minimum amount an accounting line must be equal to or greater than in a document representing other items in order to be selected by the roll process.
FUND	Close Fund Into Account	Fund Balance	Required. Select the correct account into which the fund balance is closed during the annual closing process. Funds, because of their fund types and classes as defined by Generally Accepted Accounting Procedures (GAAP) close differently. Valid values in the drop down are Agency Due To, Retained Earnings, and Fund Balance.

2.3 Department (DEPT) Table

The Department (DEPT) table is used for establishing department controls that are not fiscal year based. The Department table has three sections: General Information, Buyers, and Description/Contacts. Only one section will be used: General Information. The Buyer and Description/Contacts sections will not be used by CDSS.

In CDSS' current budget structure, the Organization 5180 is used to indicate CDSS. The Department 5180 in CMIPS II will be the equivalent to the CDSS' Organization 5180.

Note: Advantage HRM has added additional elements to this table but these are not considered "Financial" data. These elements will not be used as part of the financial reporting but are needed in order to process the payroll data.

This table is shared between Advantage Financial and Advantage HRM.

2.3.1 Processing Steps

This section instructs users how to view data on the Department table.

Step	Role	Description
1	CDSS Accounting Staff	**Action 1:** Login to Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select the **Page Search** link. • Enter the Page Code: **DEPT** • Select the **Browse** link. • Select the **Department** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Department: **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete a department record from the table. The department record is used on the budget structure and other reference tables and document.

2.3.2 Table Results - Fields

Table	Field	Value	Comments
DEPT	General Information Section		
DEPT	Department	5180	Required. The unique identification code assigned to the department.
DEPT	Name	Department of Social Services	Required. The name associated with the department. This name is used on queries, reports and inferences for display on transactions and pages.
DEPT	Short Name	CDSS	Required. The short name associated with the department. This name is used on queries, reports, and inferences for display on transactions and screens when there is not enough room for the full name.
DEPT	Effective From		Blank.
DEPT	Effective To		Blank.
DEPT	Active	Checkbox is	Required. This flag checked indicates whether or not the department is active for use. When selected, the

Table	Field	Value	Comments
		checked	department can be used on tables and transactions.
DEPT	Budgeting	Checkbox is checked	Required. This flag checked indicates whether this department is allowed for budgeting or not.
DEPT	AR Unit Inference	Set to All	Required. Select 'Set to All' from the drop down. Other values in the drop down are: Infer from User ID, Infer from Document ID and No Inference. Set to All value means that there are no specific rules by Unit. California Department of Social Services is not using the Accounts Receivable business function at this time. This field established as to how the account receivable department is inferred or has to be manually entered on documents recording accounts receivable activity.

2.4 APPROPRIATION (APPR) TABLE

The Appropriation (APPR) table has two (2) sections: General Information and Rollups. Only one section will be used: General Information. The Rollups section will not be used by CDSS. In CMIPS II, an appropriation refers to a set of budget lines, all governed by the same legislative authorization.

In the current budget structure, CDSS uses Reference 111, Program 25 and Element 15 to reference a budget line. In CMIPS II, the Reference, Program and Element will be combined to create an appropriation unit. Example: 1112515.

There will only be one Appropriation and it was established during Production Configuration.

This table is shared between Advantage Financial and Advantage HRM.

2.4.1 Processing Steps

This section instructs users how to view data on the Appropriation table.

Step	Role	Description
1	CDSS Accounting Staff	**Action 1:** Login to Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the Page Code: **APPR** • Select the **Browse** link. • Select the **Appropriation** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Fiscal Year **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete an appropriation record from the table. The appropriation record is used on the budget structure and other reference tables and document.

2.4.2 Table Results - Fields

Table	Field	Value	Comments
APPR	General Information Section		
APPR	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record. Validated against a Fiscal Year table which contains controls and other attributes of the year.
APPR	Appr Unit	1112515	Required. The identification code assigned to a single appropriation unit. An appropriation is a budgeting Chart of Accounts element. The appropriation field may be used as an input field on a document, a selection criteria on a parameter table, a key to a specific business rule on a control table, a field to be inferred on a document, or the appropriation value on a historical record.
APPR	Name	IHSS	Required. The name associated with the appropriation unit. This name is used on queries, reports and inferences for display on transactions and pages.
APPR	Short Name	IHSS	Required. The short name associated with the appropriation unit. This name is used on queries, reports, and inferences for display on transactions and screens when there is not enough room for the full name.
APPR	Contact Code		Blank.
APPR	Effective From		Blank.
APPR	Effective To		Blank.
APPR	Active	Checkbox is checked	Required. This flag checked indicates whether or not the appropriation is active for use. When selected, the appropriation can be used on tables and transactions.
APPR	Budgeting	Checkbox is checked	Required. This flag checked indicates whether this appropriation is allowed for budgeting or not.
APPR	Description		Blank.
APPR	Appropriation Classification	Regular	Required. Select Regular from the drop down. Other values in the drop down are: Continuing, Supplemental, Special, and Multi-Year. Regular appropriations normally begin with the fiscal year and end no later than the end of the fiscal year, are not based on special funding and are reviewed on an annual basis.

2.5 BALANCE SHEET ACCOUNT (BSA) TABLE

The Balance Sheet Account (BSA) table is used by other configuration tables. There are three sections to the BSA table: General Information, Rollups, and 1099 Info/1042-S Info. CDSS is not using BSA rollups and 1099 Info/1042-S Info, so these sections will not be populated. Only the General Information section will be used.

The cash balance sheet account must be established in order to record payment information. Other balance sheet accounts established are accounts payable, disbursements payable, warrant payable, and stale dated payable.

This table is shared between Advantage Financial and Advantage HRM.

2.5.1 Processing Steps

This section instructs users how to view data on the Balance Sheet Account table.

Step	Role	Description
1	CDSS Accounting Staff	**Action 1:** Login to Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the Page Code: **BSA** • Select the **Browse** link. • Select the **Balance Sheet Account** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Fiscal Year **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete a balance sheet account record from the table. The balance sheet account record is used on other reference tables and document.

2.5.2 Table Results - Fields

Table	Field	Value	Comments
BSA	General Information Section		
BSA	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record. Validated against a Fiscal Year table which contains controls and other attributes of the year.
BSA	BSA	1110	Required. The identification code assigned to the balance sheet account.
BSA	Name	General Cash	Required. The name associated with the balance sheet account. This name is used for queries, reports, and inferences for display on other pages or transactions.

Table	Field	Value	Comments
BSA	Short Name	General Cash	Required. The short name associated with the balance sheet account. This name is used for queries, reports, and inferences for display on other pages or transactions when there is not enough room for the balance sheet account name.
BSA	Account Type	Asset	Required. The type of balance sheet account. Valid values in the drop down are Asset, Liability, Equity, and Asset Offset.
BSA	Level of Balance Control	Warning	Required. CMIPS II will use “Warning”. A flexible level of control to be used when a document causes a balance sheet account record for a fund to have a balance contrary to what is normal for that type of account. Valid values in the drop down are No Error, Warning, Override, and Error. No Error is the default.
BSA	FASB Class	Not Applicable	Required. For GASB clients, this indicator is marked ‘Not Applicable’. California Department of Social Services is a GASB client. Valid values in the drop down are Not Applicable, Unrestricted, Temporarily Restricted, or Permanently Restricted.
BSA	Contact Code		Blank.
BSA	Effective From		Blank.
BSA	Effective To		Blank.
BSA	Active	Check box is checked	Required. This field indicates whether or not the balance sheet account is active for use. When selected, the balance sheet account can be used on tables and transactions.
BSA	Cash Account	Check box is checked	Required. This field signifies to the system that the Balance Sheet Account code is 'Cash Account'.
BSA	Memo Account	Check box is not checked	Default. This field indicates if the balance sheet account is a memo account.
BSA	Payroll	Check box is checked	Required. This field indicates whether or not the object is used for payroll. This is Designation only (no edit against this). Note: Certain objects can be restricted from being used on certain documents by making an entry on the Valid Document Code and Object Combination table.
BSA	Contributed Account	Check box is not checked	Default. Select this flag if this balance sheet account will be assigned as a contributed asset balance sheet account on the Fixed Asset Type (FATP) table.
BSA	Control Account	Check box is not checked	Default. This flag controls whether the selected BSA can be manually entered on the accounting line of documents. If this flag is selected, then an error will be issued when the document is validated or submitted.
BSA	Description		Blank.

2.5.3 Balance Sheets Accounts

BSA	Name	Asset / Liability / Equity
1110	General Cash	Asset
2000	Disbursement Payable	Liability
3000	Accounts Payable	Liability
3101	Personal Income Tax	Liability
3102	State Unemployment Insurance	Liability
3103	Employer Training Tax	Liability
3104	State Disability Insurance	Liability
3105	Disability Insurance Elective Coverage	Liability
3106	Estimated AP - State Disability Insurance	Liability
3107	Share of Cost	Liability
3108	Estimated AP - Share of Cost	Liability
3109	Reimbursement of Buyout - County	Liability
3110	Transfer of Stale Dated Warrant Funds	Liability
3111	Share of Cost - Adjustment	Liability
3201	Federal Unemployment Tax Act	Liability
3202	Federal Income Tax	Liability
3203	Earned Income Credit	Liability
3204	Federal Insurance Contributions Act - Employee	Liability
3205	Federal Insurance Contributions Act - Employer	Liability
3206	Medicare - Employee	Liability
3207	Medicare - Employer	Liability
3208	Estimated AP-Federal Insurance Contributions Act - Employee	Liability
3209	Estimated AP - Medicare - Employee	Liability
3301	Union Dues	Liability
3302	Heath Trust	Liability
3303	Cope/People	Liability
3304	Initiation	Liability
3305	Other Insurance	Liability

BSA	Name	Asset/Liability/Equity
3401	Health Insurance	Liability
3402	Vision Insurance	Liability
3403	Dental Insurance	Liability
3501	Liens	Liability
3601	EDD Refund – Personal Income Tax	Liability
3602	EDD Refund – State Unemployment Insurance	Liability
3603	EDD Refund – Employer Training Tax	Liability
3604	EDD Refund – State Disability Insurance	Liability
3605	EDD Refund – Disability Insurance Elective Coverage	Liability
4000	Warrants Payable	Liability
5000	Stale Date Payable	Liability
6000	Escheat Payable	Liability
7000	Cancelled Disbursements Payable	Liability
8000	Fund Balance	Equity
9999	Annual Closing Offset	Asset Offset

2.6 Object Category (OCAT) Table

CDSS currently is only using object 706 to record CMIPS activities. In order to capture additional detail for payroll and financial reporting, new objects were developed to meet payroll reporting needs, which are used only in the Financial component of CMIPS II system. The new objects were not established in CALSTARS. The new objects will roll up to CDSS' object 706.

Example: Wages is established with object code 5001 and will roll up to object category code 706.

There will only be one Object Category and it was established during Production Configuration.

This table is shared between Advantage Financial and Advantage HRM.

2.6.1 Processing Steps

This section instructs users how to view data on the Object Category table.

Step	Role	Description
1	CDSS Accounting Staff	**Action 1:** Login to Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link.

Step	Role	Description
		• Enter the Page Code: **OCAT** • Select the **Browse** link. • Select the **Object Category** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Object Category **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete the object category record from the table. The object category record is used on the object record.

2.6.2 Table Results - Fields

Table	Field	Value	Comments
OCAT	Object Category	706	Required. The identification code associated with the object category. This code groups objects for reporting purposes.
OCAT	Name	Contract Payments (Non-Governmental)	Required. The name associated with the object category. If name is used on queries, reports, and inferences for display on transactions and pages.
OCAT	Short Name	Contract Pay	Required. The short name associated with the object category. This name is used on queries, reports, and inferences for display on transactions and pages when there is not enough room for the full name.
OCAT	Contact Code		Blank.
OCAT	Effective From		Blank.
OCAT	Effective To		Blank.
OCAT	Active	Checkbox is checked	Required. This flag checked indicates whether or not the object category is active for use. When selected, the object category can be used on tables and transactions.
OCAT	Budgeting	Checkbox is not checked	Required. This flag checked indicates whether this object category is allowed for budgeting or not.
OCAT	Description		Blank.

2.7 OBJECT (OBJ) TABLE

The Object (OBJ) table has four sections: General Information, General Options, 1099 Info/1042-S Info and Rollups. Only one section will not be used: 1099 Info/1042-S Info.

CDSS is only using object 706 for payroll reporting. In order to capture additional detail for reporting, new objects were developed to meet payroll and financial reporting needs which are used only in the Financial component of CMIPS II system. The new objects were not established in CALSTARS. The new objects will roll up to CDSS' CALSTARS object 706. The CMIPS II object category 706 is equivalent to CDSS CALSTARS object.

Example: Wages are established with the object code 5001, which will roll up to object category code 706 (CALSTARS object).

This table is shared between Advantage Financial and Advantage HRM.

2.7.1 Processing Steps

This section instructs users how to view data on the Object table.

Step	Role	Description
1	CDSS Accounting Staff	**Action 1:** Login to Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the Page Code: **OBJ** • Select the **Browse** link. • Select the **Object** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Fiscal Year **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete the object record from the table. The object record is used on the budget structure and other reference tables and document.

2.7.2 Table Results - Fields

Table	Field	Value	Comments
OBJ	General Information Section		
OBJ	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record. Validated against a Fiscal Year table which contains controls and other attributes of the year.
OBJ	Object	5001	Required. The identification code associated with an object of expenditure.
OBJ	Name	Wages	Required. The name associated with the object. If name is used on queries, reports, and inferences for display on transactions and pages.
OBJ	Short Name	Wages	Required. The short name associated with the object. This name is used on queries, reports, and inferences

Table	Field	Value	Comments
			for display on transactions and pages when there is not enough room for the full name.
OBJ	Contact Code		Blank.
OBJ	Effective From		Blank.
OBJ	Effective To		Blank.
OBJ	Active	Checkbox is checked	Required. This flag checked indicates whether or not the object is active for use. When selected, the object can be used on tables and transactions.
OBJ	Budgeting	Checkbox is checked	Required. This flag checked indicates whether this object is allowed for budgeting or not.
OBJ	Description		Blank.
OBJ	General Options Section		
OBJ	FASB Class	Not Applicable	Required. A classification for FASB reporting to be associated with each code. Valid values in the drop down are Not Applicable, Unrestricted, Temporarily Restricted, or Permanently Restricted.
OBJ	Operating	Yes	Default. Indicates whether the object is considered to be operating, non-operating, or is not applicable. Used primarily for reporting purposes. However, the operational transfer event categories require an Operating object to be used for the transferring party.
OBJ	Payroll	Checkbox is checked	Default. Indicates whether or not the object is used for payroll. Note: Certain objects can be restricted from being used on certain documents by making an entry on the Valid Document Code and Object Combination table.
OBJ	Reimbursement Eligible	Checkbox is not checked	Required. Indicates that an object is eligible for reimbursement billing process in cost accounting. Default is cleared.
OBJ	Reimbursable	Checkbox is checked	Required. When set to YES, an object code is reimbursable, which means it can be used by a selling party on an internal reimbursement purchase and for the providing party on an internal operational transfer.
OBJ	Eligible for Intercept process	Checkbox is not checked	Default. When set on the object table, it means that a receivable (RE) line with that object code can be used to intercept a payment. CDSS is not using the Accounts Receivable business function at this time.
OBJ	FACP Eligible	Checkbox is not checked	Required. This field indicates whether the object is eligible to be included in the accumulation of costs against a Program-Related Fixed Asset. The default for this field is Yes. CDSS is not using the Fixed Asset functionality.
OBJ	Payment Lag	0	Default. The number of lag days to be used in the Scheduled Payment Date calculation of Payment Request on documents that can request a disbursement. In the Scheduled Payment Date

Table	Field	Value	Comments
			calculation, multiple Object codes and System Option values can be retrieved when calculating the date for a single vendor line. In such a case, the greatest lag date is used.
OBJ	1099 Info / 1042-S Info		
OBJ	1099 Income Code		Blank.
OBJ	Legal Services	Checkbox is not checked	Required. This flag allows for object codes to be set as legal services for 1099 purposes. Only objects that are 1099 reportable can have this flag selected. The result is vendors that are marked as corporations will have legal services reports on 1099 forms, but other types of vendors will not. Valid values in the drop down are Yes or No.
OBJ	1042-S Income Code		Blank.
OBJ	Rollups Section		
OBJ	Object Class		Blank.
OBJ	Object Category	706	Required. The identification code associated with the object category. This code groups objects for reporting purposes.
OBJ	Object Type		Blank.
OBJ	Object Group		Blank.
OBJ	Major CAFR Expense Type		Blank.
OBJ	Minor CAFR Expense Type		Blank.

2.7.3 Objects

OBJ	Name
3001	Employer Training Tax
3002	State Unemployment Insurance
3003	Federal Unemployment Tax Act
3004	Federal Insurance Contributions Act - Employer
3005	Medicare - Employer
5001	Wages
5002	Advance Pay
5003	State Override Only
5004	Federal / County Override

OBJ	Name
5005	County Override
5006	County Contractors Hrs
5007	Homemakers Hrs
5008	State / County Override
5009	Restaurant Meals
5011	Cash In Door
9999	Master Closing Object

All the objects, with the exception of those noted below, are split based on the program funding:

- Object 5003 (State Override Only) will post 100% to State funding.
- Object 5004 (Federal/County Override) will post 50% to Federal and 50% to County funding.
- Object 5005 (County Override) will post 100% to the County funding.
- Object 5008 (State/County Override) will post 65% to State and 35% to County funding.

2.8 UNIT (UNIT) TABLE

The Unit (UNIT) table has four sections: General Information, Rollups, Flexible Reporting, and Buyer. Only one section will be used: General Information. This table will display the CMIPS II programs currently known as fund source and sub sources. Example: IHSS Plus Waiver (IPW) has six sub sources that display as IPW1, IPW2, IPW3, IPW4, IPW5, and IPW6 in CMIPS II.

Note: Advantage HRM has added additional elements to this table, but these are not considered "financial" data. These elements will not be used as part of the financial reporting, but are needed in order to process the payroll data.

This table is shared between Advantage Financial and Advantage HRM.

2.8.1 Processing Steps

This section instructs users how to view data on the Unit table.

Step	Role	Description
1	CDSS Accounting Staff	**Action 1:** Login to Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the Page Code: **UNIT** • Select the **Browse** link. • Select the **Unit** link from the search results.

Step	Role	Description
		Action 3: Select the **Search** link. **Action 4:** Enter the following fields: • Fiscal Year • Department **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not delete a unit record from the table. The unit record is used on the budget structure and other reference tables and document.

If the unit becomes inactive, HP staff will enter an "Effective To" date. If a new unit is created, HP staff will enter an "Effective From" date.

2.8.2 Table Results - Fields

Table	Field	Value	Comments
UNIT	General Information Section		
UNIT	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record. Validated against a Fiscal Year table which contains controls and other attributes of the year.
UNIT	Department	5180	Required. The unique identification code assigned to the department.
UNIT	Unit	IHSS	Required. Unit is the lowest organizational level in the main organizational structure. At the unit level, all the organizational elements it reports to are defined so that they are inferred to accounting documents. Unit codes themselves can be values entered on budgeting and accounting documents, keys to business rule tables, and values seen in historical records.
UNIT	Name	In-Home Supportive Services-Residual	Required. The name associated with the unit. This name is used on queries, reports and inferences for display on transactions and pages.
UNIT	Short Name	IHSS	Required. The short name associated with the unit. This name is used on queries, reports, and inferences for display on transactions and screens when there is not enough room for the full name.
UNIT	Contact Code		Blank.
UNIT	Disbursement Contact Code		Blank.
UNIT	Effective From		Blank.
UNIT	Effective To		Blank.
UNIT	Active	Checkbox is checked	Required. This flag checked indicates whether or not the unit is active for use. When selected, the unit can be used on tables and transactions.

Table	Field	Value	Comments
UNIT	Budgeting	Checkbox is checked	Required. This flag checked indicates whether this unit is allowed for budgeting or not.
UNIT	VSS Unit	Checkbox is not checked	Default. The VSS Unit flag indicates the specific units that may be selected by vendors in VSS. CDSS is not using the Vendor Self Service module.
UNIT	Description		Blank.

2.8.3 Unit (Financial)

Unit	Name	Short Name
9999	Default for Payroll	Default
IHSS	In-Home Supportive Services-Residual	IHSS
IPO	IPO	IPO
IPW1	IPW - Parent/Spouse	Parent/Spouse
IPW2	IPW - Advance Pay	Advance Pay
IPW3	IPW - Protective Supervision by Parent/Spouse	Protective Sup
IPW4	IPW - Domestic Services and Related by Parent/Spouse	Domestic Serv
IPW5	IPW - Meals	Meals
IPW6	IPW - Multiple Services	Multi Services
PCSP	Personal Care Services Program	PCSP
WPCS	Waiver Personal Care Services	WPCS

2.9 Sub Unit (SUNIT) Table

The Sub Unit (SUNIT) table is used to define the most detailed element in the organizational chart of accounts structure. CDSS needs to be able to attribute funding structure to a County and to the District office within the county. In CMIPS II, the County and the District will be combined to create a sub unit. Example: Alameda County 01 and District office 21 will be sub unit 0121.

This table is shared between Advantage Financial and Advantage HRM.

2.9.1 Processing Steps

This section instructs users how to view data on the Sub Unit table.

Step	Role	Description
1	CDSS Accounting Staff	**Action 1:** Login to Advantage Financial and navigate to **Search**.

Step	Role	Description
		Action 2: From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the Page Code: **SUNIT** • Select the **Browse** link. • Select the **Sub Unit** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following fields: • Fiscal Year • Department • Unit **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not delete a sub unit record from the table.

If the sub unit becomes inactive, HP staff will enter an "Effective To" date. If a new sub unit is created, HP staff will enter an "Effective From" date.

2.9.2 Table Results - Fields

Table	Field	Value	Comments
SUNIT	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record. Validated against a Fiscal Year table which contains controls and other attributes of the year.
SUNIT	Department	5180	Required. The unique identification code assigned to the department.
SUNIT	Unit	IHSS	Required. Unit is the lowest organizational level in the main organizational structure. At the unit level, all the organizational elements it reports to are defined so that they are inferred to accounting documents. Unit codes themselves can be values entered on budgeting and accounting documents, keys to business rule tables, and values seen in historical records.
SUNIT	Sub Unit	0101	Required. Sub Unit is a means of breaking down a unit code into smaller measurements. It is the lowest level of organizational structure and is required or prohibited based on one or more sub unit requirement tables.
SUNIT	Name	ALAMEDA-01	Required. The name associated with the sub unit. This name is used on queries, reports and inferences for display on transactions and pages.
SUNIT	Short Name	ALAMEDA01	Required. The short name associated with the sub unit. This name is used on queries, reports, and inferences for display on transactions and screens when there is not enough room for the full name.
SUNIT	Contact Code		Blank.

Table	Field	Value	Comments
SUNIT	Effective From		Blank.
SUNIT	Effective To		Blank.
SUNIT	Active	Checkbox is checked	Required. This flag checked indicates whether or not the sub unit is active for use. When selected, the unit can be used on tables and transactions.
SUNIT	Budgeting	Checkbox is not checked	Required. This flag checked indicates whether this sub unit is allowed for budgeting or not.
SUNIT	Description		Blank.

2.9.3 Sub Unit

There are over 2,000 entries for each fiscal year. Below is a sample of the data on this table.

Sub Unit	Name	Short Name
0101	ALAMEDA-01	ALAMEDA-01
0121	ALAMEDA-21	ALAMEDA-21
0121	ALAMEDA-22	ALAMEDA-22
0123	ALAMEDA-23	ALAMEDA-23
0131	ALAMEDA-31	ALAMEDA-31
0132	ALAMEDA-32	ALAMEDA-32
0133	ALAMEDA-33	ALAMEDA-33
0134	ALAMEDA-34	ALAMEDA-34
0135	ALAMEDA-35	ALAMEDA-35
0199	ALAMEDA-99	ALAMEDA-99
0201	ALPINE-01	ALPINE-01
0299	ALPINE-99	ALPINE-99
0301	AMADOR-01	AMADOR-01
0399	AMADOR-99	AMADOR-99

2.10 Reporting Code (RPT) Table

The Reporting Code (RPT) table has two sections: General Information and Rollups. Only one section was established: General Information. The Rollups section will not be used by CDSS. This table will display the different types of reporting elements: County, State, and Federal to help define the cost for each program.

This table is shared between Advantage Financial and Advantage HRM.

2.10.1 Processing Steps

This section instructs users how to view the data on the Reporting Code table.

Step	Role	Description
1	CDSS Accounting Staff	**Action 1:** Login to Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the Page Code: **RPT** • Select the **Browse** link. • Select the **Reporting Code** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following field: • Fiscal Year **Action 5:** Select the **OK** link. The results are displayed.

NOTE: Do not change or delete a reporting code record from the table.

2.10.2 Table Results - Fields

Table	Field	Sample Value	Comments
RPT	General Information Section		
RPT	Fiscal Year	2010	Required. The Fiscal Year associated with an account or record. Validated against a Fiscal Year table which contains controls and other attributes of the year.
RPT	Reporting	221R	Required. The identification code associated with a fund record, which is an essential part of a governmental accounting system. Values may be entered as a chart of account elements on a budget or accounting document.
RPT	Name	County	Required. The name associated with reporting code.
RPT	Short Name	County	Required. The short name associated with the reporting code. This name is used on queries, reports, and inferences for display on transactions and pages when there is not enough room for the full name.
RPT	Contact Code		Blank.
RPT	Effective From		Blank.
RPT	Effective To		Blank.
RPT	Active	Checkbox is checked	Required. This flag checked indicates whether or not the reporting code is active for use. When selected, the reporting code can be used on tables and transactions.

Table	Field	Sample Value	Comments
RPT	Budgeting	Checkbox is not checked	Required. This flag checked indicates whether this reporting code is allowed for budgeting or not.
RPT	Description		Blank.

2.10.3 Reporting Code

Reporting Code	Name
221R	County
222G	State
222R	Federal
221	CC & HM (Note: Used on interface only)

3 BALANCE SHEET DETAIL

3.1 INCEPTION-TO-DATE BALANCE SHEET DETAIL (BBALD)

The Inception-to-Date Balance Sheet Detail table allows a view of balance sheet account balances at a more detailed level.

Records are added to the table by an accounting transaction using a unique combination of elements. Updates to the credit and debit amount fields are made by posting lines reaching the final status that have a value in the BSA or Offset Balance Sheet Account (OBSA) fields. Documents in pending status do not make any updates to this table.

The magnifying glass icon allows for researching amounts. Clicking the icon transitions a user to the Accounting Journal (JACTG) page and performs a search for documents that updated the amount.

3.1.1 Processing Steps

This section instructs users how to view data on the Inception-to-Date Balance Sheet Detail table.

Step	Role	Description
1	CDSS Accounting Staff	**Action 1:** Login to Advantage Financial and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the Page Code: **BBALD** • Select the **Browse** link. • Select the **ITD Balance Sheet Detail** link from the search results. **Action 3:** Select the **Search** link.

Step	Role	Description
		Action 4: Enter the following field: • BSA **Action 5:** Select the **OK** link. The results are displayed. **Action 6:** Select **magnifying glass icon to the right** of the Debit Amount field, Credit Amount field or Balance field. The results are the documents that made up the data in this field.

3.1.2 Table Results - Fields

Table	Field	Value	Comments
BBALD	Fund	0001	The identification code associated with a fund record, which is an essential part of a governmental accounting system
BBALD	Sub Fund		Blank.
BBALD	BSA	1110	The identification code assigned to the balance sheet account.
BBALD	Sub BSA		Blank
BBALD	BSA Type	Asset	
BBALD	Debit Amount	$754.68	The total debited amount for an account based on the time frame associated with the record
BBALD	Credit Amount	$2,800,084.88	The total credit amount for an account based on the time frame associated with the record
BBALD	Balance	($2,799,330.20)	The current available balance for the fund.

3.2 Payroll Warrant Lookup

Advantage HRM-specific warrant numbers (for payroll warrants) and their corresponding SCO warrant numbers will be stored in Advantage HRM tables. Having access to SCO-specific warrant numbers for each warrant will allow CMIPS II users to view warrant information based on these numbers.

3.2.1 Processing Steps

This section instructs users how to do a payroll warrant lookup.

Step	Role	Description
1	CDSS Accounting Staff	The following actions are to locate that the Advantage Check using the SCO Warrant Number using the WCRE table. This is for HRM (payroll) warrants. **Action 1:** Login to Advantage HRM and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the Page Code: **WCRE** • Select the **Browse** link. • Select the **Warrant Cross Reference** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following fields using the data from the Exception report: • SCO Warrant Number • SCO Warrant Date **Action 5:** Select the **OK** link. The following fields will be displayed in the search results grid: • SCO Warrant Number • SCO Warrant Date • Warrant Number (Advantage warrant number) • Warrant Date (Advantage warrant issue date) SCO Warrant Number The following actions are to locate a warrant in Advantage HRM. The Provider ID must be known. The Provider ID field matches the Employee Alt ID field in Advantage HRM. **Action 1:** From the secondary panel on the left side of the screen, select **Search** then select the **Page Search** link. • Enter the Page Code: **PAYM** • Select the **Browse** link. • Select the **Payroll Management** link from the search results. **Action 2:** The **Search** window will appear. Enter the following field: • Employee Alt ID: (Provider ID) **Action 3:** Select the **OK** link.

Step	Role	Description
		Action 4: Select the employee from the search results grid. **Action 5:** From the secondary panel on the left side of the screen, select the **Issued Checks/Advices** link. • Check Number (Advantage warrant number) **Action 6:** Select the **OK** link. **Action 6: S**elect the warrant from the search results grid. In the **Disposition Information** section, verify the following information: • Check Number: (Advantage warrant number) • Disposition

3.3 VENDOR WARRANT LOOKUP

Advantage Financial-specific warrant numbers (for converted payroll warrants and vendor warrants) and their corresponding SCO warrant numbers will be stored in Advantage Financial tables. Having access to SCO-specific warrant numbers for each warrant will allow CMIPS II users to view warrant information based on these numbers.

3.3.1 Processing Steps

This section instructs users how to do a vendor warrant lookup.

Step	Role	Description
1	CDSS Accounting Staff	The following actions are to locate that the Advantage Check using the SCO Warrant Number using the WCRE table. This is for Financial (vendor) warrants. **Action 1:** Login to Advantage FIN and navigate to **Search**. **Action 2:** From the secondary panel on the left side of the screen, select **Search** and then select the **Page Search** link. • Enter the Page Code: **WCRE** • Select the **Browse** link. • Select the **Warrant Cross Reference** link from the search results. **Action 3:** Select the **Search** link. **Action 4:** Enter the following fields using the data from the Exception report: • SCO Warrant Number • SCO Warrant Date **Action 5:** Select the **OK** link. The following fields will be displayed in the search results grid: • SCO Warrant Number

Step	Role	Description
		• SCO Warrant Date • Warrant Number (Advantage warrant number) • Warrant Date (Advantage warrant issue date) SCO Warrant Number The following actions are to locate a warrant in Advantage FIN. The Provider ID must be known. The Provider ID field matches the Employee Alt ID field in Advantage HRM. **Action 1:** From the secondary panel on the left side of the screen, select **Search** then select the **Page Search** link. • Enter the Page Code: **CHREC** • Select the **Browse** link. • Select the **Check Reconciliation** link from the search results. **Action 2:** The **Search** window will appear. Enter the following field: • Check/EFT: (enter the Advantage warrant number recorded above) **Action 3:** Select the **OK** link. The results are displayed.

4 CMIPS II PROCESSES AND RECONCILATION STEPS

4.1 CMIPS II PROCESSES

Below are the CMIPS II Processes established during General System Design and Detail System Design with enhancement based on meetings with CDSS Accounting staff.

In CMIPS II the system will always record the actual amount of the federal, state and county share of the program costs as they are charged. This will include the posting of the over County wage rate as well as any costs that are charged directly to a specific share such as special transactions. All the reports and processes in this document will reflect these actual costs and will not require any estimating for any program or federal, county or state share.

Note: CALSTARS posting data is the actual data from the CMIPS II reports recorded by programs and associated splits (federal, state and county). This will require new PCA codes to be used that allow for the actual amount to be posted instead of any postings that calculate the percentages.

4.1.1 Process for CMIPS II Daily Payroll Balancing

The following diagrams describe the process flow for Daily Payroll Balancing.

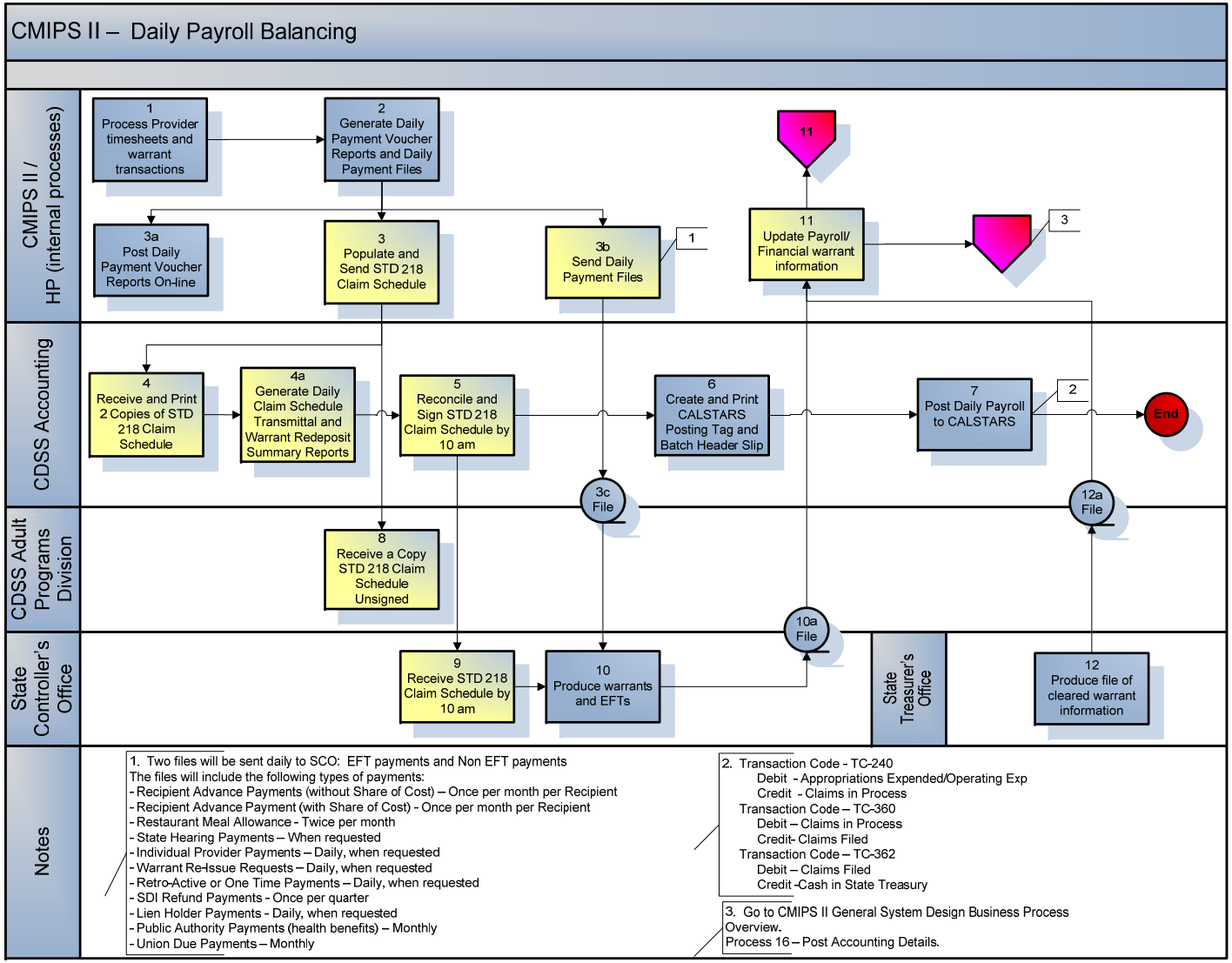

Figure 1 – CMIPS II Daily Payroll Processing – Part 1

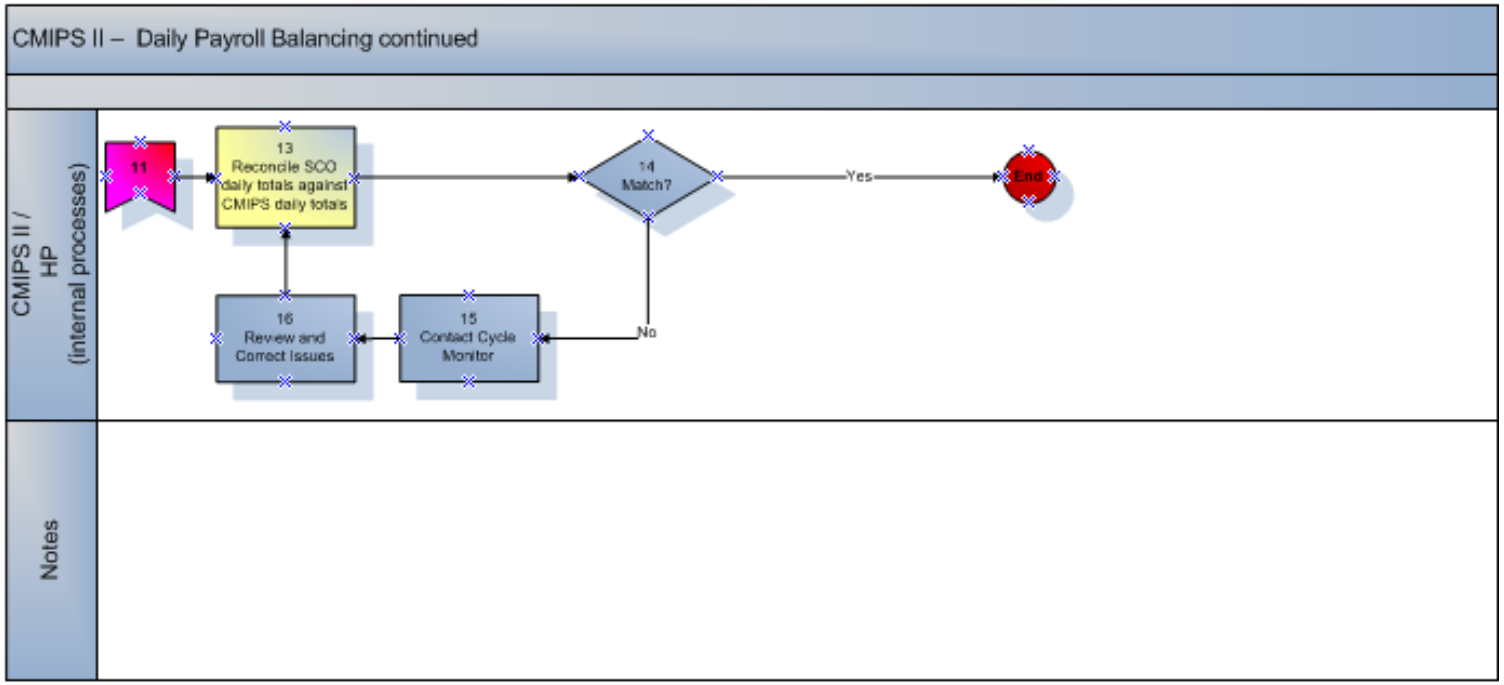

Figure 2 – CMIPS II Daily Payroll Processing – Part 2

4.1.2 Process for CMIPS II Daily

Part 1:

Step 1: CDSS Accounting staff receives two STD 218 Claim Schedules via email from HP staff (Box 4 on Figure 1).

- STD 218 Claim Schedule for non-EFT warrants
- STD 218 Claim Schedule for EFT warrants

Step 2: Download Daily Claim Schedule Transmittal report(s). (Box 4a Figure 1)

Step 3: CDSS Accounting staff verifies the STD 218 Claim Schedules using the Daily Claim Schedule Transmittal report(s). (Box 5 on Figure 1)

- Use the Total Warrant Amount field in the TOTAL column on the Daily Claim Schedule Transmittal to verify the amount on the STD 218 Claim Schedule for non-EFT warrants. The amounts will match. If not, then contact the HP staff for resolution.
- Use the Number of Warrants field in the TOTAL column on the Daily Claim Schedule Transmittal to verify the number of warrants on the STD 218 Claim Schedule for non-EFT warrants. The number of warrants will match. If not, then contact the HP staff for resolution.
- Use the Total EFT Amount field in the TOTAL column on the Daily Claim Schedule Transmittal to verify the amount on the STD 218 Claim Schedule for EFT warrants. The amounts will match. If not, then contact the HP staff for resolution.
- Use the Number of EFT Transactions field in the TOTAL column on the Daily Claim Schedule Transmittal to verify the number of EFT transactions on the STD 218 Claim Schedule for EFT warrants. The number of EFT transactions will match. If not, then contact the HP staff for resolution.

NOTE: The Daily Claim Schedule Transmittal report shows the net amount for warrants issued for wages, advance pay, restaurant meals, overpayments, and special transactions. This report does not include voided warrants or payments to vendors.

The FICA Refunds is now an annual process that is run at the end of the calendar year. A separate Daily Claim Schedule Transmittal and STD 218 Claim Schedule will be created due to it's the only process ran on that day.

The SDI Refunds is now a quarterly process that is run at the end of the quarter. A separate Daily Claim Schedule Transmittal and STD 218 Claim Schedule will be created due to it's the only process ran on that day.

If the data on the STD 218 Claim Schedule does not match the Daily Claim Schedule Transmittal report, do not approve the STS 218 Claim Schedule. Contact the HP staff to resolve the problem before 10 am.

Step 4: Once all fields in Step 3 are verified as matching, CDSS Accounting Management staff signs the two STD 218 Claim Schedules. A wet signature is required by State Controller's Office (SCO). The STD 218 Claim Schedules are sent to SCO via courier by 10 am. (Box 5 on Figure 1)

Step 5: CALSTARS posting tags are created for each program based on the split (federal, state and county) using the data from the Daily Claim Schedule Transmittal report. This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff. (Box 6 on Figure 1)

Step 6: The CALSTARS posting tags are sent to Data Entry staff and recorded into CALSTARS. (Box 7 on Figure 1)

The Accounting Entry (TC-240) for CALSTARS is shown below:

Debit: Appropriations Expended/Operation Exp

Credit: Claims in Process

The Accounting Entry (TC-360) is automatically generated overnight:

Debit: Claims in Process

Credit: Claims Filed

The Accounting Entry (TC-362) is automatically created when the warrants are paid:

Debit: Claims Filed

Credit: Cash in State Treasury

Step 7: Send copies of STD 218 Claim Schedules to APD. (Box 8 on Figure 1)

Part 2:

Step 1: Download the CMIPS II Warrant Redeposit Summary Report. (Box 10 on Figure 8)

Step 2: CALSTARS posting tags are created for each program based on the split (federal, state and county) using the Warrant Redeposit Summary Report. This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff. (Box 12 on Figure 8)

Step 3: The CALSTARS posting tags are sent to Data Entry staff and recorded into CALSTARS. (Box 13 on Figure 8)

The Accounting Entry (TC-116) for CALSTARS is shown below:

Debit: Cash in State Treasury

Credit: Appr Expend/Operation Expend & Expenses

See Section 4.1.18 for reconciliation process between CMIPS II and SCO for redeposit warrants.

