

**IN-HOME SUPPORTIVE
SERVICES
SPECIAL NOTICE
ARCHIVES
2015**



**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES (AIS)
IN-HOME SUPPORTIVE SERVICES (IHSS)
SPECIAL NOTICE 15-07**

November 24, 2015

SUBJECT: Blind and Visually Impaired Accommodations for IHSS Recipients

EFFECTIVE DATE: August 1, 2015

EXPIRATION DATE: When incorporated into the IHSS Program Guide

REFERENCE: ACL 15-60 and ACIN 1-25-15

I. PURPOSE

The Purpose of this Special Notice is to provide information and instructions to IHSS staff on providing reasonable accommodations to IHSS recipients who are Blind or Visually Impaired (BVI).

II. BACKGROUND

The California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) have developed alternative ways for IHSS BVI recipients to receive written information, and to review and approve timesheets for IHSS Individual Providers (IPs).

The following alternative methods of receiving forms and Notices of Action (NOA) are now available:

- Large Font Documents: Documents will be printed in 18-point font.
- Braille documents: Documents will be printed in the raised-dot Braille alphabet.
- CD Audio: Documents will be provided as an audio file on a CD that will allow the client to hear the information as it is read.
- Data (Text) Files: Documents will be provided as a data text file on a CD that can be read by specially adapted computer software.

A Telephone Timesheet System (TTS) is available for blind recipients to prepare, review, and submit approval for his/her IP's timesheet to the State via telephone.

Note: A paper NOA in 14-font is also mailed to the client when the Braille NOA, Audio CD, or Data CD option is requested. Documents in Braille will be produced and mailed by the CMIPS II Vendor (Hewlett Packard). CMIPS II will require a 15-day notice for a negative action, instead of a 13-day notice, when the CD audio and data (text) file option is selected.

III. POLICY

All IHSS applicants and recipients (or their authorized representative) must be informed of the alternative formats available for IHSS clients who are designated as BVI.

IV. SOCIAL WORKER PROCEDURES

General Information

BVI accommodations are an optional choice for all IHSS applicants and recipients. Confirmation of a visual impairment is not required but may be found through:

- The SOC 873 – IHSS Program Health Care Certification form
- Supplemental Security Income (SSI) determination of blindness
- Medi-Cal Aid Code

Note: Medical documentation of a visual impairment is not required to access BVI services; the statement of the individual is enough to establish a need for BVI accommodation.

Initial Implementation

CDSS has provided a list of IHSS recipients that are designated as “blind” in the Case Management Information and Payrolling System (CMIPS) II. Designated IHSS staff will contact each of these recipients to determine the need for BVI accommodations, and document the information in CMIPS II.

Social Worker Responsibilities (Effective January 1, 2016)

At each initial assessment, the IHSS Social Worker must inform every BVI client of the BVI accommodations that are now available. The 12-54B HHSA – Blind and Visually Impaired Accommodations Checklist (Attachment A) is an optional tool that can be used when determining the need for BVI accommodations. At reassessment, the IHSS Social Worker will confirm whether or not there has been a change in the recipient’s preferred method of receiving NOAs and program material, and document the preference in the assessment narrative.

If a need for BVI accommodations is identified or requested, the IHSS Social Worker will:

1. Describe the BVI accommodations available.
2. Explain what special equipment might be needed.
3. Provide any necessary information or training materials.
4. Assist the client with determining which format is the most appropriate for his/her use.
5. Enter the accommodation preferences in the CMIPS II BVI screens.

Available Formats

The IHSS client may choose to continue receiving information through the current method or change to one of the formats listed below.

Visually Impaired Clients

If the IHSS client is visually impaired but still able to read large font documents, the IHSS Social Worker must offer the option for large font documents, including large font timesheets and large font NOA's.

If the client is unable to read large font documents, the IHSS Social Worker must offer the CD audio/data (text) option.

Blind Clients

If the IHSS client is blind, the IHSS Social Worker must offer the option for Braille NOA's, CD audio/data (text), and the Telephone Timesheet System (TTS).

The IHSS Social Worker must assist the recipient as needed in determining the appropriate format, but the final decision remains with the recipient.

Telephone Timesheet System

A recipient enrolled in the new TTS will use a 4-digit, numeric, "Recipient Authentication Number" (RAN) to access the system. This number, along with the IHSS case number, will allow the recipient to:

- Hear the information entered by the provider on his/her timesheet
- Approve or reject the timesheet by electronic signature

If the recipient chooses to use TTS to approve timesheets, he/she must select a 4-digit number and provide the number to the IHSS Social Worker. The IHSS Social Worker must enter the number selected into CMIPS II and caution the recipient that the number must not be shared with the IHSS provider.

The IHSS Social Worker is responsible for ensuring that an IHSS recipient, who chooses to use the TTS program, receives a TTS informational CD. Program Support staff will be responsible for mailing the informational CDs to the recipient. A Braille sticker that reads "IHSS Info" must be placed on the outside of the envelope prior to mailing. Requests to send a TTS Informational CD to a recipient must be submitted to the Program Support email IHSSQCA-QL.HHSA@sdcounty.ca.gov. The request must include the recipient's name and case number. To view the information contained on the CD, see "IHSS Telephone Timesheet System" (Attachment B).

TTS - Timesheet Processing

Each timesheet received at the Timesheet Processing Facility (TPF) will be scanned and analyzed:

- If signed by recipient, the timesheet is processed for payment.
- If the recipient signature is missing, TTS recipients will receive an automated call to review and verify or reject the timesheet.
- If the recipient phone number is incorrect, a "Task" will be sent to the IHSS Social Worker's in-box. The IHSS Social Worker must contact the emergency contact in order to obtain an updated telephone number, or mail the recipient a written request to provide updated information. If the IHSS recipient does not respond to the written

request within the stated timeframe, the IHSS Social Worker must terminate the recipient's IHSS eligibility using the NOA code TR16 "Termination – Whereabouts unknown."

TTS Assistance Line

Recipients requiring assistance with the TTS can use the toll free number below:

1 (844) 576-5445
Monday through Friday
8:00 a.m. to 5 p.m. (excluding holidays)

Assistance is available in English, Spanish, Mandarin, and Armenian. Mandarin and Armenian recipients will be asked to leave a message. The phone call will be returned within two hours during the lines hours of operation.

Clerical Responsibilities

System Lockout

When a RAN is entered incorrectly three times, CMIPS II will reset the RAN number to zeros, locking the recipient out of the TTS. A system-generated task will be sent to the designated payroll clerk at the IHSS Public Authority (PA) via the "Timesheet Eligibility Errors Work Queue." The designated individual will then notify the two IHSS Senior Office Assistants. The designated IHSS Senior Office Assistant will:

1. Contact the IHSS recipient as soon as possible, but no later than by the end of the next business day, and ask him/her to select a new RAN.
2. Enter the new RAN in the *Blind or Visually Impaired* screen in CMIPS II.
3. Enter a Case Note in CMIPS II documenting the action taken.