Note: CDSS Accounting staff agreed that the Daily Claim Schedule Transmittal Report and Warrant Redeposit Summary Report would be recorded into CALSTARS daily. The County Contractor Payment Report, Homemaker Payment Report and Cash in Door Adjustment Report would be recorded into CALSTARS monthly. All five reports will reconcile back to the CMIPS II Payment Voucher Summary Report – Daily.

4.1.3 CMIPS II Process for Weekly Federal Billing (Services)

The following diagram describes the process flow for Weekly Federal Billing (Services).

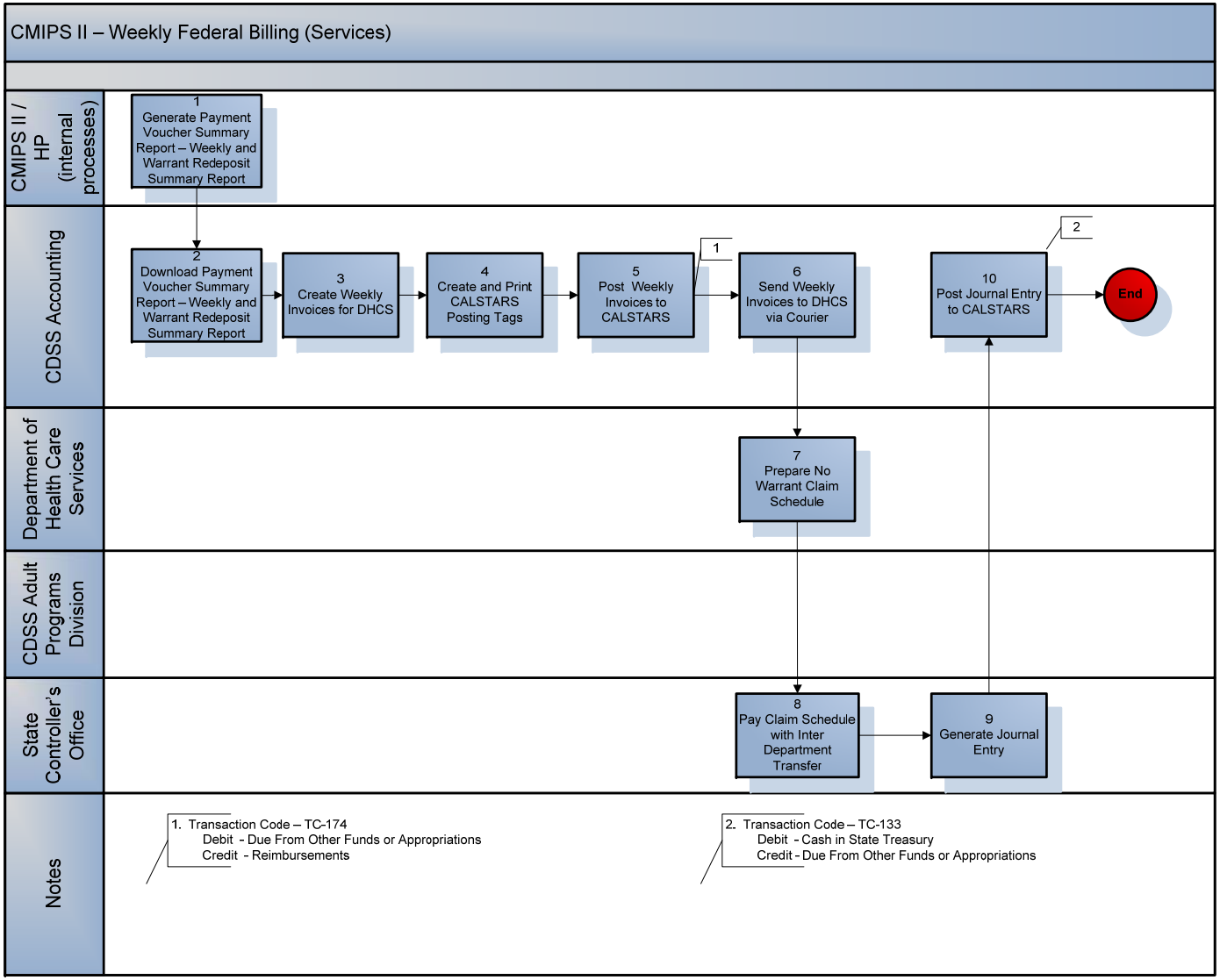

Figure 3 –CMIPS II Weekly Federal Billing Processing

4.1.4 Process for CMIPS II Weekly Federal Billing (Services)

Step 1: Download Payment Voucher Summary Report – Weekly (Statewide) and Warrant Redeposit Summary Report (Statewide) for date range of week (Sunday to Saturday) to be billed. (Box 2 on Figure 3)

Step 2: Using the Payment Voucher Summary Report – Weekly (Statewide), use the data on the Weekly Federal Billing Amount line for each program to create the invoice. (Box 3 on Figure 3)

The Weekly Federal Billing Amount consists of the following:

The Weekly Federal Billing Amount line (which includes Gross Wages less ALL employee taxes and employer taxes plus cash in door adjustment)

Note: Cash in Door Adjustment is also part of the Gross Wages amount but the Cash In Door Adjustment is billed separately. See Section 4.1.8

Note: The employee taxes and employer taxes are not included in the Weekly Federal Billing amount.

Using the Warrant Redeposit Summary Report, use the data on the Total Warrant Amount for Fiscal Year for each program to add the redeposit warrants back to the Weekly Federal Billing Amount. (Box 3 on Figure 3)

Guide to populating the invoice using the Payment Voucher Summary report – Weekly and Warrant Redeposit Summary Report for PCSP and IPO.

For each program:

- Use the Weekly Federal Billing Amount in the TOTAL column from the Payment Voucher Summary Report – Weekly and add back the Program Warrant Amount in the TOTAL column from the Warrant Redeposit Summary Report for the amount to populate the (Program) –Daily Payrolls field on the invoice.
- Use the Weekly Federal Billing Amount in the TOTAL column from the Payment Voucher Summary Report – Weekly and add back the Program Warrant Amount in the TOTAL column from the Warrant Redeposit Summary Report for the amount to populate the SUB-TOTAL field on the invoice.
- Use the sum of Weekly Federal Billing Amount in the STATE column and COUNTY column from the Payment Voucher Summary Report – Weekly and add back the Program Warrant Amount in the STATE column and COUNTY column from the Warrant Redeposit Summary Report to populate the LESS: State/County match field on the invoice.
- Use the Weekly Federal Billing Amount in the FEDERAL column from the Payment Voucher Summary Report – Weekly and add back the Program Warrant Amount in the FEDERAL column from the Warrant Redeposit Summary Report to populate the Regular FMAP field on the invoice.

DO NOT calculate the Regular FMAP at 50% for PCSP or IPO. Use the data from the report due to overrides are calculated in the report.

Guide to populating the invoice using the Payment Voucher Summary Report – Weekly report and Warrant Redeposit Summary Report for WPCS.

- Use the Weekly Federal Billing Amount in the TOTAL column from the Payment Voucher Summary Report – Weekly and add back the WPCS Warrant Amount in the TOTAL column from the Warrant Redeposit Summary Report to populate the WPCS – Daily Payrolls field on the invoice.
- Use the Weekly Federal Billing Amount in the TOTAL column from the Payment Voucher Summary Report – Weekly and add back the WPCS Warrant Amount in the TOTAL column from the Warrant Redeposit Summary Report to populate the SUB-TOTAL field on the invoice.
- Use the Weekly Federal Billing Amount in the FEDERAL column from the Payment Voucher Summary Report – Weekly and add back the WPCS Warrant in the FEDERAL column from the Warrant Redeposit Summary Report to populate the Please Pay this Amount field on the invoice.

Step 3: CALSTARS posting tags are created for the federal billing invoices using the Total Balance Due amount. This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff. (Box 4 on Figure 3)

Step 4: The CALSTARS posting tags are sent to Data Entry staff and recorded into CALSTARS. (Box 5 on Figure 3)

The Accounting Entry (TC-174) for CALSTARS is shown below:

Debit: Due From Other Funds or Appropriations

Credit: Reimbursements

Step 5: Send the weekly federal billing invoices without supporting documentation to Department of Health Care Services (DHCS) via Courier. (Box 6 on Figure 3)

Step 6: Save backup invoice with supporting documentation as permanent record.

Step 7: Record on Contract Log and Invoice Log.

Step 8: Record the journal entry sent from SCO into CALSTARS. (Box 10 on Figure 3)

The Accounting Entry (TC-133) for CALSTARS is shown below:

Debit: Cash in State Treasury

Credit: Due From Other Funds or Appropriations

Step 9: Create the credit invoice for federal share of redeposit warrants.

Guide to populating the credit invoice using the Warrant Redeposit Summary Report for PCSP and IPO.

For each program:

- Use the Program Warrant Amount in the TOTAL column from the Warrant Redeposit Summary Report for the amount to populate the (Program) –Returned Warrants field on the invoice.
- Use the Program Warrant Amount in the TOTAL column from the Warrant Redeposit Summary Report for the amount to populate the SUB-TOTAL field on the invoice.
- Use the sum of Program Warrant Amount in the STATE column and COUNTY column from the Warrant Redeposit Summary Report to populate the LESS: State/County match field on the invoice.
- Use the Program Warrant Amount in the FEDERAL column from the Warrant Redeposit Summary Report to populate the Please Offset This Credit Amount field on the invoice.

DO NOT calculate the Regular FMAP at 50% for PCSP or IPO. Use the data from the report due to overrides are calculated in the report.

Guide to populating the credit invoice using the Warrant Redeposit Summary Report for WPCS.

- Use the WPCS Warrant Amount in the TOTAL column from the Warrant Redeposit Summary Report for the amount to populate the WPCS –Returned Warrants field on the invoice.
- Use the WPCS Warrant Amount in the TOTAL column from the Warrant Redeposit Summary Report for the amount to populate the SUB-TOTAL field on the invoice.
- Use the WPCS Warrant Amount in the FEDERAL column from the Warrant Redeposit Summary Report to populate the Please Offset This Credit Amount field on the invoice.

Step 10: CALSTARS posting tags are created using the Please Offset This Credit Amount field on the credit invoice. This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff.

Step 11: The CALSTARS posting tags are sent to Data Entry staff and recorded into CALSTARS.

4.1.5 Process for CMIPS II Monthly County Contractor Payment

Part 1:

Step 1: Download County Contractor Payment Report.

Step 2: Use the County Contractor Payment Report to create the County Contractor Claim Schedule. Use the sum of Amount Owed in the FEDERAL column and STATE column from the County Contractor Payment Report to populate the Amount field on the Claim Schedule. This is a refund to the county for the federal and state share of the cost.

Step 3: CALSTARS posting tags are created for the claim schedule for each program based on the split (federal and state) using the Amount Owed field on the County Contractor Payment Report. This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff.

Step 4: The CALSTARS posting tags are sent to Data Entry staff and recorded into CALSTARS.

Step 5: Manually create and send Transaction Request CA 504 to SCO and a detailed remittance advice is also sent along with a detail entry for each County.

The Accounting Entry (TC-240) for CALSTARS is shown below:
Debit: Appropriations Expended/Operation Exp
Credit: Claims in Process

The Accounting Entry (TC-360) is automated generate overnight:
Debit: Claims in Process
Credit: Claims Filed

The Accounting Entry (TC-362) is automated created when the warrants are paid:
Debit: Claims Filed
Credit: Cash in State Treasury

Step 6: Copy and paste into Contactor Mode Summary (in house) spreadsheet.

Step 7: Maintains manual log of each county with schedule number. This manual log is used as a reference tool.

Part 2:

Step 8: Use the County Contractor Payment Report to create the County Contractor federal billing invoice for each program.

Guide to populating the invoice using the County Contractor Payment Report for PCSP and IPO.

For each program:

- Use the Amount Owed in the TOTAL column from the County Contractor Payment report to populate the (Program) –County Contractors field on the invoice.
- Use the Amount Owed in the TOTAL column from the County Contractor Payment report to populate the SUB-TOTAL field on the invoice.
- Use the sum of Amount Owed in the STATE column and COUNTY column from the County Contractor Payment report to populate the LESS: State/County match field on the invoice.
- Use the Amount Owed in the FEDERAL column from the County Contractor Payment report to populate the Regular FMAP field on the invoice.

DO NOT calculate the Regular FMAP at 50% for PCSP or IPO. Use the data from the report due to overrides are calculated in the report.

Step 9: CALSTARS posting tags are created for the County Contractor federal billing invoice using the Total Balance Due amount. This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff.

Step 10: The CALSTARS posting tags are sent to Data Entry staff and recorded into CALSTARS.

The Accounting Entry (TC-174) for CALSTARS is shown below:
Debit: Due From Other Funds or Appropriations
Credit: Reimbursements

Step 11: Send the monthly County Contractor federal billing invoices without supporting documentation to Department of Health Care Services (DHCS) via Courier.

Step 12: Save backup invoice with supporting documentation as permanent record.

Step 13: Record on Contract Log and Invoice Log.

Step 14: Record the journal entry sent from SCO into CALSTARS.

The Accounting Entry (TC-133) for CALSTARS is shown below:
Debit: Cash in State Treasury
Credit: Due From Other Funds or Appropriations

4.1.6 Process for CMIPS II Monthly Homemaker Payment

Part 1:

Step 1: Download Homemaker Payment report.

Step 2: Use the Homemaker Payment report to create the Homemaker Claim Schedule. Use the sum of Amount Owed in the FEDERAL column and STATE column from the Homemaker Payment Report to populate the Amount field on the claim schedule. This is a refund to the county for the federal and state share of the cost.

Step 3: CALSTARS posting tags are created for the claim schedule for each program based on the split (federal and state) using the Amount Owed field on the Homemaker Payment report. This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff.

Step 4: The CALSTARS posting tags are sent to Data Entry staff and recorded into CALSTARS.

Step 5: A detailed remittance advice is also sent along with a detail entry for each County.

The Accounting Entry (TC-240) for CALSTARS is shown below:
Debit: Appropriations Expended/Operation Exp
Credit: Claims in Process

The Accounting Entry (TC-360) is automated generate overnight:
Debit: Claims in Process
Credit: Claims Filed

The Accounting Entry (TC-362) is automated created when the warrants are paid:
Debit: Claims Filed
Credit: Cash in State Treasury

Part 2:

Step 6: Use the Homemaker Payment Report to create the Homemaker federal billing invoice.

Guide to populating the invoice using the Homemaker Payment Report for PCSP and IPO.

For each program:

- Use the Amount Owed in the TOTAL column from the Homemaker Payment report to populate the (Program) –Homemaker field on the invoice.
- Use the Amount Owed in the TOTAL column from the Homemaker Payment report to populate the SUB-TOTAL field on the invoice.
- Use the sum of Amount Owed in the STATE column and COUNTY column from the Homemaker Payment report to populate the LESS: State/County match field on the invoice.
- Use the Amount Owed in the FEDERAL column from the Homemaker Payment report to populate the Regular FMAP field on the invoice.

DO NOT calculate the Regular FMAP at 50% for PCSP or IPO. Use the data from the report due to overrides are calculated in the report.

Step 7: CALSTARS posting tags are created for the Homemaker federal billing invoice using the Total Balance Due amount. This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff.

Step 8: The CALSTARS posting tags are sent to Data Entry staff and recorded into CALSTARS.

The Accounting Entry (TC-174) for CALSTARS is shown below:
Debit: Due From Other Funds or Appropriations
Credit: Reimbursements

Step 9: Send the monthly federal Homemaker billing invoices without supporting documentation to Department of Health Care Services (DHCS) via Courier.

Step 10: Save backup invoice with supporting documentation as permanent record.

Step 11: Record on Contract Log and Invoice Log.

Step 12: Record the journal entry sent from SCO into CALSTARS.

The Accounting Entry (TC-133) for CALSTARS is shown below:

Debit: Cash in State Treasury

Credit: Due From Other Funds or Appropriations

4.1.7 CMIPS II Process for Monthly County Billing (Services and Taxes)

The following diagram describes the process flow for Monthly County Billing (Services and Taxes).

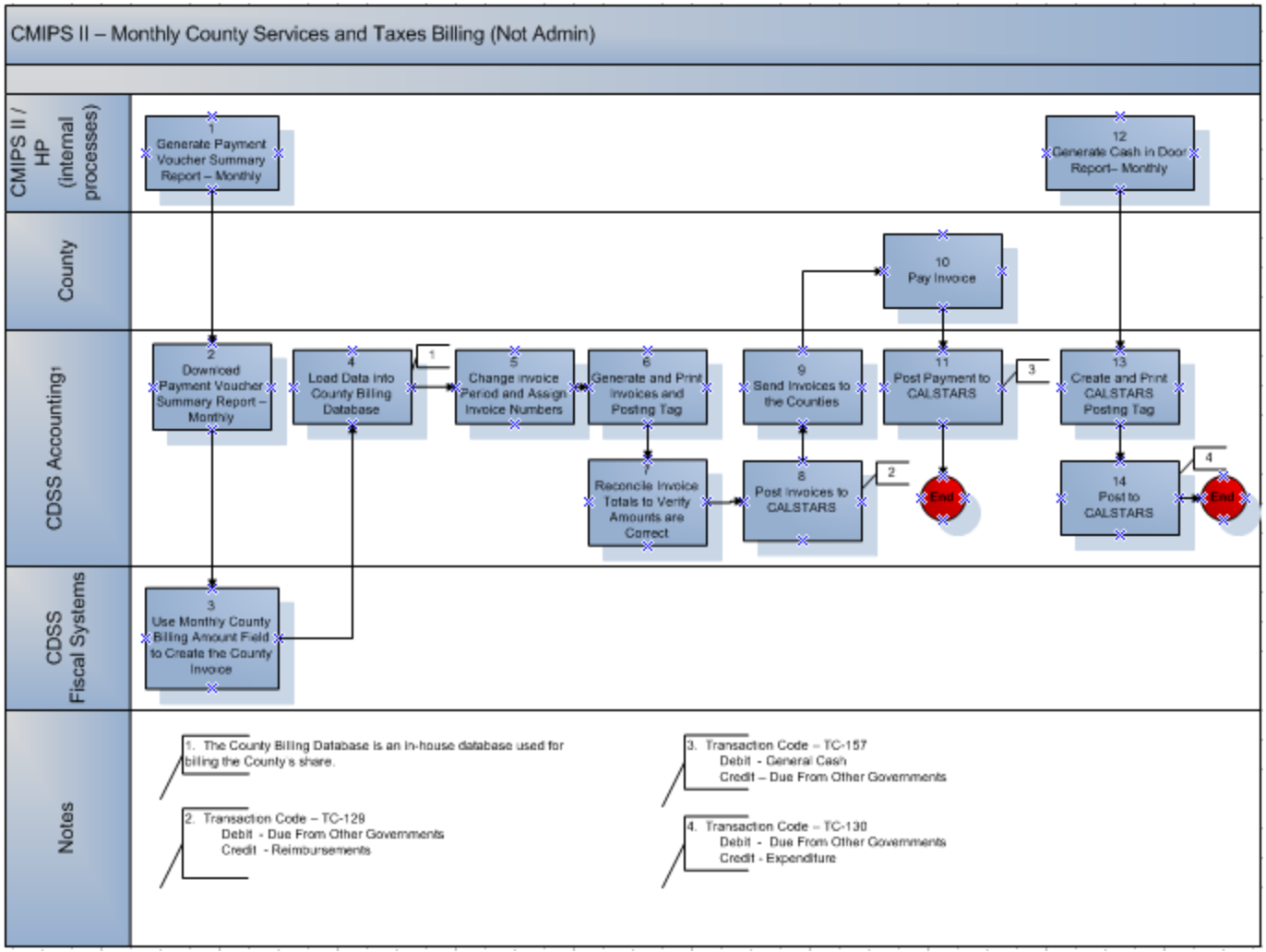

Figure 4 – CMIPS II Monthly County Services and Taxes Billing (Not Admin) Processing

4.1.8 Process for CMIPS II Monthly County Billing Services and Taxes (Not Admin)

Part 1:

Step 1: Download the Payment Voucher Summary Report –Monthly (County). There is a County report for each of the 58 counties. (Box 2 on Figure 4)

Step 2: Using the Payment Voucher Summary Report – Monthly (County) use the data on the Monthly County Billing Amount line for each program to create the invoice for that county. (Box 3 and Box 4 on Figure 4)

The Monthly County Billing Amount consists of the following:

> The Monthly County Billing Amount line includes Sum of Gross Wages, total Employer Taxes, less Share of Cost, plus Cash in Door Amount Owed, plus Cash in Door Adjustment.

Note: There is no longer a separate billing for County Services and County Share of Taxes.

Guide to populating the invoice using the Payment Voucher Summary Report – Monthly (County).

- Use the Monthly County Billing Amount in the COUNTY column from the Payment Voucher Summary Report – Monthly (County) for each program to populate the Actual County Exp field on the invoice.

CDSS Accounting has a MS Access database that creates the invoices and the posting tags.

Step 3: Once the invoice is created, change the invoice period and assign invoice numbers. (Box 5 on Figure 4)

Step 4: Generate and print invoices and posting tag. (Box 6 on Figure 4)

Step 5: Verify that the amount on each invoice matches the Monthly County Billing Amount on the Payment Voucher Summary Report – Monthly (County). The total of the 58 counties invoices should match the sum on the posting tag created by the MS Access database. (Box 7 on Figure 4)

Step 6: Record the monthly county billing invoices into CALSTARS. (Box 8 on Figure 4)

The Accounting Entry (TC-129) for CALSTARS is shown below:

Debit: Due From Other Governments

Credit: Reimbursements

Step 7: Save backup invoice with supporting documentation as permanent record.

Step 8: Send 2 copies of invoice and copy of Payment Voucher Summary Report – Monthly (County) to each county. (Box 9 on Figure 4)

Step 9: Sent a set of the 58 county invoices to Cash Unit.

Step 10: Record the payment from the counties into CALSTARS. (Box 11 on Figure 4)

The Accounting Entry (TC-157) for CALSTARS is shown below:

Debit: General Cash

Credit: Due From Other Governments

Part 2:

Step 11: Download the Cash In Door Adjustment Report –Monthly (Statewide). (Box 12 on Figure 4)

Step 12: CALSTARS posting tags are created for each program based on the split (federal, state and county) using the Amount Owed field on the Cash In Door Adjustment Report-Monthly (Statewide). This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff. (Box 13 on Figure 4)

Step 13: The CALSTARS posting tags are sent to Data Entry staff and recorded into CALSTARS. (Box 14 on Figure 4)

The Accounting Entry (TC-130) for CALSTARS is shown below for the Cash In the Door Amount:

Debit: Due From Other Governments

Credit: Expenditure

Step 14: Create the credit invoice for federal share of cash in door adjustment.

Guide to populating the credit invoice using the Cash In Door Adjustment Report for PCSP and IPO.

For each program:

- Use the Program Amount Owed in the TOTAL column from the Cash In Door Adjustment Report for the amount to populate the (Program) –Cash in Door Adjustment field on the invoice.
- Use the Program Amount Owed in the TOTAL column from the Cash In Door Adjustment Report for the amount to populate the SUB-TOTAL field on the invoice.
- Use the sum of Program Amount Owed in the STATE column and COUNTY column from the Cash In Door Adjustment Report to populate the LESS: State/County match field on the invoice.
- Use the Program Warrant Owed in the FEDERAL column from the Cash In Door Adjustment Report to populate the Please Offset This Credit Amount field on the invoice.

DO NOT calculate the Regular FMAP at 50% for PCSP or IPO. Use the data from the report due to overrides are calculated in the report.

Guide to populating the credit invoice using the Cash In Door Adjustment Report for WPCS.

- Use the WPCS Amount Owed in the TOTAL column from the Cash In Door Adjustment Report for the amount to populate the WPCS –Cash in Door Adjustment field on the invoice.
- Use the WPCS Amount Owed in the TOTAL column from the Cash In Door Adjustment Report for the amount to populate the SUB-TOTAL field on the invoice.
- Use the WPCS Amount Owed in the FEDERAL column from the Cash In Door Adjustment Report to populate the Please Offset This Credit Amount field on the invoice.

Step 15: CALSTARS posting tags are created using the Please Offset This Credit Amount field on the credit invoice. This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff.

Step 16: The CALSTARS posting tags are sent to Data Entry staff and recorded into CALSTARS.

4.1.9 Process for CMIPS II Quarterly Federal Billing for Taxes

The following diagram describes the process flow for Quarterly Federal Billing for Taxes.

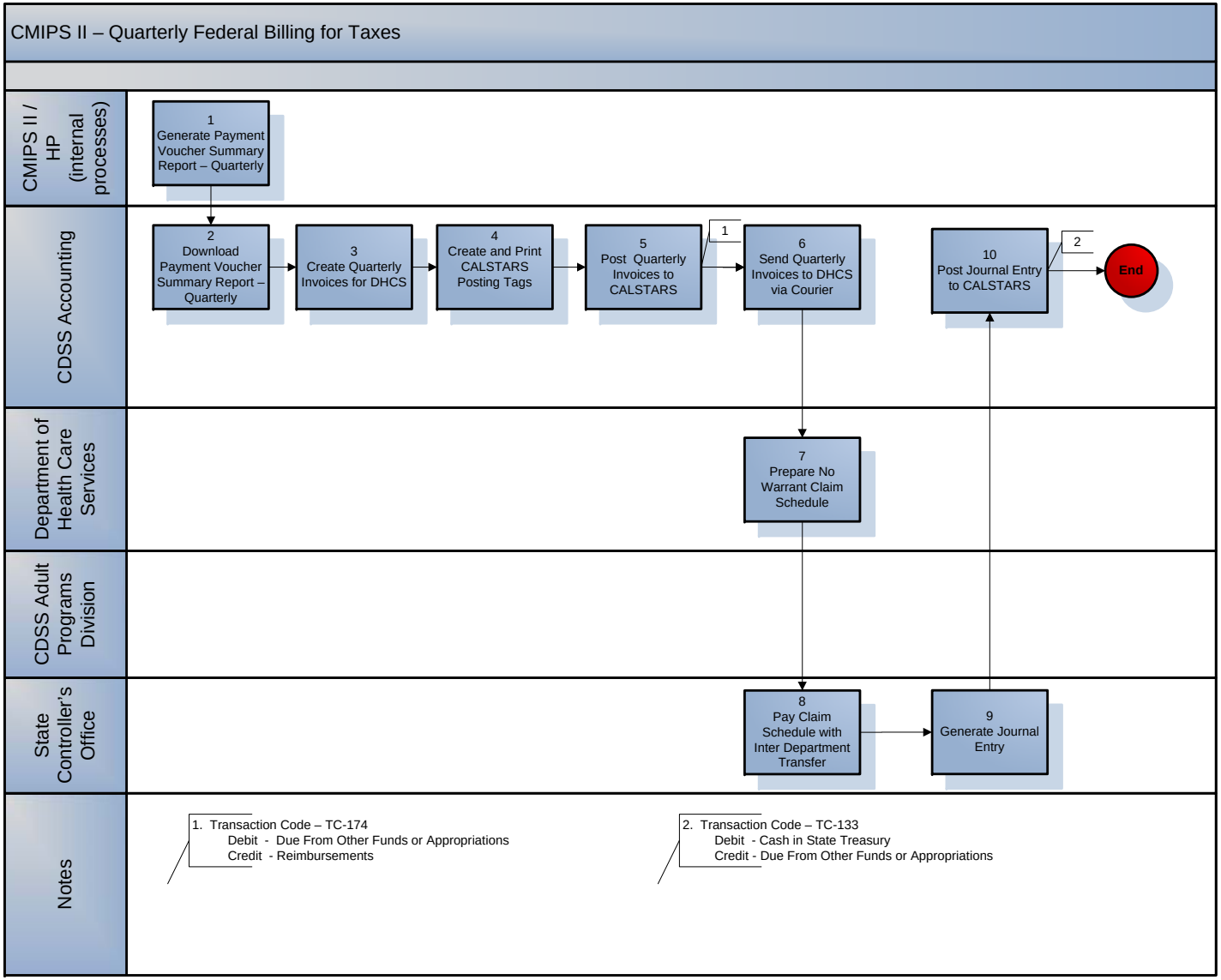

Figure 5 – CMIPS II Quarterly Federal Billing for Taxes Processing

4.1.10 Process for CMIPS II Quarterly Federal Billing (Federal Share of Taxes)

Step 1: Download the Payment Voucher Summary Report –Quarterly (Statewide). (Box 2 on Figure 5)

Step 2: From the Payment Voucher Summary Report– Quarterly (Statewide), use the data on the Quarterly Federal Billing line for each program to create the invoice. (Box 3 on Figure 5)

The Quarterly Federal Billing line includes all employee taxes and employer taxes.

Guide to populating the invoice using the Payment Voucher Summary Report– Quarterly (Statewide) report for PCSP and IPO.

For each program:

- Use the Quarterly Federal Billing in the TOTAL column from the Payment Voucher Summary Report – Quarterly (Statewide) to populate the (Program Name) -Taxes field on the invoice.
- Use the Quarterly Federal Billing in the TOTAL column from the Payment Voucher Summary Report – Quarterly (Statewide) to populate the SUB-TOTAL field on the invoice.
- Use the sum of Quarterly Federal Billing in the STATE column and COUNTY column from the Payment Voucher Summary Report – Quarterly (Statewide) to populate the Less DSS cost: (includes county share) field on the invoice.
- Use the Quarterly Federal Billing in the FEDERAL column from the Payment Voucher Summary Report – Quarterly (Statewide) to populate the Regular FMAP field on the invoice.

DO NOT calculate the Regular FMAP at 50% for PCSP or IPO; instead, use the data from the report due to overrides are calculated in the report.

Guide to populating the invoice using the Payment Voucher Summary Report – Quarterly (Statewide) for WPCS.

- Use the Quarterly Federal Billing in the TOTAL column from the Payment Voucher Summary Report – Quarterly (Statewide) to populate the WPCS-Taxes field on the invoice.
- Use the Quarterly Federal Billing in the TOTAL column from the Payment Voucher Summary Report – Quarterly (Statewide) to populate the SUB-TOTAL field on the invoice.
- Use the Quarterly Federal Billing in the Federal column from the Payment Voucher Summary Report – Quarterly (Statewide) to populate the Please Pay this Amount field on the invoice.

Step 3: CALSTARS posting tags are created for each program based on the federal split using the Payment Voucher Summary Report - Quarterly report. This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff. (Box 4 on Figure 5)

Step 4: The CALSTARS posting tags are sent to Data Entry staff and recorded into CALSTARS. (Box 5 on Figure 5)

The Accounting Entry (TC-174) for CALSTARS is shown below:

Debit: Due From Other Funds or Appropriations

Credit: Reimbursements

Step 5: Send two copies of the quarterly federal billing invoices without supporting documentation to DHCS via Courier. (Box 6 on Figure 5)

Step 6: Save backup invoice with supporting documentation as permanent record.

Step 7: Record on Contract Log and Invoice Log.

Step 8: Record the journal entry sent from SCO into CALSTARS. (Box 10 on Figure 5)

The Accounting Entry (TC-133) for CALSTARS is shown below:

Debit: Cash in State Treasury

Credit: Due From Other Funds or Appropriations

4.1.11 Process for CMIPS II Payment of Quarterly Federal Taxes

The following diagram describes the process flow for Quarterly Federal Taxes (Payment).

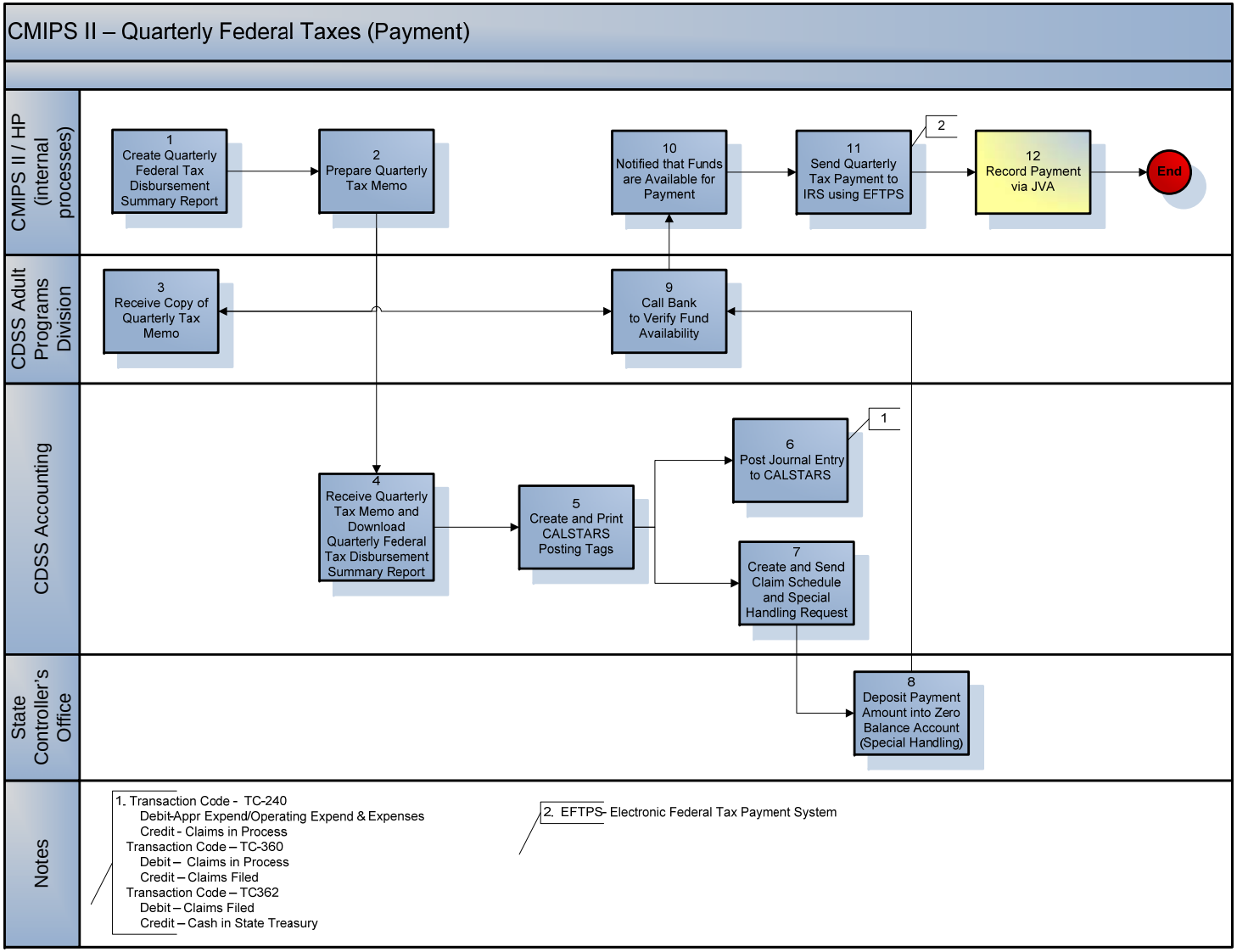

Figure 6 – CMIPS II Quarterly Federal Taxes (Payment)

4.1.12 Reconciliation of CMIPS II Quarterly Federal Tax Disbursement

Step 1: CDSS Accounting staff receives the Federal Quarterly Tax Payment Memo via email from HP staff and download the Quarterly Federal Tax Disbursement Summary Report (Statewide). (Box 4 on Figure 6)

Step 2: CDSS Accounting staff verifies the Federal Quarterly Tax Payment Memo using the Quarterly Federal Tax Disbursement Summary Report (Statewide).

- Use the Total row for the FIT column on the Quarterly Federal Tax Disbursement Summary Report to verify the FIT amount on the Federal Tax Payment Memo. The amounts will match. If not, then contact the HP staff for resolution.
- Use the Total row for the FICA column on the Quarterly Federal Tax Disbursement Summary Report to verify the FICA amount on the Federal Tax Payment Memo. The amounts will match. If not, then contact the HP staff for resolution.
- Use the Total row for the Medicare column on the Quarterly Federal Tax Disbursement Summary Report to verify the Medicare amount on the Federal Tax Payment Memo. The amounts will match. If not, then contact the HP staff for resolution.
- Use the Total row for the FUTA column on the Quarterly Federal Tax Disbursement Summary Report to verify the FUTA amount on the Federal Tax Payment Memo. The amounts will match. If not, then contact the HP staff for resolution.
- Use the Total row for the EIC column on the Quarterly Federal Tax Disbursement Summary Report to verify the EIC amount on the Federal Tax Payment Memo. The amounts will match. If not, then contact the HP staff for resolution.
- Use the FIT amount under each program on the Quarterly Federal Tax Disbursement Summary Report to verify the FIT amount for each program on the Federal Tax Payment Memo. The amounts will match. If not, contact the HP staff for resolution.
- Use the FICA amount under each program on the Quarterly Federal Tax Disbursement Summary Report to verify the FICA amount for each program on the Federal Tax Payment Memo. The amounts will match. If not, contact the HP staff for resolution.
- Use the Medicare amount under each program on the Quarterly Federal Tax Disbursement Summary Report to verify the Medicare amount for each program on the Federal Tax Payment Memo. The amounts will match. If not, contact the HP staff for resolution.
- Use the FUTA amount under each program on the Quarterly Federal Tax Disbursement Summary Report to verify the FUTA amount for each program on the Federal Tax Payment Memo. The amounts will match. If not, contact the HP staff for resolution.
- Use the EIC amount under each program on the Quarterly Federal Tax Disbursement Summary Report to verify the EIC amount for each program on the Federal Tax Payment Memo. The amounts will match. If not, contact the HP staff for resolution.

Step 3: CALSTARS posting tags are created for each program based on the federal split using the Quarterly Federal Tax Disbursement Summary report. This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff. (Box 5 on Figure 6)

Step 4: The CALSTARS posting tags are sent to Data Entry staff and recorded into CALSTARS. (Box 6 on Figure 6)

The Accounting Entry (TC-240) for CALSTARS is shown below:

Debit: Appr Expend/Operating Expend & Expenses

Credit: Claims in Process

The Accounting Entry (TC-360) is automatically generated overnight:

Debit: Claims in Process

Credit: Claims Filed

Additionally, an automated SCO Paid Accounting Entry (TC-362) is created as shown below.

Debit: Claim Filed

Credit: Cash in State Treasury

Step 5: Manually create the Claim Schedule and Special Handling Request form. (Box 7 on Figure 6)

Step 6: Send the Claim Schedule (two copies) and Special Handling Request form (one copy) to SCO. (Box 7 on Figure 6)

Step 7: Send a copy of the Claim Schedule to APD.

Step 8: Scan and email Claim Schedule and Special Handling Request form to STO. Any disbursement over a certain dollar amount requires notification to STO.

4.1.13 Process for CMIPS II Payment of Quarterly State Taxes

The following diagram describes the process flow for Quarterly State Taxes.

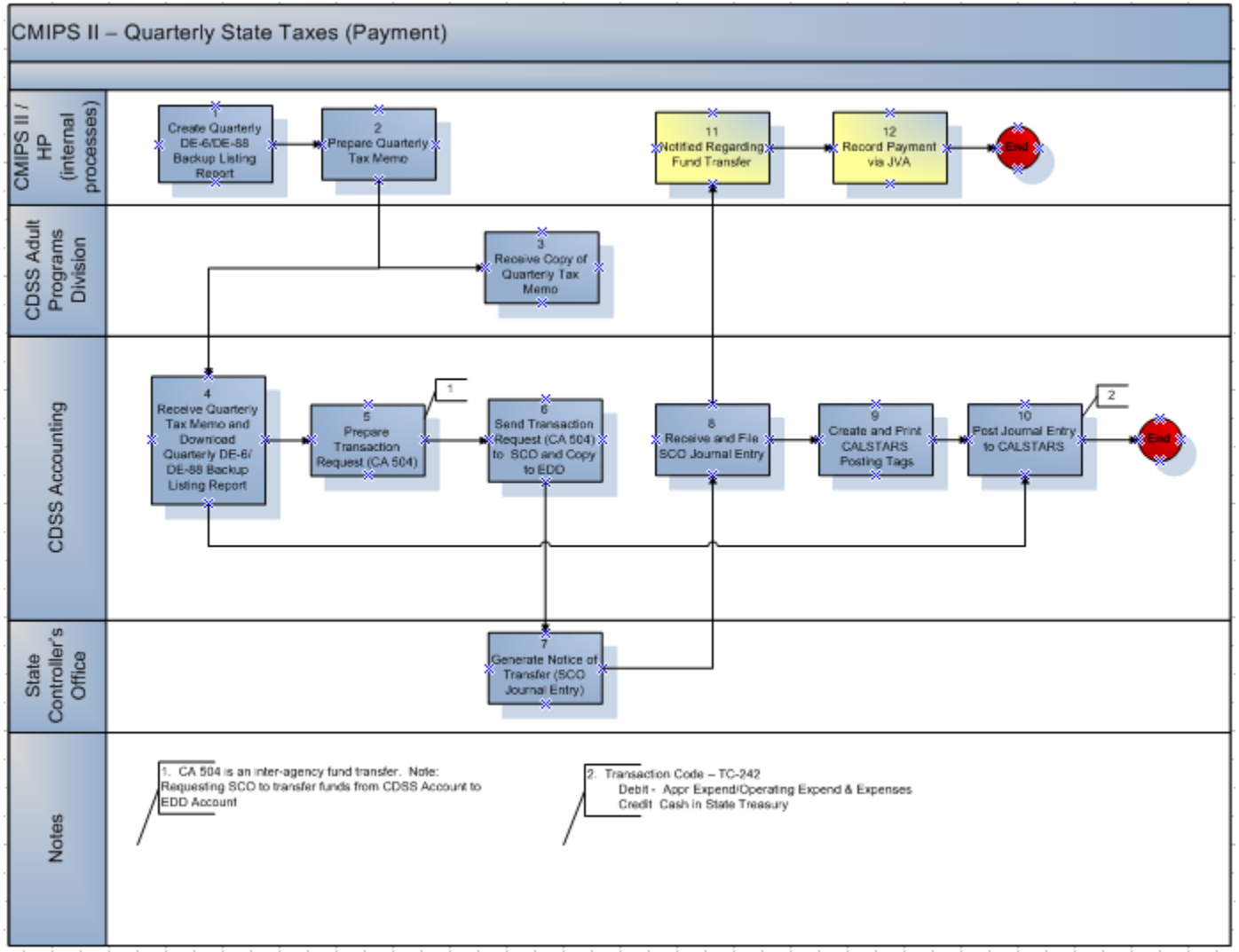

Figure 7 – CMIPS II Quarterly State Taxes (Payment)

4.1.14 Reconciliation of CMIPS II Quarterly State Tax (Payment)

Step 1: CDSS Accounting staff receive State Quarterly Tax Payment Memo via email from HP staff and download the DE-6/DE-88 Backup Listing Report. (Box 4 on Figure 7)

Step 2: CDSS Accounting staff verifies the State Quarterly Tax Payment Memo using the DE-6/DE-88 Backup Listing report.

- Use the Total row for the PIT column on DE-6/DE-88 Backup Listing report to verify the PIT amount on the State Tax Payment Memo. The amounts will match. If not, then contact the HP staff for resolution.
- Use the Total row for the SDI column on DE-6/DE-88 Backup Listing report to verify the SDI amount on the State Tax Payment Memo. The amounts will match. If not, then contact the HP staff for resolution.
- Use the Total row for the DIEC column on DE-6/DE-88 Backup Listing report to verify the DIEC amount on the State Tax Payment Memo. The amounts will match. If not, then contact the HP staff for resolution.
- Use the Total row for the SUI column on DE-6/DE-88 Backup Listing report to verify the SUI amount on the State Tax Payment Memo. The amounts will match. If not, then contact the HP staff for resolution.
- Use the Total row for the ETT column on DE-6/DE-88 Backup Listing report to verify the ETT amount on the State Tax Payment Memo. The amounts will match. If not, then contact the HP staff for resolution.
- Use the PIT amount under each program on DE-6/DE-88 Backup Listing report to verify the PIT amount for each program on the State Tax Payment Memo. The amounts will match. If not, contact the HP staff for resolution.
- Use the SDI amount under each program on DE-6/DE-88 Backup Listing report to verify the SDI amount for each program on the State Tax Payment Memo. The amounts will match. If not, contact the HP staff for resolution.
- Use the DIEC amount under each program on DE-6/DE-88 Backup Listing report to verify the DIEC amount for each program on the State Tax Payment Memo. The amounts will match. If not, contact the HP staff for resolution.
- Use the SUI amount under each program on DE-6/DE-88 Backup Listing report to verify the SUI amount for each program on the State Tax Payment Memo. The amounts will match. If not, contact the HP staff for resolution.
- Use the ETT amount under each program on DE-6/DE-88 Backup Listing report to verify the ETT amount for each program on the State Tax Payment Memo. The amounts will match. If not, contact the HP staff for resolution.

Step 3: Manually prepare Transaction Request CA 504. (Box 5 on Figure 7)

Step 4: CALSTARS posting tags are created for each program based on the state split using the DE-6/DE-88 Backup Listing report. This is not an automated process. The posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff. (Box 9 on Figure 7)

Step 5: The posting tags are sent to Data Entry staff and recorded into CALSTARS. (Box 10 on Figure 7)

The Accounting Entry (TC-242) for CALSTARS is shown below:

Debit: Appr Expend/Operating Expend & Expenses

Credit: Cash in State Treasury

Step 6: Send Transaction Request CA 504 to SCO and send a copy to EDD, APD and General Ledger Unit. (Box 6 on Figure 7)

Step 7: The General Ledger Unit receives and file the SCO Journal entry. (Box 8 on Figure 7)

4.1.15 Process for CMIPS II Void\Redeposit Warrant – Do Not Replace (Check Exists or Check Does Not Exist)

The following diagram describe the process flow for Payroll Void/Redeposit Warrants.

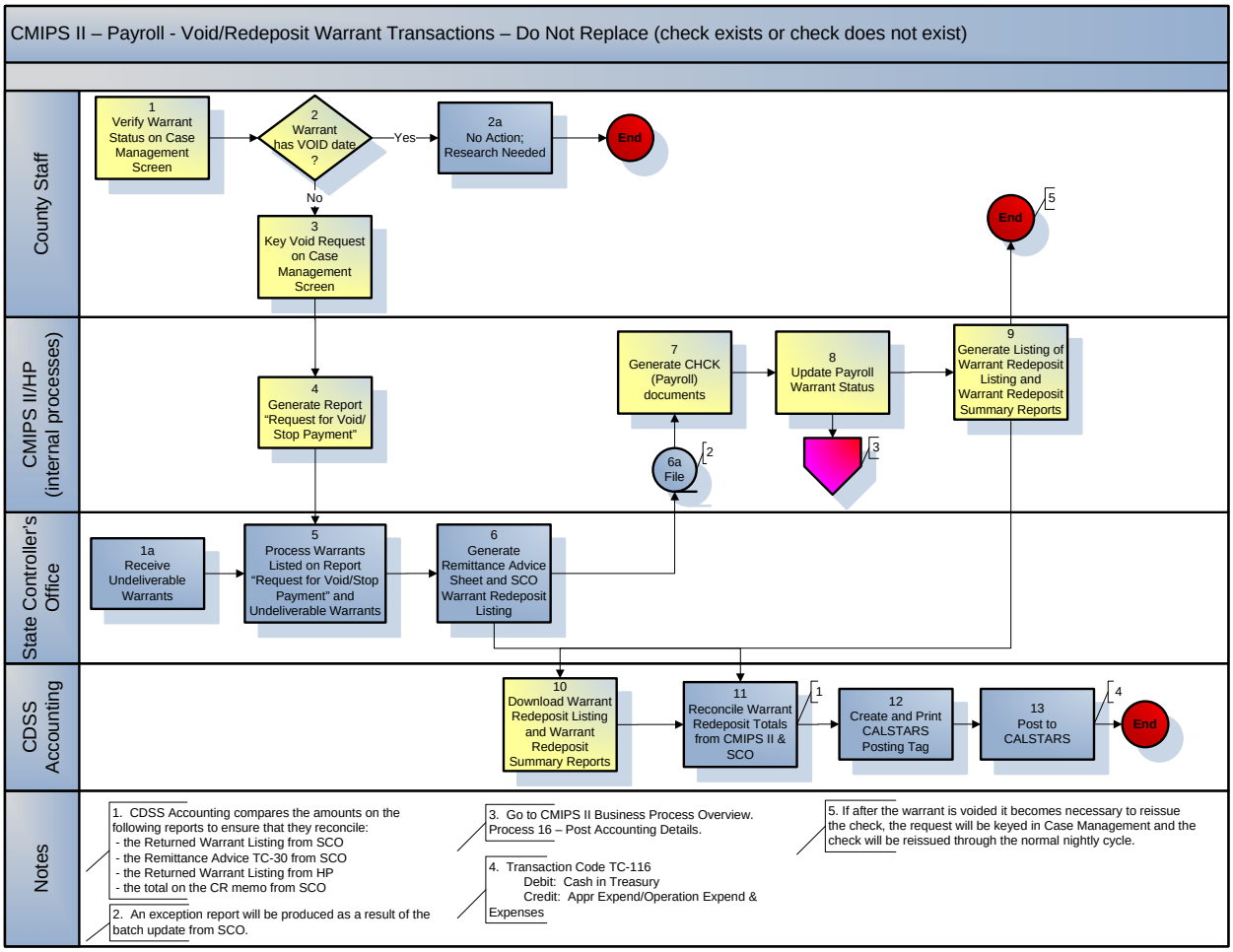

Figure 8 – CMIPS II Void/Redeposit Warrant – Do Not Replace (Check Exists or Check Does Not Exist)

See Section 4.1.18 to reconcile CMIPS II void/redeposit warrants.

4.1.16 Process for CMIPS II Void\Reissue Warrants (Check Does Exist)

The following diagram describes the process flow for Payroll Void/Reissue Warrants.

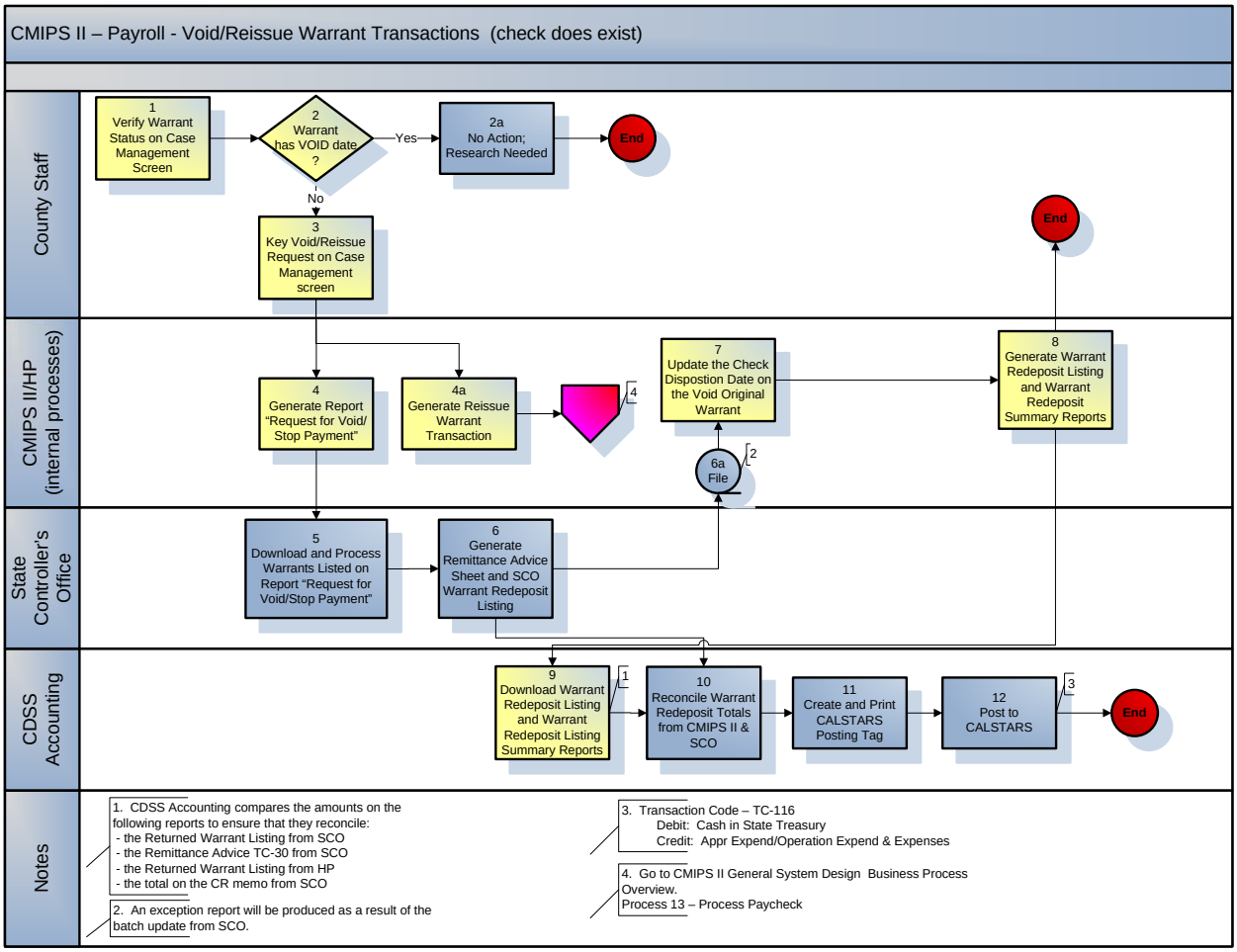

Figure 9 – CMIPS II Void/Reissue Warrant – Do Not Replace (Check Does Exist)

See Section 4.1.18 to reconcile CMIPS II void/reissue warrants.

4.1.17 Process for CMIPS II Vendor for Void\Redeposit Warrants (Check Exists or Check Does Not Exist)

The following diagram describes the process flow for Vendor Void/Redeposit Warrants.

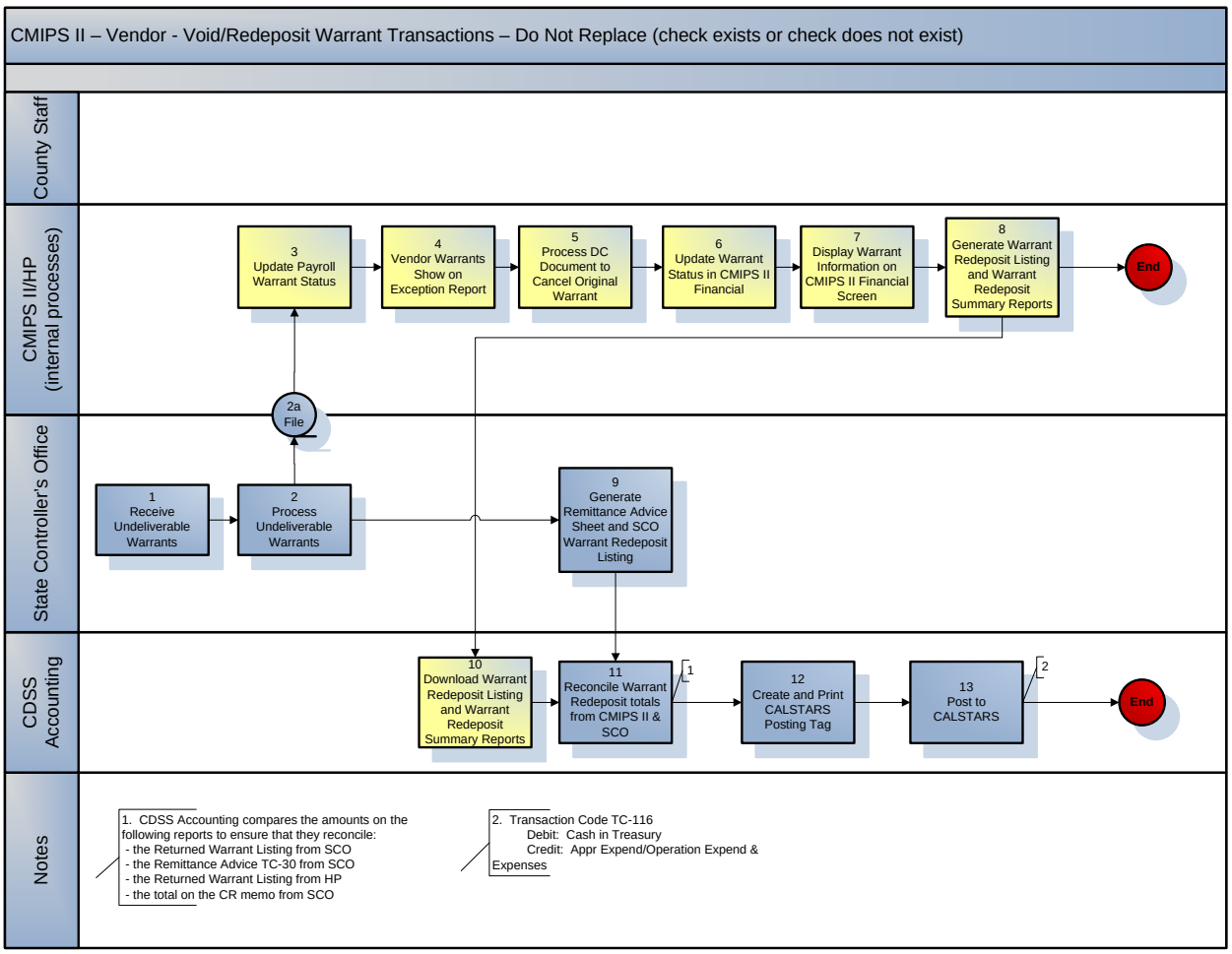

Figure 10 – CMIPS II Vendor Void/Redeposit Warrant – Do Not Replace (Check Exists or Check Does Not Exist)

4.1.18 Reconciliation of Redeposit\Reissue Warrant Transactions (Payroll and Vendors)

Step 1: CDSS Accounting staff receives a daily Warrant Redeposit Listing report from SCO.

Step 2: Download the CMIPS II Warrant Redeposit Listing Report and Vendor Redeposit Listing Report. (Box 10 on Figure 8, and 10 and Box 9 on Figure 9)

Step 3: Using the CMIPS II Warrant Redeposit Listing Report and Vendor Warrant Redeposit Listing Report to reconcile with the SCO Warrant Redeposit Listing report. If the warrant was not found in CMIPS II, it will appear on the exception report and will be resolved by the HP staff. This exception report can be requested by CDSS Accounting staff to help with the reconciliation.

Step 4: Verify the CMIPS II Warrant Redeposit Listing Report Statewide Total field under the Warrant Amount column reconcile to the Warrant Redeposit Summary Report Grand Total amount.

Step 5: Verify the CMIPS II Vendor Warrant Redeposit Listing Report Statewide Total field under the Warrant Amount column reconcile to the Warrant Redeposit Summary Report Grand Total amount.

4.1.19 CMIPS II Void\Replacement Warrant (Check Does Not Exist)

The following diagram describes the process flow for Payroll Void/Replacement Warrants.

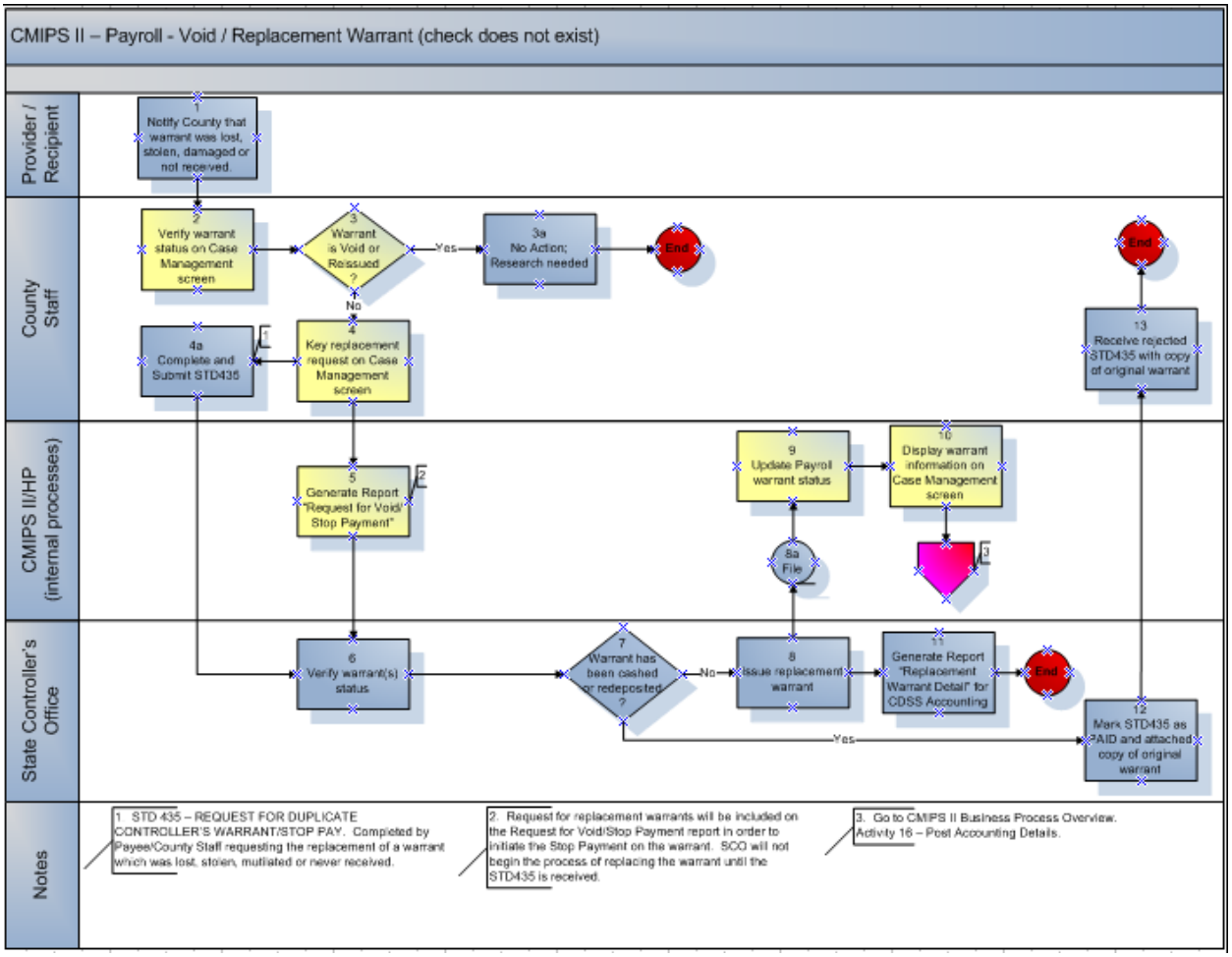

Figure 11 – CMIPS II Void/Replacement Warrant – (Check Does Not Exist)

There is no action required from CDSS Accounting staff for void/replacement warrants.

4.1.20 CMIPS II Vendor-Void\Reissue Warrant (Check Does Not Exist)

The following diagram describes the process flow for Vendor Void/Reissue Warrants.

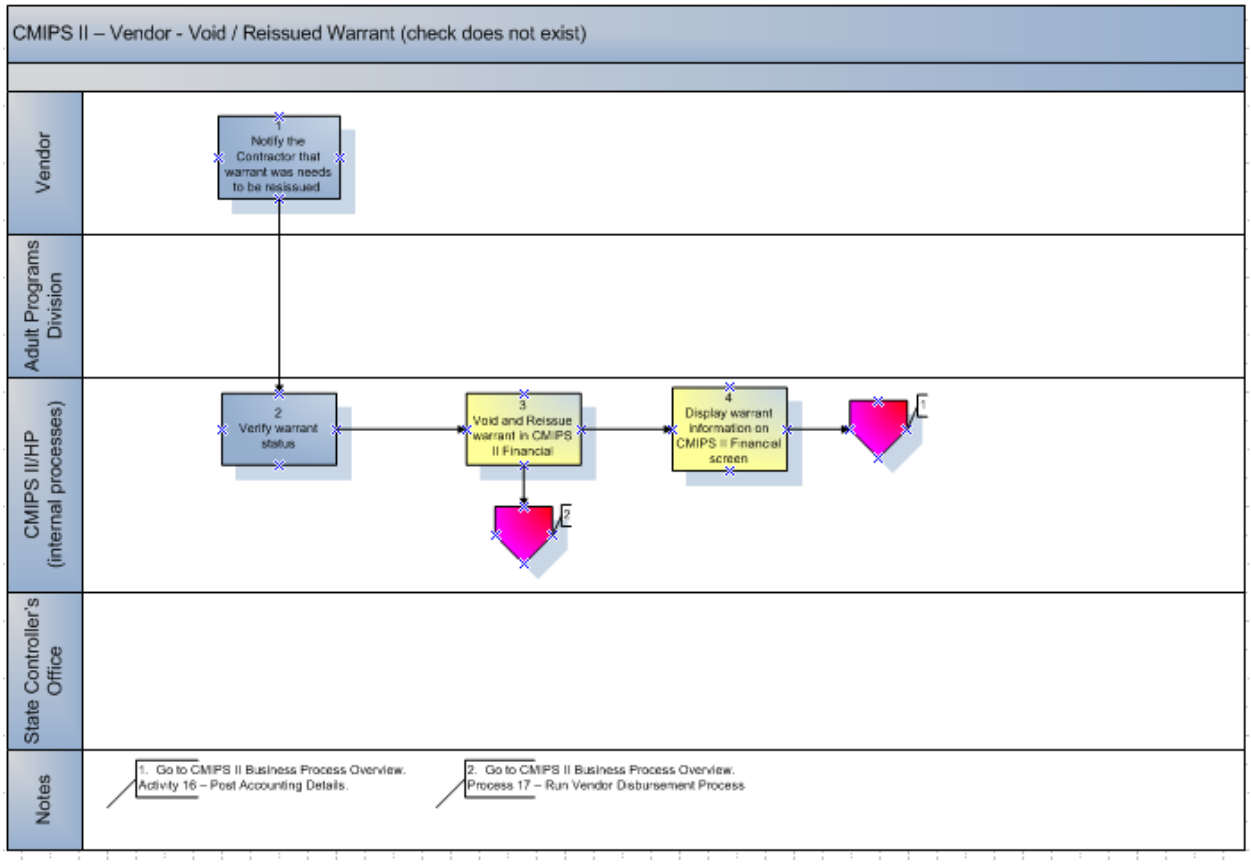

Figure 12 – CMIPS II Vendor Void/Reissue Warrant – (Check Does Not Exist)

There is no action required from CDSS Accounting staff for vendor void/reissue warrants.

4.1.21 CMIPS II Payroll and Vendor Stale Dated Warrants

The following diagram describes the process flow for Payroll and Vendor Stale Dated Warrants.

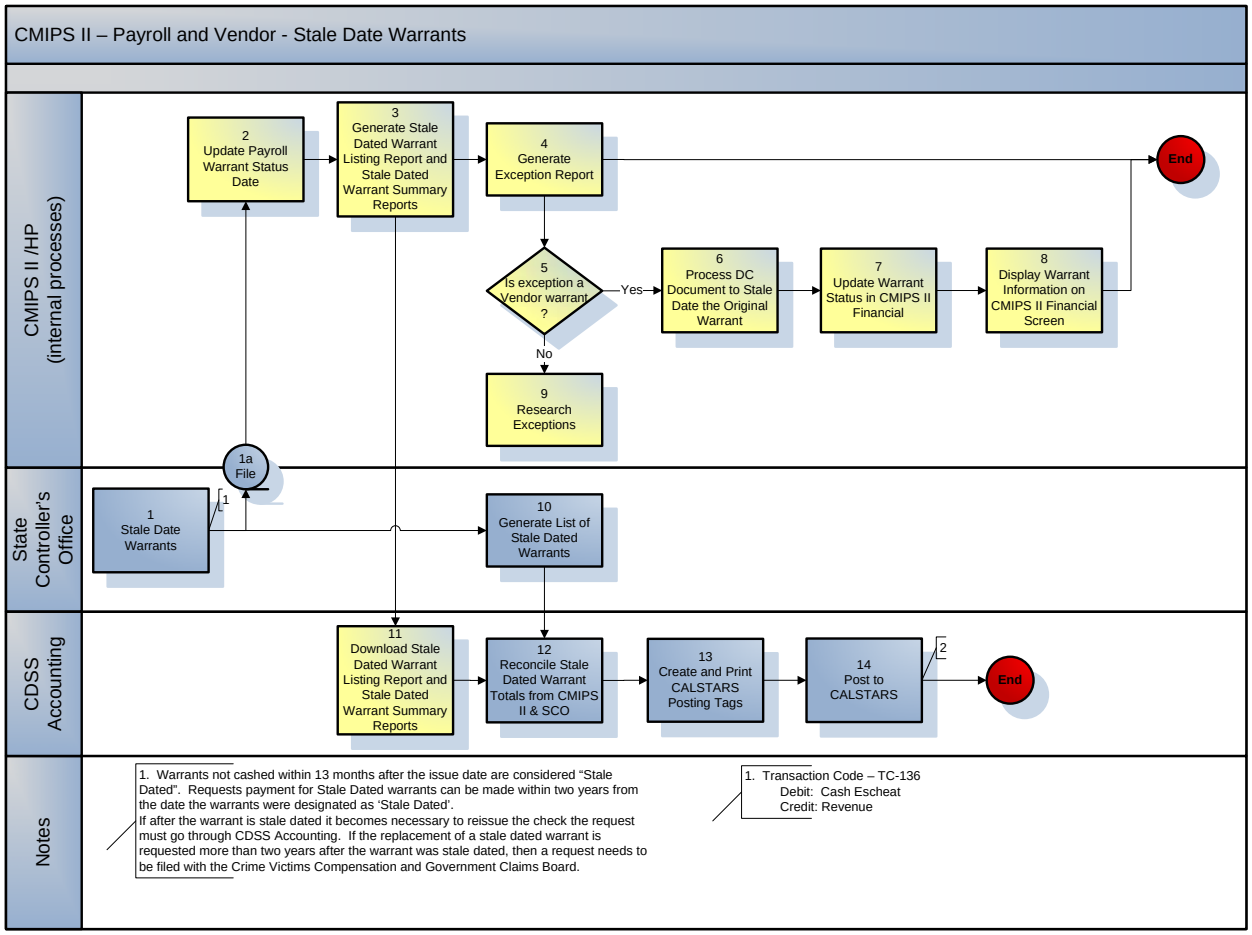

Figure 13 – CMIPS II Payroll and Vendor – Stale Dated Warrants

4.1.22 Reconciliation of Stale Dated Warrant Transactions

Step 1: CDSS Accounting staff receive twice a month a Stale Dated Warrant Listing report from SCO.

Step 2: Download the CMIPS II Stale Dated Warrant Listing Report and Vendor Stale Dated Warrant Listing Report. (Box 12 on Figure 13)

Step 3: Using the CMIPS II Stale Dated Warrant Listing Report and Vendor Stale Dated Listing Report, reconcile with the SCO Stale Dated Warrants Listing report. If the warrant was not found in CMIPS II, it will appear on the exception report and will be resolved by the HP staff. This exception report can be requested by CDSS Accounting staff to help with the reconciliation.

Step 4: CALSTARS posting tags are created for each program based on the split (federal, state and county) using the CMIPS II Stale Dated Warrant Summary Report and CMIPSII Vendor Stale Dated Warrant Summary Report. This is not an automated process. The

posting tags are created manually. The CALSTARS posting tags are printed by CDSS Accounting staff. (Box 13 on Figure 13)

Step 5: Record the stale dated warrant listing posting into CALSTARS. (Box 14 on Figure 13)

The Accounting Entry (TC-136) for CALSTARS is shown below:

Debit: Cash Escheat

Credit: Revenue

Step 6: Monthly (calendar year basis) a claim schedule is prepared:

For refund of the Federal share - no warrant is issued.

The Accounting Entry (TC-270) for CALSTARS is shown below:

Debit: Revenue

Credit: Claims in Process

The Accounting Entry (TC-360) is automatically generated overnight:

Debit: Claims in Process

Credit: Claims Filed

The Accounting Entry (TC-252) is automatically created:

Debit: Claims Filed

Credit: Cash in State Treasury

For refund of the County share - a warrant is issued.

The Accounting Entry (TC-270) for CALSTARS is shown below:

Debit: Revenue

Credit: Claims in Process

The Accounting Entry (TC-360) is automatically generated overnight:

Debit: Claims in Process

Credit: Claims Filed

The Accounting Entry (TC-362) is automatically created:

Debit: Claims Filed

Credit: Cash in State Treasury

4.1.23 CMIPS II Payroll Stale Dated Warrants Replacements

The following diagram describes the process flow for Payroll Stale Dated Warrants Replacement.

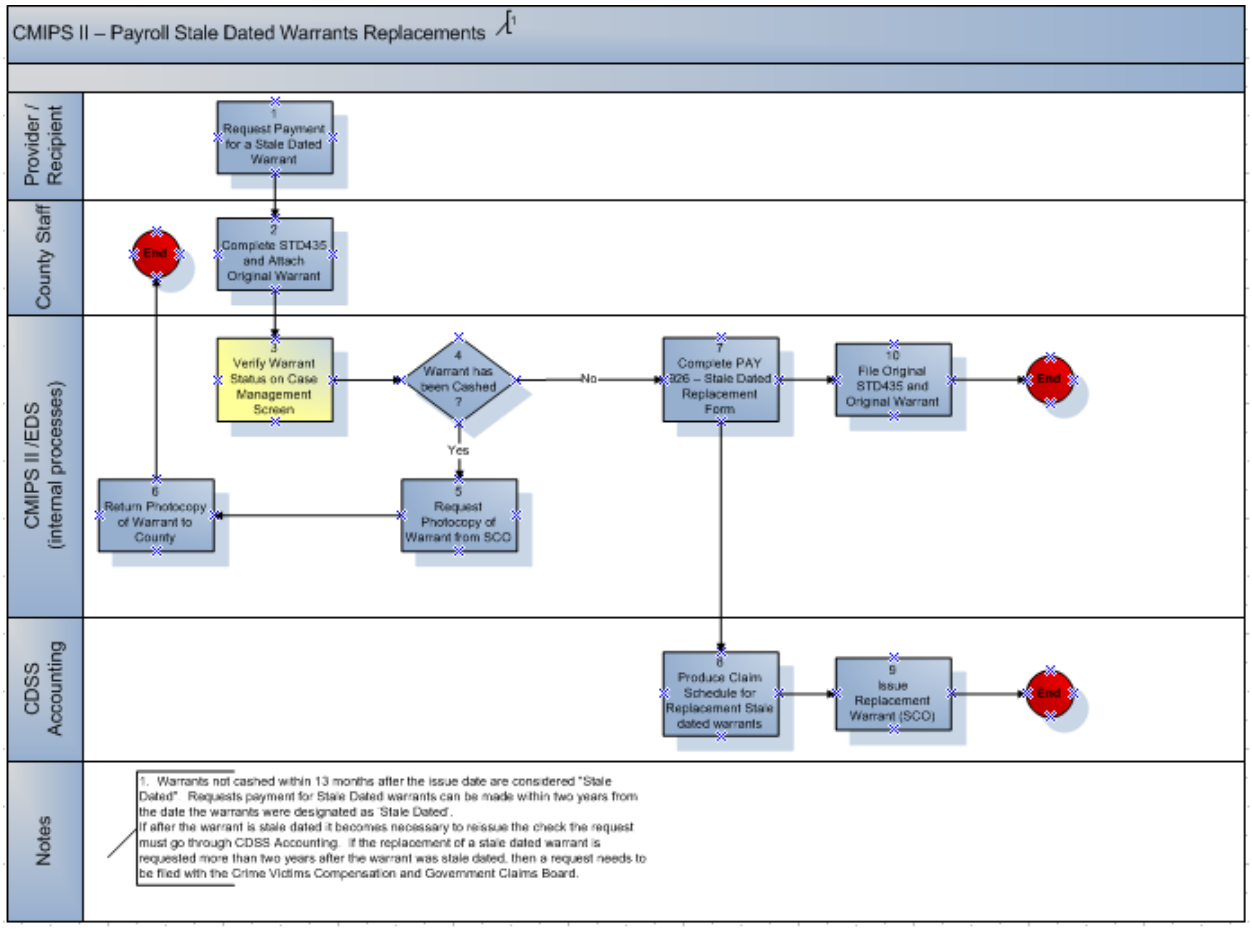

Figure 14 – CMIPS II Payroll – Stale Dated Warrants Replacement

There is no change in the CDSS Accounting current process for stale dated warrants replacement.

5 REPORTS AVAILABLE TO CDSS ACCOUNTING STAFF

5.1 FINANCIAL REPORTS

Below is a list of financial reports, brief description of the report, field elements description and source of data available to CDSS Accounting staff.

5.1.1 Daily Claim Schedule Transmittal

The Daily Claim Schedule Transmittal Summary provides the posting information for the daily payroll. It summarizes the total warrant activity for the day, as well as the total of the EFT transactions. It also provides summary amounts for each funding program and for the Federal, State and County Share.

This report is used by the CDSS Accounting staff to create the daily posting into CALSTARS.

This report is available to APD staff and CDSS Accounting staff.

5.1.1.1 Report Elements

The data for this report comes from the HR Payroll Management (PAYM) table and the Payroll Accounting Management (PAM) journal tables. Reporting database uses SQL to extract the data for all warrant information.

Report Element Name	Description	Comments
Cycle Date	Date range the report was run for	
Run Date	Date the report was executed	
Claim Schedule Number	Unique 5 digit Claim Schedule number for non-EFT warrants for the day.	The Claim Schedule Number comes from a set of numbers provided by SCO.
Total Warrant Amount	Total net amount of all non- EFT warrants for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of Warrants	Count of all non-EFT warrants for all programs for the day.	
IHSS Warrant Amount	Total net amount of all non-EFT IHSS warrants for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of IHSS Warrants	Count of non-EFT warrants for IHSS program for the day.	
PCSP Warrant Amount	Total net amount of all non-EFT PCSP warrants for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of PCSP Warrants	Count of non-EFT warrants for PCSP program for the day.	

Report Element Name	Description	Comments
IPW Warrant Amount	Total net amount of all non-EFT IPW warrants for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of IPW Warrants	Count of non-EFT warrants for IPW program for the day.	
IPO Warrant Amount	Total net amount of all non-EFT IPO warrants for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of IPO Warrants	Count of non-EFT warrants for IPO program for the day.	
WPCS Warrant Amount	Total amount of all non-EFT WPCS warrants for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of WPCS Warrants	Count of all non-EFT warrants for WPCS program for the day.	
Claim Schedule Number	Unique 5 digit Claim Schedule number for EFT transactions for the day.	The Claim Schedule Number comes from a set of numbers provided by SCO.
Total EFT Amount	Total net amount of all EFTs for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of EFT Transactions	Count of all EFT transactions for all programs for the day.	
IHSS EFT Amount	Total net amount of all IHSS EFTs for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of IHSS EFT Transactions	Count of all EFT transactions for IHSS program for the day.	
PCSP EFT Amount	Total net amount of all PCSP EFTs for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of PCSP EFT Transactions	Count of all EFT transactions for PCSP program for the day.	

Report Element Name	Description	Comments
IPW EFT Amount	Total net amount of all IPW EFTs for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of IPW EFT Transactions	Count of all EFT transactions for IPW program for the day.	
IPO EFT Amount	Total net amount of all IPO EFTs for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of IPO EFT Transactions	Count of all EFT transactions for IPO program for the day.	
WPCS EFT Amount	Total net amount of all WPCS EFTs for the day.	The net amount includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Number of WPCS EFT Transactions	Count of all EFT transactions for WPCS program for the day.	

5.1.2 Warrant Redeposit Summary Report

The Warrant Redeposit Summary Report provides the warrant redeposit amounts by quarter/ fiscal year, by funding source and by Federal, State and County Share for any date range.

This report is used by the CDSS Accounting staff to post the daily warrant redeposit amounts to CALSTARS and to create the credit invoice for the federal share.

This report is available to APD staff and CDSS Accounting staff.

5.1.2.1 Report Elements

The data for this report comes from the HR Payroll Management (PAYM) table and the Payroll Accounting Management (PAM) journal tables. Reporting database uses SQL to extract the data for all warrant information.

Report Element Name	Description	Comments	Source of Data
IHSS Warrant Amount	Total net amount of warrants redeposited for the IHSS funding source. Reported by Federal share, State share, County share & Total.	Report is subtotaled by Fiscal Year and by Quarter.	The net amount redeposited includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
PCSP Warrant Amount	Total net amount of warrants redeposited for the PCSP funding source. Reported by Federal share, State share, County share & Total.	Report is subtotaled by Fiscal Year and by Quarter.	The net amount redeposited includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
IPW Warrant Amount	Total net amount of warrants redeposited for the IPW funding source. Reported by Federal share, State share, County share & Total.	Report is subtotaled by Fiscal Year and by Quarter.	The net amount redeposited includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
IPO Warrant Amount	Total net amount of warrants redeposited for the IPO funding source. Reported by Federal share, State share, County share & Total.	Report is subtotaled by Fiscal Year and by Quarter.	The net amount redeposited includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
WPCS Warrant Amount	Total net amount of warrants redeposited for the WPCS funding source. Reported by Federal share, State share, County share & Total.	Report is subtotaled by Fiscal Year and by Quarter.	The net amount redeposited includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Total Warrant Amount for Quarter	Total net amount of warrants redeposited for the all funding sources for that Quarter. Reported by Federal share, State share, County share & Total.		The net amount redeposited includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.

Report Element Name	Description	Comments	Source of Data
Total Warrant Amount for Fiscal Year CCYY	Total net amount of warrants redeposited for the all funding sources for the Fiscal Year. Reported by Federal share, State share, County share & Total.		The net amount redeposited includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.
Grant Total	Total net amount of warrants redeposited for the all funding sources for all the Fiscal Years. Reported by Federal share, State share, County share & Total.		The net amount redeposited includes the wages, advance pay, restaurant meals, special transaction, FICA refunds and SDI refunds.

5.1.3 Warrant Redeposit Summary - Vendor Report

The Warrant Redeposit Summary – Vendor Report provides the warrant redeposit amounts by fiscal year, by funding source and by Federal, State and County Share for any date range.

This report is used by the CDSS Accounting staff to post the daily warrant redeposit amounts for vendor warrants to CALSTARS and to create the credit invoice for the federal share.

This report is available to APD staff and CDSS Accounting staff.

5.1.3.1 Report Elements

The data for this report comes from the Financial Accounting Journal (JACTG), the Check Reconciliation table (CHREC) and the Paid Checks table (PDCHK). Reporting database uses SQL to extract the data for all warrant information.

Report Element Name	Description	Comments	Source of Data
IHSS Warrant Amount	Total net amount of warrants redeposited for the IHSS funding source. Reported by Federal share, State share, County share & Total.	Report is subtotaled by Fiscal Year and by Quarter.	The net amount redeposited includes the payments paid to vendors

Report Element Name	Description	Comments	Source of Data
PCSP Warrant Amount	Total net amount of warrants redeposited for the PCSP funding source. Reported by Federal share, State share, County share & Total.	Report is subtotaled by Fiscal Year and by Quarter.	The net amount redeposited includes the payments paid to vendors.
IPW Warrant Amount	Total net amount of warrants redeposited for the IPW funding source. Reported by Federal share, State share, County share & Total.	Report is subtotaled by Fiscal Year and by Quarter.	The net amount redeposited includes the payments paid to vendors.
IPO Warrant Amount	Total net amount of warrants redeposited for the IPO funding source. Reported by Federal share, State share, County share & Total.	Report is subtotaled by Fiscal Year and by Quarter.	The net amount redeposited includes the payments paid to vendors.
WPCS Warrant Amount	Total net amount of warrants redeposited for the WPCS funding source. Reported by Federal share, State share, County share & Total.	Report is subtotaled by Fiscal Year and by Quarter.	The net amount redeposited includes the payments paid to vendors.
Total Warrant Amount for Quarter	Total net amount of warrants redeposited for the all funding sources for that Quarter. Reported by Federal share, State share, County share & Total.		The net amount redeposited includes the payments paid to vendors.
Total Warrant Amount for Fiscal Year CCYY	Total net amount of warrants redeposited for the all funding sources for the Fiscal Year. Reported by Federal share, State share, County share & Total.		The net amount redeposited includes the payments paid to vendors.
Grand Total	Total net amount of warrants redeposited for the all funding sources for all the Fiscal Years. Reported by Federal share, State share, County share & Total.		The net amount redeposited includes the payments paid to vendors.

5.1.4 Payment Voucher Summary – Weekly (excludes Advance Pay)

The Payment Voucher Summary report provides CDSS Accounting with a summary of payment voucher activity for a given date range. The report details the Federal, State, and County share amounts for each funding program, as well as the total.