The IHSS Senior Office Assistant must notify the IHSS Social Worker and copy the IHSS Social Work Supervisor, if the IHSS recipient's telephone number is incorrect or the IHSS recipient does not return the telephone call after three business days. The IHSS Social Worker must contact the emergency contact in order to obtain an updated telephone number, or mail the recipient a written request to provide updated contact information. If the recipient does not respond to the written request within the stated timeframe, the IHSS Social Worker must terminate the recipient's IHSS eligibility using the NOA code TR16 "Termination – Whereabouts unknown."

V. FORMS AND DOCUMENTS

In the future, the standard font size for all IHSS forms will be 14-point. To ensure BVI IHSS applicants and recipients are able to independently access all IHSS resources and program services, CDSS will be revising IHSS forms into the four alternative formats: large (18-point) font, Braille, CD audio, and CD data (text). Standard IHSS Forms will continue to generate in CMIPS II until the selected option becomes available. IHSS forms and documents available in 18-point font are identified with an "L" and the end of the form number. For example, the SOC 295L – Application for Social Services (Attachment C) and SOC 2261L - IHSS Arrears Timesheet (Attachment D) are forms

available in 18-point font.

Application for Social Services

The *SOC 295 – Application for Social Services* was revised and includes a new section titled “Section 7 – Communication Accommodations.” This new section allows the IHSS applicant to indicate the format that he/she would like to receive IHSS forms and documents. The new SOC 295 form is required for all applications received after September 1, 2015. Previous versions should no longer be used; older versions in hard copy and electronic format must be recycled. It is not necessary to replace existing completed and signed SOC 295’s.

IHSS Arrears Timesheet

There is no change to the processing of the IHSS arrears timesheet. Timesheets will continue to print in the standard 14-point font size, unless the recipient requests an 18-point font size. Printing and reprinting of the 18-point font size version (SOC 2261L) will be completed at the Vendor Print Center (Hewlett Packard). Timesheet instructions will be printed on a second page and included with the timesheet.

IHSS NOA’s

There are no content or process changes for 18-point font NOA’s. NOA’s will be completed, printed, and mailed by the counties when needed for BVI recipients. The current county printers can print the 18-point font format and will continue to use legal size paper.

The following NOA documents are available in large font, Braille and CD data (text) format in English, Spanish, Chinese, and Armenian languages, and CD audio format in English and Spanish languages.

NA 1250L– Notice of Action In-Home Supportive Services (IHSS) Approval

NA 1251L– Notice of Action In-Home Services (IHSS) Approval Continuation

NA 1252L – Notice of Action In-Home Supportive Services (IHSS) Denial

NA 1253L – Notice of Action In-Home Supportive Services (IHSS) Change

NA 1254L– Notice of Action In-Home Supportive Services (IHSS) Change Continuation

NA 1255L– Notice of Action In-Home Supportive Services (IHSS) Termination

NA 1256L– Notice of Action In-Home Supportive Services (IHSS) Share of Cost

NA 1257L– Notice of Action In-Home Supportive Services (IHSS) Multi

NA – Description of Services L

NA IHSS Back L – Your State Hearing Rights

VI. CMIPS II UPDATES

CMIPS II has been modified to allow users to enter the reasonable accommodation preferences requested by BVI IHSS applicants and recipients offered during an assessment or reassessment. A BVI record must be created or updated (in CMIPS II) when a need for BVI accommodations is identified or requested, including when BVI accommodations are not needed.

Blind or Visually Impaired Screen

The *Blind or Visually Impaired* screen is accessed from the “Blind or Visually Impaired” link in the *Cases* left navigation menu. This screen displays the current, active BVI record associated with the case. When the “New” link is selected from the *Blind or Visually Impaired* screen, the *Create Blind or Visually Impaired* screen is displayed. This screen is used to create a new BVI record.

If “Blind” is selected in the “Blind or Visually Impaired” field, then the following options will be available:

Notice of Action Options	<ul style="list-style-type: none">• No Accomodation is Needed• Braille Documents• Audio CD• Data CD
IHSS Required Forms Options	<ul style="list-style-type: none">• No Accomodation is Needed• Braille Documents• Audio CD• Data CD
Timesheet Options	<ul style="list-style-type: none">• No Accomodation is Needed• Telephonic System

If “Visually Impaired” is selected in the “Blind or Visually Impaired” field, then the following options will be available:

Notice of Action Options	<ul style="list-style-type: none">• No Accomodation is Needed• Large Font NOA• Audio CD• Data CD
IHSS Required Forms Options	<ul style="list-style-type: none">• No Accomodation is Needed• Large Font Documents• Audio CD• Data CD
Timesheet Options	<ul style="list-style-type: none">• No Accomodation is Needed• Large Font Timesheet

Note: A CMIPS II error will display if the option selected is not available. For example, if the user selects “Visually Impaired” in the “Blind or Visually Impaired” field and “Braille Documents” in the “Notice of Action Option” field.

History Link

When the “History” link is selected from the *Blind or Visually Impaired* screen, the *Blind or Visually Impaired History* screen is displayed. This screen lists the history of BVI records associated with the case. The default sort displays the most recent BVI record at the top of the list.

View Blind or Visually Impaired Screen

When the “View” link is selected from the *Blind or Visually Impaired* screen, or for a specific record on the *Blind or Visually Impaired History* screen, the *View Blind or Visually Impaired* screen is displayed. This screen is used to view a current or previous BVI record.

Modify Blind or Visually Impaired Screen

When the “Edit” link is selected from either the *Blind or Visually Impaired* screen, or the *View Blind or Visually Impaired* screen, the *Modify Blind or Visually Impaired* screen is displayed. This screen is used to modify an existing BVI record.

BVI Timesheet Release/Reject History Screen

When the “BVI Timesheet Release/Reject History” link is selected on the *View Timesheet* screen, the *BVI Timesheet Release/Reject History* screen is displayed. This screen lists the history of released or rejected BVI timesheet records associated with the case. The default sort displays the most recent creation date at the top of the list.

VII. REVIEW STATEMENT

This Special Notice has been reviewed by an Organizational Review Committee (ORC).

VIII. FILING STATEMENT

IHSS Special Notices are being archived at the following link:

<S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated>

And at the county intranet at:

<http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AIHSS>

Hard copies of this Special Notice will not be automatically distributed by Program Support.



MARK SELLERS
Assistant Director

Attachments

For questions contact: Wendy Contreras (858) 505-6366

IHSS SPECIAL NOTICE 15-07
Blind and Visually Impaired Accommodations for IHSS Recipients

BLIND AND VISUALLY IMPAIRED (BVI) ACCOMMODATIONS CHECKLIST

Case Name: _____

Case Number: _____

Describe the BVI accommodations available and assist the client with determining which format is the most appropriate for his/her use.