The report will be grouped as follows:

- Statewide, Funding Program
  - Provides totals for each funding program at the statewide level
- County, Funding Program
  - Provides totals for each funding program at the county level
- County, District, Funding Program
  - Provides totals for each funding program at the county district level

This report gives the Federal, State or County a snapshot of its cost for a given program.

This report is available to County staff, APD staff and CDSS Accounting staff.

5.1.4.1 Report Elements

The data for this report comes from the Financial Accounting Journal (JACTG).

Report Element Name	Description	Comments	Source of Data
Cycle Date	Date range the report was run for		
Run Date	Date the report was executed		
Gross Wages	Gross wage amount	This field includes regular wages, restaurant meals, State override, Federal/County override, County override, State/County override and Cash in Door. Reported by Federal share, State share, County share & Total	Objects 5001, 5003, 5004, 5005, 5008, 5009, and 5011
Employee – FIT	Employee Federal Income Tax	Reported by Federal share, State share, County share & Total	BSA 3202

Report Element Name	Description	Comments	Source of Data
Employee – PIT	Employee Personal Income Tax	Reported by Federal share, State share, County share & Total	BSA 3101
Employee – EIC	Employee Earned Income Credit	Reported by Federal share, State share, County share & Total	BSA 3203
Employee – FICA	Employee Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share & Total	BSA 3204
Employee – Medicare	Employee Medicare amount	Reported by Federal share, State share, County share & Total	BSA 3206
Employee – SDI	Employee State Disability	Reported by Federal share, State share, County share & Total	BSA 3104
Employee – DIEC	Employee Disability Insurance Elective Coverage amount	Reported by Federal share, State share, County share & Total	BSA 3105
Employee – Share of Cost	Employee Share of Cost amount	Reported by Federal share, State share, County share & Total	BSA 3107
Employee – Health	Employee Health Benefits contribution amount	Reported by Federal share, State share, County share & Total	BSAs 3401, 3402 and 3403
Employee – Labor Org	Employee Labor Organization dues amount	Reported by Federal share, State share, County share & Total	BSAs 3301, 3302, 3303, 3304 and 3305
Employee – Lien	Employee Lien deduction amount	Reported by Federal share, State share, County share & Total	BSA 3501
Total Employee Deductions	Total of all Employee Deductions	Sums all the employee deductions displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403 and 3501
Employer – FICA	Employer Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share & Total	BSA 3205

Report Element Name	Description	Comments	Source of Data
Employer – ETT	Employer Employee Training Tax	Reported by Federal share, State share, County share & Total	BSA 3103
Employer – Medicare	Employer Medicare amount	Reported by Federal share, State share, County share & Total	BSA 3207
Employer – UI	Employer Unemployment Insurance amount	Reported by Federal share, State share, County share & Total	BSA 3102
Employer – FUTA	Employer Federal Unemployment Tax Act amount	Reported by Federal share, State share, County share & Total	BSA 3201
Total Employer Contributions	Total of all Employer Contributions	Sums all the employer contribution displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3102, 3103, 3201, 3205 and 3207
Total Deductions and Contributions	Total of Employee Deductions & Employer Contributions	Sums all the employee deduction and employer contribution displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403, 3501, 3102, 3103, 3201, 3205 and 3207
County Contractor Amount Owed	Amount Owed for County Contractor Expenditures	This is the program split of the County Contractor invoice for each program. Reported by Federal share, State share, County share & Total.	Object 5006 with Reporting Code 222R, 222G and 221R

Report Element Name	Description	Comments	Source of Data
County Contractor Amount Paid	Amount Paid for County Contractor Expenditures	This is what was initially paid by the County for County Contractor services. Only the County column is populated since the County paid the invoice.	Object 5006 with Reporting Code 221
County Contractor Balance	Balance Due for County Contractor Expenditures	This is the net of the County Contractor amount owed and County amount paid. The County is given credit for the Federal and State share of the invoice. The Federal will be billed for their share of the invoice. Reported by Federal share, State share, County share & Total.	
Homemaker Amount Owed	Amount Owed for Homemaker Expenditures	This is the program split of the Homemaker charges for each program. Reported by Federal share, State share, County share & Total.	Object 5007 with Reporting Code 222R, 222G and 221R
Homemaker Amount Paid	Amount Paid for Homemaker Expenditures	This is what was initially paid by the County for Homemaker services. Only the County column is populated since the County paid the invoice.	Object 5007 with Reporting Code 221

Report Element Name	Description	Comments	Source of Data
Homemaker Balance	Balance Due for Homemaker Expenditures	This is the net of the Homemaker amount owed and Homemaker amount paid. The County is given credit for the Federal and State share of the invoice. The Federal will be billed for their share of the invoice. Reported by Federal share, State share, County share & Total.	
Cash In Door Adjustment Amount Owed	Amount Owed for Cash In Door Adjustment	This is the program split of the Cash In Door Adjustment credit for each program. Reported by Federal share, State share, County share & Total.	Object 5011
Cash In Door Adjustment Amount County Collected	Amount County Collected for Cash In Door Adjustment	This is what was initially collected by the County for Cash in Door Adjustment. Only the County column is populated since the County collected the funds.	BSA 1110

Report Element Name	Description	Comments	Source of Data
Cash In Door Adjustment	Amount refunded to Federal and State based on amount collected by the County.	This is the net of the Cash in Door amount owed and amount county collected. The Federal and State are given credit for the amount the County collected that is due to the Federal and State. Reported by Federal share, State share, County share & Total.	
Total Amount Owed	Total Amount Owed for services.	Formula for this field: Sum of Gross Wages, total Employer Taxes, total County Contractor, total Homemaker, and less Share of Cost. Reported by Federal share, State share, County share & Total.	
Weekly Federal Billing Amount	Amount billed weekly to Federal for services.	Formula for this field: Total Amount Owed less ALL Employee Taxes, Employer Taxes, County Contractor and Homemaker plus Cash in Door Amount Owed.	

5.1.5 Payment Voucher Summary – Monthly (excludes Advance Pay)

The Payment Voucher Summary report provides CDSS Accounting staff with a summary of payment voucher activity for a given date range. The report details the Federal, State, and County share amounts for each funding program as well as the total.

The report will be grouped as follows:

- Statewide, Funding Program
  - Provides totals for each funding program at the statewide level
- County, Funding Program
  - Provides totals for each funding program at the county level
- County, District, Funding Program
  - Provides totals for each funding program at the county district level

This report gives the Federal, State or County a snapshot of their cost for a given program. This report is available to County staff, APD staff and CDSS Accounting staff.

5.1.5.1 Report Elements

The data for this report comes from the Financial Accounting Journal (JACTG).

Report Element Name	Description	Comments	Source of Data
Cycle Date	Date range the report was run for		
Run Date	Date the report was executed		
Gross Wages	Gross wage amount	This field includes regular wages, restaurant meals, State override, Federal/County override, County override, State/County override and Cash in Door. Reported by Federal share, State share, County share & Total	Objects 5001, 5003, 5004, 5005, 5008, 5009, and 5011
Employee – FIT	Employee Federal Income Tax	Reported by Federal share, State share, County share & Total	BSA 3202
Employee – PIT	Employee Personal Income Tax	Reported by Federal share, State share, County share & Total	BSA 3101
Employee – EIC	Employee Earned Income Credit	Reported by Federal share, State share, County share & Total	BSA 3203
Employee – FICA	Employee Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share & Total	BSA 3204
Employee – Medicare	Employee Medicare amount	Reported by Federal share, State share, County share & Total	BSA 3206
Employee – SDI	Employee State Disability	Reported by Federal share, State share, County share & Total	BSA 3104

Report Element Name	Description	Comments	Source of Data
Employee – DIEC	Employee Disability Insurance Elective Coverage amount	Reported by Federal share, State share, County share & Total	BSA 3105
Employee – Share of Cost	Employee Share of Cost amount	Reported by Federal share, State share, County share & Total	BSA 3107
Employee – Health	Employee Health Benefits contribution amount	Reported by Federal share, State share, County share & Total	BSAs 3401, 3402 and 3403
Employee – Labor Org	Employee Labor Organization dues amount	Reported by Federal share, State share, County share & Total	BSAs 3301, 3302, 3303, 3304 and 3305
Employee – Lien	Employee Lien deduction amount	Reported by Federal share, State share, County share & Total	BSA 3501
Total Employee Deductions	Total of all Employee Deductions	Sums all the employee deductions displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403 and 3501
Employer – FICA	Employer Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share & Total	BSA 3205
Employer – ETT	Employer Employee Training Tax	Reported by Federal share, State share, County share & Total	BSA 3103
Employer – Medicare	Employer Medicare amount	Reported by Federal share, State share, County share & Total	BSA 3207
Employer – UI	Employer Unemployment Insurance amount	Reported by Federal share, State share, County share & Total	BSA 3102
Employer – FUTA	Employer Federal Unemployment Tax Act amount	Reported by Federal share, State share, County share & Total	BSA 3201

Report Element Name	Description	Comments	Source of Data
Total Employer Contributions	Total of all Employer Contributions	Sums all the employer contribution displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3102, 3103, 3201, 3205 and 3207
Total Deductions and Contributions	Total of Employee Deductions & Employer Contributions	Sums all the employee deduction and employer contribution displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403, 3501, 3102, 3103, 3201, 3205 and 3207
County Contractor Amount Owed	Amount Owed for County Contractor Expenditures	This is the program split of the County Contractor invoice for each program. Reported by Federal share, State share, County share & Total.	Object 5006 with Reporting Code 222R, 222G and 221R
County Contractor Amount Paid	Amount Paid for County Contractor Expenditures	This is what was initially paid by the County for County Contractor services. Only the County column is populated since the County paid the invoice.	Object 5006 with Reporting Code 221

Report Element Name	Description	Comments	Source of Data
County Contractor Balance	Balance Due for County Contractor Expenditures	This is the net of the County Contractor amount owed and County amount paid. The County is given credit for the Federal and State share of the invoice. The Federal will be billed for their share of the invoice. Reported by Federal share, State share, County share & Total.	
Homemaker Amount Owed	Amount Owed for Homemaker Expenditures	This is the program split of the Homemaker charges for each program. Reported by Federal share, State share, County share & Total.	Object 5007 with Reporting Code 222R, 222G and 221R
Homemaker Amount Paid	Amount Paid for Homemaker Expenditures	This is what was initially paid by the County for Homemaker services. Only the County column is populated since the County paid the invoice.	Object 5007 with Reporting Code 221
Homemaker Balance	Balance Due for Homemaker Expenditures	This is the net of the Homemaker amount owed and Homemaker amount paid. The County is given credit for the Federal and State share of the invoice. The Federal will be billed for their share of the invoice. Reported by Federal share, State share, County share & Total.	

Report Element Name	Description	Comments	Source of Data
Cash In Door Adjustment Amount Owed	Amount Owed for Cash In Door Adjustment	This is the program split of the Cash In Door Adjustment credit for each program. Reported by Federal share, State share, County share & Total.	Object 5011
Cash In Door Adjustment Amount County Collected	Amount County Collected for Cash In Door Adjustment	This is what was initially collected by the County for Cash in Door Adjustment. Only the County column is populated since the County collected the funds.	BSA 1110
Cash In Door Adjustment	Amount refunded to Federal and State based on amount collected by the County.	This is the net of the Cash in Door amount owed and amount county collected. The Federal and State are given credit for the amount the County collected that is due to the Federal and State. Reported by Federal share, State share, County share & Total.	
Total Amount Owed	Total Amount Owed for services.	Formula for this field: Sum of Gross Wages, total Employer Taxes, total County Contractor, total Homemaker, and less Share of Cost. Reported by Federal share, State share, County share & Total.	

Report Element Name	Description	Comments	Source of Data
Monthly County Billing Amount	Amount billed monthly to County for services. This does not include administration cost.	Formula for this field: Sum of Gross Wages, total Employer Taxes, less Share of Cost, plus Cash in Door Amount Owed, plus Cash in Door Adjustment. This amount is displayed under County column only.	

5.1.6 Cash in Door Adjustment Report

The Cash in Door Adjustment Report provides the detail information for the cash in door transactions. It shows the Amount Owed, the Amount Collected by the County and the Total Cash in Door Adjustment by Fiscal Year. This report can be generated by County and for Statewide for and date range.

This report is used by the CDSS Accounting staff to create the daily posting into CALSTARS and to create the credit invoice for federal share.

This report is available to APD staff and CDSS Accounting staff.

5.1.6.1 Report Elements

The data for this report comes from the Financial Accounting Journal (JACTG). Reporting database uses SQL to extract the data for all warrant information.

Report Element Name	Description	Comments	Source of Data
Cash in Door Amount Owed	Cash in Door amount paid by the Provider to the County. Reported by Federal share, State share, County share & Total.		Object 5011 with Reporting Code 222R, 222G and 221R
Cash in Door Amount County Collected	The amount the County collected from the Provider.	Only the County column is populated since the full amount was paid to the County.	BSA 1110

Report Element Name	Description	Comments	Source of Data
Cash In Door Adjustment	Amount refunded to Federal and State based on amount collected by the County. Reported by Federal share, State share, County share & Total.	This is the net of the Cash in Door amount paid. The Federal and State are given credit for the amount the County collected that is due to the Federal and State.	
Total for Fiscal Year CCYY	This is the net of the Cash in Door amount paid for all funding sources for the Fiscal Year. Reported by Federal share, State share, County share & Total.		This is the net of the Cash in Door amount paid.
Grand Total	This is the net of the Cash in Door amount paid for the all funding sources for all the Fiscal Years. Reported by Federal share, State share, County share & Total.		This is the net of the Cash in Door amount paid

5.1.7 County Contractor Payment Report

The County Contractor Payment Report provides the payment amounts for the County Contractor Counties. It shows the Amount Owed, the Amount Paid and the Balance for each County Contractor County as well as Statewide and date range.

This report is used by the CDSS Accounting staff to bill the County Contractor Counties. This report is also used to create the monthly posting into CALSTARS which will reconcile to daily run.

This report is available to APD staff and CDSS Accounting staff.

5.1.7.1 Report Elements

The data for this report comes from the Financial Accounting Journal (JACTG). Reporting database uses SQL to extract the data for all warrant information.

Report Element Name	Description	Comments	Source of Data

Report Element Name	Description	Comments	Source of Data
County Contractor Amount Owed	Amount Owed for County Contractor Expenditures Reported by Federal share, State share, County share & Total.	This is the program split of the County Contractor invoice for each program.	Object 5006 with Reporting Code 222R, 222G and 221R
County Contractor Amount Paid	Amount Paid for County Contractor Expenditures	This is what was initially paid by the County for County Contractor services. Only the County column is populated since the County paid the invoice.	Object 5006 with Reporting Code 221
County Contractor Balance	Balance Due for County Contractor Expenditures Reported by Federal share, State share, County share & Total.	This is the net of the County Contractor amount owed and County amount paid. The County is given credit for the Federal and State share of the invoice. The Federal will be billed for their share of the invoice.	

5.1.8 Homemaker Payment Report

The Homemaker Payment Report provides the payment amounts for the Homemaker Counties. It shows the Amount Owed, the Amount Paid and the Balance for each Homemaker County as well as Statewide for any date range.

This report is used by the CDSS Accounting staff to bill the Homemaker Counties. This report is also used to create the monthly posting into CALSTARS which will reconcile to daily run.

This report is available to APD staff and CDSS Accounting staff.

5.1.8.1 Report Elements

The data for this report comes from the Financial Accounting Journal (JACTG). Reporting database uses SQL to extract the data for all warrant information.

Report Element Name	Description	Comments	Source of Data
Homemaker Amount Owed	Amount Owed for Homemaker Expenditures	This is the program split of the Homemaker charges for each program. Reported by Federal share, State share, County share & Total.	Object 5007 with Reporting Code 222R, 222G and 221R
Homemaker Amount Paid	Amount Paid for Homemaker Expenditures	This is what was initially paid by the County for Homemaker services. Only the County column is populated since the County paid the invoice.	Object 5007 with Reporting Code 221
Homemaker Balance	Balance Due for Homemaker Expenditures	This is the net of the Homemaker amount owed and Homemaker amount paid. The County is given credit for the Federal and State share of the invoice. The Federal will be billed for their share of the invoice. Reported by Federal share, State share, County share & Total.	

5.1.9 Payment Voucher Summary –Quarterly (excludes Advance Pay)

The Payment Voucher Summary – Quarterly report provides CDSS Accounting staff with a summary of payment voucher activity for a given date range. The report details the Federal, State, and County share amounts for each funding program, as well as the total.

The report will be grouped as follows:

- Statewide, Funding Program
  - Provides totals for each funding program at the statewide level
- County, Funding Program
  - Provides totals for each funding program at the county level
- County, District, Funding Program
  - Provides totals for each funding program at the county district level

This report gives the Federal, State or County a snapshot of their cost for a given program. This report is generated quarterly.

The quarterly report shows the Federal Billing amount (taxes).

This report is available to County staff, APD staff and CDSS Accounting staff.

5.1.9.1 Report Elements

The data for this report comes from the Financial Accounting Journal (JACTG).

Report Element Name	Description	Comments	Source of Data
Cycle Date	Date range the report was run for		
Run Date	Date the report was executed		
Gross Wages	Gross wage amount	This field includes regular wages, restaurant meals, State override, Federal/County override, County override, State/County override and Cash in Door. Reported by Federal share, State share, County share & Total	Objects 5001, 5003, 5004, 5005, 5008, 5009, and 5011
Employee – FIT	Employee Federal Income Tax	Reported by Federal share, State share, County share & Total	BSA 3202

Report Element Name	Description	Comments	Source of Data
Employee – PIT	Employee Personal Income Tax	Reported by Federal share, State share, County share & Total	BSA 3101
Employee – EIC	Employee Earned Income Credit	Reported by Federal share, State share, County share & Total	BSA 3203
Employee – FICA	Employee Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share & Total	BSA 3204
Employee – Medicare	Employee Medicare amount	Reported by Federal share, State share, County share & Total	BSA 3206
Employee – SDI	Employee State Disability	Reported by Federal share, State share, County share & Total	BSA 3104
Employee – DIEC	Employee Disability Insurance Elective Coverage amount	Reported by Federal share, State share, County share & Total	BSA 3105
Employee – Share of Cost	Employee Share of Cost amount	Reported by Federal share, State share, County share & Total	BSA 3107
Employee – Health	Employee Health Benefits contribution amount	Reported by Federal share, State share, County share & Total	BSAs 3401, 3402 and 3403
Employee – Labor Org	Employee Labor Organization dues amount	Reported by Federal share, State share, County share & Total	BSAs 3301, 3302, 3303, 3304 and 3305
Employee – Lien	Employee Lien deduction amount	Reported by Federal share, State share, County share & Total	BSA 3501
Total Employee Deductions	Total of all Employee Deductions	Sums all the employee deductions displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403 and 3501
Employer – FICA	Employer Federal Insurance Contributions Act amount	Reported by Federal share, State share, County share & Total	BSA 3205

Report Element Name	Description	Comments	Source of Data
Employer – ETT	Employer Employee Training Tax	Reported by Federal share, State share, County share & Total	BSA 3103
Employer – Medicare	Employer Medicare amount	Reported by Federal share, State share, County share & Total	BSA 3207
Employer – UI	Employer Unemployment Insurance amount	Reported by Federal share, State share, County share & Total	BSA 3102
Employer – FUTA	Employer Federal Unemployment Tax Act amount	Reported by Federal share, State share, County share & Total	BSA 3201
Total Employer Contributions	Total of all Employer Contributions	Sums all the employer contribution displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3102, 3103, 3201, 3205 and 3207
Total Deductions and Contributions	Total of Employee Deductions & Employer Contributions	Sums all the employee deduction and employer contribution displayed in the above lines. Reported by Federal share, State share, County share & Total	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403, 3501, 3102, 3103, 3201, 3205 and 3207
County Contractor Amount Owed	Amount Owed for County Contractor Expenditures	This is the program split of the County Contractor invoice for each program. Reported by Federal share, State share, County share & Total.	Object 5006 with Reporting Code 222R, 222G and 221R

Report Element Name	Description	Comments	Source of Data
County Contractor Amount Paid	Amount Paid for County Contractor Expenditures	This is what was initially paid by the County for County Contractor services. Only the County column is populated since the County paid the invoice.	Object 5006 with Reporting Code 221
County Contractor Balance	Balance Due for County Contractor Expenditures	This is the net of the County Contractor amount owed and County amount paid. The County is given credit for the Federal and State share of the invoice. The Federal will be billed for their share of the invoice. Reported by Federal share, State share, County share & Total.	
Homemaker Amount Owed	Amount Owed for Homemaker Expenditures	This is the program split of the Homemaker charges for each program. Reported by Federal share, State share, County share & Total.	Object 5007 with Reporting Code 222R, 222G and 221R
Homemaker Amount Paid	Amount Paid for Homemaker Expenditures	This is what was initially paid by the County for Homemaker services. Only the County column is populated since the County paid the invoice.	Object 5007 with Reporting Code 221

Report Element Name	Description	Comments	Source of Data
Homemaker Balance	Balance Due for Homemaker Expenditures	This is the net of the Homemaker amount owed and Homemaker amount paid. The County is given credit for the Federal and State share of the invoice. The Federal will be billed for their share of the invoice. Reported by Federal share, State share, County share & Total.	
Cash In Door Adjustment Amount Owed	Amount Owed for Cash In Door Adjustment	This is the program split of the Cash In Door Adjustment credit for each program. Reported by Federal share, State share, County share & Total.	Object 5011
Cash In Door Adjustment Amount County Collected	Amount County Collected for Cash In Door Adjustment	This is what was initially collected by the County for Cash in Door Adjustment. Only the County column is populated since the County collected the funds.	BSA 1110

Report Element Name	Description	Comments	Source of Data
Cash In Door Adjustment	Amount refunded to Federal and State based on amount collected by the County.	This is the net of the Cash in Door amount owed and amount county collected. The Federal and State are given credit for the amount the County collected that is due to the Federal and State. Reported by Federal share, State share, County share & Total.	
Total Amount Owed	Total Amount Owed for services.	Formula for this field: Sum of Gross Wages, total Employer Taxes, total County Contractor and total Homemaker less Share of Cost. Reported by Federal share, State share, County share & Total.	
Quarterly Federal Billing	Amount billed quarterly to Federal for taxes.	Formula for this field: Includes all employee taxes and employer taxes.	

5.1.10 Quarterly Federal Tax Disbursement Summary

The Quarterly Federal Tax Disbursement Summary Report provides detailed information regarding employee tax deductions and employer tax contributions. It provides high level reporting giving total tax deduction and contribution amounts for each funding program, as well as total contributions.

The reports will be sorted as follows:

- Statewide
  - Provides totals at the statewide level
- County
  - Provides totals at the county level
- County, District
  - Provides totals at the county district level

This report is used by HP staff to reconcile the quarterly taxes and prepare the Federal Tax Memo. The report is also used by CDSS Accounting staff to prepare the journal entries to CALSTARS. This report is generated quarterly.

This report is available to APD staff and CDSS Accounting staff.

5.1.10.1 Report Elements

The data for this report comes from the Financial Accounting Journal (JACTG).

Report Element Name	Description	Comments	Source of Data
Cycle Date	Date range the report was run for		
Run Date	Date the report was executed		
FIT	Employee Federal Income	Reported by Federal share, State share, County share, Total and totals for each Funding Program	BSA 3202
FICA	Employee and Employer Federal Insurance Contributions Act	Reported by Federal share, State share, County share, Total and totals for each Funding Program	BSA 3204, 3205
Medicare	Employee and Employer Medicare	Reported by Federal share, State share, County share, Total and totals for each Funding Program	BSA 3206, 3207
FUTA	Employer Federal Unemployment Tax Act	Reported by Federal share, State share, County share, Total and totals for each Funding Program	BSA 3201

Report Element Name	Description	Comments	Source of Data
EIC	Employee Earned Income Credit	Reported by Federal share, State share, County share, Total and totals for each Funding Program	BSA 3203
Total	Sum of FIT, FICA, Medicare, FUTA and EIC	Reported by Federal share, State share, County share, Total and totals for each Funding Program	
Total Federal Tax Payment	Total tax liability amount for all funding programs.	Sums the federal taxes displayed in the above lines. Reported by Federal share, State share, County share, Total and totals for each Funding Program	BSAs 3201, 3202, 3203, 3204, 3206, 3206, 3207

5.1.11 DE-6 / DE-88 Backup Listing

The DE-6/DE-88 Backup Listing report provides detailed information regarding employee tax deductions and employer tax contributions. It provides high level reporting giving total tax deduction and contribution amounts for each funding program, as well as total contributions.

The reports will be sorted as follows:

- Statewide
  - Provides totals at the statewide level
- County
  - Provides totals at the county level

This report is used by HP staff to reconcile the quarterly taxes and prepare the State Tax Memo. Also the report is used by CDSS Accounting staff to prepare the journal entries to CALSTARS. This report is generated quarterly.

This report is available to APD staff and CDSS Accounting staff.

5.1.11.1 Report Elements

The data for this report comes from the HR PAY_CHK_PAY_SUMM and TAXING_ENTITY.

Report Element Name	Description	Comments	Source of Data
Cycle Date	Date range the report was run for		
Run Date	Date the report was executed		
PIT	Recipient California Personal Income Tax amount for the quarter.	Reported by Total and totals for each Funding Program	
SDI	Recipient State Disability Insurance amount for the quarter.	Reported by Total and totals for each Funding Program	
DIEC	Recipient Disability Insurance Elective Coverage amount for the quarter.	Reported by Total and totals for each Funding Program	
SUI	Recipient State Unemployment Tax amount for the quarter.	Reported by Total and totals for each Funding Program	
ETT	Recipient Employment Training Tax amount for the quarter.	Reported by Total and totals for each Funding Program	
Total	Sum of PIT, SDI, DIEC, SUI and ETT for the recipient.	Reported by Total and totals for each Funding Program	
Total State Income Tax Liability	Total tax liability amount for all funding programs.		

5.1.1 Stale Dated Warrant Summary Report

The Stale Dated Warrant Summary Report provides the stale dated warrant amounts by fiscal year, by funding source and by Federal, State and County Share any date range.

This report is used by the CDSS Accounting staff to post the stale dated warrant amounts to CALSTARS. This is done twice per month when sent by the SCO.

This report is available to APD staff and CDSS Accounting staff.

5.1.1.1 Report Elements

The data for this report comes from the HR Payroll Management (PAYM) table and the Payroll Accounting Management (PAM) journal tables. Reporting database uses SQL to extract the data for all warrant information.

Report Element Name	Description	Comments	Source of Data
IHSS Warrant Amount	Total amount of warrants stale dated for the IHSS funding source. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the wages, advance pay, restaurant meals, special transactions, FICA refunds and SDI refunds.
PCSP Warrant Amount	Total amount of warrants stale dated for the PCSP funding source. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the wages, advance pay, restaurant meals, special transactions, FICA refunds and SDI refunds.
IPW Warrant Amount	Total amount of warrants stale dated for the IPW funding source. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the wages, advance pay, restaurant meals, special transactions, FICA refunds and SDI refunds.
IPO Warrant Amount	Total amount of warrants stale dated for the IPO funding source. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the wages, advance pay, restaurant meals, special transactions, FICA refunds and SDI refunds.
WPCS Warrant Amount	Total amount of warrants stale dated for the WPCS funding source. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the wages, advance pay, restaurant meals, special transactions, FICA refunds and SDI refunds.
Total Warrant Amount for Fiscal Year CCYY	Total net amount of warrants stale dated for the all funding sources for the Fiscal Year. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the wages, advance pay, restaurant meals, special transactions, FICA refunds and SDI refunds.

Report Element Name	Description	Comments	Source of Data
Grand Total	Total net amount of warrants stale dated for the all funding sources for all the Fiscal Years. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the wages, advance pay, restaurant meals, special transactions, FICA refunds and SDI refunds.

5.1.2 Stale Dated Warrant Summary - Vendor Report

The Stale Dated Warrant Summary – Vendor Report provides the stale dated warrant amounts by fiscal year, by funding source and by Federal, State and County Share for vendor warrants for any date range.

This report is used by the CDSS Accounting staff to post the stale dated warrant amounts to CALSTARS for vendor warrants. This is done twice per month when sent by the SCO.

This report is available to APD staff and CDSS Accounting staff.

5.1.2.1 Report Elements

The data for this report comes from the Financial Accounting Journal (JACTG), the Check Reconciliation table (CHREC) and the Paid Checks table (PDCHK). Reporting database uses SQL to extract the data for all warrant information.

Report Element Name	Description	Comments	Source of Data
IHSS Warrant Amount	Total amount of warrants stale dated for the IHSS funding source. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the payments paid to vendors.
PCSP Warrant Amount	Total amount of warrants stale dated for the PCSP funding source. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the payments paid to vendors.
IPW Warrant Amount	Total amount of warrants stale dated for the IPW funding source. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the payments paid to vendors.

Report Element Name	Description	Comments	Source of Data
IPO Warrant Amount	Total amount of warrants stale dated for the IPO funding source. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the payments paid to vendors.
WPCS Warrant Amount	Total amount of warrants stale dated for the WPCS funding source. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the payments paid to vendors.
Total Warrant Amount for Fiscal Year CCYY	Total net amount of warrants stale dated for the all funding sources for the Fiscal Year. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the payments paid to vendors.
Grand Total	Total net amount of warrants stale dated for the all funding sources for all the Fiscal Years. Reported by Federal share, State share, County share & Total.		The net amount stale dated includes the wages, advance pay, restaurant meals, special transactions, FICA refunds and SDI refunds.

6 GLOSSARY

A

Advance Pay
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.

Advantage Financial (CDSS only)
A complete financial management system specifically designed to support CMIPS II. Advantage Financial issues vendor payments, and serves as a reconciliation and fund source management tool.

Advantage HRM (Human Resource Management) (CDSS only)
The integrated payroll system responsible for processing payments to CMIPS II case participants. Using data received from scanned and manually-entered timesheets, HRM calculates and reports wages, taxes, and other deductions. In addition, HRM processes payment adjustments entered in

the Case Management application, as well as Advance Pay and restaurant meals allowance payments.

application
The form used to record all information necessary to establish eligibility for IHSS. The application form is dated and signed by the applicant. In Case Management, the “Create Application” link opens a case record and allows the user to enter initial eligibility information.

authorization to purchase
The number of hours a recipient is authorized to receive for an authorization period or authorization segment.

authorization period
The period of time covered by the assessment.

authorization segment
The time period, in hours, within an authorization period.

B

batch
A system or mode of operation in which inputs are collected and processed all at one time, rather than processed as they are submitted. A batch job once started proceeds to completion without additional input or user interaction.

Business Objects
The database within CMIPS II containing the data elements for all operational reports. (See Reporting)

business rules
The logic that enforces the IHSS program policies and practices within Case Management.

C

Case Management
A component of CMIPS II that records and tracks information about IHSS recipients and providers. Case Management consists of the functionality to support Recipient Case Management, Provider Management, and Payroll Management for the IHSS program. This includes current and historic demographic and assessment data, as well as payroll information.

case note
A note created to record information regarding a case.

case owner
In Case Management, the user who is assigned to the case. Each case has a case owner.

CASS
See Coding Accuracy Support System.

CC
See County Contractor.

CIN
See Client Index Number.

claim
An electronic or paper request for payment.

Client Index Number (CIN)
A ten-digit alphanumeric value assigned by the Statewide Client Index (SCI) to uniquely identify an individual to various California public benefit programs. One of the key activities in creating a case in Case Management is to search the SCI for a CIN that is associated with the IHSS applicant.

CMIPS II printer
A printer connected to the CMIPS II network and dedicated to printing CMIPS II documents only.

Coding Accuracy Support System (CASS)
A system that enables the United States Postal Service to evaluate the accuracy of software that corrects and matches street addresses. CMIPS II cross-checks the street and mailing address entered with what is on file with the United States Postal Service.

County Contractor (CC)
A mode of service wherein IHSS is provided by an agency under contract with a county.

D

Data Download
Provides access to export-ready reports that can be used for additional analysis and transfer of data to other systems.

DE 4 (California State Employee Withholding Certificate)
A form issued by the Employment Development Department (EDD) and completed by the provider if they wish to have state income tax withheld from their pay at a rate different than federal income tax. The form is sent to HP for processing.

Department of Health Care Services (DHCS)
The State agency responsible for protecting and promoting the health status of Californians through the financing and delivery of individual health care services. The DHCS administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal) and In-Home Operations (IHO).

DHCS
See Department of Health Care Services.

E

EFT (Electronic Funds Transfer)
Also known as Direct Deposit, EFT refers to the computer-based systems used to perform financial transactions electronically from one account to another. The State Controller's Office (SCO) uses EFT to electronically deposit payments for providers and recipients into the banks of their choice.

evidence
Information collected to determine eligibility for IHSS. Case Management categorizes evidence into four types: Household, Service, Program, and Share of Cost.

F

Federal Financial Participation (FFP)
An indication of whether the federal government shares in the cost of services. In IHSS, if FFP is yes, the federal government pays for 50% of the cost of services for a case.

FFP
See Federal Financial Participation.

funding source
The means of financial support for IHSS program costs. The established governmental sources for IHSS funding are PCSP, IPO, and IHSS-R.

H

HM
See Homemaker.

Homemaker (HM)
A mode of service wherein county staff provide IHSS to eligible IHSS recipients.

I

icon
A picture or symbol on a menu, toolbar or screen that users select by pointing and clicking with a mouse. Icons are used to display information and navigate within CMIPS II.

ICT (Inter-County Transfer) Coordinator
The person responsible for coordinating the transfer of a case from one county to another in Case Management when the recipient moves to a different county and continues to be eligible for IHSS.

IHO
See In-Home Operations.

IHSS Plus Option (IPO)
A funding source associated with the IHSS program. It includes recipients who are eligible for full scope FFP Medi-Cal and have their services provided by a spouse or parent (if the individual is a minor child under 18), or receive Restaurant Meal Allowance or Advance Pay. Unlike the Demonstration Waiver IPW, the IPO is a State Plan Option, and therefore follows the PCSP State Plan regarding program eligibility and services. Cases paid from the IPO funding source are designated with a Medi-Cal Secondary Aid Code of 2L. CMIPS II supports both IPO and IPW programs.

IHSS Plus Waiver (IPW)
An expired funding source formerly associated with the IHSS program.

IHSS-R
See IHSS Residual.

IHSS Residual (IHSS-R)
A funding source associated with the IHSS program. Recipient cases having one or more of the following indications in an eligibility month shall be associated with the IHSS-R program: No Medi-Cal eligibility or Medi-Cal eligibility without Federal Financial Participation (FFP) eligibility. Recipient cases paid from the IHSS-R funding source are designated with a Medi-Cal Secondary Aid Code of 2N. The IHSS-R funding source is paid at a ratio of state 65% and county 35%.

Individual Provider (IP)
A mode of service wherein a person provides IHSS and is not a County Contractor or Homemaker.

In-Home Operations (IHO)
A section within the Department of Health Care Services (DHCS) that administers the Waiver Personal Care Services (WPCS) program.

IP
See Individual Provider.

IPO
See IHSS Plus Option.

IPW
See IHSS Plus Waiver.

L

LMA
The Legislative Mandated Adjustment (LMA) hours. Displays in (HH:MM) format.

J

job aid
A device or tool that allows an individual to quickly access the information he or she needs to perform a task.

M

Medi-Cal Eligibility Data System (MEDS)
A system used to maintain a statewide file of eligible Medi-Cal recipients and issue identification cards.

MEDS
See Medi-Cal Eligibility Data System.

MEDS Monthly Renewal
Refers to the monthly interface with MEDS, which sends a file to CMIPS II regarding a recipient's Medi-Cal monthly eligibility.

N

notification
Informational items in Case Management where the user is not required to take action. Notifications are generated by Case Management based on case actions or information from another source, such as MEDS and SAWS.

O

online help
Online help is topic-oriented, procedural, or reference information delivered through computer software. It is a form of user assistance. When online help is accessed from Case Management or the CMIPS II Web Portal, context-sensitive help is displayed.

P

PA
See Public Authority.

PCSP
See Personal Care Services Program.

password
A secret word or string of characters used for authentication, to prove identity, or to gain access to a protected resource. A password is required to gain access to CMIPS II.

person
The record of an individual in Case Management. A person may be associated with multiple person type indicators. For example, if someone is both an IHSS recipient and a provider he/she will have a single person record in Case Management.

person note
A note created to record information regarding a provider or recipient.

Personal Care Services Program
A funding source associated with the IHSS program. This program provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institute Code Section 14132.95 and Title 22, California Code of Regulations. It is one of three funding sources associated with the IHSS program. Individuals meeting all of the following conditions are funded for PCSP: eligible for full scope FFP Medi-Cal, no Advance Pay, no Restaurant Meal Allowance, and no parent/spouse provider. Recipient cases paid from the PCSP funding source are designated with a Medi-Cal Secondary Aid Code of 2M.

POS
See Point of Service Spend Down Transaction.

Point of Service Spend Down Transaction
A real-time transaction sent from CMIPS II to the MEDS Share of Cost system when an IHSS payment is made. It reduces any outstanding MEDS share of cost for the corresponding Medi-Cal eligibility month.

position
During user setup, each user is assigned a position within a workflow structure in Case Management. The position determines the workflow for notifications and tasks, the path in which tasks are escalated, and the cases which he/she can modify.

provider
A person paid to perform IHSS.

provider registry
A listing of approved providers most commonly compiled by a county Public Authority (PA) used to assist recipients in identifying and contacting potential providers. These providers have already completed all aspects of the provider enrollment process.

Public Authority (PA)
An entity authorized to act as Employer of Record for Individual Providers for collective bargaining.

Q

Query and Sampling Tool (QST)
The Query and Sampling Tool link on the CMIPS II Web Portal allows users to run ad hoc reports and perform other tasks using recipient, provider, payroll, and timesheet data. Once generated, tasks such as printing lists and mailing labels, viewing information, and downloading data can be performed.

QST
See Query and Sampling Tool.

R

receiving county
The county that takes ownership of a case that is being transferred from a sending county, as part of the Inter-County Transfer (ICT) process.

Reduced Hours
The hours and minutes the recipient hours will be reduced based upon the reduced hours percentage. Displays in (HH:MM) format.

Reinstated Hours
The number of reduced hours the case owner reinstated to the recipient. Displays in (HH:MM) format.

Reporting
The Reporting link on the CMIPS II Web Portal provides access to many predefined reports covering various aspects of the IHSS program. Reports can be generated for immediate viewing and printing or generated for future use. Report information can be exported for use in other applications such as Microsoft Word or Excel, Crystal Reports, or Adobe Acrobat Reader. Reporting

is used by case owners for a variety of case intake and case management tasks. Managers, supervisors, QA, and payroll also use reporting for auditing and planning purposes.

S

SAWS
See Statewide Automated Welfare System.

SCI
See Statewide Client Index.

SCO
See State Controller's Office.

SEIN
See State Employer Identification Number.

State Employer Identification Number (SEIN)
An identification number assigned by the Employment Development Department (EDD) to each IHSS recipient.

sending county
The county that currently owns a case that is being transferred to a receiving county, as part of the Inter-County Transfer (ICT) process.

sensitivity level
Notes in Case Management have sensitivity levels from 1 to 5. One is the lowest sensitivity and 5 is the highest. Each Case Management user is assigned a sensitivity level that determines what notes he/she can see and what sensitivity level he/she can assign to notes. For example, everyone can see notes with a sensitivity of 1, but only users with a sensitivity of 3 can see or create notes of level 3.

Social Worker Certification
Indicates whether or not the recipient met the criteria for the social worker to certify the reinstatement of all reduced hours.

stale dated warrant
A warrant that remains un-cashed after one year from the date of issue.

State Controller's Office (SCO)
The office managed by the state's chief fiscal officer, responsible for administration and oversight of fiscal affairs for the state. CMIPS II exchanges data with SCO, and in Case Management, the user can request copies of cashed warrants from the SCO.

Statewide Automated Welfare System (SAWS)
The generic term used to refer to CalWIN, C-IV and LEADER, the systems used to determine eligibility for a variety of welfare benefits, including Medi-Cal. Case Management interfaces with these systems to request Medi-Cal eligibility determinations for applicants who are not currently receiving Medi-Cal and to exchange status information.

Statewide Client Index (SCI)
The California Department of Health Care Services' (DHCS) Statewide Client Index generates and controls Client Identification Numbers (CINs). The CIN is the primary identifier for individuals who have applied for public benefits.

T

task
An item that requires a Case Management user to take action. A task may be generated by Case Management or may be manually created by a user. Each task is assigned a unique task number. A task generated automatically by Case Management and not completed by its deadline escalates to a supervisor.

Timesheet Processing Facility (TPF)
A central facility responsible for the scanning and processing of IHSS timesheets.

TPF
See Timesheet Processing Facility.

W

W-2 Form
Refers to the federal Wage and Tax Statement.

W-4 Form
Refers to the federal Employee's Withholding Allowance Certificate.

W-5 Form
Refers to the federal Earned Income Credit Advance Payment Certificate.

Waiver Personal Care Services (WPCS)
A program administered by In-Home Operations (IHO) in which individuals are either eligible for Nursing Facility (NF) or Model Nursing Facility Waiver services. Both waivers provide personal care services to categorically needy and medically needy Medi-Cal recipients who would otherwise spend at least 90 days in a nursing facility. PCSP/IPO beneficiaries can apply to IHO and receive both IHSS and WPCS program services simultaneously. CMIPS II is the system used by WPCS to pay its providers. Providers of WPCS must be created in CMIPS II to facilitate payment.

Web Portal
A site that creates a single point of access to various components and functionality associated with CMIPS II. The portal offers a structured approach to navigating information, e.g. by subject (category) then sub-category. The systems in CMIPS II include Case Management, Reporting, Query & Sampling Tool, Advantage Financial and Advantage Human Resource Management (HRM).

work queue
Shared task lists to which a user has been given access. The work queues contain both manually-generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county.