BVI ACCOMMODATIONS REQUESTED:

Blind Recipients	Requested
Braille Documents	<input type="checkbox"/>
Audio CD	<input type="checkbox"/>
Data CD	<input type="checkbox"/>
Telephone Timesheet System (TTS)	<input type="checkbox"/>
Visually Impaired Recipients	Requested
Large Font NOA's	<input type="checkbox"/>
Large Font Documents	<input type="checkbox"/>
Audio CD	<input type="checkbox"/>
Data CD	<input type="checkbox"/>
Large Font Timesheets	<input type="checkbox"/>

IF DATA CD SELECTED: Inform the client that Data CD NOA's require specially adapted computer software such as a "screen reader." Additional information is available at The American Foundation for the Blind (AFB) website <http://www.afb.org>.

IF DATA CD, AUDIO CD OR BRAILLE DOCUMENTS IS SELECTED: Inform the client that a paper Notice of Action in standard 14-font will also be sent.

IF TELEPHONE TIMESHEET SYSTEM (TTS) REQUESTED:

- RAN: Obtain a 4-digit "Recipient Authentication Number" (RAN) from the client:

RAN _____

- Telephone Number: Verify client's current telephone number _____

- TTS Assistance Line: Provide the toll free number of the TTS Assistance Line:

1 (844) 576-5445
Monday through Friday
8:00 a.m. to 5 p.m. (excluding holidays)

Assistance is available in English, Spanish, Mandarin, and Armenian. Mandarin and Armenian recipients will be asked to leave a message. The phone call will be returned within two hours during the lines hours of operation.

- TTS Informational CD: Inform the client that a TTS Informational CD will be mailed.

CMIPS II DATA ENTRY: Enter the information in the *Blind or Visually Impaired* screens in CMIPS II.



IHSS Telephone Timesheet System

Welcome/Greeting

Section One: General Introduction to the Telephone Timesheet System.

Hello, you are receiving this CD because you have elected to enroll in the IHSS Telephone Timesheet System. This system enables you to review and electronically sign or reject IHSS timesheets using your telephone.

Navigation of CD Sections

Track Descriptions

This CD operates like a typical audio CD and has the ability to skip directly to a section, if needed, using your CD player's "skip track" feature. The CD has 6 sections or tracks.

- *Section or track one, which you're listening to, now, provides a general introduction to the Telephone Timesheet System.*
- *Section two provides a general overview of IHSS Payroll Process.*
- *Section three describes the overall capabilities of the Telephone Timesheet System.*
- *Section four describes things you will need in order to use the system and how to interact with the system.*
- *Section five describes how you can review and electronically sign or reject a timesheet using the Telephone Timesheet System.*
- *The sixth and final section describes the capabilities of the Telephone Timesheet System's Assistance Line.*

If this is your first time listening to this CD it is highly recommended that you listen to all of the sections, in order, and not skip a section. If you want to review specific sections in the future you can use the "skip track" feature to go directly to the section you're interested in.

General IHSS Payroll Process

Section Two: General Overview of IHSS Payroll Process

During standard IHSS timesheet processing each timesheet submitted is scanned and analyzed. If the provider's timesheet was signed by you, the recipient, the timesheet is processed using standard IHSS processes and is generally released for payment. However; if the system detects a missing recipient signature on a timesheet, the system will determine whether the recipient is enrolled in the Telephonic Timesheet System. If the recipient is enrolled, you, the recipient, will receive an automated call to review and electronically sign or reject your provider's timesheet.



Telephone Timesheet System

Section Three: General introduction to the Telephone Timesheet System

Purpose

Review and Sign

The Telephone Timesheet System is used by authorized recipients to review and electronically sign timesheets, or to reject a timesheet and record a rejection reason.

Review History

It can also be used to review up to 6 of the most recently processed timesheets for each provider that have been processed by the Telephone Timesheet System.

Handling of Signed Vs Unsigned Timesheets

Since you, the recipient, have enrolled in the Telephone Timesheet System, you will no longer be required to physically sign your provider's timesheet.

As a participant in the Telephone Timesheet System you, the recipient, will receive an automated call to review and electronically sign or reject your provider's IHSS timesheet.

Please note if the timesheets are physically signed by you, you will not be called as the timesheet has already been signed.

Using the Telephone Timesheet System

Section Four: Using the Telephone Timesheet System

Language Support:

The Telephone System will provide support in English, Spanish, Mandarin and Armenian. You will learn more about language selection in Section 5 of the CD.

Things You'll Need:

Please note, when using the Telephone Timesheet System, you should have two pieces of information readily available in order to use the system.

Case Number

First, you will need to enter your 7 digit IHSS case number. This number is available on various IHSS documents including the Notice of Action and the current provider timesheet itself. It can also be obtained by contacting your county IHSS worker.

Recipient Authentication Number (RAN)

In addition to the case number you will need to have your 4 digit recipient authentication number, or RAN. This number is created by you and provided to the county IHSS worker during your initial Telephone Timesheet System sign up process. If you forget your RAN or need to reset it, you will need to contact your county IHSS worker.

Response Wait Times During a Call

When interacting with the Telephone Timesheet System, the system will prompt you to enter information and will wait up to 6 seconds for your response to begin.



This will happen up to three times. If at the end of three attempts there has been no response at all from you, the system will hang up.

If at the end of three attempts your information has not been entered successfully, you will be transferred to the Assistance Line automatically where you can receive direct support from an Assistance Line Agent to complete your IHSS timesheet review.

Assistance Line Support

The Assistance Line supports English, Spanish, Mandarin, and Armenian speaking recipients.

Hours of Operation

The Telephone Timesheet System will be available during standard business hours. These hours are 8 a.m. to 5 p.m., Pacific Time, Monday thru Friday, excluding holidays.

Outside Hours of Operation

Calls made to the Telephone Timesheet System outside standard business hours will not be able to be processed by the system or by an Assistance Line Agent. You will need to call back during standard business hours.

Contact Attempts

When timesheets have been processed and are ready for your review and electronic signature, the Telephone Timesheet System will attempt to contact you up to 5 times per day at two hour intervals, until the end of the next business day after the timesheet was processed.

If you have an answering machine, the system will attempt to leave a message asking you to return the call.

Please note, if at the end of these call attempts you have not reviewed and electronically signed or rejected the timesheet the system will release the timesheet for payroll processing.

This is done to assure that the providers do not have a delay in receiving their payments.

Busy Calls

If the Telephone Timesheet System initiates a call to you, and you are already on the phone, the system will call you again in approximately 15 minutes. If the call back is not successful, the system will try again in approximately 2 hours. This try and retry process can occur up to 5 times per day at two hour intervals, until the end of the next business day after the timesheet was processed.

No Response to Calls

If the Telephone Timesheet System is unable to make contact with you, such as if you have call blocking services on your phone, after trying up to 5 times each day over the two day processing window, the timesheet will be released for further processing by the payroll application.

Abandoned Calls

If the Telephone Timesheet System calls you and the call is answered but then you hang up or the call is disconnected, the call is considered to have been abandoned and the system will not make further attempts to call you for that particular timesheet. In these situations the



timesheet will be released for further processing by the payroll application the next business day after being initially received to the system.

How It Works

Section Five: How to Review and Electronically Sign Timesheets.

When a Telephone Timesheet System call is initiated, the following steps will take place.

Select Your Language

First, you will be asked to identify your preferred call language. If English or Spanish are selected the interactive call will continue. If Mandarin or Armenian are selected the call will be redirected to the Assistance Line where a voice message can be left so an appropriate language speaking staff member can call you back.

Authenticate Yourself

Next, you will be asked to authenticate yourself by the system. This will require that a valid recipient case number and RAN be entered.

Successful Authentication

If your recipient case number and RAN are successfully entered and validated by the system, the call will continue.

Unsuccessful Authentication

If you enter a recipient case number and RAN that can't be validated you will be asked to re-enter your information. This will happen up to three times. After a second unsuccessful attempt you will be asked if you would like to be transferred to the Assistance Line for help with authenticating. If you do not transfer to the Assistance Line you will be prompted one more time for a valid case number and RAN. If the information entered on the third attempt cannot be validated the RAN will be locked and you will need to contact your county IHSS worker to establish a new RAN.

Review Timesheet

Once you are authenticated with a valid case number and RAN the system will check to see if there are any outstanding timesheets that you need to review.

Multiple Timesheet Process

If there are multiple timesheets available to process, you will continue to be asked if you would like to review the next timesheet until no timesheets remain.

Single Timesheet Process

If there is only one timesheet available to review, you will be asked to validate the timesheet.

Two Review Paths

Once a timesheet has been selected for the review process, you will be asked if you prefer a summary timesheet review or a detailed timesheet review. A summary review will report hours at a pay period summary level. A detailed timesheet review will provide information about hours reported by the provider on a day by day basis for the pay period.



Rejection Process

If you wish to reject or not electronically sign a timesheet, you will be prompted to select one of three possible rejection reasons.

The rejection reasons are: “Hours claimed were not correct”, “This was not my Provider”, or “Other Reason”.

Sign Process

If you wish to accept or electronically sign a timesheet, you will be prompted to sign it by “saying or pressing 1” on the keypad.

What Happens Next

If you sign a timesheet it will be released to the payroll system for further processing using standard IHSS processes and is generally released for payment.

If you reject a timesheet, a county IHSS worker will be notified so an appropriate follow up can occur.

Assistance Line

Section Six: Capabilities of the Assistance Line.

The Telephone Timesheet System Assistance Line is intended to support recipients if they need assistance reviewing and electronically signing or rejecting their timesheets.

This Assistance Line phone number is 1-844-576-5445.

The Telephone Timesheet System Assistance Line will be available during standard business hours. These hours are 8am to 5pm, Pacific Time, Monday thru Friday, excluding holidays. Calls placed to the Telephone Timesheet System outside of these hours will not be able to be processed by the system or by an Assistance Line Agent. The recipient will need to call back during standard business hours.

Function and Limits

The Assistance Line has the following capabilities.

Return Calls from Mandarin and Armenian Recipients

It can receive and directly address calls from English or Spanish speaking recipients. It can also receive voice messages from recipients that speak Mandarin or Armenian and then return the call as soon as an appropriate language speaking staff member becomes available.

Can Read Timesheet Hourly Data

Assistance Line staff can read timesheet information to you to assist you in reviewing a timesheet.

Capture Your Approval

Assistance Line staff can capture your direction to electronically sign a timesheet.



Capture Your Rejection and Reason

Assistance Line staff can capture your directions to reject a timesheet and also capture your rejection reason based on a specific set of rejection reasons. These reasons are: “Hours claimed were not correct”, “This was not my Provider”, or “Other Reason”.

Change or Unlock Your RAN

Assistance Line staff cannot change or unlock your recipient authentication number or RAN. You will need to contact your county IHSS worker to change your RAN.

Need for Other Assistance

The Telephone Timesheet System Assistance Line staff is limited to providing support with the timesheet review process. All other questions should be directed to your county IHSS office.

This concludes the training session.

Thank you for participating in the IHSS Telephone Timesheet System.

IHSS Telephone Timesheet System (TTS) Introduction Script

Note: County IHSS worker should have the following information available when speaking with the recipient:

- Recipient's Case Number
 - Remind the Recipient the Case number is 7 digits. When using the TTS, state each number individually.
 - For example: for number 0001445
 - Say This: zero zero zero one four four five
 - Don't Say: zero zero zero one **forty-four** five
- Recipient's Phone Number
- Recipient's Mailing Address
- Recipient Authentication Number (RAN) if already created
- The toll-free TTS Phone Number (1-844-576-5445) is included below in the script.
- Reminder: County should also notify the assigned Provider(s) that the Recipient has signed up for the TTS.

Note: From August 1 – August 21, 2015, requests to reset a locked RAN generate a task to the Recipient's Social Worker to establish a new RAN with the Recipient. Effective August 24, 2015, requests to reset the RAN will be sent to the Timesheet Eligibility Errors Work Queue. This task can be delegated to the Payroll Clerk for processing.

Script:

Scenario #1: Initial contact by Social Worker with Recipient to describe the Telephone Timesheet System.

Hello, my name is _____ and I'm calling from the _____ County, IHSS Program about the new Telephonic Timesheet System.

I'm calling to give you a brief overview of how the system works. Do you have about 10 minutes to talk?

After our phone call today, should you choose to participate in the TTS program, you will receive an audio CD that will contain more detailed information. Our call today is to provide a quick overview about the system and the process.

For a TTS CD to be sent to you, we just need to verify the address we have listed:

Ask/Verify Address: _____

[\[Proceed to Script Section B\]](#)

Scenario #2: Social Worker has already signed up the Recipient for the Telephone Timesheet System (TTS). This phone call is a follow-up training for the recipient by a county IHSS worker.

Hello, my name is _____ and I'm calling from the _____ County, IHSS Program about the new Telephonic Timesheet System. Earlier, you spoke with a member of the _____ County team and agreed to participate in the IHSS Telephone Timesheet System.

I'm calling to provide you with a brief overview of how the system works. Do you have about 10 minutes to talk?

You will be receiving an audio CD that will contain more detailed information. Our call today is a brief overview about the system and the process.

For a TTS CD to be sent to you, we just need to verify the address we have listed:

Ask/Verify Address: _____

[\[Proceed to Script Section B\]](#)

Script Section B

To use the Telephone Timesheet System (TTS), you need two pieces of information to let the system know who you are (that process to let the system know who you are is called “authentication”). The information you need is your Case Number and your RAN [*ask recipient if they know their Case Number*]. If you choose to participate in this program, we will establish a RAN for you today at the end of our call.

This system is a way for you to approve (or reject) your provider’s timesheet(s) over the phone. The timesheet(s) will be mailed in as it currently is today and can be processed without your signature. Be sure to tell your Provider you have signed up for this service.

How the system works: If you sign the Provider’s paper timesheet, the timesheet will be processed as it is done now and you will not receive a phone call from the automated system.