WPCS
See Waiver Personal Care Services.

user's MANUAL

Appendix A
Job Aids

to
Assist
and
Empower

CMIPS II

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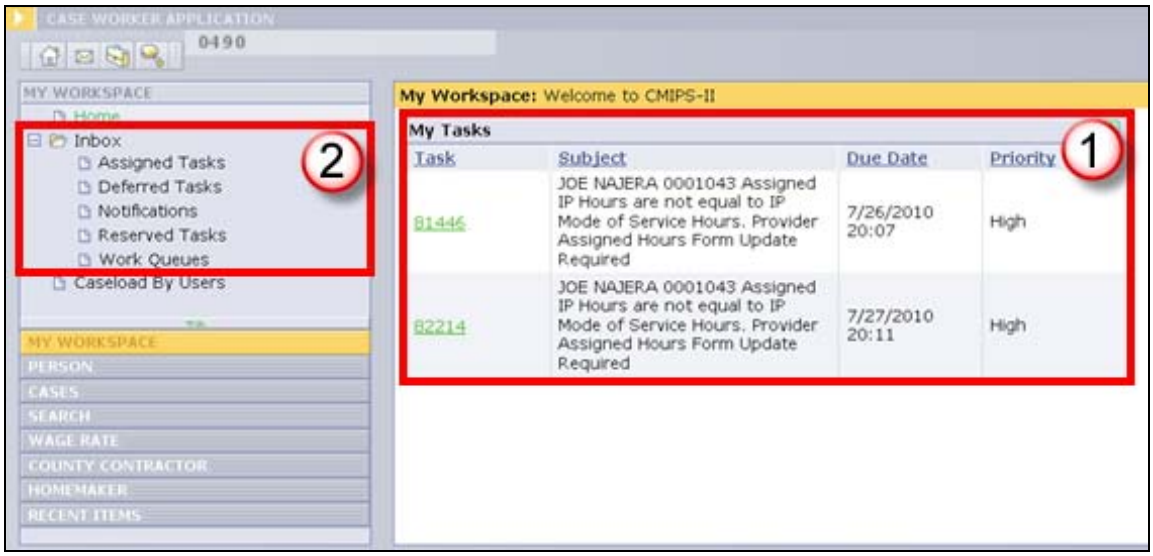
Tasks Job Aid

My Workspace Screen



1) My Tasks Area
A task is an item upon which the user will take action. The My Tasks area of the My Workspace screen contains a list of the user's tasks by subject, due date, and priority.

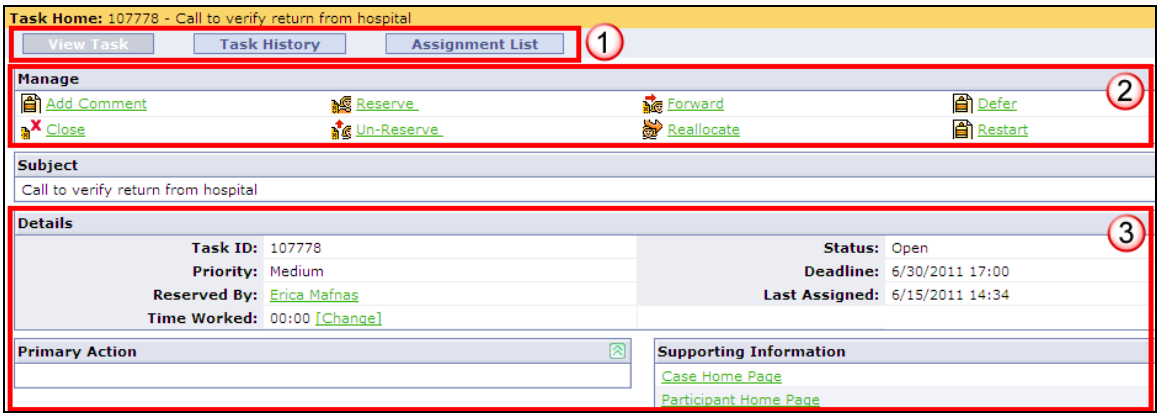
- **Task** - User clicks the task number link to display the Task Home screen.
- **Subject** - The subject pertaining to the task.
- **Due Date** - The due date associated with the task. The list displays only those tasks due in the next seven (7) calendar days. If there are more than 25 tasks due during that period, it will only display the first 25. The Inbox will display all tasks assigned to a user, even if that number exceeds 25.
- **Priority** - The priority associated with the task. Available priorities are High, Medium and Low.

2) Inbox Menu
Click the link in the Left Navigation menu to display the items below.

- **Notifications** - Notifications alerting the user to actions that have taken place in the system, such as case assignments or receipt of Medi-Cal eligibility transactions.
- **Reserved Tasks** - All tasks appear here first. Tasks are placed in this list when a manual task is created for/by the user; when the user reserves a task from a work queue; and when a user restarts a deferred task. Any task not completed by the deadline will be escalated.
- **Work Queues** - Shared task lists to which a user has been given access. Work queues contain both manually generated and system-generated tasks. Tasks that are system-generated and placed in a work queue are assigned deadlines. Any task not completed by its deadline is escalated to a user identified by the county.
- **Assigned Tasks** - Tasks created by a user from the Create User Task screen, are referred to as manual tasks. Manual tasks that were once reserved but have been unreserved are placed in the user's assigned task inbox.
- **Deferred Tasks** - Tasks that the user has marked as deferred. Deferring a task takes it out of reserved status and places it in the user's Deferred Tasks list. The user can set an automatic restart date for deferred tasks. Any escalations on a task still calculate from the due date.

Note: All system-generated tasks have a due date. Whether a task is reserved, unreserved, or deferred, it does not change the due date or subsequent task escalation if the task is not completed on time.

Task Home Screen



1) Task Buttons

- **View Task** - Displays detailed information such as Task ID, Status, Priority, Deadline and Reserved By. This is the default view for the Task Home screen.
- **Task History** - Displays a chronological listing and description of all actions and events that have occurred during the life cycle of the task.
- **Assignment List** - Displays the names of all users who have been assigned to work on the task, as well as the names of work queues to which the task has been assigned.

2) Manage Area

- **Add Comment** - Add comments to a task.
- **Close** - Close a task.
- **Reserve** - Reserve a task.
- **Un-Reserve** - Remove a task from Reserved Tasks and move to the Assigned Tasks list.
- **Forward** - Forward a task to another user or work queue.
- **Reallocate** - Send a task back to the original owner regardless of how many users it has been forwarded to.
- **Defer** - Take a task out of the Reserved Tasks list and move it to the Deferred Tasks list.
- **Restart** - Take a task out of the Deferred Tasks list and move it to the Reserved Tasks list.

3) Details Area

- **Task ID** - The unique reference number of the task. This is automatically generated by the system when the task is created and saved.
- **Status** - Status of the task. Available status types are Open, Deferred and Closed.
- **Priority** - The priority of the task. Available priorities are High, Medium and Low.
- **Deadline** - The date and time the task is scheduled for completion.
- **Reserved By** - The user who currently owns the task. Click the Reserved By link to open the User Home screen.
- **Last Assigned** - The date and time the task was last assigned, for example, when the task was created, forwarded, reserved, un-reserved or reallocated.
- **Time Worked** - The total number of hours and minutes spent by users on this task.
- **Primary Action** - Links to the person and/or case screens related to this task.
- **Supporting Information** - Links to the person and/or case screens related to this task.

Assessment Narratives Job Aid

Overview

CMIPS II maintains an assessment narrative for each home visit. The system allows a user to copy the narrative from MS Word and paste it into CMIPS II.
Note: No testing has been done for copying and pasting text from Mac software.

- **Spell check** – CMIPS II does not have a spell-checking feature. Assessment narratives should be spell-checked outside the CMIPS II system, preferably in MS Word.
- **Tables** – A single-column table with multiple rows in MS Word converts as paragraphs. Tables with multiple columns get jumbled together and are not recommended.
- **Formatting** – Formatting does not convert when pasting into CMIPS II. This includes boldfacing, underlines, italics and varying font sizes.
- **Bullets** – Bulleted lists and numbered lists convert into CMIPS II, but the spacing varies.
- **Indents** – Indents do not convert into CMIPS II.
- **Check boxes** – Check boxes do not copy over to CMIPS II.
- **Images** – Images do not copy over to CMIPS II.
- **Character Limitations** – The assessment narrative is limited to 13,500 characters.

County Recommendations

1. Use an MS Word template. It promotes consistency among workers as well as counties. The template should be very simple given the limitations of formatting that pastes over.
2. County procedures for assessment narratives should include:
    - Consistent use of the template.
    - No editing of the template (changing the format or deleting lines).
    - Spell-checking narrative text before copying and pasting into CMIPS II.
    - Saving the MS Word version of the template on a shared drive.

Step-by-Step

Note: To edit an assessment narrative, there has to be pending evidence created.

1. In Case Management, search for and open the case.
2. In the **Cases Left Navigation** menu, under the **Evidence** folder, click the **Service Evidence** link. The system displays the Service Evidence screen.
3. Minimize the Case Management browser window.
4. Open the narrative in MS Word. (Remember to spell check before copying and pasting.)
5. Click and drag to highlight the narrative text.
6. Press **CTRL + C**. The narrative text is copied and stored until ready to paste.
7. Minimize the MS Word window.
8. Open the minimized Case Management browser window.
9. Click the **Edit Assessment Narrative** link. The system displays the Modify Assessment Narrative screen.
10. Click in the **Notes** box.
11. Press **CTRL + V**. The text is pasted into the Modify Assessment Narrative screen.
12. Click the **Save** link. The system displays the Service Evidence screen.

Sample MS Word Narrative

This is a sample MS Word assessment narrative template that contains all original spacing, formatting, and table columns. These contents were copied and pasted into CMIPS II.

Assessment Type: *insert Initial, Reassessment, ICT or State Hearing* **Initial**
History:
Family: ☒ widowed
Medical: • Sample text sample text sample text sample text sample text sample text sample text • Sample text
Mental Status: Sample text Indent 1: sample text Indent 2: sample text
Physical Status: <u>This text is underlined.</u> *This text is italicized.* **This text is in bold.**

Sample CMIPS II Results

The screenshot below shows the results when the MS Word text was pasted into the CMIPS II Modify Assessment Narrative screen and saved.

Assessment Narrative	
Notes:	Assessment Type: insert Initial, Reassessment, ICT, or State Hearing Initial History: Family: 1 widowed Medical: • Sample text sample text sample text sample text sample text sample text sample text • Sample text Mental Status: Sample text Indent 1: sample text Indent 2: sample text Physical Status: This text is underlined This test is italicized This text in bold

- Boldfacing, italics, underlining and font size did not convert.
- Manual line returns converted to provide vertical spacing.
- Check box converted to a “1.”
- Bullets (and numbers) did convert but with tighter spacing.
- Indents did not convert.

Companion Cases Job Aid

Overview

Individuals receiving IHSS services and living in the household with other individuals receiving IHSS services are considered companion cases. CMIPS II has the ability for a user to identify and link companion cases. The Household Evidence screen contains information about other household members at the same address. The Companion Case screen allows users to associate a companion case with a new and/or existing case. Other key points about companion cases include:

- In order for the system to search for and identify potential companion cases, the address for each person record must match exactly.
- A case for any new applicant(s) who will be part of the companion case collection must be created first. This allows the user to create evidence and link the new applicant case to the existing case.
- When a companion case is added, all cases in the companion case collection will require a change assessment to adjust proration of service hours as applicable and/or to link the cases together.

This document presents information on the order in which to update the person record and create evidences to link cases as companion cases.

Note: Refer to county-specific business processes for more information regarding companion cases.

Note: When adding a companion case, users must consider whether or not a case is receiving protective supervision. If any case (new or existing) is or will be receiving protective supervision, changes to the non-protective supervision cases must be made first in order to ensure correct calculation of protective supervision hours. This job aid does not address companion cases with protective supervision. Refer to the Companion Cases with Protective Supervision job aid for more information.

Create a New Address

Before beginning this procedure, go to the My Workspace screen. Click the Find a Person link to search for the person and display the Person Home screen.

1. From the **Left Navigation** menu, click the **Contact** folder and then click the **Addresses** link. The system displays the Addresses screen.
2. Click the **New** link. The system displays the Create Address screen.
3. Select the **Address** (for example, mailing or residence).
4. Select the **Type** of address.
5. In the **Type** box, click the (magnifying glass) to add a new address. The system displays the Maintain Address screen.
6. In the **Address** area, enter the address details.
7. Click the **Verify** link. The Addresses area on the Maintain Address screen updates.
8. Click the **Select** link for the correct address. The Create Address screen appears.
9. (Optional) Select the **Use As Mailing Address** checkbox.
10. Click the **Save** link. The system displays the Addresses screen.

Add a Companion Case

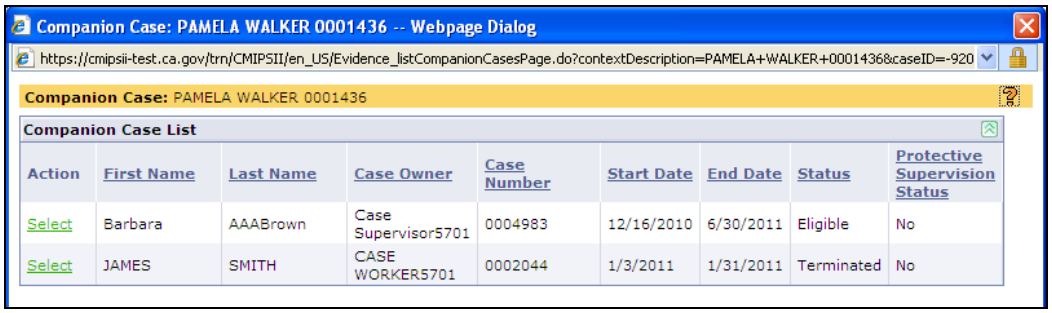
1. The **Left Navigation** menu, search for and select the person who will be moving or has moved into the home where the existing recipient(s) resides.
2. From the **Left Navigation** menu, click the **Evidence** folder and then click the **Household Evidence** link. The system displays the Household Evidence screen.
3. Click the **Add Household Members** link. The Create Household Member screen appears.
4. In the **Companion Case Number** box, click the (magnifying glass) to search for the companion case. The system displays the Companion Case screen.

   Note: IHSS cases at the same residence address display by Protective Supervision Status.
5. In the **Companion Case List** area, in the Action column, click the **Select** link to select the companion case. The system displays the Create Household Member screen.
6. In the **Household Member Details** area, select the **Relationship**.
7. Select the **Spouse/Parent**.
8. Select the **Protective Supervision Proration**.

   Note: Indicates whether or not the household members should be included in the Protective Supervision Proration. See the Companion Cases with Protective Supervision job aid.
9. Click the **Save** link. The system displays the Household Evidence screen. The companion case displays in the Household Members area.

Modify Companion Case Information

Use the Companion Case screen to associate a companion case with a household member. Individuals living in the household with other recipients of IHSS services are considered companion cases.



Action	First Name	Last Name	Case Owner	Case Number	Start Date	End Date	Status	Protective Supervision Status
Select	Barbara	AAABrown	Case Supervisor5701	0004983	12/16/2010	6/30/2011	Eligible	No
Select	JAMES	SMITH	CASE WORKER5701	0002044	1/3/2011	1/31/2011	Terminated	No

1. From the **Left Navigation** menu, click the **Evidence** folder and then click the **Household Evidence** link. The system displays the Household Evidence screen.
2. In the **Household Members** area, in the Action column, click the **Edit** link for the household member. The system displays the Modify Household Member screen.
3. In the **Companion Case Number** box, click the (magnifying glass) to search for the companion case. The system displays the Companion Case screen.

   Note: IHSS cases at the same residence address display by Protective Supervision Status. This status indicates if the household member's case is eligible for protective supervision.
4. In the **Companion Case List** area, in the **Action** column, click the **Select** link to select the companion case. The system displays the Modify Household Member screen.
5. Click the **Save** link. The system displays the Household Evidence screen. The companion case number appears in the Household Members area.

Companion Cases with Protective Supervision Job Aid

Introduction

CMIPS II has the ability for a user to identify and link companion cases. Moreover, CMIPS II also takes a companion case into account when calculating service hours related to protective supervision. ***To prevent inaccurate protective supervision calculations, the sequence of identifying and linking companion cases is important.*** This job aid presents information on the order in which to create evidence and link cases for companion cases when protective supervision exists.

This job includes procedures for:

- Linking a new case to a new case.
- Linking new cases to existing cases.
- Linking existing cases to existing cases.

Note: This job aid addresses companion cases with protective supervision. Refer to the Companion Cases job aid for more information on companion cases that do not include protective supervision.

Important Terms

The following terms are used during this discussion:

- Companion case collection: A group of cases associated with one another based on the designation of the case as companion case household members
- Protective Supervision Status: Located on the Create/Modify Household Member screen, this field is system generated and identifies if protective supervision is authorized in the case.
  - If the field reflects an indicator of “yes,” protective supervision is assessed and authorized.
  - If the field reflects an indicator of “no,” protective supervision is not assessed and authorized.
- Protective Supervision Proration: Located on the Create/Modify Household Member screen, this field is manually triggered and identifies if the case should be included in the companion case protective supervision proration calculation.
  - Unless the case is served by a different provider than the other cases in the companion case collection, the field should be set to “yes.” By selecting “yes,” the system includes the authorized hours from the companion case into the calculation of protective supervision for the current case.
  - If the case is served by a different provider than the other cases in the companion case collection, the field should be set to “no.” By selecting “no,” the system will not include the authorized hours from the companion case into the calculation of protective supervision for the current case.

General Guidelines

- Companion cases reside in the same household.
- A case for any new applicant(s) who will be part of the companion case collection must be created first. This allows the user to create evidence and link the new applicant case to the existing case.
- In any instance when a companion case is added, all cases in the companion case collection will require a change assessment to adjust proration of service hours as applicable and/or to link the cases together.
- When working with companion cases, *always authorize the cases that **do not** have protective supervision first* (existing or new).

Linking a New Case to a New Case

This example assumes both recipients receive services from one provider. It is very important to follow the steps below to ensure that companion cases with protective supervision are calculated correctly.

1. Before linking cases as companion cases, for each case, add initial evidence:
    a. Add household evidence, but do not yet add companion case household members.
    b. Add service evidence without proration (because cases are not yet linked as companion cases, the user will not be able to prorate service tasks).

       Note: If there are other non-IHSS household members, the user may add and prorate services for those non-IHSS household members.
    c. Add remaining evidence (program and share of cost, if applicable).
    d. Run Check Eligibility. Do NOT Submit for Approval.

   After Check Eligibility has been run for each case, the system will set the indicator of “yes” in the Protective Supervision Status field for those cases with protective supervision authorized or the indicator of “no” for those cases which do not have protective supervision authorized.
2. Go back into the assessment for each case and – in household evidence – link each case together as a household member.

   On the Create/Modify Household Member screen, select the Protective Supervision Proration to “Yes”.
3. Modify service evidence for services that need the proration applied.
4. When all cases are added to one another as companion cases and all services are appropriately prorated, rerun Check Eligibility. Always run Check Eligibility to the non-protective supervision case before the other companion cases. Verify that protective supervision proration was applied to each of the cases with protective supervision.

   Note: When entering the Eligibility Date on the Check Eligibility screen the user should enter the same date as the Authorization Start Date on the Program Evidence screen. If the authorization begins with a prorated month and a user wants to check the outcome for a “whole month,” enter the first day of the calendar month following the prorated month in the Eligibility Date field and then click Check Eligibility. The result will be the authorization for a month.
5. Submit each case for approval in the following order to correctly calculate protective supervision:
    a. Authorize the case(s) in the companion case collection that does NOT have protective supervision.
    b. Then authorize the case(s) with protective supervision.

Linking New Cases to Existing Cases

This example assumes all recipients receive services from one provider. If a user is linking cases, and one of the cases is already active, the new case should be addressed first and a change assessment will need to be executed on the active case. These steps should be followed:

1. On the new case(s), add initial evidence:
    a. Add household evidence.
        i. Select the existing case(s) as a companion case.
        ii. On the Create/Modify Household Member screen, select the Protective Supervision Proration to “Yes.”
    b. Add service evidence.
        i. Prorate services as required.
    c. Add remaining evidence (program and share of cost, if applicable).
    d. Run Check Eligibility. Do NOT Submit for Approval.
2. On the existing case(s), create a new assessment.
    a. Add household evidence.
        i. Select the new case(s) as a companion case.
        ii. On the Create/Modify Household Member screen, select the Protective Supervision Proration to “Yes.”
    b. Add service evidence.
        i. Prorate services as required.
    c. Add remaining evidence (program and share of cost, if applicable).
    d. Run Check Eligibility. Do NOT Submit for Approval.
3. Submit each case for approval in the following order to correctly calculate protective supervision:
    a. Authorize the case(s) in the companion case collection that does NOT have protective supervision.
    b. Then authorize the case(s) with protective supervision.

Linking Existing Cases to Existing Cases

This example assumes all recipients receive services from the same provider. If a user is linking cases, and both cases are active, the non-protective supervision case should be addressed first.

1. On the existing non-protective supervision case(s), create a new assessment.
    a. Add household evidence.
        i. Select the existing case(s) as a companion case.
        ii. On the Create/Modify Household Member screen, select the Protective Supervision Proration to “Yes”.
    b. Add service evidence.
        i. Prorate services as required.
    c. Add remaining evidence (program and share of cost, if applicable).
    d. Run Check Eligibility. Do NOT Submit for Approval.
2. On the existing protective supervision case(s), create a new assessment following the same steps in 1a-1d.
3. Submit each case for approval in the following order to correctly calculate protective supervision:
    a. Authorize the case(s) in the companion case collection that does NOT have protective supervision.
    b. Then authorize the case(s) with protective supervision.

Subsequent Assessments

Any time a case in the companion case collection has a new assessment that results in a change in hours, the increase or decrease in hours will affect cases in the companion case collection and may affect the protective supervision calculation. As a result, the user must also process a change assessment against all cases in the companion case collection.

Leave or Termination

If one of the cases in a companion case collection is placed on leave, the county must evaluate the circumstances to determine if a change assessment is required for the other cases in the companion case collection.

If one of the cases in a companion case collection is terminated, the county must determine the appropriate change assessments for each of the cases in the companion case collection as appropriate.

Note: The user should remember that the Authorization Start Date for these assessments must meet the notification requirements of the IHSS program.

Notice of Action (NOA)

Notices of Action (NOA) are the communications associated with the Final Determination topic area. The “action required” specifies only the field(s) necessary to trigger the associated NOA message. Any NOA Code highlighted in gray will be a manual NOA.

For details on navigation or screens, refer to the appropriate chapters of the User’s Manual.

The following legend identifies the meaning of the NOA code prefix.

Code	Definition
AA	Approval
AP	Advance Pay
AR	Alternate Resource
AS	Additional Assistance
DN	Denial
FR	Recipient Fingerprint
FS	Funding Source
HR	Hours Change
LV	Leave
MS	Mode of Service
OT	One-Time Service
PM	Paramedical Service
PS	Protective Supervision
RH	Reduced Hours
RM	Restaurant Meals Allowance
RS	Refused Services
SC	Share of Cost
SH	State Hearing
SP	Spouse
TR	Termination
UN	Unmet Need
VS	Voluntary Services

Notice of Action Text and Action Required

NOA Code	Title	Message Text	Action Required
AA01	Provisional - Pending Disability/ Blindness/ Medi-Cal Eligibility Determination	As of MMDDYYYY, you can get In-Home Supportive Services temporarily while it is being determined if you are disabled and /or blind (MPP 30-759.3) and/or eligible for Medi-Cal (W&IC 14132.951(d)(1) & (2)). If you are determined to be disabled or blind and that you need ongoing services, you will continue to get IHSS as long as you are otherwise eligible. If it is determined you are not disabled or blind your services will stop and you may have to pay back any money we paid for services you received. If you are determined eligible for Medi-Cal, you will receive a notice from Medi-cal and you will get IHSS under the PCSP or IPO program. If you are not eligible for Medi-Cal, you may be able get IHSS under the IHSS Residual program. You will get another Notice of Action telling you about your final IHSS eligibility.	• Create assessment type: initial, change, ICT • Update program evidence, check the Presumptive Eligibility box Note: • 1st Date (MMDDYYYY) = authorization start date
AA02	Final Approval of Prior Provisional Approval	You have been getting In-Home Supportive Services (IHSS) on a temporary basis. You have now been determined disabled or blind. If you meet all of the other eligibility criteria, you will continue to get IHSS through the following program: system select one of the following Funding Program: *IHSS Plus Option (IPO) Program (W&IC 14132.952)* *Personal Care Services Program (PCSP) (MPP 30-780)* *In-Home Supportive Services-Residual (IHSS-R) Program (MPP 30-755.1)*	• Create assessment type: change, reassessment • Update program evidence, uncheck the presumptive eligibility box
AA03	Application Previously Denied in Error	On MMDDYYYY, we sent you a Notice of Action telling you that you could not get In-Home Supportive Services (IHSS). That Notice was sent in error. Your application date of MMDDYYYY, will be restored and you will be contacted by a County Social Worker.	• From Case Home, click hyperlink: rescind • Update Rescind Case screen, select appropriate reason code • Create assessment type: initial • Complete remaining evidence Note: • 1st Date = date last denial NOA generated • 2nd Date = IHSS application date

NOA Code	Title	Message Text	Action Required
AP01	Advance Payment	As requested you will receive payment in advance for you IHSS Service as of MMDDYYYY. (MPP 30-769.731) After receiving IHSS services for a year, you may request your advance payment be made by direct deposit to your bank account. To request direct deposit contact the IHSS direct deposit help desk at *[HP Help Desk Phone Number].*	• Create assessment type: initial, change, reassessment, ICT • Update program evidence, check the advance pay box and select the advance pay rate Note: • 1st Date = authorization start date
AP02	Advance Payment Qualified	Because you meet the program rules that define severely impaired as a combined total of 20 hours per week of Personal Care, Paramedical and Meal Preparation and Clean-up services, you may request advance payment for your IHSS Services by contacting your social worker. (MPP 30-769.731)	• NOA message will generate automatically for cases without advance pay and has a change in impairment level from: NSI to SI
AP03	Advance Payment – Termination – No longer qualify	As of MMDDYYYY you can no longer get advance payment for the value of your IHSS services. Here's why: You are no longer severely impaired based on program rules of a combined total of 20 per week of Personal Care, Paramedical and Meal Preparation and Clean-up. (MPP 30-769.731) Your provider will not get paid by the IHSS Program unless they submit timesheets twice per month reporting their time worked. If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled.	• Create assessment type: change, reassessment, ICT • Update program evidence, uncheck the advance pay box • Update service evidence ensuring the impairment level is changed from: SI to NSI Note: • 1st Date = authorization start date
AP04	Advance Payment Termination – Recipient Request	As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here's why: You asked to have the payment cancelled. Your provider will need to turn in timesheets approved by you twice a month in order to get paid for the work they do for you. If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. (MPP 30-769.731)	• Create assessment type: change, reassessment, ICT • Update program evidence, uncheck the advance pay box, enter authorization start as the 1st of a future month and select manual NOA code: AP04 • (Optional) Update service evidence ensuring the impairment level remains: SI Note: • 1st Date = authorization start date

NOA Code	Title	Message Text	Action Required
AP05	Advance Payment – Termination- Reconciling timesheets not submitted in 90 days	As of MMDDYYYY your advance payment status will be cancelled. Here's why: Timesheets totaling the amount of hours used to calculate your advance payment have not been received in the 90 days since the advance payment was issued to you. (MPP 30-767.133(b)) Now your provider will be paid in arrears. They must submit timesheets that have been approved by you, at the end of each pay period in order to get paid. If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled.	• Create assessment type: change, reassessment, ICT • Update program evidence, uncheck the advance pay box, enter authorization start as the 1st of a future month and select manual NOA code: AP05 Note: • 1st Date = authorization start date
AP06	Advance Payment – Termination- Did not pay provider timely	As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here's why: You did not pay your provider on time. When you receive advance payment you must pay your provider(s) in a timely manner. (MPP 30-767.133 (c)) If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled.	• Create assessment type: change, reassessment, ICT • Update program evidence, uncheck the advance pay box, enter authorization start as the 1st of a future month and select manual NOA code: AP06 Note: • 1st Date = authorization start date
AP07	Advance Payment – Termination- Incorrect use of payment	As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here's why: You used your payment for something other than authorized services. When you receive advance payment, you cannot use your payment for anything other than authorized services. (MPP 30-767.133 (a)) If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled.	• Create assessment type: change, reassessment, ICT • Update program evidence, uncheck the advance pay box, enter authorization start as the 1st of a future month and select manual NOA code: AP07 Note: • 1st Date = authorization start date
AR01	Auth to Purchase – Alternative Resource decreased hours	As of MMDDYYYY, the hours of IHSS you get are increased. Here's why: You told us that some or all of the following services are no longer being provided to you through an Alternative Resource: (MPP 30-763.6) List all services that apply.	• Create assessment type: change, reassessment, ICT • Update service evidence, decrease or delete existing time for alternative resource for the service type(s) Note: • 1st Date = authorization start date

NOA Code	Title	Message Text	Action Required
AR02	Alternative Resource – First Authorization that recipient receiving services from Alternative Resource	The hours of IHSS you get are decreased. Here's why: You told us that some or all of each of the following services are being provided to you by an alternative resource at no cost to you: List all services which apply: If you stop receiving these services through this alternative resource please contact your social worker. (MPP 30-763.6)	• Create assessment type: initial, change, reassessment, ICT • Update service evidence, enter initial time for alternative resource for the service type(s)
AR03	Auth to Purchase – Alternative Resource increased hours	As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why: You told us that additional amounts of each of the following services are now being provided to you through an Alternative Resource: (MPP 30-763.6) List all services which apply:	• Create assessment type: initial, change, reassessment, ICT • Update service evidence, increase existing time for alternative resource for the service type(s) Note: • 1st Date = authorization start date
AS01	Request for additional assistance	You requested additional assistance. In an assessment done on MMDDYYYY, your social worker found that your current ## hours and ## minutes meet your needs with no substantial risk to your safety. (MPP 30-761.2)	• Create assessment type: initial, change, reassessment, ICT • Update program evidence, select manual NOA code: AS01 Note: • 1st Date = authorization start date
DN01	Denial – SSI Board & Care Rate	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You live in a relative's home and you get the board and care rate in your payment from Social Security. (MPP 30-701(o)(2), MPP 30-755.1, MPP 46-140.11(b)]	• From Modify Person screen, select meets residency requirements code: living in home of relative receiving board & care rate • Create assessment type: initial • Complete only program evidence
DN02	Denial – Citizenship	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You are an alien not lawfully admitted for permanent residence in the U.S. (MPP 30-770.4)	• From the View Medi-Cal Eligibility screen, verify alien status field reflects: U • Create assessment type: initial • Complete only program evidence

NOA Code	Title	Message Text	Action Required
DN03	Denial – Non-California Residency	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You do not have State of California residency. (MPP 30-774.4)	• From Modify Person screen, select meets residency requirements code: living in another state • Create assessment type: initial • Complete only program evidence
DN04	Denial – Not in own home	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You do not live in your own home. (MPP 30-701(o)(2), MPP 30-755.1)	• From Modify Person screen, select meets residency requirements code: not living in own home • Create assessment type: initial • Complete only program evidence
DN05	Denial – Whereabouts unknown	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You have not told the county where you are currently living. (MPP 30-701(o)(2), MPP 30-755.21, MPP 30-760.1)	• From Modify Person screen, select meets residency requirements code: whereabouts unknown. • Create assessment type: initial • Complete only program evidence
DN06	Denial-Residing in a hospital	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You are in a hospital and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	• Create assessment type: initial • Update only program evidence, select manual NOA code: DN06
DN07	Denial-Residing in an intermediate care facility	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You are in an intermediate care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	• Create assessment type: initial • Update only program evidence, select manual NOA code: DN07
DN08	Denial-Residing in a SNF	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You are in a skilled nursing facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	• Create assessment type: initial • Update only program evidence, select manual NOA code: DN08
DN09	Denial-Residing in a CCF	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You are in a community care facility and have no plan for returning home. (MPP 30-701(o), MPP 30-755.1)	• Create assessment type: initial • Update only program evidence, select manual NOA code: DN09

NOA Code	Title	Message Text	Action Required
DN10	Denial – Not 65, Blind or Disabled	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You are not 65 or older, blind, or disabled. (MPP 30-771.25)	• Create assessment type: initial • Update only program evidence, select IHSS AID Code: not aged, blind or disabled
DN11	Refuse to Pay Share of Cost	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: Your application was assessed under the IHSS Residual program and you told us that you would not pay your IHSS Share of Cost. (MPP 30-755.233(d))	• Applicable to FFP code: IHSS-R • Create assessment type: initial • Update only program evidence screen, select manual NOA code: DN11
DN12	Denial – No Assessed Need	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You do not need any services to safely stay in your home. (MPP 30-761)	• Create assessment type: initial • Update Modify Functional Ranks screen, select rank "2" or below for all service types ensuring assessed hours are zero (0)
DN13	Denial – Share of Cost Exceeds Need – IHSS-R	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: Your application was assessed under the IHSS Residual program, and Your IHSS Share of Cost is more than the cost of your IHSS services. The Share of Cost is the amount you must pay from your own pocket toward your services. Your Share of Cost is $####.##. Your IHSS service cost is $####.## (W&IC 12304.5) See the attached "share of cost" page for information on how your share of cost was calculated. (W&IC 12304.5)	• Applicable to authorization FFP code: IHSS-R • Create assessment type: initial • Add share of cost evidence along with all other evidence Note: • 1st $####.## = current IHSS share of cost • 2nd $####.## = IHSS compare cost
DN14	Denial – Need met through Alternate Resources/ Voluntary Services / Refused Services	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: All of your Individual Assessed Needs are being met through Alternative Resources, Voluntary Services or you have Refused Services. (MPP 30-763.6, MPP 30-009.213) (System display list of services)	• Create assessment type: initial • Update service evidence, authorize time for the service type(s). • Then, authorize the same amount time for alternative resources, voluntary services, or refused services associated with the same service type(s).

NOA Code	Title	Message Text	Action Required
DN15	Denial – Death	To the estate of RECIPIENT FULL NAME. The County has been notified of MMDDYYYY as the date of death of RECIPIENT FULL NAME; therefore the application for IHSS services has been denied.	• From Modify Person screen, complete fields: reported date of death date of death death notification source • Create assessment type: initial • Update only program evidence, select manual NOA code: DN15 Note: • 1st Date = person date of death
DN16	Denial – Did not provide adequate information	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You did not tell us enough information to determine if you can get services. (MPP 30-760.1)	• Create assessment type: initial • Update only program evidence, select manual NOA code: DN16
DN17	Denial - Non-Compliance with Medi-Cal Eligibility	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: The IHSS program has been informed that you did not provide Medi-Cal with the required information to complete a Medi-Cal eligibility determination which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information.	• Create assessment type: initial • Update only program evidence, select manual NOA code: DN17 • If there is no Medi-Cal eligibility record, bypass the Medi-Cal eligibility error message and let the denial process
DN18	Application Withdrawn – Recipient Request	On MMDDYYYY, you asked to withdraw your application for In-Home Supportive Services (IHSS). If you change your mind you can submit a new application. (MPP 30-009.213)	• From Case Home, select hyperlink: withdraw • Enter the withdrawal date and select reason code: recipient request Note: • 1st Date = case status start date
DN19	Denial– IHSS- R Excess Resource	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You cannot get IHSS because you have more personal/real property than allowed under SSI/SSP rules. (MPP 30-773)	• Applicable to authorization FFP code: IHSS-R • Create assessment type: initial • Update only program evidence, select manual NOA code: DN19

NOA Code	Title	Message Text	Action Required
DN20	Application Denied – Invalid SSN	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: The Social Security Number you provided was invalid.	• Applicable to case status: pending • Create assessment type: initial • Update only program evidence, select manual NOA code: suspect SSN
DN21	Application Denied – Duplicate SSN	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: The Social Security Number you provided has been determined to belong to someone else.	• Applicable to case status: pending • Create assessment type: initial • Update only program evidence, select manual NOA code: duplicate SSN
DN22	Denial – Medical Certification	You did not provide the county with a medical certification as required to authorize services. (WIC 12309.1)	• Create assessment type: initial • Update only program evidence, select medical certification reason code: pending Note: Any case with an assessment type of initial and a medical certification reason of pending will be denied.
FR01	Fingerprint Exemption "Refused" on Initial Assessment	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You refused to provide your fingerprint for purposes of verifying your identity which is a requirement of the IHSS program (W&IC 12305.73 (a)).	• From Modify Person screen, select fingerprint exemption code: refused • Create assessment type: initial • Complete only program evidence. Authorization start date must be on or after 04/01/10.
FR02	Fingerprint Exemption "Refused" on Assessment other than Initial Assessment	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You refused to provide your fingerprint for purposes of verifying your identity which is a requirement of the IHSS program (W&IC 12305.73 (a)).	• From Modify Person screen, select fingerprint exemption code: refused • Create assessment type: change, reassessment, ICT or state hearing • Complete only program evidence. Authorization start date must be on or after 04/01/10. Note: • 1st Date = authorization start date

NOA Code	Title	Message Text	Action Required
FS01	Funding Source Approval	As of MMDDYYYY, you are approved for In-Home Supportive Services through the following program: system select one of the following Funding Programs: IHSS Plus Option (IPO) Program (W&IC 14132.952) Personal Care Services Program (PCSP) (MPP 30-780) ☐ In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1)	• Create assessment type: initial • NOA message will generate automatically for new cases Note: • 1st Date = authorization start date
FS02	Transfer to new Program	As of MMDDYYYY, you will no longer get In-Home Supportive Services through the system select one of the following: IHSS Plus Option (IPO) Program (W&IC 14132.952) Personal Care Services Program (PCSP) (MPP 30-780) In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) You will now get IHSS through the system select one of the following: IHSS Plus Option (IPO) Program (W&IC 14132.952) Personal Care Services Program (PCSP) (MPP 30-780) ☐ In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1)	• Create assessment type: change, reassessment, ICT, funding source update • NOA message will generate automatically for cases with a change in FFP code Note: • 1st Date = authorization start date
FS03	Reason for Transfer from PCSP to IPO	You will get services from the IPO Program because you: system select all of the following that apply: Get advance payments Get Restaurant meal allowance Get services from your spouse You are a child under the age of 18 and get services from your parent. (MPP 30-785)	• Create assessment type: change, reassessment, ICT, funding source update • NOA message will generate automatically for cases with the following change. FFP code: Yes Funding source: PCSP to IPO

NOA Code	Title	Message Text	Action Required
FS04	Reason for Transfer from IPO to PCSP	You will get services from the PCSP Program because you: system select all of the following that apply: No longer get advance payments No longer get Restaurant meal allowance No longer get services from your spouse No longer are a child under the age of 18 and you getting services from your parent. (MPP 30-780, MPP 30-785)	• Create assessment type: change, reassessment, ICT, funding source update • NOA message will generate automatically for cases with the following change. FFP code: Yes Funding source: IPO to PCSP
FS05	Reason for Transfer from PCSP/IPO to IHSS-R	You will get services from the IHSS-R Program because you: No longer receive Medi-Cal with federal financial Participation (FFP) (W&IC 14132.951)	• Create assessment type: change, reassessment, ICT, funding source update • NOA message will generate automatically for cases with the following change. FFP code: Yes to No Funding source: PCSP/IP0 to IHSS-R
FS06	Reason for Transfer from IHSS-R to PCSP	You will get services from the PCSP Program because you: Now receive Medi-Cal with Federal Financial Participation (FFP) (W&IC 14132.951)	• Create assessment type: change, reassessment, ICT, funding source update • NOA message will generate automatically for cases with the following change. FFP code: No to Yes Funding source: IHSS-R to PCSP

NOA Code	Title	Message Text	Action Required
FS07	Reason for Transfer from IHSS-R to IPO	You will get services from the IPO Program because you: Now receive Medi-Cal with federal financial Participation (FFP) and system select all of the following that apply: Get advance payments Get Restaurant meal allowance Get services from your spouse ☐ You are a child under the age of 18 and get services from your parent. (MPP 30-785)	• Create assessment type: change, reassessment, ICT, funding source update • NOA message will generate automatically for cases with the following change. Funding source: IHSS-R to IPO FFP code: No to Yes
FS08	Service Hours increase due to funding source change	Your hours of service are increased. Here's why: You now receive your services from the PCSP program. If you go back to IPO or IHSS-R program your services may be decreased.(W&IC 14132.95(g))	• Create assessment type: change, reassessment, ICT, funding source update • NOA message will generate automatically for cases with the following change. Funding source: IPO/IHSS-R to PCSP Impairment level: NSI to SI
FS09	Service Hours decrease due to funding source = IHSS-R	Your hours of service are decreased. Here's why: You are no longer eligible for the PCSP program. The IHSS-R program maximum hours for non-severely impaired is 195 hours a month. (MPP 30-765; W&IC 12303.4(a)(1) & (2), 12303.4(b)(1) &(2))	• Create assessment type: change, reassessment, ICT, funding source update • NOA message will generate automatically for cases with the following change. FFP code: Yes to No Funding source: PCSP to IHSS-R Impairment level: NSI to NSI

NOA Code	Title	Message Text	Action Required
FS10	Service Hours decrease due to funding source = IPO	Your hours of service are decreased. Here's why: You are no longer eligible for the PCSP program. The IPO program maximum hours for non-severely impaired is 195 hours a month. (W&IC 14132.952)	• Create assessment type: change, reassessment, ICT, funding source update • NOA message will generate automatically for cases with the following change. FFP code: Yes Funding source: PCSP to IPO parent provider spouse provider restaurant meals allowance advance pay Impairment level: NSI to NSI
FS11	Service Hours unchanged funding source = IPO to PCSP	As of MMDDYYYY, your eligibility will change from the IPO program to the PCSP program. The PCSP maximum hours allowed are 283. (W&IC 14132.95)	• Create assessment type: change, reassessment, ICT, funding source update • NOA message will generate automatically for cases with the following change. FFP code: Yes Funding source: IPO to PCSP parent provider spouse provider restaurant meals allowance advance pay Note: • 1st Date = authorization start date

NOA Code	Title	Message Text	Action Required
FS12	Service Hours unchanged funding source = IHSS-R to PCSP	As of MMDDYYYY, your eligibility will change from the IHSS-R program to the PCSP program. The PCSP maximum hours allowed are 283. (W&IC 14132.95)	• Create assessment type: change, reassessment, ICT, funding source update • NOA message will generate automatically for cases with the following change. FFP code: No to Yes Funding Source: IHSS-R to PCSP Note: • 1st Date = authorization start date
HR01	Auth to Purchase No Change	On MMDDYYYY a reassessment of your needs was done. There has been no change to your previous authorization of hours. (MPP 30-761.2)	• Create assessment type: change, reassessment, ICT, state hearing • Update only the program evidence Note: • 1st Date = authorization start date
HR02	Auth to Purchase No Change – Change to some Service Types	On MMDDYYYY a reassessment of your needs was done. There has been a change to authorized hours for some service types which is detailed in other messages. There has been no change to your previous total monthly authorization of hours. (MPP 30-761.2)	• Create assessment type: change, reassessment, ICT • Update service evidence, adjust some service types ensuring no change is made to the total authorized to purchase time Note: • 1st Date = authorization start date
HR03	Assessed Hours increase	As of MMDDYYYY, the hours of IHSS you get are increased. Here's why: The reassessment of your needs done on MMDDYYYY found that your condition has changed and/or that you now need additional assistance in the these areas: (MPP 30-756, MPP 30-757, MPP 30-761, MPP 30-763) List all services which apply:	• Create assessment type: change, reassessment, ICT • Update service evidence, increase the assessed need for the service type(s) Note: • 1st Date = authorization start date • 2nd Date = home visit date