Whenever you don’t sign the Provider’s paper timesheet, the automated system will call you (toll-free). When you pick up, you will be asked to select your language: English, Spanish, Armenian or Chinese.

If you select English or Spanish, the interactive call will continue. If Chinese or Armenian is selected, the call will be redirected to the Assistance Line where a voice message can be left so an appropriate language speaking staff member can call you back when he or she becomes available.

Next, the system will ask for your Case Number and your RAN. You can speak or use the telephone keypad to provide those numbers. You have three tries to input those numbers. If you’re having trouble, after the second attempt, you can transfer to the toll-free Assistance Line for help with authenticating. If you input the numbers incorrectly after the 3rd attempt, the system will lock you out and you have to contact your county IHSS worker to establish a new RAN.

Once you are authenticated (or verified) with a valid Case Number and RAN, the system will check to see if there are any outstanding timesheets that you need to review.

If there are multiple timesheets available to process, you will continue to be asked if you would like to review the next timesheet until no timesheets remain.

If there is only one timesheet available to review, you will be asked to validate the timesheet.

Once a timesheet has been selected for the review process, you will be asked if you prefer a Summary Timesheet Review or a Detailed Timesheet Review.

- A Summary Timesheet Review will report hours at a pay period summary level
- A Detailed Timesheet Review will provide information about hours reported by the provider on a day-by-day basis for the pay period

If you wish to reject or not electronically sign a timesheet, you will be prompted to select one of three possible reasons:

- Hours claimed were not correct
- This was not my Provider
- Other reason

If you wish to accept or electronically sign a timesheet, you will be prompted to sign it by saying “yes” or pressing “1” on the keypad.

When you electronically sign a timesheet, it will be released to the payroll system for further processing and released for payment.

If you reject a timesheet, a county IHSS worker will be notified so an appropriate follow up can occur.

If you don't answer the phone call when the system calls, it will leave a voicemail message asking you to call back. If the line is busy, it will call back in 15 minutes. If you pick up and then accidentally hang up, the system will assume the call is abandoned and cease calling you. The system will call up to 5 times a day (every 2 hours) for 2 business days when the timesheet is ready for review. If you don't sign the timesheet during this period, the timesheet will be released for further processing.

Reminder:

If you need assistance there is a toll-free Assistance Line available from 8 a.m. – 5 p.m., Monday – Friday. The toll-free phone number is: 1-844- 576-5445. Assistance Line Agents are available in four languages: English, Spanish, Armenian and Chinese. Assistance Line Agents will only be able to assist with the timesheet system.

If you select English or Spanish, the interactive call will continue. If Chinese or Armenian is selected, the call will be redirected to the Assistance Line where a voice message can be left so an appropriate language speaking staff member can call you back when he or she becomes available.

This concludes the information I have to share with you today.

[Note: *If the recipient chooses to participate, establish a RAN for them*]

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

APPLICATION FOR SOCIAL SERVICES

To the Applicant: All sections of this form must be completed. Information provided is subject to verification.

NOTE: Retain your copy of your completed application. Regarding your Social Security Number, it is mandatory that you provide your Social Security Number(s) as required in 42 USC 405 and MPP Section 30-769.71. This information will be used in eligibility determination and coordinating information with other public agencies.

Date of Application:	Case Number (if known):
----------------------	-------------------------

Section 1 – Personal Information

Name:		Social Security Number:
Street Address:		City:
State:	Zip Code:	Telephone:
Birthdate:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Section 2 – Veteran Information

Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Spouse/Child of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, give Veteran name and Claim Number:	

Section 3 – SSI/SSP Information

Do you receive SSI/SSP benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check your type of living arrangement:		
<input type="checkbox"/> Independent Living	<input type="checkbox"/> Board and Care	<input type="checkbox"/> Home of Another
Services being requested:		

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
 CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Section 4 – Past IHSS Information

Have you received In-Home Support Services (IHSS) in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, complete the following. Date and county where service was last received:	
Total Monthly Hours:	Name Used (if different from above):

Section 5 – Household Information

List Family Members in Household:

Name of:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent
Birthdate:	Social Security Number:	
Name of:	<input type="checkbox"/> Child	<input type="checkbox"/> Other Relative
Birthdate:	Social Security Number:	
Name of:	<input type="checkbox"/> Child	<input type="checkbox"/> Other Relative
Birthdate:	Social Security Number:	
Name of:	<input type="checkbox"/> Child	<input type="checkbox"/> Other Relative
Birthdate:	Social Security Number:	
Name of:	<input type="checkbox"/> Child	<input type="checkbox"/> Other Relative
Birthdate:	Social Security Number:	

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
 CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Section 6 – Ethnic and Language Information

The law requires that information on ethnic origin and primary language be collected. If you do not complete this section, social service staff will make a determination. The information will not affect your eligibility for service.

<p>A. My Ethnic Origin is: Please choose one (See Page 7 for a list of Ethnicities and Codes)</p>	<p>B. I speak and understand English: <input type="checkbox"/> Yes <input type="checkbox"/> No If not English, my primary language is: Please choose one (See Page 7 for a list of Languages and codes)</p>
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Section 7 – Communication Accommodations

To accommodate blind or visually-impaired applicants, IHSS information is available in the following alternative formats. Please indicate which format you would prefer, if applicable. Providing information in this section will not affect your eligibility for services.

I am Blind:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please choose one of the following for each of the three types of DSS documents listed.

<p>For Notices of Action:</p>	<p><input type="checkbox"/> No accommodation is needed <input type="checkbox"/> Braille Documents <input type="checkbox"/> Audio CD <input type="checkbox"/> Data CD <input type="checkbox"/> County Support (If County Support, describe requested support)</p>
<p>For IHSS Required forms:</p>	<p><input type="checkbox"/> No accommodation is needed <input type="checkbox"/> Braille Documents <input type="checkbox"/> Audio CD <input type="checkbox"/> Data CD <input type="checkbox"/> County Support (If County Support, describe requested support)</p>
<p>For Timesheets:</p>	<p><input type="checkbox"/> No accommodation is needed <input type="checkbox"/> Telephonic System (4 Digit RAN:) <input type="checkbox"/> County Support (If County Support, describe support requesting)</p>

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

I am Visually Impaired:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please choose one of the following for each of the three types of DSS documents listed.

For Notices of Action: <input type="checkbox"/> No accommodation is needed <input type="checkbox"/> 18 Point font documents <input type="checkbox"/> Audio CD <input type="checkbox"/> Data CD <input type="checkbox"/> County Support (If County Support, describe requested support)
For IHSS Required forms: <input type="checkbox"/> No accommodation is needed <input type="checkbox"/> 18 Point font documents <input type="checkbox"/> Audio CD <input type="checkbox"/> Data CD <input type="checkbox"/> County Support (If County Support, describe requested support)
For Timesheets: <input type="checkbox"/> No accommodation is needed <input type="checkbox"/> 18 point font documents <input type="checkbox"/> County Support (If County Support, describe requested support, including blind-only services)

Section 8 – Affirmation

I affirm that the above information is true to the best of my knowledge and belief. I agree to cooperate fully if verification of the above statements is required in the future.

I also understand that as the employer of my IHSS provider(s) I am responsible for:

- 1) Hiring, training, supervising, scheduling and, when necessary, firing my provider(s).
- 2) Ensuring the total hours reported by all providers who work for me do not exceed my IHSS authorized hours each month.
- 3) Referring any individual I want to hire to the County IHSS office to complete the provider eligibility process.
- 4) Notify the County IHSS office when I hire or fire a provider.

In addition, I understand and agree to the following terms and limitations regarding payment for services by the IHSS program:

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

- 1) In order for any individual to be paid by the IHSS program, they must be approved as an IHSS eligible provider.
- 2) If I choose to have an individual work for me who has not yet been approved as an eligible IHSS provider, I will be responsible for paying him/her if he/she is not approved.
- 3) The IHSS program will not pay for any services provided to me until my application for services is approved and then will only pay for those services that are authorized for me to receive by the IHSS Program.
- 4) I will be responsible for paying for any services I receive that are not included in my IHSS authorization.

I also understand and agree to cooperate with the following as a part of my eligibility for IHSS:

To promote program integrity, I may be subject to unannounced visits to my home and that I or my provider(s) may receive letters identifying program requirement concerns from the State Department of Health Care Services (DHCS), California Department of Social Services (CDSS) and/or the County in which I receive services.

The purpose of the visits and letters is to ensure that program requirements are being followed and that the authorized services are necessary for you to remain safely in your home. The visit will also verify that the authorized services are being provided, that the quality of those services is acceptable, and that your well-being is protected.

If it is found that IHSS services are not required or not being properly provided, you and/or your provider may be subject to a Medi-Cal fraud investigation. If fraud is substantiated, you and/or your provider will be prosecuted for Medi-Cal fraud.

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
 CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Section 9 – Signature(s)

Signature of Applicant:		Date:
Signature of Applicant’s Representative (only if applicable):		Date:
Representative’s Relationship to Applicant (only if applicable):	Representative Telephone Number (only if applicable):	
Representative’s Address (only if applicable):		

To report suspected fraud or abuse in the provision or receipt of IHSS services, please call the fraud hotline at 1-800-822-6222, email at stopmedicalfraud@dhcs.ca.gov, or go to <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx>.

FOR AGENCY USE ONLY

Income Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Status Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification:
Signature of Social Worker or Agency Representative:		Telephone Number:
Recipient Status: <input type="checkbox"/> Refugee <input type="checkbox"/> Cuban/Haitian Entrant <input type="checkbox"/> Neither	Source of Verification for Refuge or Entrant Status (explain):	

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Ethnic Codes:

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

Language Codes:

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

IN-HOME SUPPORTIVE SERVICES(IHSS)

INDIVIDUAL PROVIDER

Yolo County DSS
 500 Jefferson BLVD, STE A-100
 W Sacramento, CA 95605

Record your daily hours and minutes like these samples

BOOMAHHER, AARON
 Roseville, CA 95747
 8000 Foothills BLVD

Did not work
 6 hours 30 minutes
 4 hours 45 minutes
 10 hours

H	M	M	M
6	3	0	
4	4	5	
1	0	M	M

Please detach the top portion prior to mailing timesheet

Provider #	000005002	Provider Name	BOOMAHHER, AARON		
Case #	57 01 0001002	Recipient Name	DOE, JOHN		
Type	IHSS	Timesheet No	4000000512		
Pay From	05/16/2015	Pay To	05/31/2015	Hours	18:11



S 0	0	0	0	S 17	0	0	0	0	S 24					S 31				
M 0	0	0	0	M 18					M 25					M	0	0	0	0
T 0	0	0	0	T 19					T 26					T	0	0	0	0
W 0	0	0	0	W 20					W 27					W	0	0	0	0
T 0	0	0	0	T 21					T 28					T	0	0	0	0
F 0	0	0	0	F 22					F 29					F	0	0	0	0
S 16	0	0	0	S 23					S 30					S	0	0	0	0

Total _____ Total _____ Total _____ Total _____

Turn over and sign →

Intentionally Left Blank

Please detach the top portion prior to mailing timesheet

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Recipient's Signature	Date
-----------------------	------

Provider's Signature	Date
----------------------	------

**Mail Detached Timesheet To: IHSS Timesheet Processing Facility,
P.O. BOX 2380, Chico, CA 95927-2380**

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Do not send any other documents with the timesheet.
3. Only write in the hours, minutes, signature, and date boxes.
Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
4. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours.
5. You must enter hours for each day worked (Total line is optional).
6. You and your Recipient must sign and date the back of your timesheet.
7. Do not use white out or correction tape on timesheet.

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 15-06**

November 2, 2015

SUBJECT: IHSS ELIGIBILITY FOR MEDI-CAL MODIFIED ADJUSTED GROSS INCOME – ELIGIBLE INDIVIDUALS

EFFECTIVE DATE: Immediately

EXPIRATION DATE: When incorporated into the IHSS Program Guide

REFERENCE: All County Letter (ACL) 14-67, Affordable Care Act (ACA), Welfare and Institutions Code 14050.1, Manual of Policy and Procedures (MPP) 30-780.2(b)

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services (IHSS) staff of potential IHSS eligibility for individuals whose Medi-Cal eligibility is based on the Modified Adjusted Gross Income (MAGI) category.

II. BACKGROUND

Effective January 1, 2014, clients 19 through 64 years of age are no longer required to be blind or disabled in order to receive Medi-Cal. Eligibility for full or restricted-scope Medi-Cal can be established based on the MAGI category under the ACA. There are a number of MAGI aid codes, and the Department of Health Care Services is responsible for the Medi-Cal [Aid Codes Master chart](#). This link goes directly to a document that includes all Medi-Cal aid codes. Many MAGI-eligible individuals are considered categorically needy, and those eligible for full-scope Medi-Cal with Federal Financial Participation (FFP) will be evaluated for IHSS under MPP 30-780.2(b), as stated below.

III. POLICY

IHSS staff must determine disability for Medi-Cal IHSS for categorically-needy Medi-Cal recipients pursuant to MPP 30-780.2(b):

**IHSS SPECIAL NOTICE 15-06
IHSS ELIGIBILITY FOR MEDI-CAL MODIFIED ADJUSTED GROSS INCOME- ELIGIBLE
INDIVIDUALS**

Personal care services may be provided only to a categorically needy beneficiary who has a chronic, disabling condition that causes functional impairment that is expected to last at least 12 consecutive months or that is expected to result in death within 12 months and who is unable to remain safely at home without IHSS services.

IV. PROCEDURES

Social Worker Responsibilities

IHSS Social Workers are responsible for determining eligibility to IHSS services. For applicants who are not considered “status eligible” (aid codes 10, 20, and 60), the following evaluation process is to be followed.