NOA Code	Title	Message Text	Action Required
HR04	Assessed Hours decrease	As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why: The reassessment of your needs done on MMDDYYYY found that your condition has changed and/or that you now need less assistance in the these areas: (MPP 30-756, MPP 30-757, MPP 30-761, MPP 30-763) List all services which apply:	• Create assessment type: change, reassessment, ICT • Update service evidence, decrease the assessed need for the service type(s) Note: • 1st Date = authorization start date • 2nd Date = home visit date

LM01	Legislative Mandate	As a result of a new state law your total monthly authorized hours of HHH:MM have been reduced by 3.6% to HHH:MM (W&IC 12301.06)
		
		Your total authorized hours will be reduced by 3.6%. Here's why:
		A new state law, Section 12301.06 of the Welfare and Institution Code, requires the California Department of Social Services to reduce every IHSS recipients total authorized hours by 3.6% effective February 1, 2011. For those recipients who have a documented unmet need, excluding protective supervision, the 3.6% reduction will be taken first from the documented unmet need.
		The new law allows you to choose how this reduction to your total authorized hours is applied toward each of your personal care services authorized on the front of the Notice of Action.
		The 3.6% reduction will remain in effect and be applied to each of your reassessments until June 30, 2012. On July 1, 2012 your authorized service hours will be restored to your full authorized level, based on your most recent assessment.
		Your hearing rights are included on the back of your notice of action. However there is no right to a state appeal when the only issue is a state law requiring an adjustment in service hours.
		If you do not understand or have questions regarding this notice please contact your county IHSS office.
			• NOA message will generate automatically for cases with the following criteria:
			  • authorization start date is equal to or greater than 2/1/2011 and
			  • authorization end date is equal to or less than 6/30/2010
			
			Note:
			• 1st HHH:MM = total authorization to purchase before LMA
			• 2nd HHH:MM = authorization to purchase after LMA

NOA Code	Title	Message Text	Action Required
LV01	Not Currently Residing in Own Home – Temporarily Hospitalized	As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why: You are hospitalized. (MPP 30-701(o)(2), MPP 30-755.1) You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.	• From Case Home, select the hyperlink: leave • Enter the authorization end date and reason code: temporarily in hospital Note: • 1st Date = case status start date
LV02	Not Currently Residing in Own Home – Temporarily in SNF	As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why: You are staying in a skilled nursing facility. (MPP 30-701(o)(2), MPP 30-755.1) You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.	• From Case Home, select the hyperlink: leave • Enter the authorization end date and reason code: temporarily in SNF Note: • 1st Date = case status start date
LV03	Not Currently Residing in Own Home – Temporarily in ICF	As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why: You are staying in an intermediate care facility. (MPP 30-701(o)(2), MPP 30-755.1) You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.	• From Case Home, select the hyperlink: leave • Enter the authorization end date and reason code: temporarily in ICF Note: • 1st Date = case status start date
LV04	Not Currently Residing in Own Home – Temporarily in CCF	As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why: You are staying in a community care facility. (MPP 30-701(o)(2), MPP 30-755.1) You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.	• From Case Home, select the hyperlink: leave • Enter the authorization end date and reason code: temporarily in CCF Note: • 1st Date = case status start date

NOA Code	Title	Message Text	Action Required
LV05	Resources Disposed of for Less Than Fair Market Value	As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why: You sold, donated, transferred or otherwise disposed of your property and/or other resources for less than it was worth (fair market value). You cannot get IHSS for the period MMDDYYYY through MMDDYYYY. (MPP 30-773)	• From Case Home, select the hyperlink: leave • Enter the authorization end date and reason code: undervalue disposal of resources Note: • 1st Date =case status start date • 2nd Date =case status start date • 3rd Date =resource suspension end date
LV06	Out of State for More Than 6 Months	As of MMDDYYYY, your IHSS eligibility will be suspended and you can no longer get In-Home Supportive Services (IHSS) because you will have been out of state for longer than six months. You cannot get IHSS until you return to California and a reassessment of your needs has been completed. (MPP 30-770.45)	• From Case Home, select the hyperlink: leave • Enter the authorization end date and reason code: temporarily out of state over 6 months Note: • 1st Date =case status start date
MS01	Mode of Service –County Contract	You will be receiving all or some of your IHSS services through the county contract service agency. You will be contacted by the service agency to schedule the days that services will be provided. (MPP 30-767)	• Create assessment type: initial, change, reassessment, ICT • Update program evidence, select mode of service: county contractor
MS02	Mode of Service- County Homemaker	All or some of your IHSS services will be provided by a county homemaker. You will be contacted by the county homemaker to schedule the days that services will be provided. (MPP 30-767)	• Create assessment type: initial, change, reassessment, ICT • Update program evidence, select mode of service: homemaker
MS03	Mode of Service- Individual Provider	All or some of your IHSS services will be provided by a person selected by you. Please contact the county IHSS office when you select a provider(s). (MPP 30-767)	• Create assessment type: initial, change, reassessment, ICT • Update program evidence, select mode of service: individual provider

NOA Code	Title	Message Text	Action Required
OT01	Heavy Cleaning (1 month)	Beginning MMDDYYYY you get ### hours and ## minutes of heavy cleaning services for one month because a recent assessment showed that your home needs thorough cleaning to remove excessive debris or dirt which is a hazard to your safety, or because you are at risk of eviction for failing to prepare your home for necessary pest control treatment. These hours are allowed for one month only. (MPP 30-757.12)	• Create assessment type: initial, change, reassessment, ICT • Update service evidence, add hours for service type: heavy cleaning Note: • 1st Date = authorization start date • ### hours, ##minutes = authorized to purchase time for heavy cleaning
OT02	Yard Hazard Abatement (1 month)	Beginning MMDDYYYY you get ### hours and ## minutes for yard hazard abatement for one month because these substances pose a fire/safety hazard. These hours are allowed for one month only. (MPP 30-757.161)	• Create assessment type: initial, change, reassessment, ICT • Update service evidence, add hours for service type: yard hazard abatement Note: • 1st Date = authorization start date • ### hours, ##minutes = authorized to purchase time for yard hazard abatement
OT03	Ice and Snow Removal	As of MMDDYYYY, you can get ### hours, ## minutes for removal of ice and snow from entrances and walkways around your home where they pose a hazard to your safety. Ice and snow removal are available only for a limited time and only during icy and snowy weather. (MPP 30-757.162)	• Create assessment type: initial, change, reassessment, ICT • Update service evidence, add hours for service type: removal of snow, ice Note: A manual task could be created as a reminder to remove this service. Note: • 1st Date = authorization start date • ### hours, ##minutes = authorization to purchase time for removal of snow, ice

NOA Code	Title	Message Text	Action Required
OT04	Teaching & Demonstration (3 month)	As of MMDDYYYY you get ### hours and ## minutes of teaching and demonstration services for _ months. The following month, your hours will be decreased to ### hours and ## minutes.	• Create assessment type: initial, change, reassessment, ICT • Update service evidence, add hours for teaching & demonstration • Complete the number of months field for teaching & demonstration Note: • 1st Date = authorization start date • _ months = number of months authorized for this service type • ### hours, ##minutes = authorized to purchase time for teaching and demonstration
PM01	Denial – Paramedical Services	You cannot get paramedical services. (MPP 30-757.19)	• Create assessment type: initial, change, reassessment, ICT • Update program evidence, select manual NOA code: PM01
PM02	Paramedical	We are unable to make a determination on your request for paramedical services at this time because we have not received enough information to complete the assessment of your need to paramedical services. (MPP 30-757.196 & .197)	• Create assessment type: initial, change, reassessment, ICT • Update service evidence, complete only the paramedical services form sent date
PM03	Paramedical – Additional Hours	We are unable to make a determination on your request for additional paramedical services at this time because we have not received enough information to complete the assessment of your need for paramedical services. (MPP 30-757.196 & .197)	• Create assessment type: change, reassessment, ICT • Update service evidence • Keep previous paramedical services form sent Date • Keep previous paramedical services form received date • Check the pending receipt of additional information box

NOA Code	Title	Message Text	Action Required
PR01	Services Proration	Because you share living arrangements with another person(s), your authorized hours for the following Services have been prorated by the amount shown in the Adjustment column on the front page of this NOA: System list prorated services: This means that these tasks are being performed for other persons in the household so the time it takes to perform these tasks has been divided among each person, and you receive only your share of this time. If your provider is performing a task for you alone, there has been no proration of time. (MPP 30-763)	• Create assessment type: initial change, reassessment, ICT, funding source update • Update household evidence, add household members • Update service evidence, add proration to the applicable service types
PR02	Mid-Month Begin date	For the period MMDDYYYY through MMDDYYYY, your authorized service hours have been prorated. Your total authorized hours for this period are ### hours, ## minutes. Here's why: Your services begin date is after the 1st of the month. Beginning next month you will receive your full authorization of ### hours, ## minutes. The attached form shows the monthly number of hours you have been approved to receive for each service.	• Applicable to case status: pending or leave • Create assessment type: initial, change, reassessment • Update program evidence, enter the authorization start date (not the 1st of the month) Note: • 1st Date = case decision from date is other than the 1st day of a month • 2nd Date = case decision to date • 1st ###hours, ##minutes = authorized to purchase • 2nd ###hours, ##minutes = authorized to purchase time for subsequent calendar month

NOA Code	Title	Message Text	Action Required
PR03	Mid-Month End date	For the period MMDDYYYY through MMDDYYYY, your authorized service hours have been prorated. Your total authorized hours for this period are ### hours, ## minutes. Here's why: Your services end date is before the end of the month.	• From Case Home, select hyperlink: terminate or leave • Enter the authorization end date (not the last day of the month) and reason for termination or leave • If placing on leave, enter resource suspension end date when applicable Note: • 1st Date = 1st day of the month the authorization ends • 2nd Date = the last day other than the end of the month for the authorization • ###hours, ##minutes = authorized to purchase
PR04	Death	For the period MMDDYYYY through MMDDYYYY, the authorized service hours for RECIPIENT FULL NAME have been prorated due to their death. The total authorized hours for this period are ### hours, ## minutes.	• From Case Home, select hyperlink: terminate • Enter the authorization end date and reason for termination
PS01	Denial -Protective Supervision – 24 Hours Not Required	You cannot get Protective Supervision Service. Here's why: An assessment of your needs done on MMDDYYYY, found that you do not need 24-hour supervision to ensure your safety. (MPP 30-757.17)	• Create assessment type: initial, change, reassessment, ICT • Update program evidence, select manual NOA code: PS01 Note: • 1st Date = home visit date

NOA Code	Title	Message Text	Action Required
PS02	Denial - Protective Supervision – Other Reason	You cannot get Protective Supervision Service. Here's why: Protective Supervision Service cannot be authorized for friendly visiting or other social activities. MPP 30-757.172 Protective Supervision Service cannot be authorized when the need is caused by a medical condition and the form of the supervision needed is medical. MPP 30-757.172 Protective Supervision Service cannot be authorized in anticipation of a medical emergency. MPP 30-757.172 Protective Supervision Service cannot be authorized to prevent or control a recipient's anti-social or aggressive behavior. MPP 30-757.172 Protective Supervision Service cannot be authorized to guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intends to harm himself/herself. MPP 30-757.172	• Create assessment type: initial, change, reassessment, ICT • Update program evidence, select manual NOA code: PS02 Note: • 1st Date= home visit date
PS03	Protective Supervision	We are unable to make a determination on your request for protective supervision services at this time because we have not received enough information to complete the assessment of your need to protective supervision. (MPP 30-757.173)	• Create assessment type: initial, change, reassessment, ICT • Update service evidence, complete only the protective supervision form sent date box • Check the pending receipt of additional information box for protective supervision
PS04	Approval – Protective Supervision	As of MMDDYYYY, you can get ### hours, ## minutes per week of protective supervision services because a recent assessment showed that you are non-self-directing, confused, mentally impaired or mentally ill and need 24-hour supervision to safeguard you from injury, hazard or accident. During times outside of IHSS authorized protective supervision, supervision must be provided through another agency or person. MPP 30-757.171	• Create assessment type: initial, change, reassessment, ICT • Update service evidence, add protective supervision • NOA message is system triggered based on case information when the assessment is activated Note: • 1st Date = authorization start date • ###hours, ##minutes = authorized to purchase

NOA Code	Title	Message Text	Action Required
PS05	Maximum hours of Protective Supervision	The maximum number of Protective Supervision hours you may receive per month is 195 because you receive your IHSS services through the PCSP program and are determined to be non-severely impaired by the PCSP program rules. (MPP 30-765; MPP 30-780, W&IC 12303.4(a)(1) & (2), 12303.4(b)(1) &(2))	• Create assessment type: initial, change, reassessment, ICT • Update service evidence, add protective supervision • NOA message is system triggered based on case information when the assessment is activated

NOA Code	Title	Message Text	Action Required
RH01	Reduction – No Unmet Need (On-going)	Because of a new state law, your total monthly authorized hours have been reduced by XX percent, from ###:## to ###:##. (W&IC Section 12301.07) Beginning MM/DD/YYYY, the total authorized monthly service hours you get will be reduced by XX percent. Here's why: There is a new state law (Welfare and Institutions Code section 12301.07) that requires the California Department of Social Services to make a XX percent reduction in each IHSS recipient's total authorized monthly service hours. You can decide which of your authorized services will be reduced. You can choose to reduce all of the hours from one authorized service or you can split it up among several different authorized services. Your provider(s) will be informed of the total reduction in your authorized hours by a note on his/her timesheet(s). However, you are responsible for telling your provider(s) which specific service hours you have chosen to reduce. You do not have to tell the county how you have chosen to apply the reduction; this is between you and your provider. If you believe that the XX percent reduction in your authorized service hours puts you at risk of placement in out-of-home care, you can request an IHSS Care Supplement. You must complete the enclosed IHSS Application for Care Supplement (SOC XXX) and return it to the county within 15 days of receiving this notice. The county will review your application and determine whether you are at risk of out-of-home placement. If you request an IHSS Care Supplement within 15 days of receiving this notice, the reduction in your service hours will not go into effect and you will continue to get the same number of authorized service hours you have been getting until the county determines if you are at risk for out-of-home placement. If the county determines that you are at risk for placement in out-of-home care, your service hours may not be reduced at all or they may be reduced less than XX percent. If you do not request an IHSS Care Supplement within 15 days of receiving notice, the reduction in your service hours will go into effect but you can still request the IHSS Care Supplement. If the county determines that you are at risk for placement in out-of-home care, your service hours may be partially or fully restored. The county will send you a notice telling you if your IHSS Care Supplement request has been approved or denied. If you disagree with the county's decision, you can request a state hearing on that decision. Information about your hearing rights is included with this notice. However, requests for a state hearing only to dispute the new state law requiring the XX percent reduction in authorized service hours will be dismissed. If you do not understand the information in this notice or you have any questions, contact your county IHSS office.	• Previous case status = pending, eligible, presumptive eligible or leave • Current case status = eligible, presumptive eligible • And the total auth to purchase after reduced hours is less than the total auth to purchase after LMA hours • And unmet need after LMA is 00:00 Note: • 1st ###:## = total auth to purchase after LMA • 2nd ###:## = total auth to purchase after reduced hours • All MM/DD/YYYY – reduced hours start date • All XX – reduced hours percentage

NOA Code	Title	Message Text	Action Required
RH02	Reduction – Unmet Need (On-going)	Because of a new state law, your total monthly authorized hours of have been reduced by XX percent, from ###:## to ###:##. (W&IC Section 12301.07) You have an unmet need because your most recent assessment showed that you need more hours than the maximum amount allowed by law. Your unmet need hours were considered first when the reduction in authorized hours was calculated. Beginning MM/DD/YYYY, the total authorized monthly service hours you get will be reduced by XX percent. Here's why: There is a new state law (Welfare and Institutions Code section 12301.07) that requires the California Department of Social Services to make a XX percent reduction in each IHSS recipient's total authorized monthly service hours. You can decide which of your authorized services will be reduced. You can choose to reduce all of the hours from one authorized service or you can split it up among several different authorized services. Your provider(s) will be informed of the total reduction in your authorized hours by a note on his/her timesheet(s). However, you are responsible for telling your provider(s) which specific service hours you have chosen to reduce. You do not have to tell the county how you have chosen to apply the reduction; this is between you and your provider. If you believe that the XX percent reduction in your authorized service hours puts you at risk of placement in out-of-home care, you can request an IHSS Care Supplement. You must complete the enclosed IHSS Application for Care Supplement (SOC XXX) and return it to the county within 15 days of receiving this notice. The county will review your application and determine whether you are at risk of out-of-home placement. If you request an IHSS Care Supplement within 15 days of receiving this notice, the reduction in your service hours will not go into effect and you will continue to get the same number of authorized service hours you have been getting until the county determines if you are at risk for out-of-home placement. If the county determines that you are at risk for placement in out-of-home care, your service hours may not be reduced at all or they may be reduced less than XX percent. If you do not request an IHSS Care Supplement within 15 days of receiving notice, the reduction in your service hours will go into effect but you can still request the IHSS Care Supplement. If the county determines that you are at risk for placement in out-of-home care, your service hours may be partially or fully restored. The county will send you a notice telling you if your IHSS Care Supplement request has been approved or denied. If you disagree with the county's decision, you can request a state hearing on that decision. Information about your hearing rights is included with this notice. However, requests for a state hearing only to dispute the new state law requiring the XX percent reduction in authorized service hours will be dismissed. If you do not understand the information in this notice or you have any	• Previous case status = pending, eligible, presumptive eligible or leave • Current case status = eligible, presumptive eligible • And the total auth to purchase after reduced hours is less than the total auth to purchase after LMA hours • And unmet need after LMA is greater than 00:00 Note: • 1st ###:## = total auth to purchase after LMA • 2nd ###:## = total auth to purchase after reduced hours • All MM/DD/YYYY – reduced hours start date • All XX – reduced hours percentage

NOA Code	Title	Message Text	Action Required
RH03	IHSS Care Supplement received timely	Because your request for an IHSS Care Supplement was submitted timely, the proposed reduction in your authorized monthly hours will not take effect. You will continue to get ###:## authorized hours until the county determines if the proposed reduction in hours puts you at risk of placement in out-of-home care.	• Previous case status : eligible, presumptive eligible or leave • Current case status : eligible, presumptive eligible • And the total auth to purchase after reduced hours is equal to the total auth to purchase after LMA hours • Update program evidence screen, select manual NOA code: RH03 Note: • ###:## = total auth to purchase after reduced hours
RH04	IHSS Care Supplement received untimely	Because your request for an IHSS Care Supplement was not submitted timely, the proposed reduction in your authorized monthly hours has taken effect. Your authorized monthly hours have been reduced to ###:##. If the county determines that the reduction in hours puts you at risk of placement in out-of-home care, your authorized hours may be partially or fully restored.	• Previous case status: Eligible, Presumptive Eligible or Leave • Current case status: eligible, presumptive eligible • And the total auth to purchase after reduced hours is less than the total auth to purchase after LMA hours • And the reinstated hours is 00:00 • Update program evidence screen, select manual NOA code: RH04 Note: • ###:## = total auth to purchase after reduced hours
RH05	Timely Care Supplement Approved – No Hours Reduced	The county has approved your request for an IHSS Care Supplement because the proposed reduction in your authorized monthly hours puts you at risk of placement in out-of-home care. Your authorized monthly hours will not be reduced. You will continue to get ###:## authorized monthly hours.	• Previous case status: eligible, presumptive eligible or leave • Current case status: eligible, presumptive eligible • And the total auth to purchase after reduced hours is equal to the total auth to purchase after LMA hours. Update program evidence screen, select manual NOA code: RH05 Note: • ###:## = total auth to purchase after reduced hours

NOA Code	Title	Message Text	Action Required
RH06	Timely Care Supplement Approved – Partial Hours Reduced	The county has approved your request for an IHSS Care Supplement because the proposed reduction in your authorized monthly hours puts you at risk of placement in out-of-home care. Your total monthly authorized hours of have been reduced less than the amount proposed, from ###:## to ###:##.	• Previous case status: pending, eligible, presumptive eligible or leave • Current case status: eligible, presumptive eligible • And the total auth to purchase after reduced hours is less than the total auth to purchase after LMA hours • And the reinstated hours are greater than 00:00 • Update program evidence screen, select manual NOA code: RH06 Note: • 1st ###:## = total auth to purchase after LMA • 2nd ###:## = total auth to purchase after reduced hours
RH07	Timely Care Supplement Denied	The county has denied your request for an IHSS Care Supplement because the proposed reduction in your authorized monthly hours does not put you at risk of placement in out-of-home care. The reduction in your authorized monthly hours will take effect. Your authorized monthly hours will be reduced from ###:## to ###:##.	• Previous case status: eligible, presumptive eligible or leave • Current case status: eligible, presumptive eligible • And the total auth to purchase after reduced hours is less than the total auth to purchase after LMA hours • And the reinstated hours are 00:00 • Update program evidence screen, select manual NOA code: RH07 Note: • 1st ###:## = total auth to purchase after LMA • 2nd ###:## = total auth to purchase after reduced hours

NOA Code	Title	Message Text	Action Required
RH08	Untimely Care Supplement Request Approved – Hours Fully Restored	The county has approved your request for an IHSS Care Supplement because the reduction in your authorized monthly hours puts you at risk of placement in out-of-home care. The authorized monthly hours that were reduced have been fully restored. You will now get ###:## authorized monthly hours.	• Previous case status: eligible, presumptive eligible or leave • Current case status: eligible, presumptive eligible • And the total auth to purchase after reduced hours is equal to the total auth to purchase after LMA hours • And reinstated hours equals reduced hours • Update program evidence screen, select manual NOA code: RH08 Note: • ###:## = total auth to purchase after reduced hours
RH09	Untimely Care Supplement Request Approved – Hours Partially Restored	The county has approved your request for an IHSS Care Supplement because the reduction in your authorized monthly hours puts you at risk of placement in out-of-home care. The authorized monthly hours that were reduced have been partially restored. You will now get ###:## authorized monthly hours.	• Previous case status: eligible, presumptive eligible or leave • Current case status: eligible, presumptive eligible • And the total auth to purchase after reduced hours is less than the total auth to purchase after LMA hours • And the reinstate hours are greater than zero, but not equal to the reduced hours • Update program evidence screen, select manual NOA code: RH09 Note: • ###:## = total auth to purchase after reduced hours

NOA Code	Title	Message Text	Action Required
RH10	Untimely Care Supplement Request Denied	The county has denied your request for an IHSS Care Supplement because the reduction in your authorized monthly hours does not put you at risk of placement in out-of-home care. The reduction in your authorized monthly hours will continue. You will get ###:## authorized monthly hours.	• Previous case status: eligible, presumptive eligible or leave • Current case status: eligible, presumptive eligible • And the total auth to purchase after reduced hours is less than the total auth to purchase after LMA hours • And the reinstated hours are 00:00 • Update program evidence screen, select manual NOA code: RH10 Note: • ###:## = total auth to purchase after reduced hours
RM01	Restaurant Meals Allowance – Approval	Your request for a Restaurant Meal Allowance in place of meal preparation, meal clean-up, and shopping for food services is approved. As of MMDDYYYY, you will receive a Restaurant Meal Allowance of $62.00. If you change your mind, you can ask the county to change back to meal preparation, meal clean-up, and shopping for food services. (MPP 30-757.133)	• Create assessment type: initial, change, reassessment, ICT • From service evidence, add service types: meal prep meal clean-up shopping for food • Update program evidence, check the restaurant meals allowance box Note: • 1st Date = authorization start date

NOA Code	Title	Message Text	Action Required
RM02	Restaurant Meals Allowance Termination – Recipient Request	As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here's why: You asked to have your Restaurant Meal Allowance stopped. You will now get any individual assessed need (hours and minutes) for meal prep, meal clean-up, shopping for food from your previous assessment. If you change your mind, you can ask to have your Restaurant Meal Allowance restored. (MPP 30-757.131 & .132 & .133)	• Create assessment type: change, reassessment, ICT • From service evidence, verify authorization of existing service types: meal prep meal clean-up shopping for food • Update program evidence, uncheck the restaurant meals allowance box Note: • 1st Date = authorization start date
RM03	Restaurant Meals Allowance Termination – No Assessed Need Meal Prep	As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here's why: An assessment showed that you do not have need for meal preparation. You must have a need for meal preparation to be eligible for a Restaurant Meal Allowance. (MPP 30-757.131 & .132 & .133)	• Create assessment type: change, reassessment, ICT • Update service evidence, delete existing service type: meal preparation • Update program evidence, uncheck the restaurant meals allowance box Note: • 1st Date = authorization start date
RM04	Restaurant Meals Allowance Increase Payment Amount	As of MMDDYYYY, your Restaurant Meal Allowance will increase due to an increase to the State Maximum payment. (MPP 30-757.133)	• This message will only be generated when the restaurant meal allowance table is changed from $62.00 as directed by the State.
RM05	Restaurant Meals Allowance – Not qualified	Your request for a Restaurant Meal Allowance in place of meal preparation, meal clean-up, and shopping for food services is denied. You are not eligible to receive a Restaurant Meal Allowance because you must have a need for meal preparation. (MPP 30-757.131 & .132 & .133)	• Create assessment type: initial, change, reassessment, ICT • Update program evidence, select manual NOA code: RM05

NOA Code	Title	Message Text	Action Required
RM06	Deny – Restaurant Meal Allowance	Your request for Restaurant Meal Allowance is denied. Here's why: You are not eligible to receive Restaurant Meal Allowance because you do not have adequate cooking facilities at home. Ask your social worker for a referral to Social Security for evaluation of your eligibility for a Restaurant Meal Allowance through Supplemental Security Payment. (MPP 30-757.133 (a)(3)	• Create assessment type: initial, change, reassessment, ICT • Update household evidence, uncheck the stove box. • Update program evidence, select manual NOA code: RM06
RM07	Termination – Restaurant Meals Allowance – Receiving SSP payment	As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here's why: You are getting a meal allowance as part of your Supplemental Security Payment. (MPP 30-757.133 (a)(2)	• Create assessment type: change, reassessment, ICT • Update program evidence, un-check the restaurant meals allowance box • Update program evidence, select manual NOA code: RM07 Note: • 1st Date = authorization start date
RS01	Auth to Purchase – Refused Service decreased hours	As of MMDDYYYY, the hours of IHSS you get are increased. Here's why: You told us that you no longer refuse some or all of the following services: (MPP 30-009.213) List all services which apply:	• Create assessment type: change, reassessment, ICT • Update service evidence, decrease the existing refused service hours for the service type. Note: • 1st Date = authorization start date
RS02	Refused Services – First Authorization that Recipient Refused Services	The hours of IHSS you get are decreased. Here's why: You refused some or all of each of the following services: (MPP 30-009.213) List all services which apply: If you change your mind, contact your social worker.	• Create assessment type: initial, change, reassessment, ICT • Update service evidence, add initial refused service hours for the service type
RS03	Auth to Purchase – Refused Service increased hours	As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why: You told us that you refuse additional amounts of each of the following services: (MPP 30-009.213) List all services which apply:	• Create assessment type: change, reassessment, ICT • Update service evidence, increase the existing time of refused services for the service type Note: • 1st Date = authorization start date

NOA Code	Title	Message Text	Action Required
SC01	IHSS SOC	You get IHSS from the IHSS-Residual program. Your IHSS share of cost is displayed on a separate page of this notice. If you have an IHSS share of cost, that amount will be deducted each month from your provider's paycheck and you will be sent a letter telling you to pay that amount to your provider. If you are Medi-Cal eligible and have a Medi-Cal share of cost, you may provide proof of the amount you paid your provider to your Medi-Cal eligibility worker and that amount will be used toward meeting your Medi-Cal share of cost.	• Applicable to Medi-cal eligibility with FFP indicator: No • Create assessment type: initial, change, reassessment, ICT, state hearing • Add initial share of cost evidence
SC02	IHSS SOC – increase - more countable income	As of MMDDYYYY, your IHSS share of cost is $_____. Your IHSS share of cost was $_____. It increased because you have more countable income. See the attached "share-of-cost" page for how it was calculated.	• Applicable to Medi-cal eligibility with FFP indicator: No • Create assessment type: initial, change, reassessment, ICT • Update the share of cost evidence, increase the existing amount on the countable income or monthly income amount field Note: • 1st Date = authorization start date • 1st $ = current IHSS share of cost amount • 2nd $ = previous IHSS share of cost amount

NOA Code	Title	Message Text	Action Required
SC03	IHSS SOC – increase-decrease SSI/SSP benefit levels	As of MMDDYYYY, your IHSS share of cost is $_____. Your IHSS share of cost was $_____. It increased because a state law decreased the SSI/SSP benefit levels. See the attached “share-of-cost” page for how it was calculated.	• NOA is system triggered when a cost of living adjustment (COLA) is processed decreasing the SSI/SSP benefit level for any case meeting the following criteria. Case status: eligible or presumptive eligible IHSS aid code: 18, 28 or 68 Any income source FFP indicator: No, IHSS-Residual Note: • 1st Date = authorization start date • 1st $ = current IHSS share of cost amount • 2nd $ = previous IHSS share of cost amount
SC04	IHSS SOC – increase – COLA	As of MMDDYYYY, your IHSS share of cost is $___1st __. Your IHSS share of cost was $___2nd __. It increased because a cost of living adjustment was made to the social security payments available to you which are $___3rd___, $__3rd __, $__3rd _. If the social security amount you receive is different than listed here, contact your IHSS worker within 10 calendar days. MPP 30-755.233	• NOA is system triggered when a cost of living adjustment (COLA) is processed increasing the social security percentage for any case meeting the following criteria. Case status: eligible or presumptive eligible IHSS aid code: 18, 28 or 68 Income source: retirement, survivors, disability insurance (RSDI) FFP indicator: No, IHSS-Residual Note: • 1st Date = authorization start date • 1st $ = current IHSS share of cost amount • 2nd $ = previous IHSS share of cost amount • 3rd $ = amount of RSDI

NOA Code	Title	Message Text	Action Required
SC05	IHSS SOC – decrease -less countable income	As of MMDDYYYY, your IHSS share of cost is $_____. Your IHSS share of cost was $_____. It decreased because you have less countable income. See the attached “share-of-cost” page for how it was calculated.	• Applicable to cases with a Medi-cal eligibility with FFP indicator: No (IHSS residual) • Create assessment type: change, reassessment, ICT, state hearing • Update the share of cost evidence, decrease the existing amount reflected on the countable income or monthly income amount field. Note: • 1st Date = authorization start date • 1st $ = current IHSS share of cost amount • 2nd $ = previous IHSS share of cost amount
SC06	IHSS SOC –decrease – increase SSI/SSP benefit levels	As of MMDDYYYY, your IHSS share of cost is $_____. Your IHSS share of cost was $_____. It decreased because a state law increased the SSI/SSP benefit levels. See the attached “share-of-cost” page for how it was calculated.	• NOA is system triggered when cost of living adjustment (COLA) is processed increasing the SSI/SSP benefit levels for any case meeting the following criteria. Case status: eligible or presumptive eligible IHSS aid code: 18, 28 or 68 Any income source FFP indicator: No, IHSS-Residual Note: • 1st Date = authorization start date • 1st $ = current IHSS share of cost amount • 2nd $ = previous IHSS share of cost amount

NOA Code	Title	Message Text	Action Required
SC07	IHSS Service of Medi-Cal	You get IHSS as a service of your Medi-Cal. See your Medi-Cal notice for information about your Medi-Cal eligibility and any Medi-Cal share-of-cost you may have to pay. If you have a Share of Cost, a letter will be sent to you each time one of your providers' timesheets are processed telling you how much you need to pay your provider.	• NOA is system triggered when the Medi-cal eligibility FFP indicator is "Yes" for the following assessment type: initial, change, reassessment, ICT
SH01	State Hearing – Outcome Compliance	This NOA reflects the outcome of your state hearing dated.	• Create assessment type: state hearing • Update program evidence, select manual NOA code: SH01
SH02	State Hearing – Conditional Withdrawal	This NOA reflects the results of the assessment done in agreement with the terms of your conditional withdrawal of your request for a State Hearing.	• Create assessment type: state hearing • Update program evidence, select manual NOA code: SH02
SH03	State Hearing – Payment	To comply with the recent State Hearing order, you will receive a one-time payment.	• Create assessment type: state hearing • Update program evidence, select manual NOA: SH03
SP01	No Hours Authorized	You do not receive any authorized hours for the services listed below because your spouse is able and available to provide these services to you at no cost. (MPP 30-763.41) List all services which apply: Domestic Services Meal Preparation Meal Clean-up Laundry Shopping for food Other shopping and errands Heavy Cleaning Yard Hazard Abatement ☐ Teaching and Demonstration Services	• Create assessment type: initial, change, reassessment, ICT • Update household evidence, add parent spouse code: able and available • Update service evidence, add applicable service type: domestic services meal preparation meal clean-up laundry shopping for food other shopping and errands heavy cleaning yard hazard abatement teaching and demonstration services

NOA Code	Title	Message Text	Action Required
SP02	Limited Hours Authorized	You receive only a limited number of authorized hours for meal preparation because your spouse is able and available part of the time to provide these services to you at no cost (MPP 30-763.41)	• Create assessment type: initial, change, reassessment, ICT • Update household evidence, add parent spouse code: able & partially available • Update service evidence, add time for service type: meal preparation
TR01	Termination – No longer in own home	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You cannot continue to get IHSS because you no longer reside in your own home. (MPP 30-701 (o)(2), MPP 30-755.1)	• Update Person Home screen, select the meets residency requirements code: not living in own home • From Case Home, select: terminate • Enter authorization end date and reason code: no longer in own home Note: • 1st Date = case status start date
TR02	Termination – Recipient Request	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You asked to stop all of your service hours. (MPP 30-009.213)	• From Case Home, select: terminate • Enter authorization end date and reason code: recipient request Note: • 1st Date = case status start date
TR03	Termination – Did not pay Share of Cost	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You did not pay your IHSS Share of Cost. The IHSS Share of Cost is the amount you must pay from your own pocket toward your IHSS services. (MPP 30-755.233(c))	• From Case Home, select: terminate • Enter authorization end date and reason code: Recipient did not pay IHSS share of cost Note: • 1st Date = case status start date

NOA Code	Title	Message Text	Action Required
TR04	Termination – Out of State more than 60 days	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You have been out of the State of California for more than 60 days in a row and it appears that you do not plan to come back. (MPP 30-770.44)	• Update Person Home screen, select the meets residency requirements code: non-California residency • From Case Home, select: terminate • Enter authorization end date and reason code: out of state longer than 60 days. Note: • 1st Date = case status start date
TR05	Termination – Out of country	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop Here's why: You have been out of the country for a full calendar month or for 30 days in a row. (MPP 30-770.46)	• Update Person Home screen, select the meets residency requirements code: non-California residency • From Case Home, select: terminate • Enter authorization end date and reason code: out of country longer than 30 days Note: • 1st Date = case status start date
TR06	Termination – Moved out of State	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You told us that you are going to reside outside the State of California. (MPP 30-770.4)	• Update Person Home screen, select the meets residency requirements code: non-California residency • From Case Home, select: terminate • Enter authorization end date and reason code: moved out of state Note: • 1st Date = case status start date

NOA Code	Title	Message Text	Action Required
TR07	Termination – Failure to cooperate	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You did not cooperate with the County in providing needed information to show that you need services to remain safely in your home. (MPP 30-760.1)	• From Case Home, select: terminate • Enter authorization end date and reason code: failure to provide needed information Note: • 1st Date = case status start date
TR08	Termination – IHSS-R SOC exceeds need	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: Your application was assessed under the IHSS Residual program and your Share of Cost is more than the cost of your assessed IHSS services. The Share of Cost is the amount you must pay from your own pocket toward your services. Your Share of Cost is $####.##. Your IHSS services cost is $####.##. See the attached "share of cost" page for information on how your share of cost was calculated. (W&IC 12304.5)	• Applicable to FFP code: IHSS residual • Create assessment type: funding source change, change, reassessment, state hearing, ICT • Update existing share of cost evidence Note: • 1st $ = IHSS share of cost amount • 2nd $ = IHSS compare cost amount
TR09	Termination – No Assessed Need	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You do not need any services to safely stay in your own home. (MPP 30-761.25)	• Create assessment type: change, reassessment, ICT • Update service evidence, delete any existing hours for all service types ensuring an assessed need of zero (0) Note: • 1st Date = case status start date
TR10	Termination – Need met through Alternate Resources	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: All of your Individual Assessed Needs are being met through Alternative Resources, Voluntary Services or you have Refused Services. (MPP 30-763.6, MPP 30-009.213) (System display list of services)	• Create assessment type: change, reassessment, ICT • Update service evidence, add alternative resources for the service type ensuring the net adjusted need for that service type reflects zero (0) Note: • 1st Date = case status start date

NOA Code	Title	Message Text	Action Required
TR11	Termination -Non-Compliance with Medi-Cal Eligibility	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You did not provide Medi-Cal with the required information to continue your Medi-Cal eligibility which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information.	• From Case Home, select: terminate • Enter authorization end date and reason code: non-cooperation with Medi-Cal Note: • 1st Date = case status start date
TR12	Termination – Residence-Hospital	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You are in a hospital and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	• Update Person Home screen, select the meets residency requirements code: not living in own home • From Case Home, select: terminate • Enter authorization end date and reason code: not returning home hospital Note: • 1st Date = case status start date
TR13	Termination – Residence-Intermediate Care Facility	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You are in an intermediate care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	• Update Person Home screen, select the meets residency requirements code: not living in own home • From Case Home, select: terminate • Enter authorization end date and reason code: not returning home from ICF Note: • 1st Date = case status start date

NOA Code	Title	Message Text	Action Required
TR14	Termination – Residence-Skilled Nursing Facility	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You are in a skilled nursing facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	• Update Person Home screen, select the meets residency requirements code: not living in own home • From Case Home, select: terminate • Enter authorization end date and reason code: not returning home from SNF Note: • 1st Date = case status start date
TR15	Termination – Residence - Community Care Facility	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You are in a Community care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	• Update Person Home screen, select the meets residency requirements code: not living in own home • From Case Home, select: terminate • Enter authorization end date and reason code: not returning home from CCF Note: • 1st Date = case status start date
TR16	Termination – Whereabouts unknown	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You did not tell us where you are currently living. (MPP 30-701(o)(2), MPP 30-755.21, 30-760.1)	• Update Person Home screen, select the meets residency requirements code: whereabouts unknown • From Case Home, select: terminate • Enter authorization end date and reason code: whereabouts unknown Note: • 1st Date = case status start date

NOA Code	Title	Message Text	Action Required
TR17	Termination – Recipient Death	To the estate of RECIPIENT FULL NAME. The County has been notified of MMDDYYYY as the date of death of RECIPIENT FULL NAME; therefore IHSS services have been terminated.	• Update Person Home screen, complete the fields: reported date of death date of death death notification source • From Case Home, select: terminate • Enter authorization end date and reason code: recipient death Note: • 1st Date = case status start date
TR18	Termination - Erroneous	On MMDDYYYY, we sent you a Notice of Action telling you that the IHSS services you had been getting would stop. That Notice was sent in error. As of MMDDYYYY, you can get IHSS through the following program: system select one of the following: IHSS Plus Option (IPO) Program (W&IC 14132.952) Personal Care Services Program (PCSP) (MPP 30-780) ☐ In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1)	• From Case Home, select: rescind • Select reason code: administrative error Note: • 1st Date = NOA sent date • 2nd Date = authorization start date
TR19	Termination –IHSS-R Excess Resource	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You cannot get IHSS because you have more personal/real property than allowed under SSI/SSP rules. (MPP 30-773)	• Applicable to authorization FFP code: IHSS-Residual • Update program evidence, select manual NOA TR19 & enter narrative in the freeform text field
TR20	Terminations – Invalid SSN	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: The Social Security Number you provided is not valid.	• From Case Home, click hyperlink: terminate • Enter the authorization end date and reason code: suspect SSN Note: • 1st Date = case status start date

NOA Code	Title	Message Text	Action Required
TR21	Terminations – Duplicate SSN	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: The Social Security Number you provided has been determined to belong to someone else.	• From Case Home, click hyperlink: terminate • Enter the authorization end date and select reason code: duplicate SSN Note: • 1st Date = case status start date
TR22	Termination – Medical Certification	You did not provide the county with a medical certification as required to authorize services. (WIC 12309.1)	• Verify program evidence reflects medical certification reason code: pending and medical certification date is 45 days or more in the past • From Case Home, select hyperlink: terminate • Enter the authorization end date and select reason code: no medical certification
UN01	Unmet Need – PCSP (NSI)	You are receiving your IHSS services through the PCSP program and under the program rules are determined as non-severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	• NOA is system triggered based on evidence information for the following assessment type: initial, change, reassessment, ICT Note: • ## hours and ## minutes = authorized time of unmet need
UN02	Unmet Need – PCSP (SI)	You are receiving your IHSS services through the PCSP program and under the program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	• NOA is system triggered based on evidence information for the following assessment type: initial, change, reassessment, ICT Note: • ## hours and ## minutes = authorized time of unmet need

NOA Code	Title	Message Text	Action Required
UN03	Unmet Need –IPO (NSI)	You are receiving your IHSS services through the IPO program and under that program rules are determined as non-severely impaired. The maximum number of hours you may get is 195 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	• NOA is system triggered based on evidence information for the following assessment type: initial, change, reassessment, ICT Note: • ## hours and ## minutes = authorized time of unmet need
UN04	Unmet Need –IPO (SI)	You are receiving your IHSS services through the IPO program and under that program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	• NOA is system triggered based on evidence information for the following assessment type: initial, change, reassessment, ICT Note: • ## hours and ## minutes = authorized time of unmet need
UN05	Unmet Need – IHSS-R (NSI)	You are receiving your IHSS services through the IHSS-R program and under that program rules are determined as non-severely impaired. The maximum number of hours you may get is 195 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	• NOA is system triggered based on evidence information for the following assessment type: initial, change, reassessment, ICT Note: • ## hours and ## minutes = authorized time of unmet need
UN06	Unmet Need –IHSS-R (SI)	You are receiving your IHSS services through the IHSS-R program and under that program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	• NOA is system triggered based on evidence information for the following assessment type: initial, change, reassessment, ICT Note: • ## hours and ## minutes = authorized time of unmet need

NOA Code	Title	Message Text	Action Required
VS01	Auth to Purchase – Voluntary Service decreased hours	As of MMDDYYYY, the hours of IHSS you get are increased. Here's why: You told us that some or all of the following services are no longer being provided to you voluntarily: (MPP 30-763.6) List all services which apply:	• Create assessment type: change, reassessment, ICT • Update service evidence, decrease existing voluntary service hours for the service type Note: • 1st Date = case status start date
VS02	Voluntary Services – First Authorization that Recipient receiving Voluntary Services	The hours of IHSS you get are decreased. Here's why: You told us some or all of each of the following services are being provided to you voluntarily and the individual providing them does not wish to be paid: List all services which apply: If the individual decides they would like to be paid for providing services, contact your social worker. (MPP 30-763.6)	• Create assessment type: initial, change, reassessment, ICT • Update service evidence, add initial voluntary service hours for the service type
VS03	Auth to Purchase – Voluntary Service increased hours	As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why: You told us that additional amounts of each of the following services are now being provided to you voluntarily: (MPP 30-763.6) List all services which apply:	• Create assessment type: change, reassessment, ICT • Update service evidence, increase existing voluntary service hours for the service type Note: • 1st Date = case status start date

Inter-County Transfers (ICT) Job Aid

Process

Cases undergoing ICTs are transferred from the sending county to the receiving county. After the initial ICT is created, no further action is required on the part of the sending county to complete the ICT, although the sending county will be notified when the ICT is final.