The eligibility process for all Medi-Cal IHSS programs consists of three parts:

1. Does the client have full-scope Medi-Cal with FFP?
 - Many clients who meet Medi-Cal through MAGI have full-scope Medi-Cal with FFP.
 - Full-scope Medi-Cal with FFP can be verified for clients on the CMIPS II Medi-Cal Eligibility screen.

2. Is the client aged, blind, or disabled?
 - For those clients with a MAGI aid code (which indicate they have **not** been determined aged, blind, or disabled based on the Medi-Cal definitions), the client must meet the disability criteria found in MPP 30-780.2(b).

3. Does the client have an assessed IHSS need?
 - MAGI clients must go through the assessment of needs process in the same manner as all IHSS applicants.

MAGI Medi-Cal has no impact on the IHSS-Residual program. Anyone who does not have full-scope Medi-Cal with FFP can be evaluated for the IHSS-R program, if appropriate.

V. REVIEW STATEMENT

This Special Notice has been reviewed by an Organizational Review Committee (ORC).

VI. FILING STATEMENT

IHSS Special Notices are being archived at the following link:

**IHSS SPECIAL NOTICE 15-06
IHSS ELIGIBILITY FOR MEDI-CAL MODIFIED ADJUSTED GROSS INCOME- ELIGIBLE
INDIVIDUALS**

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure- Automated

And at the County intranet at:

<http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AIHSS>

Hard copies of this Special Notice will not be automatically distributed by Program Support.



MARK SELLERS

Assistant Director

For questions contact: Robert Castillo (858) 495-5726

**IHSS SPECIAL NOTICE 15-06
IHSS ELIGIBILITY FOR MEDI-CAL MODIFIED ADJUSTED GROSS INCOME- ELIGIBLE
INDIVIDUALS**

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 15-05**

September 23, 2015

SUBJECT: NATIONAL VOTER REGISTRATION ACT - IHSS REQUIREMENTS

EFFECTIVE DATE: Immediately

EXPIRATION DATE: When incorporated into the IHSS Program Guide

REFERENCE: All County Letter (ACL) 15-51, All County Information Notice (ACIN): I-01-12, I-04-13, I-04-13E

I. PURPOSE

The purpose of this Special Notice is to inform IHSS staff of IHSS program requirements for compliance with the National Voter Registration Act (NVRA), and to provide instructions that are specific to IHSS staff.

II. BACKGROUND

Under federal law, the NVRA requires that voter registration opportunities be provided at *all initial applications, reassessments, and changes of address* for IHSS clients, regardless of the type of client contact (in-person, over the phone, email, or by mail).

III. POLICY

A *Voter Registration Card* (VRC) (Attachment A) and a 12-02 HHSA - Voter Registration/Declination form (Attachment B) must be provided to all IHSS clients at *all initial applications, reassessments, and changes of address*, regardless of whether they indicate they want to register to vote or not.

IV. PROCEDURES

12-02 HHSA forms and VRCs must be included in all application and reassessment packets. The IHSS Clerical Supervisor in each district office is responsible for ensuring that the above forms are in stock and available for staff use. A designated member of clerical staff will be responsible for ordering the forms for all five IHSS office locations.

Ordering Voter Registration Cards

To request VRCs, contact the Registrar of Voters (ROV):

**SPECIAL NOTICE 15-05
NATIONAL VOTER REGISTRATION ACT- IHSS REQUIREMENTS**

Voter Outreach Coordinator
(858) 505-7316

The following information is needed for the order:

1. Agency name
2. Address or mail stop number for each district office
3. Name of person requesting the forms
4. Telephone number
5. Quantity
6. Language of the forms needed

When you are requesting materials, please identify yourself as an AIS/IHSS liaison for voter registration. All VRCs requested by the department will be tracked by serial number. Cards that are returned will be noted as originating from AIS/IHSS. Most orders are sent out the day they are received, directly to each district office as requested. The forms should arrive within a few days.

District Office	Number of VRCs to order quarterly
South Bay	English/Spanish- 2300 English/Filipino- 300
Overland	English/Spanish- 1100 English/Vietnamese- 250 English/Chinese- 70 English/Filipino- 50
El Cajon	English/Spanish- 1200 English/Filipino- 50
Escondido	English/Spanish- 800
Oceanside	English/Spanish- 500

The 12-02 HHSA form is available in the following languages:

- English
- Spanish
- Tagalog
- Chinese
- Vietnamese
- Japanese
- Korean

The forms are available at the following location in the "Clerical" and "Social Worker" folders:

S:\AIS\Operations\IHSS\Automated Forms\SW Forms

**SPECIAL NOTICE 15-05
NATIONAL VOTER REGISTRATION ACT- IHSS REQUIREMENTS**

Social Worker Responsibilities

The IHSS Social Worker will leave a VRC with each client and request the completion of the 12-02 HHS form at every home visit. The 12-02 HHS form must be retained in the IHSS case file, but does not require the client's signature.

In Person Contacts

If the client would like to register to vote, the IHSS Social Worker will:

1. Ask the client to complete the 12-02 HHS form and the VRC.
2. Provide assistance in completing the form if needed.
3. Accept and mail the VRC to the County ROV **within 10 days.**
4. Add a case note in CMIPS II indicating the action taken. For example, "VRC discussed and provided to (name), registration assistance accepted."

*Note: If the VRC is received within five days of the voter registration deadline (the 15th day prior to an election) the VRC must be forwarded to the County ROV **within five days.***

The IHSS Social Worker must provide a client the same level of assistance in completing NVRA forms as is normally provided for completing IHSS documents and forms, unless the assistance is declined.

If the individual declines to register or prefers to register on his/her own, the Social Worker will:

1. Request that the client complete the 12-02 HHS form. If the client does not wish to complete the form, add the client's name and date to the form and retain in the case file.
2. Leave the VRC with the client to complete and send directly to the ROV.
3. Narrate the declination and the action taken in the case record.

Phone Contacts

For phone contacts, the IHSS Social Worker must:

1. Ask clients who call to request a reassessment or a change of address: "***If you are not registered to vote where you live now, would you like to register to vote?***"
2. Note the response on the 12-02 HHS form. If the response is "yes," the IHSS Social Worker must provide the individual an opportunity to vote by sending a VRC to the client by mail. For phone contacts, the IHSS Social Worker must mail the client a VRC if the client requests one, or if the client does not respond to the question of whether or not he/she would like to register to vote.
3. Add a case note in CMIPS II indicating the action taken. For example, "(Name) declined voter registration."

Mail Contacts

When a VRC is mailed to an IHSS client, if the IHSS client does not complete or return the 12-02 HHSA form, the IHSS Social Worker will:

1. Attempt to follow up once to determine whether the client would like to register to vote or if assistance is needed.
2. Add a case note in CMIPS II indicating the action taken. For example, “(Name) declined assistance with voter registration material.”