Note to former legacy CMIPS users: Case Management (CM) eliminates the need to terminate the case in the sending county and create a new case in the receiving county, as well as the need to coordinate the case termination so that the receiving county can obtain Medi-Cal data from MEDS. Manual tracking by both counties is no longer necessary.

The ICT process consists of the actions and descriptions listed below.

Action	Description
1. Recipient notifies the original county of intent to move.	Recipients may contact the county IHSS office to inform it that they are moving or have moved to another county.
2. Sending county initiates the ICT action.	A county worker accesses the case in CM; this is typically done by the case owner but may also be done by the sending county's ICT coordinator. CM has an Inter-County Transfers screen that lists all ICTs currently in progress. *See the next page for step-by-step instructions on how to perform this procedure.*
3. CM notifies the sending county SAWS.	CM sends the welfare system of the sending county a notification that the case will be transferred.
4. CM notifies the receiving county.	CM sends a task to the receiving county's ICT work queue. This eliminates the need for the IHSS Inter-County Transfer form.
5. Receiving county's ICT coordinator reserves the task.	The ICT coordinator in the receiving county reserves the task from the ICT work queue. (The ICT coordinator can also view the Inter-County Transfers screen that lists all ICTs currently in progress.)
6. ICT coordinator assigns a worker and closes the task.	The ICT coordinator assigns the case to a worker in the receiving county and closes the task. Workers receive notification they have been assigned an incoming ICT case. **Note:** Within the ICT screen the term "Assign Worker" is used, as opposed to "Case owner" used in the Case Home screen. The sending county is the owner of the case until the ICT process is completed.
7. Assigned worker adds assessment and re-determines program eligibility.	Instead of opening a new case, the assigned worker creates an additional assessment with a type of ICT Assessment to record the updated case data and needs assessment details required for re-determining the recipient's program eligibility in the new county.
8. Assigned worker updates recipient information.	Before the case is submitted for check eligibility, the user must update the recipient's address and phone number in the person record (address and phone number screens). Both the person record and ICT record must match. Otherwise, check eligibility will fail requiring the user to update the record.
9. CM updates case information.	After the ICT assessment has been completed and activated, CM updates the case owner, district office, and county.
10. CM sends notifications.	CM notifies the sending county, closes the sending county's ICT action and records the ICT status as Complete.

Reports

The Monthly Inter-County Transfer Case Status Report identifies cases being transferred and received by CMIPS II counties. A case will remain on this report until a status of Completed or Cancelled is received.

Step-by-Step

Follow the steps below to initiate an inter-county transfer as a sending county staff member. Remember that when the receiving county adds the ICT assessment and re-approves the case, Case Management automatically updates the ICT status to Completed.

NOTE

Where to begin

Start by performing a search to locate the case to be transferred. Once you are viewing the Case Home screen, begin the steps below.

1. From the **Case Left Navigation** menu, click the **Inter-County Transfer** link. The system displays the Inter-County Transfer screen.
2. Click the **New** link. The system displays the Create Inter-County Transfer screen.
3. Complete the following fields as shown.

Field	Enter	Notes
Sending County Notified	*Date sending county was notified of the intended move*	
Receiving County	*County to which recipient intends to move*	
Date of Move	*Recipient's intended date of move*	
New Phone Number	*Recipient's new phone number in receiving county*	
New Address	*Recipient's new residential address in receiving county*	Click (magnifying glass) to enter the details.

4. Click the **Save** link. The system displays the Inter-County Transfers screen.

NOTE

Cancelling an ICT

ICT cancellation can be done by either the sending county or receiving county. Both counties can also update the Modify ICT screen if it's determined that the address reported at the time the ICT is initiated has changed.

- From the Inter-County Transfers screen, click the **Edit** link. The system displays the Modify Inter-County Transfer screen.
- Click the **Cancel Transfer Request** link. The system displays a pop-up window reading "Are you sure you want to cancel the Inter-County Transfer?"
- Click the **Yes** link. The system updates the ICT status to Cancelled and displays the Inter-County Transfers screen.

Reactivate a Denied, Terminated or Withdrawn Case Job Aid

Process

Users can reactivate cases that have been withdrawn during the application phase or denied or terminated after becoming eligible for services. For example, if a case was terminated when the recipient entered a nursing home and later the recipient returned home and reapplied for services. Reactivating a case is the equivalent of reapplying for IHSS services. The person record and case record already exist in Case Management. When a case is reactivated, CMIPS II:

- Resets the referral date and the application date to the current date.
- Resets the case status to Pending.
- Resets the IHSS Determination Date to blank.
- Requires the user to perform a new CIN search.

NOTE

Providers

If the recipient is adding a new provider, (not previously assigned to the case), the user assigns the provider to the case. First, the user searches for the case and opens the Case Home screen. From the Cases Left Navigation menu, the user clicks the Case Providers link and then clicks the Assign a Provider link. In the Assign a Provider screen, the user enters the provider information and clicks the Save link.

If the recipient is reinstating a provider (previously assigned to the case), the user creates a new Provider Hours segment on the case. First, the user searches for the case and opens the Case Home screen. From the Cases Left Navigation menu, the user clicks the Case Providers link and then clicks the Edit link. On the Modify Case Provider screen, in the Provider Hours section, the user clicks the New link, enters the updated information, and clicks the Save link.

Action	Description
1. County staff reactivates a closed case.	*See below for step-by-step instructions on how to perform this procedure.* Case Management sets the case status to Pending and sends MEDS and SAWS a message with the IHSS eligibility. If there is no active Medi-Cal on the case, the worker searches for and selects a client index number (CIN).
2. Worker assigns a case owner.	When a case is reactivated, it is like a new case. A case owner must be assigned.
3. Select CIN.	Select CIN is required for reactivation of IHSS cases. This triggers Case Management to re-establish a link to SCI/SAWS. The normal CIN selection process applies, triggering a Medi-Cal referral for eligibility determination if there is not a current MEDS eligibility or the 3-day response time for current MEDS eligibility information for an active record.
4. Case owner updates the case.	The case owner must update the application data, re-determine the recipient's eligibility and submit the case for approval.
5. Case owner assigns a provider.	After a new authorization segment has been created and approved, the case owner assigns a provider to the case or updates previously assigned providers by creating a new provider hours segment.

Reports

The Case Actions Overview Report lists actions taken on cases at the social worker level during the report month. Actions are grouped by supervisor unit. If a social worker closes a case and reactivates it in the same month, both actions will be counted under the appropriate category.

Step-by-Step

NOTE

Where to begin

Start by performing a search to locate the case to be reactivated. Once you are viewing the Case Home screen, begin the steps below. The **Reactivate** link appears when the case Status is Denied, Terminated or Withdrawn.

1. On the Case Home screen, click the **Reactivate** link. The system displays the **Reactivate Case** pop-up window.

NOTE

Reactivate link

This link appears on the Case Home screen only when the case status is Denied, Terminated, or Withdrawn.

2. Complete the following required fields in the **Reactivate Details** area.

Field	Enter	Notes
Assigned Worker	*Worker name*	Click (magnifying glass) to search for and select the worker name.
Client Index Number	*CIN number*	Click (magnifying glass) to search for and select the CIN number.
Meets Residency Requirements	*Residency description*	Select the appropriate answer.
Referral Source	*Referral source*	Select the appropriate answer.

NOTE

CIN selection

Select CIN is required for reactivation of IHSS cases. This triggers Case Management to re-establish linkage to SCI/SAWS. The normal CIN selection process applies, triggering a Medi-Cal referral for eligibility determination if there's no current MEDS eligibility or the three-day response time for current MEDS eligibility information for an active record.

3. Click the **Save** link. Case Management reactivates the case and displays the Case Home screen.

NOTE

Cancel the reactivate action

Click the **Cancel** link to cancel the transaction.

Rescind a Case Termination or Denial Job Aid

Process

Case Management allows users to rescind—essentially undo—a case denial or termination when it is determined that the denial or termination should not have taken place; for example, due to administrative error or if the condition that caused the denial or termination no longer exists. Refer to county-specific procedures for more information on when to rescind a case denial or termination.

Only the case owner can rescind a case denial or termination in Case Management. When a case is rescinded, the system reinstates the last eligible authorization period with the previously indicated status, end date and total authorization to purchase after reduced hours. The user must assign new providers or reinstate previous providers.

Action	Description
1. County staff rescinds a case termination or denial.	*See below for step-by-step instructions.* If there is active Medi-Cal on the case, Case Management populates the last Medi-Cal eligibility month and status. Case Management sets the case status to Eligible (or the case status before the termination) using the most recent assessment that begins and ends with the dates of the last assessment.
2. Supervisor notified.	Case Management generates a notification to the supervisor of the case owner.

Reports

The Case Actions Overview Report lists actions taken on cases at the social worker level during the report month. Actions are grouped by supervisor unit. If a social worker denies a case and rescinds it in the same month, both actions will be counted under the appropriate category.

The Monthly Rescinded Termination Listing Report displays terminated cases that have been rescinded. The report includes the termination reason and is based on the NOA message for the termination. Rescissions have only one rescission reason, which displays on all records. This report is generated monthly and includes records where a case status changed from Terminated to Eligible or Presumptive Eligible based on a transaction in the reporting period.

Step-by-Step

NOTE

Where to begin

Start by searching for the case to be rescinded and viewing the Case Home screen. The Rescind link appears when the case Status is Denied or Terminated.

1. On the Case Home screen, click the **Rescind** link. The **Rescind Case** window appears.

NOTE

Rescind link

Appears on the Case Home screen only when the case status is Denied or Terminated.

2. In the **Reason** list, click the appropriate reason.
3. In the **Client Index Number** field, click the (magnifying glass) to select a CIN number.

NOTE

CIN selection

Select CIN is required for rescission of IHSS cases. This triggers Case Management to re-establish linkage to SCI/SAWS. The normal CIN selection process applies, triggering a Medi-Cal referral for eligibility determination if there's no current MEDS eligibility or the three-day response time for current MEDS eligibility information for an active record.

4. Click the **Save** link. The system rescinds the case and displays the Case Home screen.

State Hearings Job Aid

Process

Case Management provides tracking of state hearing requests and outcomes. The State Hearing process consists of the actions and descriptions listed below.

Action	Description
1. County staff learns that recipient has requested a state hearing.	Persons may request a hearing to contest service hours received, changes in service hours, share of cost and termination or any adverse action.
2. County staff creates a state hearing record.	The worker opens the case and creates a new state hearing record, recording the date of the request. If a state hearing has already been scheduled, the worker enters the hearing number and the scheduled hearing date as provided by the State Hearings Division. *See the next page for step-by-step instructions on how to perform this procedure.*
3. County staff prepares for the state hearing.	Worker follows the existing county procedures to prepare for the hearing. If the hearing request was submitted before the effective date, the case record must be adjusted to previous levels. Case Management allows county staff to go back to the previous assessment date.
4. Recipient accepts or doesn't accept a conditional withdrawal.	If a conditional withdrawal is accepted by the recipient, the worker modifies the state hearing record, and the hearing process ends. *See the next page for step-by-step instructions on how to perform this procedure.* If the conditional withdrawal is not accepted, the worker prepares the case per the current county process.
5. County staff records the state hearing outcome.	Once the hearing has been held, the worker sends a compliance form to the State Hearings Division and modifies the state hearing record with the outcome details. *See the next page for step-by-step instructions on how to perform this procedure.* If a state hearing record is saved with an Outcome of Grant or Partial Grant/Partial Denial and the Compliance Form Sent Date field is blank, CMIPS II sends a task to the case owner to enter a date in the Compliance Form Sent Date box.

Reports

The State Hearing Request Report lists cases with state hearing activity within 12 months of the request date. When a state hearing is entered, the case/individual will appear on the report from the first month of entry and will remain on the report for 12 months following the outcome date.

NOTE

State hearings and inter-county transfers

When a new state hearing is added to a case with an ICT status of In-Progress, Case Management notifies the case owner if the user creating the state hearing is not the case owner. When recipients request an ICT and their cases have state hearing records with a status other than Resolved, the case owner is notified if the user creating the state hearing is not the case owner.

Step-by-Step

Create a State Hearing

NOTE

Where to begin

Start by performing a search to locate the case to be transferred. Once you are viewing the Case Home screen, begin the steps below.

1. From the **Case Left Navigation** menu, click the **State Hearing** link. The system displays the State Hearings screen.
2. Click the **New** link. The system displays the Create State Hearing screen.
3. Enter the data in the **State Hearing Request** area as shown below.

Field	Enter	Notes
Number	*State hearing number*	Enter if available from the State Hearings Division.
Request Date	*Date when state hearing was requested by recipient*	Will be pre-populated with the current date. Can be changed by the user.
Scheduled Hearing Date	*Date when state hearing has been scheduled*	Enter if available from the State Hearings Division.

4. Click the **Save** link. The system displays the State Hearings screen with the new hearing.

Modify a State Hearing

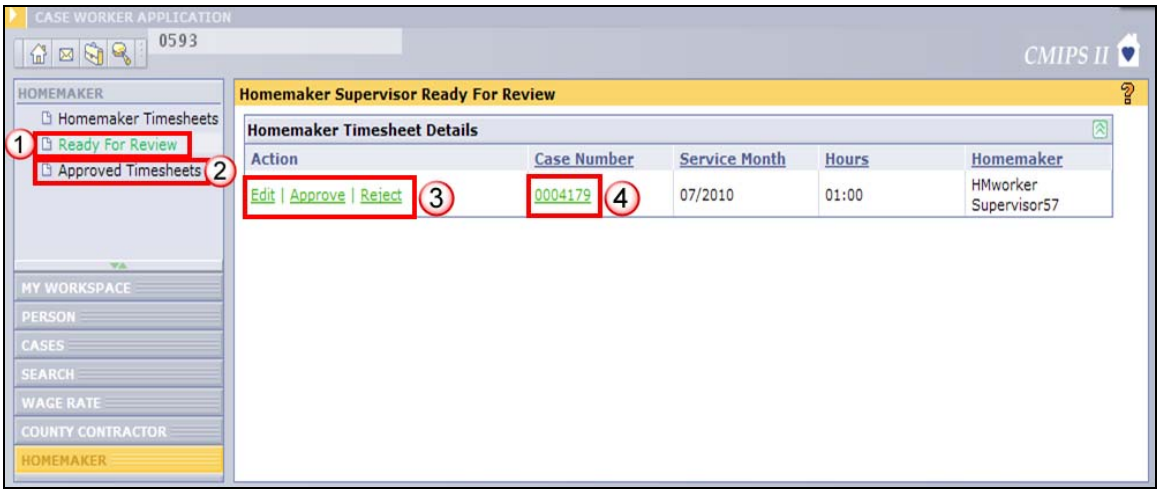
1. On the State Hearings screen, click the **Edit** link next to the state hearing record you want to modify. The system displays the Modify State Hearing screen.
2. Enter or modify the data in the **State Hearing Request** area as shown below.

Field	Enter	Notes
Scheduled Hearing Date	*Date when state hearing has been scheduled*	
Rescheduled Reason	*Reason why hearing was rescheduled*	
Outcome	*Outcome of the hearing*	
Outcome Date	*Date of outcome*	
Compliance Form Sent Date	*Date when compliance form was sent*	

3. Click the **Save** link. The system displays the State Hearings screen.

Homemaker Supervisors Job Aid

Homemaker Supervisor Ready for Review Screen



1) Ready for Review
From the Left Navigation menu, the user clicks the **Homemaker** section and then clicks the **Ready for Review** link. A list of timesheets ready for homemaker supervisor approval appears.

2) Action links

- **Edit –** User modifies the worked hours for a selected timesheet.
- **Approve –** User approves the selected timesheet.
- **Reject –** User rejects the selected timesheet and enters a **Rejection Comment**.

3) Case Number link
User clicks the Case Number link to view the Case Home screen for the selected case.

4) Approved Timesheets
User clicks the **Homemaker** section and then clicks the **Approved Timesheets** link to view a list of timesheets approved by the homemaker supervisor.

Self-Paced WBT Training
For more information on this topic, open the Time and Attendance course and complete the lesson titled Homemaker Timesheets.

Approve a Homemaker Timesheet

Supervisors use the Homemaker Supervisor Ready For Review screen to approve timesheets after they have completed reviews in Case Management.

Note: Once a homemaker timesheet is created and submitted for approval, a homemaker supervisor reviews the timesheet to be sure the hours submitted are accurate. Procedures for reviewing homemaker timesheets vary by county.

1. From the **Left Navigation** menu, click the **Homemaker** section. The system displays the Homemaker Timesheets screen.
2. From the **Left Navigation** menu, click the **Ready for Review** link. The system displays the Homemaker Supervisor Ready For Review screen.

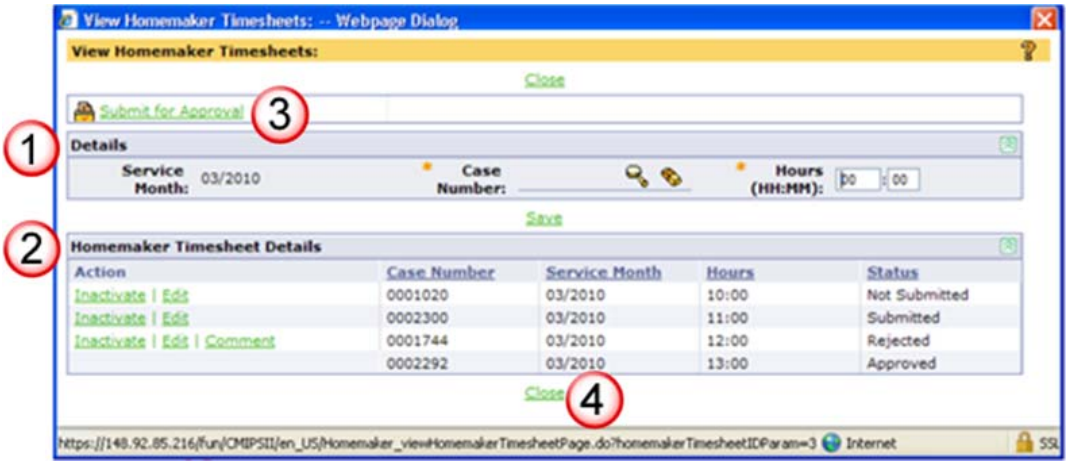
   Note: All homemaker timesheets submitted for approval are listed.
3. (Optional) If changes to the amount of submitted hours are needed, click the **Edit** link to modify those hours.
4. In the **Action** column, click the **Approve** link. The system displays the message “Are you sure you want to Approve this Timesheet?”
5. Click the **Yes** link. The Homemaker Supervisor Ready For Review screen appears.

   Note: The timesheet is approved and is displayed on the Homemaker Supervisor Approved Timesheets screen.

   Note: If the timesheet is rejected, the Homemaker Supervisor must enter a rejection comment.

Homemaker Timesheets Job Aid

View Homemaker Timesheets Screen



In the **Left Navigation** menu, click the **Homemaker** section and then click the **Homemaker Timesheets** link. The View Homemaker Timesheets screen appears.

1) Details area

- **Service Month –** Displays the selected service month.
- **Case Number –** User selects a case, which has homemaker hours assigned for the service month.
- **Hours (HH:MM) –** User types the number of hours worked for the associated case.
- **Save –** User clicks the **Save** link to save the case number and worked hours. A new case row appears in the Homemaker Timesheet Details list.

2) Homemaker Timesheet Details area

- **Inactivate –** User cancels a timesheet with a status of Not Submitted or Rejected.
- **Edit –** User modifies the worked hours for a selected timesheet.
- **Comment –** User views the Rejection Comment from the homemaker supervisor when a timesheet status is Rejected.

3) Submit for Approval – User submits timesheets in Not Submitted status for approval.

4) Close – User closes the current screen and returns to the Homemaker Timesheet screen.

Self-Paced WBT Training
For more information on this topic, open the Time and Attendance course and complete the lesson titled Homemaker Timesheets.

Add a New Service Month and Enter Homemaker Hours

Homemakers are county employees who provide services to a recipient and are responsible for creating, entering and submitting their time in Case Management. Since Homemakers enter their hours directly into Case Management, no physical timesheets exist. Homemakers must first add service months before they can create and submit new timesheets.

Note: The modes of service for the recipient must include homemaker.

1. From the **Cases Left Navigation** menu, under the **Homemaker** folder, click the **Homemaker Timesheets** link. The system displays the Homemaker Timesheet screen.
2. Click the **New** link. The system displays the Create Homemaker Timesheet screen.
3. In the **Select Month & Year** list, click a *month and year*.
4. Click the **Save** link. The system displays the View Homemaker Timesheets screen.
5. In the **Case Number** box, click the (magnifying glass) to search for a case number associated with the homemaker timesheet. The Select Homemaker Case screen appears.
6. In the **Action** column, click the **Select** link next to the case number. The system displays the View Homemaker Timesheet screen.
7. In the **Hours (HH:MM)** box, type the *hours and minutes* for the service month.
8. Click the **Save** link. The homemaker timesheet displays in the Homemaker Timesheet Details area with a status of Not Submitted.
9. Click the **Submit for Approval** link. The Submit for Approval Homemaker Timesheet screen appears with a list of homemaker timesheets with a status of Not Submitted.
10. Select the check box(es) for one or more timesheets.
11. Click the **Submit** link. The timesheet status updates to Submitted on the View Homemaker Timesheets screen.

Note: Homemaker supervisors should consult the Homemaker Supervisors job aid for information on approving homemaker timesheets.

Timesheets Job Aid

Timesheet Processing Facility (TPF)

With the coming of CMIPS II, providers will now mail timesheets to a centralized TPF, which scans and processes timesheets within 24 hours of receipt. Images of timesheets are also available in Case Management within 24 hours. Exceptioned timesheet images are available within four hours after processing.

Timesheet types include:

- IHSS Arrears
- IHSS Advance Pay
- WPCS
- Supplemental/IHSS Arrears
- Supplemental/IHSS Advance Pay
- Supplemental/WPCS

Note: Providers can expect to receive payment within 10 business days of timesheet submission if no timesheet errors are identified.

Timesheet Work Queues

To support timesheet processing, Case Management includes several timesheet-related work queues. Workers process work queue tasks with the oldest date and time first.

Work Queue	Description
Timesheet Errors	Tasks related to errors on a timesheet. Errors can include missing numbers, no time entered, no provider signature, more than 24 hours entered on a single date, and so on. **See Payroll Supervisor work queue description for escalation time frames.**
Timesheet Eligibility Errors	Tasks related to problems with recipient and/or provider eligibility during the service period for which time worked was submitted. For example, a recipient on leave or a terminated provider both make the provider ineligible for payment during affected service period(s). **See Payroll Supervisor work queue description for escalation time frames.**
Timesheets on Hold	Tasks related to timesheets held for signature verification and worker holds. One percent (1%) of all error-free timesheets statewide is held for random sampling, and a task is generated to verify signatures. If a timesheet has been flagged manually for review by a worker, the timesheet is held, and a task is generated to review the timesheet. **Held timesheets must be reviewed by the close of business (7:00p.m. Pacific Time) on the business day following receipt of the timesheet; otherwise, they will be released automatically and payment will be issued.**
Timesheets over 70 Percent	Tasks related to timesheets where over 70 percent of the total authorized hours are worked in the Part A period. If a provider's Part A timesheet shows that 70 percent or more of the total monthly hours for a recipient has been worked, a task is generated to review the provider's Part A timesheet and determine whether hours submitted are reasonable (using the county process).**Timesheets over 70 Percent must be reviewed by the close of business (7:00p.m. Pacific Time) on the business day following receipt of the timesheet; otherwise, they will be released automatically and payment will be issued.**

Work Queue	Description
Payroll Supervisor	If a task is not reserved from the Timesheet Errors, Timesheet Eligibility Errors, or Payments Pending Approval work queues within three business days, the task will be escalated to the Payroll Supervisor work queue. If a task is reserved by a user and the task is not completed within two business days, the task will be escalated to the supervisor of the person who reserved the task.

Timesheet Process

The timesheet process consists of the actions and descriptions listed below.

Action	Description
1. Providers submit timesheets to the TPF.	Providers may submit timesheets to the TPF for the two pay periods below or for a month (if Advance Pay): • Part A pay period: the 1st through the 15th of the month. • Part B pay period: the 16th through the 31st of the month. Upon receipt by the TPF, timesheets are automatically removed from their envelope and sorted by type.
a. Supplemental timesheets	Providers are allowed to submit supplemental timesheets for a given pay period if the pay period includes both: • Previously paid timesheets. • Remaining hours or newly authorized hours.
b. Damaged timesheets	The TPF will make every effort to scan and process all timesheets. However, if a timesheet is too badly damaged to be processed, then: • If the county name or number is identifiable, the TPF mails the damaged timesheet to the county. A worker issues a replacement timesheet to the provider and adds a case note. • If the county name is not identifiable, the timesheet is shredded.
2. The TPF scans the timesheet.	If the timesheet is not damaged, the TPF scans the timesheet image. The TPF creates a file of all timesheet data and images that are uploaded. The TPF stores all hard-copy documents. The system runs a comprehensive set of timesheet validations that include but are not limited to signatures present, valid hours, actual hours matching allocated hours and pay period eligibility. Timesheets submitted early are held until the end of the pay period. Future-dated timesheets are rejected and no payment is issued; a task is sent to the Payroll Work Queue – Timesheet Errors (IHSS) or Payroll Work Queue – WPCS, and an exception is generated.
3. Appropriate action is taken.	If errors are identified, a work queue task is generated. If no errors are found, the timesheet is released and payment issued.
4. Worker reserves the task from the timesheet work queue and takes action(s).	Workers access work queues and reserve tasks. Workers open tasks, read error details, view timesheets and other data screens as needed, and take appropriate action(s) per county process. In almost every instance where a timesheet is determined to contain an error, a replacement timesheet must be issued. Original timesheet records must match the scanned image created by the TPF; timesheet images cannot be edited. • If an error exists, the worker rejects the timesheet, issues a replacement timesheet. No payment is issued. • If a timesheet task was placed in a work queue due to worker hold, signature verification, or over 70 percent of hours worked in Part A but the timesheet is not held or rejected, the timesheet is automatically released and payment is issued.

Modify County Contractor Billing Details Job Aid

Process

County Contractors are outside agencies that contract with the county to provide services to IHSS recipients. Counties using the County Contractor mode of service have the ability in Case Management to view invoices received from the County Contractor (CC) and update the record with a warrant number and paid date.

From the County Contractor screen, access the View and Modify County Contractor screens. The user can print the Contract Expenditures Form for a county contractor or access the SOC 432 form from the View and Modify County Contractor screens.

Step-by-Step

1. In the **Left Navigation** menu, click the **County Contractor** section. The County Contractor screen appears.
2. Click the **View** link. The system displays the View County Contractor screen.
3. Review the invoice details.

NOTE

Contract Expenditures Form

Click the **Contract Expenditures Form** link to print the SOC 432 Claim For Reimbursement In-Home Supportive Services Program Contract Expenditures form when the warrant number and warrant date have been entered.

4. Click the **Close** link. The system displays the County Contractor screen.
5. Click the **Edit** link. The system displays the Modify County Contractor screen.
6. Enter the data below.

Field	Enter	Notes
Warrant Number	*Enter the warrant number.*	
Paid Date	*Enter the date the warrant was paid.*	

7. Click the **Save** link. The system displays the County Contractor screen.

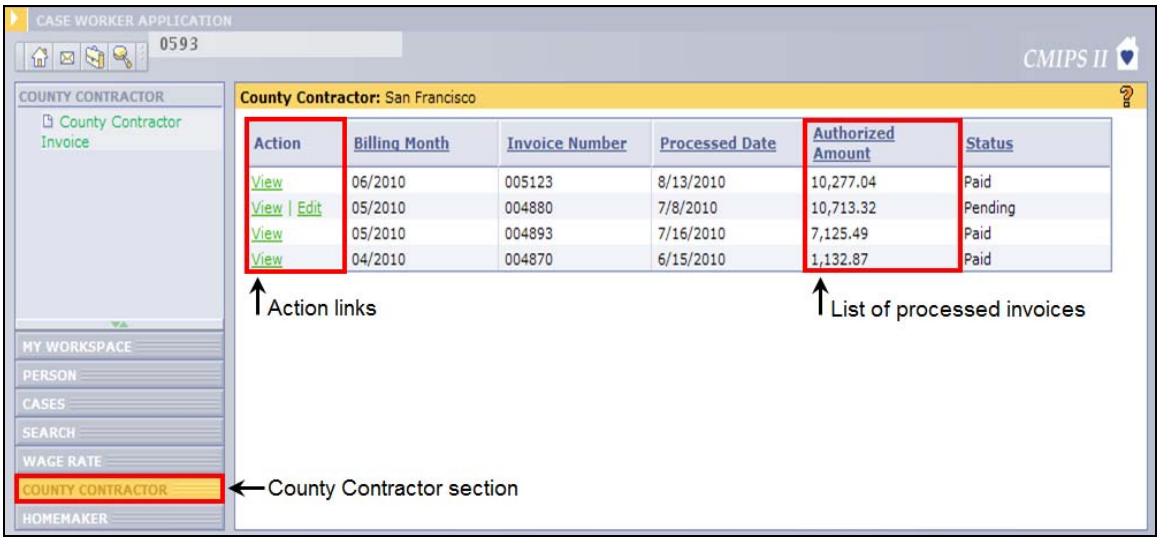
Reports

Reports related to county contractors include:

- Contractor Hours Served Less Than 80%
- Contractor Payment Auth Report
- Contractor Payment Reject Report

County Contractor Invoices Job Aid

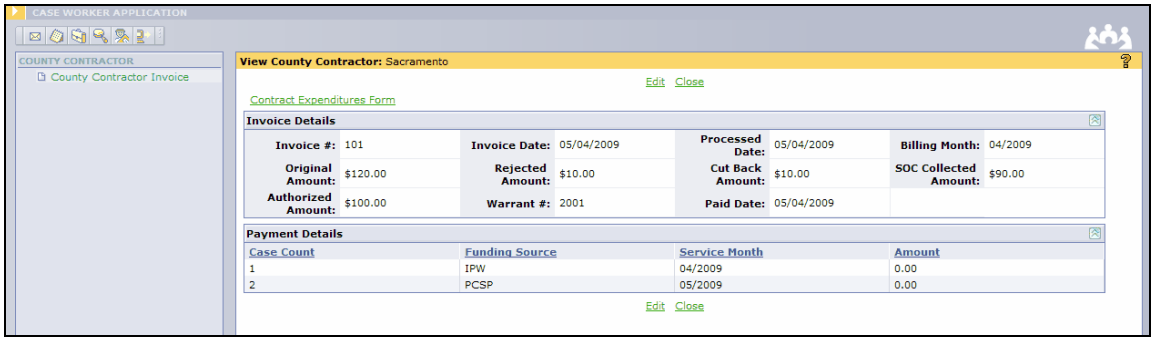
County Contractor Screen



Users click the County Contractor section from the Left Navigation menu to display the County Contractor list screen. This screen displays the County Contractor invoices processed for the user's county.

- **View** – Opens the View County Contractor screen.
- **Edit** – Opens the Modify County Contractor screen.

View County Contractor Screen



Users click the View link on the County Contractor screen to display the View County Contractor screen for a specific invoice.

- **Contract Expenditures Form** – Prints the Contract Expenditures Form.
- **Edit** – Opens the Modify County Contractor screen.
- **Close –** Closes the View County Contractor screen.

Payroll Transactions Job Aid

Special Transaction Pay Types

No	Pay Type	Purpose	User Adjusts Hours in Case	Valid Combination			Available Options			Payroll Processing			
				Payee	Dollars or Hours	Service Period Span	Rate Override	Bypass Hours	Taxation	Taxable Income	SOC Spend-Down	Txn	AP Recon
1	Advance Pay – Additional	To pay an Advance Pay recipient for an increase in authorized hours when the advance payment for the current or first prior month has already been processed.	Yes	Recipient	Hours	1 Month	Yes	No	No	No	Yes	TADJ	Yes
2	Advance Pay - Initial	To pay an Advance Pay recipient for authorized hours when the monthly advance payment cycle has already been executed.	Yes	Recipient	Hours	1 Month	Yes	No	No	No	Yes	TADJ	Yes
3	Advance Pay - Recovery Refund	To refund an Advance Pay – Recipient Payroll Deductions overpayment recovery that should not have been collected.	Yes/No	Recipient	Hours	1 Month	Yes	No	No	No	No	TADJ	Yes

No	Pay Type	Purpose	User Adjusts Hours in Case	Valid Combination			Available Options			Payroll Processing			
				Payee	Dollars or Hours	Service Period Span	Rate Override	Bypass Hours	Taxation	Taxable Income	SOC Spend-Down	Txn	AP Recon
4	Legislative Change	To implement legislative changes to a statute resulting, for example, in a change to the statutory maximum allowable hours. Legislative changes are never case-specific. Generally, an ongoing change to the recipient's authorization.	Yes	Recipient	Dollars	Multiple Service Periods	No	No	No	No	No	TADJ	No
5	Legislative Change	To implement legislative changes to a statute resulting, for example, in a change to the statutory maximum allowable hours. Legislative changes are never case-specific. Generally, an ongoing change to the recipient's authorization.	Yes	Recipient	Hours	1 Month	Yes	No	No	No	No	TADJ	No

No	Pay Type	Purpose	User Adjusts Hours in Case	Valid Combination			Available Options			Payroll Processing			
				Payee	Dollars or Hours	Service Period Span	Rate Overri de	Bypas s Hours	Taxati on	Taxable Income	SOC Spend-Down	Txn	AP Recon
6	Legislative Change	To implement legislative changes to a statute resulting, for example, in a change to the statutory maximum allowable hours. Legislative changes are never case-specific. Generally, an ongoing change to the recipient's authorization.	Yes	Provider	Dollars	Multiple Service Periods	No	No	No	Yes	No	TAD J	No
7	Legislative Change	To implement legislative changes to a statute resulting, for example, in a change to the statutory maximum allowable hours. Legislative changes are never case-specific. Generally, an ongoing change to the recipient's authorization.	Yes	Provider	Hours	1 Month	Yes	Yes	No	Yes	No	TAD J	No

No	Pay Type	Purpose	User Adjusts Hours in Case	Valid Combination			Available Options			Payroll Processing			
				Payee	Dollars or Hours	Service Period Span	Rate Overri de	Bypas s Hours	Taxati on	Taxable Income	SOC Spend-Down	Txn	AP Recon
8	Overpayment Recovery Refund	To refund an overpayment recovery that should not have been collected.	Yes/No	Recipien t	Dollars	1 Month	No	Yes	No	No	No	TAD J	No
9	Overpayment Recovery Refund	To refund an overpayment recovery that should not have been collected.	Yes/No	Provider	Dollars	1 Month	No	Yes	No	No	No	TAD J	No
10	Paramedical Reimbursemen t	To reimburse the recipient for paramedical expenses incurred in the past.	No	Recipien t	Dollars	Multiple Service Periods	No	No	No	No	No	TAD J	No
11	Restaurant Meals – Initial	To generate an initial warrant to a restaurant meal recipient when the semi-monthly restaurant meals cycle has already been processed.	Yes	Recipien t	Dollars	1 Pay Period	No	No	No	No	No	TAD J	No
12	Service Auth Reimbursemen t	To reimburse recipient for expenses incurred in the past for retroactively authorized services.	Yes	Recipien t	Dollars and Hours* *Used to reduce available hours	1 Month	No	No	No	No	No	TAD J	No

No	Pay Type	Purpose	User Adjusts Hours in Case	Valid Combination			Available Options			Payroll Processing			
				Payee	Dollars or Hours	Service Period Span	Rate Overri de	Bypas s Hours	Taxati on	Taxable Income	SOC Spend-Down	Txn	AP Recon
13	State Hearing Decision	To make payments to recipients based on fair hearing outcomes.	Yes	Recipien t	Dollars	Multiple Service Periods	No	No	No	No	No	TAD J	No
14	State Hearing Decision	To make payments to recipients based on fair hearing outcomes.	Yes	Recipien t	Hours	1 Month	Yes	No	No	No	No	TAD J	No
15	Writ of Admin Mandamus	To make a payment based on a Writ of Administrative Mandamus. Writs are always case-specific. Generally a one-time adjustment, but may also mandate a change in the ongoing authorization.	Yes/No	Recipien t	Dollars	Multiple Service Periods	No	No	No	No	No	TAD J	No

No	Pay Type	Purpose	User Adjusts Hours in Case	Valid Combination			Available Options			Payroll Processing			
				Payee	Dollars or Hours	Service Period Span	Rate Overri de	Bypas s Hours	Taxati on	Taxable Income	SOC Spend-Down	Txn	AP Recon
16	Writ of Admin Mandamus	To make a payment based on a Writ of Administrative Mandamus. Writs are always case-specific. Generally a one-time adjustment, but may also mandate a change in the ongoing authorization.	Yes/No	Recipien t	Hours	1 Month	Yes	Yes	No	No	No	TAD J	No
17	Writ of Admin Mandamus	To make a payment based on a Writ of Administrative Mandamus. Writs are always case-specific. Generally a one-time adjustment, but may also mandate a change in the ongoing authorization.	Yes/No	Provider	Dollars	Multiple Service Periods	No	No	Yes	Based on User Option	No	TAD J	No

No	Pay Type	Purpose	User Adjusts Hours in Case	Valid Combination			Available Options			Payroll Processing			
				Payee	Dollars or Hours	Service Period Span	Rate Overri de	Bypas s Hours	Taxati on	Taxable Income	SOC Spend-Down	Txn	AP Recon
18	Writ of Admin Mandamus	To make a payment based on a Writ of Administrative Mandamus. Writs are always case-specific. Generally a one-time adjustment, but may also mandate a change in the ongoing authorization.	Yes/No	Provider	Hours	1 Month	Yes	Yes	Yes	Based on User Option	No	TAD J	No

Special Transaction Deduction Types

No	Deduction Type	Purpose	User Adjusts Hours in Case	Valid Combination			Available Options			Payroll Processing			
				Payee	Dollars or Hours	Service Period Span	Rate Override	Bypass Hours	Taxation	Taxable Income	SOC Spend -Down	Txn	AP Reco n
1	Buy-Out Reimbursement (Negative Deduction)	To reimburse the recipient for missed buy-out for any prior period. Use of this pay type is to be restricted to only California Department of Social Services (CDSS).	No	Recipient	Dollars	1 Month	No	No	No	No	No	OTDED	No
2	Health Benefit Deduction (Positive Deduction)	To manually enter a health benefit deduction that was missed. This would be a one-time deduction correction.	No	Provider	Dollars	1 Month	No	No	No	No	No	OTDED	No
3	Health Benefit Refund (Negative Deduction)	To refund a previous health benefit deduction. This would be a one-time deduction correction.	No	Provider	Dollars	1 Month	No	No	No	No	No	OTDED	No

No	Deduction Type	Purpose	User Adjusts Hours in Case	Valid Combination			Available Options			Payroll Processing			
				Payee	Dollars or Hours	Service Period Span	Rate Override	Bypass Hours	Taxation	Taxable Income	SOC Spend -Down	Txn	AP Reco n
4	Share of Cost Refund (Negative Deduction)	To generate a one-time SOC deduction correction specific only to residual (IHSS-R). This is a refund to the recipient for over-collected SOC. When the transaction is saved, the amount of the IHSS SOC collected for the eligibility month will be decreased by the amount of the refund.	No	Recipient	Dollars	1 Month	No	No	No	No	No	OTDED	No

Payment Corrections Types

No	Pay Type	Purpose	User Adjusts Auth Hours	Valid Combinations			Payroll Processing			
				Payee	Dollars or Hours	Service Period Span	Taxable Income	SOC Spend-Down	Txn	AP Recon

No	Pay Type	Purpose	User Adjusts Auth Hours	Valid Combinations			Payroll Processing			
				Payee	Dollars or Hours	Service Period Span	Taxable Income	SOC Spend-Down	Txn	AP Recon
1	Over Reported Hours (Negative Hours)	To correct the situation where an Advance Pay provider was credited for too many hours, i.e. daily hours of a timesheet were scanned as an 8 rather than a 3.	No	A/P Provider	Hours	1 Pay Period	Yes Needs to adjust above the line for taxes.	No	TADJ	Yes
2	Prior Underpayment	To pay additional hours to a provider who was previously underpaid; either the payment was for insufficient hours or was subsequently voided.	Yes/No	Provider	Hours	1 Pay Period	Yes	Yes	TADJ	No
3	Timesheet Exception	To pay a provider for a timesheet that was erroneously exceptioned.	No	Provider	Hours	1 Pay Period	Yes	Yes	TADJ	No
4	WPCS Recipient on Leave	To pay a WPCS provider for up to seven (7) days while the recipient is on leave. **Note:** For payroll processing, this pay type will not be treated any differently than a prior underpayment. This pay type is required for Case Management screen validation and tracking purposes.	Yes	WPCS Provider	Hours	1 Pay Period	Yes	Yes	TADJ	No

Overpayment Recovery Types

No	Overpayment Type	Purpose	Validation Combinations				Methods of Recovery		Payroll Processing		Collection Impact
			Overpaid Payee	Recovery Payee	Dollars or Hours	Service Period Span	Payroll Deductions	Personal Payments	Payroll Deductions	Personal Payments	
1	Advance Pay – Recipient Payroll Deductions	To collect overpaid advance payments from future advance payments. The user should enter only the hours they want deducted from the next payment and then make another entry if needed after the payment is generated.	Recipient	Recipient	Hours	1 Month	Yes	No	TADJ Collects from future payment.	JVA Makes appropriate accounting entries when cash collections are received.	Information pertaining to collections made via payroll deductions from the recipient is not available to make an adjustment to IHSS remaining hours.

No	Overpayment Type	Purpose	Validation Combinations				Methods of Recovery		Payroll Processing		Collection Impact
			Overpaid Payee	Recovery Payee	Dollars or Hours	Service Period Span	Payroll Deductions	Personal Payments	Payroll Deductions	Personal Payments	
2	Advance Pay – Other	To collect overpaid advance payments from a recipient via personal payments or from a provider via payroll deductions after an advance payment recipient reverts to arrears payments. The county will need to indicate “No Further Action” for the reconciliation month.	Recipient	Recipient or Provider	Hours	1 Month	Yes Provider Only	Yes Recipient Only	MISC Collects from future payment.	JVA Makes appropriate accounting entries when cash collections are received.	When a collection is made, IHSS remaining hours will be reinstated based on the recovery amount.
3	Excess Compensation – Hours	To recover an overpayment of hours to a provider.	Provider	Provider	Hours	Multiple Service Periods	Yes	Yes	MISC Collects from future payment.	JVA Makes appropriate accounting entries when cash collections are received.	When a collection is made, hours will be reinstated based on the recovery amount.

No	Overpayment Type	Purpose	Validation Combinations				Methods of Recovery		Payroll Processing		Collection Impact
			Overpaid Payee	Recovery Payee	Dollars or Hours	Service Period Span	Payroll Deductions	Personal Payments	Payroll Deductions	Personal Payments	
4	Excess Compensation – Rate	To recover an overpayment caused by an incorrect rate assignment (higher rate than should have been paid).	Recipient	Recipient or Provider	Hours	Multiple Service Periods	Yes	Yes	MISC Collects from future payment	JVA Makes appropriate accounting entries when cash collections are received.	No impact to hours.
4a	Excess Compensation – Rate	To recover an overpayment caused by an incorrect rate assignment (higher rate than should have been paid).	Provider	Provider	Hours	Multiple Service Periods	Yes	Yes	MISC Collects from future payment	JVA Makes appropriate accounting entries when cash collections are received.	No impact to hours.
5	Restaurant Meals	To recover an overpayment of a restaurant meals allowance(s).	Recipient	Recipient or Provider	Dollars	Multiple Service Periods	Yes	Yes Recipient Only	MISC Collects from future payment	JVA Makes appropriate accounting entries when cash collections are received.	No impact to hours.

No	Overpayment Type	Purpose	Validation Combinations				Methods of Recovery		Payroll Processing		Collection Impact
			Overpaid Payee	Recovery Payee	Dollars or Hours	Service Period Span	Payroll Deductions	Personal Payments	Payroll Deductions	Personal Payments	
6	Share of Cost	To collect an overpayment due to an underpayment of SOC. Applies only to residual (IHSS-R).	Recipient	Recipient or Provider	Dollars	1 Month	Yes	Yes Recipient Only	MISC Collects from future payment.	JVA Makes appropriate accounting entries when cash collections are received.	When a collection is made, the amount will be credited to the outstanding IHSS share of cost for the eligibility month.
7	Special Transaction	To recover an overpayment of a special transaction.	Recipient	Recipient or Provider	Dollars	Multiple Service Periods	Yes	Yes Recipient Only	MISC Collects from future payment	JVA Makes appropriate accounting entries when cash collections are received.	No impact to hours.
8	Special Transaction	To recover an overpayment of a special transaction.	Recipient	Recipient or Provider	Hours	1 Month	Yes	Yes Recipient Only	MISC Collects from future payment	JVA Makes appropriate accounting entries when cash collections are received.	If the Bypass Hours option was not selected on the Special Txn, hours will be reinstated based on the collected amount.

No	Overpayment Type	Purpose	Validation Combinations				Methods of Recovery		Payroll Processing		Collection Impact
			Overpaid Payee	Recovery Payee	Dollars or Hours	Service Period Span	Payroll Deductions	Personal Payments	Payroll Deductions	Personal Payments	
9	Special Transaction	To recover an overpayment of a special transaction.	Provider	Provider	Dollars	Multiple Service Periods	Yes	Yes	MISC Collects from future payment	JVA Makes appropriate accounting entries when cash collections are received.	No impact to hours.
10	Special Transaction	To recover an overpayment of a special transaction.	Provider	Provider	Hours	1 Month	Yes	Yes	MISC Collects from future payment.	JVA Makes appropriate accounting entries when cash collections are received.	If the Bypass Hours option was not selected on the Special Txn, hours will be reinstated based on the collected amount.
11	Converted Overpayment	To continue to collect on overpayments that were active in Legacy CMIPS at the time of conversion.	Recipient or Provider	Recipient or Provider	Dollars	Multiple Service Periods	Yes	No	MISC Collects from future payment	N/A	No impact to hours.

No	Overpayment Type	Purpose	Validation Combinations				Methods of Recovery		Payroll Processing		Collection Impact
			Overpaid Payee	Recovery Payee	Dollars or Hours	Service Period Span	Payroll Deductions	Personal Payments	Payroll Deductions	Personal Payments	
12	Legacy Special Transaction	To recover an overpayment that occurred as a result of a legacy special transaction. Use this type only when none of the other overpayments types can be used.	Recipient	Recipient or Provider	Dollars	Multiple Service Periods	Yes	Yes	MISC Collects from future payment	JVA Makes appropriate accounting entries when cash collections are received.	No impact to hours.
13	Legacy Special Transaction	To recover an overpayment that occurred as a result of a legacy special transaction. Use this type only when none of the other overpayments types can be used.	Provider	Provider	Dollars	Multiple Service Periods	Yes	Yes	MISC Collects from future payment	JVA Makes appropriate accounting entries when cash collections are received.	No impact to hours.

Reports List

The table below lists the reports available in the Public Folders of the Reporting system. Folders can be expanded to display subfolders. Clicking a folder name displays all reports within the folder. Users will only see folders and subfolders that are associated with their assigned group.

Note: The user role determines how much information is returned on any report.

If you have trouble locating a report, you can contact the Help Desk for assistance.

Report Name	Report Description	Folder Name	Sub Folder Name
Active Caseload	The Active Caseload Report lists recipient case details for all active (Eligible, Presumptive Eligible, Leave) cases assigned to a particular Social Worker (Case Owner).	Case Maintenance	
Application - Approval - Denial - Termination Listing - Summary	The Application/Approval/Denial/Termination Listing Summary reports summary case counts of Status changes in the report period. The following three summary reports are available: • Supervisor Summary: A count of cases, by Social Worker, associated with each Status reported. • County Summary: A count of cases, by District Office, associated with each Status reported. • Statewide Summary: A count of cases, by County, associated with each Status reported.	Case Maintenance	
Application - Approval - Denial - Termination Listing	The Application/Approval/Denial/Termination Listing reports details for cases which have, in the reporting month, been created (Pending Status); approved (Pending to Eligible or Presumptive Eligible); Denied (Pending to Denied); Withdrawn (Pending to Application Withdrawn); or Terminated (Eligible or Presumptive Eligible to Terminated).	Case Maintenance	
Authorized Case Summary and Detail	The Authorized Case Summary and Detail Report reports summary and detail hours and dollar expenditures authorized by program, i.e. PCSP, IPO, IPW, and IHSS-R; for Individual Provider (IP), County Contractor (CC) and Homemaker (HM). This report also includes a single summary page for WPCS.	Case Maintenance	
Case Actions Overview	The Case Actions Overview Report gives a total for actions taken on a case in the report month at a social worker level. This is not an unduplicated count, if a case is denied then rescinded in the same month both actions will be counted under the appropriate category.	Case Maintenance	

Report Name	Report Description	Folder Name	Sub Folder Name
Caseload Summary	The Caseload Summary Report provides a count of cases, by Funding Source when applicable, that have changed Status in the report month. This report is not meant to reconcile, but is a snapshot of cases which changed from one status to another in the report month. This is a point in time report that captures the case status for the report period as of the generation month. If a case changes statuses multiple times during a month, it will be counted for each applicable status change.	Case Maintenance	
Contractor Hours Served Less than 80 Percent	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 Contractor's services for the current and two prior Service Months for a recipient case for which less than 80% of the authorized County Contractor hours have been served in any of the three months.	Case Maintenance	
Intake Tracking Report for Medi-Cal Determination	The Intake Tracking Report for Medi-Cal Eligibility is used to track the number of days a determination for Medi-Cal has taken by tracking the date it was referred to SAWS and the date Medi-Cal Eligibility was returned to the CMIPS II application and whether the requested Medi-Cal Eligibility was approved or denied. The recipient name and IHSS case number are used to identify these requests.	Case Maintenance	
MEDS Alert Caseload Detail	Lists the detail information from MEDS Alerts by County, District Office Supervisor and Worker Number (Case Owner). The detail section at the recipient level and displays the MEDS Alert with a listing of all recipients that received that alert.	Case Maintenance	
MEDS Alert Caseload Summary	Lists the MEDS Alert number, message verbiage and the number received based for that particular MEDS Alert. This report may be requested by the County, District Office or Worker Number (Case Owner).	Case Maintenance	
Monthly Change to Primary Medi-Cal Aid Code	The Monthly Change to Primary Medi-Cal Aid Code Report notifies the Social Worker (Case Owner) of a change to a recipient's primary Medi-Cal Aid Code. Cases will be reported based on the effective date of the change to a new Medi- Cal primary Aid Code which is based on the date the MEDS Daily or Monthly Renewal file with the Aid Code change is processed by in the CMIPS II application.	Case Maintenance	
Monthly Inter-County Transfer Case Status	The Monthly Inter-County Transfer Status Report lists cases being transferred between counties. Cases are reported based upon the Inter-County Transfer Status associated with a case.	Case Maintenance	

Report Name	Report Description	Folder Name	Sub Folder Name
	Cases continue to be reported until a status update from In-Progress to Completed or Cancelled. Cases will be dropped from the report the month following the Status change.		
Monthly Medi-Cal RV Due	The Monthly Medi-Cal RV Due (Non-SSI) Report lists Non-Supplemental Security Income (SSI) cases with a Medi-Cal Renewal Due date in the report month or two future months; a three month period.	Case Maintenance	
Monthly Renewal Exception	The Monthly Renewal Exception Report is produced when the MEDS Monthly Renewal file processes against IHSS recipient case. Any case with a Status other than Terminated or Denied at the time the file is processed will be evaluated. If a recipient case has multiple exceptions, a row will displays for each exception.	Case Maintenance	
Monthly Renewal Exception - State Summary	The Monthly Renewal Exception Report is produced when the MEDS Monthly Renewal file processes against IHSS recipient case. Any case with a Status other than Terminated or Denied at the time the file is processed will be evaluated. If a recipient case has multiple exceptions, a row will displays for each exception.	Case Maintenance	
No Timesheet Activity for 60 Days - Provider	The No Timesheet Activity for 60 Days Provider Report lists individual providers and the associated recipient cases for which no timesheets have been submitted on the case within the 60 days preceding the report period. Providers will be listed on the report until a timesheet is submitted.	Case Maintenance	
No Timesheet Activity for 60 Days - Social Worker	The No Timesheet Activity for 60 Days – Social Worker Report contains records for recipient cases where no timesheets have been submitted by any individual provider on the case within the 60 days preceding the begin date of the report period. The recipient will continue to be listed on the report until at least one provider submits a timesheet.	Case Maintenance	
Paid Case Summary and Detail	The Paid Case Summary and Detail report is separated into several sections to capture information pertaining to expenditures made during the reporting month. There are five main sections of the report are as follows: 1. All Program Types Paid Cases 2. PCSP Paid Cases 3. IPO Paid Cases 4. IPW Paid Cases 5. IHSS-R Paid Cases	Case Maintenance	

Report Name	Report Description	Folder Name	Sub Folder Name
	This report also includes a single summary page for WPCS.		
Potential Variable Assessment	The Potential Variable Assessment Eligibility Report provides Social Worker's with a list of recipient cases in their caseload that have reassessments due in the current or one future month which also meet the following criteria: 1. Not first annual reassessment 2. No provider change in last 6 months 3. No leave status in last 3 months 4. No change in assessed hours in last 24 months 5. Living arrangement has not changed since last reassessment 6. Not IPO	Case Maintenance	
Reason Code	The Reason Code Report lists reasons (NOA Titles) triggered on authorizations processed in the report period. Each reason is totaled within each District Office by County. This is not an unduplicated count as several NOA messages may be related to a single authorized case.	Case Maintenance	
Reassessment Summary	The Reassessment Summary Report lists counts of reassessments due in a month for each Worker (Case Owner) in a supervisor's unit. This report lists future month reassessments for a 12-month time period to allow forecasting.	Case Maintenance	
Refused Services Detail	The Refused Services Detail report informs IHSS staff and managers about recipients who have refused IHSS services. It reports on the types of services, the number of services and the number of hours refused. The report can be used to assess recipient and program risk as well as quality of services.	Case Maintenance	
Refused Services Summary	The Refused Services Summary report lists the 25 IHSS Services and the associated number of cases with Refused Services for each service type.	Case Maintenance	
Residual Caseload 2N	The Residual Caseload 2N Report is produced monthly reporting all recipient cases in an Eligible and Presumptive Eligible status that have a Funding Source Aid Code of 2N – IHSS-R.	Case Maintenance	
Service Assessment Summary	The Service Assessment Summary Report reports case counts, Assessed Hours (Individual Assessed Need) and Authorized (Auth to Purchase) hour averages for each of the 25 IHSS Services as well as the total dollars and average cost per case for each service. The counts and averages are provided for the current report month and for a three month period (current month plus two prior months).	Case Maintenance	

Report Name	Report Description	Folder Name	Sub Folder Name
SOC Cola Exception	The SOC COLA EXCEPTION Report lists cases which when the Cost of Living Adjustment (COLA) was applied produced an exception.	Case Maintenance	
SOC Cola Warning	The SOC COLA Warning Report list any recipient with a Share of Cost – Income Source of Veteran's administration when the COLA is processed.	Case Maintenance	
IHSS Plus Optional Annual	The IHSS Plus Option Annual Report provides a case count of Authorized and Paid cases and the Total Gross Wages paid associated with the IHSS Plus Option (IPO) program for the Fiscal Year (July through June).	Case Maintenance	IPO
IHSS Plus Optional Monthly Data	The IHSS Plus Option Monthly Data Report provides a case count of Authorized and Paid cases and the Total Gross Wages paid associated with the IHSS Plus Option (IPO) program for the report month.	Case Maintenance	IPO
Caseload Growth	The Caseload Growth Report reports counts, by categories, of cases which have been "Approved" (changed from Pending to Eligible or Presumptive Eligible Status) and cases which are "Continuing" cases which had a Status of Eligible, Presumptive Eligible or Leave the first day of the reporting period. The report displays demographic information by the following categories: • Zip Code • Spoken language • Ethnicity • Children less than 18 years of age • Severely Impaired • Recipients 65 years of age and older	Case Maintenance	Management Reports
Disaster Preparedness	The Disaster Preparedness Report is a point in time report that lists recipients that are active at the time the report is generated. This report provides a list of recipients for use by the county in case of an emergency, such as a natural disaster or extreme weather. The report is grouped by zip code within a county and provides demographic information for the recipient. The list also includes the recipient's emergency contact and their information and a list of the recipient's provider's with their information. This report will provide an efficient way of contacting IHSS recipients prior to or during a disaster situation and will identify the most vulnerable for contact prioritization.	Case Maintenance	Management Reports
Discontinuance from IHSS Eligibility by Reason	The Discontinuance from IHSS Eligibility by Reason Report totals the number of cases discontinued (Terminated) from	Case Maintenance	Management Reports

Report Name	Report Description	Folder Name	Sub Folder Name
	IHSS in the report month and the discontinuance reason.		
Monthly Assessment Due	The Monthly Assessment Due report provides social workers and their supervisors with a list of active cases (Eligible, Presumptive Eligible and Leave case status) that need reassessments in the current and two future months. The report will provide recipient details the assessment due date and additional information to help the social worker prepare for the reassessment based on case characteristics. This list will enable a social worker to schedule home visits more efficiently by providing a view of their upcoming reassessments.	Case Maintenance	Management Reports
Monthly Caseload, Hours Paid and Expenditures - Total	The Monthly Caseload, Hours Paid and Expenditures – Total Report is a statewide summary report with a single row for each of the 58 counties. The report columns include: • Total of All Modes • Individual Provider (IP) • County Contractor (CC) • County Homemaker (HM) The ALL COUNTIES row is a sum of the data reported for each county.	Case Maintenance	Management Reports
Monthly Rescinded Termination Listing	The Monthly Rescind Termination Listing Report lists cases that were terminated and the termination was rescinded in the report month. The reason for the termination will display on this report and is based on the Termination NOA message.	Case Maintenance	Management Reports
Overdue Assessment Listing	The Overdue Assessment Listing Report lists cases which have a Re-assessment Due Date prior to the date the report is run. There are three versions of this report: 1. Detail – Lists case details by Worker # (Case Owner) 2. District Office – Count of cases by Supervisor 3. County – Count of cases by County	Case Maintenance	Management Reports
Recipient Summary Characteristics Listing	The Recipient Summary Characteristics Listing is a county specific report indicating totals of various recipient characteristics. The listing is useful in obtaining an overview of the IHSS population.	Case Maintenance	Management Reports
Referrals by Source by County	The Referrals By Source By County report displays the count for each referral source codes on cases created in a county for the report period. The numbers under the Referral Sources column on the report represent the 40 Referral Source codes defined for CMIPS II.	Case Maintenance	Management Reports

Report Name	Report Description	Folder Name	Sub Folder Name
QA Assessment Review	The QA Assessment Review report provides data on the outcome of the QA review.	Case Maintenance	QA
State Hearings Request	The State Hearings Request Report lists cases with state hearing activity within the prior month quarter or year of the date of request. This report is intended to report any state hearing activities entered into CMIPS II.	Case Maintenance	State Hearings
County Contractor (DATADWLDCONT)	The County Contractor/Homemaker Data Download runs on the 1st day of the month and provides data associated with recipient cases for which either a County Contractor Billing Invoice was authorized or Homemaker Timesheets was approved. For counties which use County Contractors the data provided is based upon the Invoice submitted by the Contractor to the County. After review by the county the invoice file submitted to and processed by the CMIPS II application and results in either authorized hours, which post against a recipient case or errors. Only cases which have been approved for payment will be reported. For counties which use County Homemakers to provide services to IHSS Recipients the data provided is associated with the Homemaker Timesheets which have been submitted and approved in the CMIPS II application. When the data is pulled for a specific county only data specific to that county's mode of service (County Contractor or Homemaker) will be reported. For instance, if you are a user in a county which uses County Homemakers, only those fields associated with Homemaker information will be indicated and the corollary will occur for counties using Contractors.	Data Download	
Inter-County Transfer (DATADWLDICT)	The Monthly Inter-County Transfer Data Download lists cases being transferred between counties. Cases are reported based upon the Inter-County Transfer Status associate with a case. Cases continue to be reported until a status update from In-Progress to Completed or Cancelled. Cases will be dropped from the report the month following the Status change.	Data Download	
Paid Hours	The Provider Paid Hours data download is a Legacy data download which provides counties with information relating to Provider payments made or voided in the previous month. (Example: The download run on 5/1/2011 reports all payments issued to a provider in the month of April 2011). Although no payment is made directly to a provider, this download also	Data Download	

Report Name	Report Description	Folder Name	Sub Folder Name
	includes data pertaining to Advance Pay reconciling timesheets. Provider payments with a Funding Source of WPCS are excluded.		
Provider Eligibility (PELGDNLD)	The Provider Eligibility Data Download is the Legacy data download which provides counties eligibility pertaining to providers working for recipient in their county.	Data Download	
Provider Enrollment Data (DATADWLDENRL)	The CMIPS II Provider Enrollment Data Download provides counties with enrollment information on provider records which have the reporting county as the DOJ County.	Data Download	
Provider Hours Paid for Month	This is a Legacy data download which provides the counties with a roll-up of the hours paid to providers by county across recipients for pay periods that fall within the previous month. The “report month” will always be the previous month. Provider payments with a Funding Source of WPCS are excluded. The Monthly Provider Hours Paid for Month runs on the 11th of each month reporting hours paid to a provider for the previous month’s pay periods. (i.e. Data download runs 5/11/2011 – reports all payments issued to the provider for April pay periods April 1 – 15, 2011 or April 16 – April 30, 2011 regardless of the date the payment was issued.) The timing of this download allows a reasonable chance that timesheets for the last pay period of a report month will been processed.	Data Download	
Provider Management Data (DATADWLDPROV)	The CMIPS II Provider Management Data Download reports data associated with CMIPS II providers. The Provider Management Data Download runs on the 1st day of each month and provides a snap shot of all provider records in the CMIPS II application the day of the download.	Data Download	
Recipient Eligibility A (RELADNLD)	The RELA data download provides data associated with the Legacy RELA screen. There is a one-to-one relationship between the RELA and RELB data downloads. This means for every RELA record there will be an associated RELB, but there can be multiple RELC records associated with a single RELA and RELB file. Data displayed from the CMIPS II application using the RELA, RELB and RELC data downloads will be limited to the data fields associated with the Legacy system. Code values will reflect the CMIPS II code values for the field. Often these values may not match the Legacy code values. Unless	Data Download	

Report Name	Report Description	Folder Name	Sub Folder Name
	otherwise stated the CMIPS II data will be for the latest the authorization associated to the latest Active Evidence.		
Recipient Eligibility B (RELBDNLD)	The RELB data download provides data associated with the data on the Legacy RELB screen. There is a one-to-one relationship between the RELA and RELB data downloads. This means for every RELA record there will be an associated RELB, but there can be multiple RELC records. Data displayed from the CMIPS II application using the RELA, RELB and RELC data downloads will be and limited to the data fields associated with the Legacy system. Code values will reflect the Legacy code values. Often these values may not match the CMIPS II code values. Unless otherwise stated the CMIPS II data will be for the latest the authorization associated to the latest Active Evidence.	Data Download	
Recipient Eligibility C (RELCDNLD)	The RELC data download provides data the Legacy RELC grid hours. There is a one-to-many relationship between the RELA, RELB and RELC data downloads. This means for every RELA record there can be multiple RELC records. Data displayed from the CMIPS II application using the RELA, RELB and RELC data downloads will be and limited to the data fields associated with the Legacy system. Code values will reflect the Legacy code values. These values may not match the CMIPS II code values. Unless otherwise stated the CMIPS II data will be for the latest the authorization associated to the latest Active Evidence.	Data Download	
Recipient Management Data (DATADWLDREC) Part 1	The CMIPS II Recipient Management Data Download reports applicant/recipient case data. Due to its size it has been split into four (4) files. The Recipient Management Data Download runs on the 1st day of each month and providers a snap shot of all recipient cases in the CMIPS II application for the county.	Data Download	
Recipient Management Data (DATADWLDREC) Part 2	The CMIPS II Recipient Management Data Download reports applicant/recipient case data. Due to its size it has been split into four (4) files. The Recipient Management Data Download runs on the 1st day of each month and providers a snap shot of all recipient cases in the CMIPS II application for the county.	Data Download	
Recipient Management Data (DATADWLDREC) Part 3	The CMIPS II Recipient Management Data Download reports applicant/recipient case data. Due to its size it has been split into four (4) files.	Data Download	

Report Name	Report Description	Folder Name	Sub Folder Name
	The Recipient Management Data Download runs on the 1st day of each month and providers a snap shot of all recipient cases in the CMIPS II application for the county.		
Recipient Management Data (DATADWLDREC) Part 4	The CMIPS II Recipient Management Data Download reports applicant/recipient case data. Due to its size it has been split into four (4) files. The Recipient Management Data Download runs on the 1st day of each month and providers a snap shot of all recipient cases in the CMIPS II application for the county.	Data Download	
Timesheet and Payroll Mgmt Data (DATADWLDTS)	The CMIPS II Timesheet and Payroll Management Data Download provides counties with timesheet data and, if processed for payment, the associated payment data. The Timesheet and Payroll Mgmt Data Download runs on the 1st day of each month and provides a snapshot of all timesheet records and associated payment data in the CMIPS II application for the county.	Data Download	
Homemaker Caseload Characteristics	The Homemaker Caseload Characteristics Report includes active recipients with assigned homemaker hours, in homemaker mode and served in the report month.	Homemaker Reports	
Homemaker Detail and Summary Time	The Homemaker Detail Time Report provides the hours and associated dollars spent by the County for County Homemaker Services in the reporting month. The report includes data for all Service Months for which Homemaker timesheets were processed in the report period.	Homemaker Reports	
Reconciliation of Advance Payments	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.	Payroll	
Share of Cost Detail Across Providers	The report provides details on a recipient's SOC amount for all providers for a given date range.	Payroll	
W2 - W2C Print Statistics	This report provides the annual report of W2 and W2C print statistics.	Payroll	
Contractor Payment Auth - Alpha	The Contractor Payment Auth Report lists recipient cases for which a Billing Invoice was submitted by the County Contractor and hours were authorized for payment.	Payroll	Contractor Reports
Contractor Payment Auth - Summary	The Contractor Payment Auth Report lists recipient cases for which a Billing Invoice was submitted by the County Contractor	Payroll	Contractor Reports

Report Name	Report Description	Folder Name	Sub Folder Name
	and hours were authorized for payment.		
Contractor Payment Rejects	The Contractor Payment Rejects Report lists recipient cases for which the County Contractor submitted billing invoice record for payment which was rejected.	Payroll	Contractor Reports
Contractor Payment Rejects - Summary	The Contractor Payment Rejects Report lists recipient cases for which the County Contractor submitted billing invoice record for payment which was rejected.	Payroll	Contractor Reports
Cash In Door Adjustment	Amount refunded to Federal and State based on amount collected by the County.	Payroll	Fund\Warrant Management
County Contractor Journal Voucher	The County Contractor Journal Voucher Report provides details of the County Contractor invoice data that has been posted in the financial system. The report provides the total amount posted into each funding program for each journal voucher entry, as well as a grand total amount.	Payroll	Fund\Warrant Management
County Contractor Payment	The County Contractor Payment Report provides the payment amounts for the County Contractor Counties. It shows the Amount Owed, the Amount Paid and the Balance for each County Contractor County as well as Statewide and date range. The report is grouped at the county level with a summary page at the statewide level.	Payroll	Fund\Warrant Management
County Payment Voucher	The County Payment Voucher report provides detailed information on all warrants issued during the daily checkwrite cycle. Each page of the report will consist of one warrant's information, allowing relevant warrant detail to be presented.	Payroll	Fund\Warrant Management
County Payment Voucher - Advanced Pay	The County Payment Voucher report provides detailed information on all warrants issued during the daily checkwrite cycle. Each page of the report will consist of one warrant's information, allowing relevant warrant detail to be presented. A separate County Payment Voucher report will be generated for Advance Pay recipients using the formats detailed above. The report will be grouped by County (or County/District Office), and Funding Source (WPCS, PCSP, IHSS-R and IPW).	Payroll	Fund\Warrant Management
Homemaker Journal Voucher	The Homemaker Journal Voucher report provides details of the Homemaker invoice data that has been posted in the financial system. The report provides the total amount posted into each funding program for each journal voucher entry, as well as a total amount.	Payroll	Fund\Warrant Management
Homemaker Payment	The Homemaker Payment Report provides the payment amounts for the Homemaker Counties. It shows the Amount	Payroll	Fund\Warrant Management

Report Name	Report Description	Folder Name	Sub Folder Name
	Owed, the Amount Paid and the Balance for each Homemaker County as well as Statewide for any date range. The report is grouped at the county level with a summary page at the statewide level.		
Listing of Requests for Copies of Cashed Warrants	The Listing of Requests for Copies of Cashed Warrants Report lists the User Name and ID of individuals who have requested copies of cashed warrants daily as well as the original warrant details.	Payroll	Fund\Warrant Management
Payment Voucher - Advanced Pay - State Summary	The Payment Voucher State Summary report provides the CDSS Accounting and County Staff with a summary of all voucher activity for a given date range. The report details the Federal, State, and County share amounts across all funding programs, as well as each funding programs total amount. A separate County Payment Voucher report will be generated for Advance Pay recipients using the formats detailed above.	Payroll	Fund\Warrant Management
Payment Voucher - State Summary	The Payment Voucher State Summary report provides the CDSS Accounting and County Staff with a summary of all voucher activity for a given date range. The report details the Federal, State, and County share amounts across all funding programs, as well as each funding programs total amount.	Payroll	Fund\Warrant Management
Payment Voucher Summary	The Payment Voucher summary report provides CDSS Accounting and County Staff with a summary of all voucher activity for a given date range. The report details the Federal, State, and County share amounts for each funding program, as well as the total.	Payroll	Fund\Warrant Management
Payment Voucher Summary - Advanced Pay	The Payment Voucher Summary – Advance Pay report provides CDSS Accounting and County staff with a summary of all advance pay voucher activity for a given date range. The report details the Federal, State and county share amounts for each funding source, as well as the total.	Payroll	Fund\Warrant Management
Quarterly Federal Tax Disbursement	The Quarterly Federal Tax Disbursement Summary Report provides the summary information regarding employee tax deductions and employer tax contributions. It provides high-level report giving total federal tax deduction and contribution amounts for each funding source, as well as the total federal tax payment.	Payroll	Fund\Warrant Management
Quarterly Federal Tax Disbursement - Converted Data	This new report will be generated from the Advantage Payroll application and produced until all counties have been operational on CMIPS II for a full calendar quarter. For a requested quarter during which a mid-quarter conversion	Payroll	Fund\Warrant Management

Report Name	Report Description	Folder Name	Sub Folder Name
	occurred, this report will display converted Federal taxes owed. The report is generated at the statewide level.		
Quarterly Federal Tax Disbursement - Converted Data Excluded	This new report will be generated from the Advantage Payroll application and produced until all counties have been operational on CMIPS II for a full calendar quarter. For a requested quarter during which a mid-quarter conversion occurred, this report will display CMIPS II Federal taxes owed. The report is generated at the statewide level.	Payroll	Fund\Warrant Management
Quarterly State Tax Disbursement	The Quarterly State Tax Disbursement Summary Report provides the summary information regarding employee tax deductions and employer tax contributions. It provides high-level report giving total state tax deduction and contribution amounts for each funding source, as well as the total state tax payment.	Payroll	Fund\Warrant Management
Quarterly State Tax Disbursement - Converted Data	This new report will be generated from the Advantage Payroll application and produced until all counties have been operational on CMIPS II for a full calendar quarter. For a requested quarter during which a mid-quarter conversion occurred, this report will display converted State taxes owed. The report is generated at the statewide level.	Payroll	Fund\Warrant Management
Quarterly Tax Disbursement	The Quarterly Tax Disbursement report provides detailed information regarding employee tax deductions and employer tax contributions. It provides subtotals at the employee and employer level, as well as totals for all taxes disbursed.	Payroll	Fund\Warrant Management
Request for Void Stop Payment	This report contains detailed information for warrants that need to have a “Stop Payment” placed on them by the SCO.	Payroll	Fund\Warrant Management
Special Transaction Summary	The Special Transaction Summary Report provides counties with a view of special transactions that occurred during the report month. Special transactions that appear on this report will have a status of Processed or Cancelled, Special Transactions in statuses other than Processed and Cancelled will not display on this report.	Payroll	Fund\Warrant Management
Stale Dated Warrant Listing	The Stale Dated Warrant Listing report provides CDSS Accounting with a summary of stale dated warrant activity for a given date range. The report details the amount stale dated warrant in each funding program, as well as the detail about the warrant.	Payroll	Fund\Warrant Management
Stale Dated Warrant Listing - Vendor	The Stale Dated Warrant Listing – Vendor report provides CDSS Accounting with a statewide summary of all vendors stale dated warrant activity for a given date range.	Payroll	Fund\Warrant Management

Report Name	Report Description	Folder Name	Sub Folder Name
	The report is grouped at the statewide level.		
Stale Dated Warrant Summary	The Stale Dated Warrant Summary Report provides the stale dated warrant amounts by fiscal year, by funding source and by Federal, State and County Share any date range. The report is grouped at the statewide level.	Payroll	Fund\Warrant Management
Stale Dated Warrant Summary - Vendor	The Stale Dated Warrant Summary – Vendor Report provides the stale dated warrant amounts by fiscal year, by funding source and by Federal, State and County Share for vendor warrants for any date range. The report is grouped at the statewide level.	Payroll	Fund\Warrant Management
Warrant Redeposit Listing	The Warrant Redeposit Listing report provides CDSS Accounting, County staff and CDSS APD staff with a summary of warrant redeposit activity for a given date range. The report details the amount redeposited in each funding source, as well as the detail about the warrant.	Payroll	Fund\Warrant Management
Warrant Redeposit Listing - Vendor	The Warrant Redeposit Listing – Vendor report provides CDSS Accounting staff with a summary of vendor warrant redeposit activity for a given date range. The report is grouped at the statewide level.	Payroll	Fund\Warrant Management
Warrant Redeposit Summary	The Warrant Redeposit Summary Report provides the warrant redeposit amounts by quarter/ fiscal year, by funding source and by Federal, State and County Share for any date range. The report is grouped at the statewide level.	Payroll	Fund\Warrant Management
Warrant Redeposit Summary - Vendor	The Warrant Redeposit Summary – Vendor Report provides the warrant redeposit amounts by fiscal year, by funding source and by Federal, State and County Share for any date range. The report is grouped at the statewide level.	Payroll	Fund\Warrant Management
Warrants Issued	The Warrants Issued Report lists the number of individual warrants issued in the reporting month and the gross amounts by Category of the benefits. The WPCS figures are not included in the total section of the report. They are stand alone figures.	Payroll	Fund\Warrant Management
Disenrolled Provider – No Timesheet Activity	The Disenrolled Provider – No Timesheet Activity report identifies providers who have been terminated or made ineligible due to no timesheets (IHSS or WPCS) processed and paid in the preceding 12 months. This report is produced at the county level based upon the DOJ county listed for the provider. The report will select those providers with an Ineligible Reason Code of Inactive/No Payroll Activity for 1 Year and the Effective Date is in the month following the requested reporting month. Recipients will be displayed if the provider has been terminated on the case in the month following the requested reporting	Provider Management	

Report Name	Report Description	Folder Name	Sub Folder Name
	month.		
Monthly Leave Status - P	The Monthly Leave Status Report-R Report provides a listing of providers in a Leave Status when associated with an active status recipient case (Eligible or Presumptive Eligible). This section of the report includes the provider name and provider number. The case number associated with all active status recipient cases to which the provider is associated, the recipient case status and the effective date the provider's Leave status.	Provider Management	
Monthly Leave Status - R	The Monthly Leave Status Report-R Report provides the recipient name, case number, the Date of Leave and the leave reason. The reason for leave will display the Notice of Action Code and Title associated with the Reason indicated when the Leave status.	Provider Management	
Provider Hours Over 300 Paid	The Provider Hours > 300 Paid Report is run for a service month and lists provider and recipient data for providers who were paid more than 300 hours for that service month.	Provider Management	
Provider Payment Summary	The Provider Payment Summary report provides the county/state staff with a provider's payment summary. The report can be run at any time, and will return payment data for the provider number for which it is run.	Provider Management	
Provider SSN and Enrollment Status	The Provider SSN Verification Report identifies Provider SSN records that do not match the Social Security Administration (SSA) response to provider records submitted for SSN verification.	Provider Management	
Provider YTD Payment History	The Provider YTD Payment History Report provides information on all recipients for whom the provider has worked in the requested calendar year, including payment amounts.	Provider Management	
PA Providers	The PA Provider Report lists active provider statistical information along with the number of Public Authority (PA) registry Providers in each county. The report lists total counts and percentages based on the difference between the # of Providers and the # of Providers on a PA Registry.	Provider Management	PA
Hourly Task Guideline	The Hourly Task Guidelines (HTG) Report provides the state and counties with a summary level count and percent of authorized hours for active status cases (Eligible, Presumptive Eligible and Leave) that are within, above and below the Hourly Task Guideline based upon the Functional Rank (2-5) assigned to a Functional Area. Each Service Type associated with a Functional Area will be reported separately.	QA/Fraud	

Report Name	Report Description	Folder Name	Sub Folder Name
Hourly Task Guideline (County Level)	County by District Office – Reports HTG information for all cases associated with each District Office within a County	QA/Fraud	
Hourly Task Guideline (State Level)	Statewide by County – Reports HTG information for all cases associated with each County within the State.	QA/Fraud	
In-Patient Hospitalization	The In-Patient Hospitalization/Long Term Care Stay Payment Review Report is processed on a monthly basis and reports cases for which a Medi-Cal Service Match record has been received in the report month for either an In-patient Hospital or Long Term Care (LTC) admission. Cases will only be reported when the inpatient admission is greater than two days. The time count begins with the first day the recipient is in the admitted to the inpatient or LTC facility and concludes on the day of discharge.	QA/Fraud	
In-Patient Hospitalization (County)	The In-Patient Hospitalization/Long Term Care Stay Payment Review Report is processed on a monthly basis and reports cases for which a Medi-Cal Service Match record has been received in the report month for either an In-patient Hospital or Long Term Care (LTC) admission. Cases will only be reported when the inpatient admission is greater than two days. The time count begins with the first day the recipient is in the admitted to the inpatient or LTC facility and concludes on the day of discharge. Users with County Worker, County Supervisor or State Worker access have the ability to run the report.	QA/Fraud	
Monthly Investigation Referrals Activity	The Monthly Investigation Referrals Activity Report tracks the Status and Outcome of QA Case Investigation made in the report period to Department of Health Care Services (DHCS) and to a local agency (Locally).	QA/Fraud	
Out of State Provider Payment	The Out-of-State Provider Payment Report assists counties in monitoring warrants issued to payees that are mailed to an out-of-state address. The report is produced monthly and excludes warrants issued to lien holders and FICA refunds. This information is provided to the counties to verify any possible fraudulent activities and assist in identifying potentially incorrect payments.	QA/Fraud	
Overpayment Status	The Overpayment Status Report is a list of overpayments by County, District Office, Supervisor, and Worker. The report details are sorted by the name of the Recipient or Provider that incurred the overpayment. The report provides information	QA/Fraud	

Report Name	Report Description	Folder Name	Sub Folder Name
	about each overpayment, as well as any collections that have been applied against the overpayment before or during the Cycle Date range.		
QA Case Random Sampling	The QA Case Random Sampling Report delivers a random pull of cases to be reviewed by QA staff, a balanced workload assignment among the QA staff and an equal review of Social Worker (SW) cases.	QA/Fraud	
SCO Death Match Response	The State Controller's Office (SCO) Death Match Response report displays reported date of death information for providers and recipients at a summary record level. It also displays the recorded outcome of the QA worker investigation into the reported death of the provider or recipient. This report is for review by CDSS QA. The report will carry outcome data for items from the SCO Death Match entity but at a summary by case number level.	QA/Fraud	
Unannounced Home Visit Quarterly	The Unannounced Home Visits Quarterly Report lists recipients and or providers for whom an Unannounced Home visit was performed in the report period.	QA/Fraud	
Unannounced Home Visit Statewide Summary	The Unannounced Home Visits Statewide Report lists, by county, the reason for and outcomes of Unannounced Home Visits in the requested report period.	QA/Fraud	
Chronology of Public Authority Rate Approval	This report provides the overall history of all changes made to each county's rate that will be used to provide information for the Fiscal and Administrative Unit (FAU) staff and their budget drills.	State Only	
Daily Claim Schedule Transmittal	The Daily Claim Schedule Transmittal provides summary information about the daily claim transmittal process. It summarizes the total warrant activity for the day, as well as the total of all EFT transactions. It also provides summary amounts for each funding source reported by Federal share, State share, County share and Total.	State Only	
DE-9 DE-9C DE-88 Backup Listing for Default SEINS	CMIPS II shall use valid SEINs for all DE 9C and DE 9 data filed with EDD if EDD has provided an SEIN for the employer.	State Only	
MSSP - Client Summary	The Multi-Purpose Senior Services Program (MSSP) requests information from the California Department of Aging (CDA). The CDA bills MSSP through the contractor for aged and frail clients who are certifiable for a nursing facility. Each month the MSSP office receives a file from each of the 35 local sites, compiles the monthly files, creates a single file and	State Only	

Report Name	Report Description	Folder Name	Sub Folder Name
	will send the file to CMIPS II. CMIPS II will process the file and provide a result set of recipient case information as well as a summary by MSSP Site: IHSS/MSSP report – Client Summary, Site Summary. There will be a summary by county of the MSSPs detailing information for the services approved/provided by IHSS to the MSSP recipients. Client Summary - Sorts by MSSP Site and County, then by Recipient Name (Last Name, First Name).		
MSSP - Program Summary	The Multi-Purpose Senior Services Program (MSSP) requests information from the California Department of Aging (CDA). The CDA bills MSSP through the contractor for aged and frail clients who are certifiable for a nursing facility. Each month the MSSP office receives a file from each of the 35 local sites, compiles the monthly files, creates a single file and will send the file to CMIPS II. CMIPS II will process the file and provide a result set of recipient case information as well as a summary by MSSP Site: IHSS/MSSP report – Client Summary, Site Summary. There will be a summary by county of the MSSPs detailing information for the services approved/provided by IHSS to the MSSP recipients. Program Summary - Sorts is non-applicable.	State Only	
MSSP - Site Summary	The Multi-Purpose Senior Services Program (MSSP) requests information from the California Department of Aging (CDA). The CDA bills MSSP through the contractor for aged and frail clients who are certifiable for a nursing facility. Each month the MSSP office receives a file from each of the 35 local sites, compiles the monthly files, creates a single file and will send the file to CMIPS II. CMIPS II will process the file and provide a result set of recipient case information as well as a summary by MSSP Site: IHSS/MSSP report – Client Summary, Site Summary. There will be a summary by county of the MSSPs detailing information for the services approved/provided by IHSS to the MSSP recipients. Site Summary - Sorts by site number.	State Only	
MSSP Warning Alert	The Multi-Purpose Senior Services Program (MSSP) requests information from California Department of Aging (CDA). CDA bills MSSP through the contractor for aged and frail clients who are certifiable for a nursing facility.	State Only	

Report Name	Report Description	Folder Name	Sub Folder Name
	Each month the MSSP office receives a file from each of the 35 local sites, compiles the monthly files, creates a single file and sends that file to CMIPS II. CMIPS II processes the file and provides a result set of recipient case information and generates the MSSP/IHSS Match Program Data Exception report and the IHSS/MSSP report – client summary. Warning errors report from the system comparison of the MSSP transmittal received from the State Department of Aging that is used to identify exception data.		
Wage Rates - All Counties	The Wage Rates – All Counties Report is used by Fund Accounting Unit (FAU) staff to provide wages and rates to get accurate estimates or actual expenses for counties.	State Only	
Lien Holder Deduction Reconciliation	The report provides lien holder detailed deduction activity for a given date range.	State Only	Lien Holder
Timesheet Exception	The Timesheet Exception Report lists recipients and providers where an exception was encountered during the validation of their timesheet. The report is inclusive of hard and soft timesheet exception edits. A hard edit exception record will remain on this report until the pay period following the resolution. Soft edit exception records will display on this report for the reporting period only (cycle date) as they do not need resolution.	Time and Attendance	