Restrictions on Influencing IHSS Clients

The IHSS Social Worker must inform the client that receipt of benefits is not linked in any way to voter registration. The IHSS Social Worker must not:

- Discourage a client from registering to vote.
- Try to influence a client’s political viewpoint.
- Display any political preference or party allegiance.

V. REVIEW STATEMENT

This Special Notice has been reviewed by an Organizational Review Committee (ORC).

VI. FILING STATEMENT

IHSS Special Notices are being archived at the following link:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure- Automated

And at the County intranet at:

<http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AIStHSS>

Hard copies of this Special Notice will not be automatically distributed by Program Support.



MARK SELLERS
Assistant Director

For questions contact: Robert Castillo (858) 495-5726

Attachments

California Voter Registration Application/Solicitud de inscripción del votante de California

SAN DIEGO COUNTY

You must be a **U.S. citizen** and **at least 18 years old** by the next election to use this form. Use blue or black ink. Print clearly. Fill out this form if you are a new voter, have moved or changed your name, or want to change your political party preference. - Para usar este formulario, tiene que ser **ciudadano de EE UU** y tener **al menos 18 años de edad** en la próxima elección. Use **tinta azul o negra**. Escriba en letra de molde y de manera clara. Llene este formulario si es nuevo votante, se mudó o cambió de nombre o si desea cambiar su preferencia de partido político.

Your legal name: First name - **Nombre legal:** Primer nombre Middle name - Segundo nombre

① Last name (may include suffix, such as Jr., Sr., III) - **Apellido** (puede incluir un sufijo, como Jr., Sr., III)

② Home address - not a P.O. Box or business address - (Number, Street, Ave., Drive, etc. Include N, S, E, W) - **Domicilio** - no apartado postal ni dirección de trabajo - (Número, calle, avenida, camino, etc. Incluir N, S, E, O)

Optional - Opcional
 Mr. - Sr. Mrs. - Sra.
 Ms. - Sra. Miss - Srta.
 Apt or unit #
 N° de Departamento o unidad

④ City - Ciudad State - Estado Zip - Código postal California county - Condado de California

C A

If you do not have a street address, describe where you live including cross streets, Route, N, S, E, W
 Si no tiene dirección con calle, describa dónde vive dónde vive, entre qué calles, ruta, N, S, E, W

⑥ Mailing address - if different from above, or P.O. Box - Domicilio postal - si es distinto del que figura arriba o apartado postal

⑦ City - Ciudad State - Estado Zip - Código postal Foreign country - País extranjero

⑧ Date of birth - Fecha de nacimiento U.S. state or foreign country of birth - Estado de EE UU o país extranjero en que nació

⑨ 1 9 11

⑩ CA driver license or CA ID card # - N° de licencia de manejar de California o tarjeta de identificación de California

If you do not have a CA driver license or ID card list the last 4 numbers of your Social Security Number, if you have one - Si no tiene licencia de manejar de California ni tarjeta de identificación de California, escriba las últimas 4 cifras de su número de Seguro Social (SSN), si tiene uno.

SSN (Last 4 numbers) SSN (las últimas 4 cifras)

Phone numbers are posted at polling places on election day. Los números de teléfono se publican en las mesas electorales el día de la elección.

⑪ Email (optional) - Dirección de correo electrónico (opcional) Phone number (optional) - Número de teléfono (opcional)

⑫ Do you want to disclose a political party preference? - ¿Desea revelar preferencia de partido político?

Yes, my political party preference is (check one): - Sí, mi preferencia de partido político es (marque uno):

<input type="checkbox"/> American Independent Party Partido Americano Independiente	<input type="checkbox"/> Americans Elect Party Partido Americanos Eligen	<input type="checkbox"/> Democratic Party Partido Demócrata	<input type="checkbox"/> Green Party Partido Verde
<input type="checkbox"/> Libertarian Party Partido Libertario	<input type="checkbox"/> Peace and Freedom Party Partido Paz y Libertad	<input type="checkbox"/> Republican Party Partido Republicano	<input type="checkbox"/> Other (specify): Otro (especificar): _____

No, I do not want to disclose a political party preference. (If you select no, you may not be able to vote for some parties' candidates at a primary election for U.S. President or party committee.) - No, no deseo revelar preferencia de partido político. (Si selecciona no, es posible, es posible que no pueda votar por los candidatos de algunos partidos en las elecciones primarias para Presidente de EE UU ni el comité partidista.)

⑬ I want to get my ballot by mail before each election.* Initial here: _____ - Quiero recibir mi boleta de votación por correo antes de cada elección.* Ponga sus iniciales aquí: _____

⑭ If you were registered to vote before, fill out below: - Si se inscribió para votar antes, llene a continuación:

First name - Primer nombre Middle initial Inicial del segundo nombre Last name - Apellido

Previous address where you were registered - Dirección en la que estaba inscrito anteriormente City - Ciudad

State Estado Zip Código postal Previous county Condado anterior Previous political party preference (if any) Preferencia de partido político anterior (si corresponde)

⑮ I am a U.S. citizen. - Soy ciudadano de los EE.UU. Yes-Sí No No

I will be 18 or older by the next election. Tendré al menos 18 años de edad en la próxima elección Yes-Sí No No

A "No" answer to either question means you CANNOT register to vote. Si responde "No" a cualquiera de estas preguntas, NO PUEDE inscribirse para votar.

⑯ Read and sign below. - Lea y firme a continuación.

I am a U.S. citizen and will be at least 18 years old on election day. I am not in prison, on parole, serving a state prison sentence in county jail, serving a sentence for a felony pursuant to subdivision (h) of Penal Code section 1170, or on post release community supervision. I understand that it is a crime to intentionally provide incorrect information on this form. I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct. Soy ciudadano de EE UU y tendré al menos 18 años de edad el día de la elección. No estoy en prisión, libertad condicional, cumpliendo una sentencia de prisión estatal en una cárcel de condado, cumpliendo una sentencia por haber cometido un delito mayor conforme a la subdivisión (h) de la sección 1170 del Código Penal, o en supervisión comunitaria después de haber sido puesto en libertad. Entiendo que brindar información incorrecta de manera intencional en este formulario es un delito. Declaro bajo pena de perjurio según las leyes del Estado de California que la información de este formulario es verdadera y correcta.

Optional - Opcional

A. I want to be a poll worker on election day. Deseo trabajar en la mesa electoral el día de la elección. (If bilingual, indicate language: Si es bilingüe indique el idioma: _____)

I can provide a polling place on election day. Puedo proporcionar una mesa electoral el día de la elección.

B. My ethnicity/race is: - Mis antecedentes/raza _____

C. My language preference for receiving election materials is: Mi preferencia de idioma para recibir material electoral:

<input type="checkbox"/> English Español	<input type="checkbox"/> Spanish Español	<input type="checkbox"/> Chinese 中文	<input type="checkbox"/> Vietnamese Việt ngữ	<input type="checkbox"/> Korean 한국어
<input type="checkbox"/> Tagalog	<input type="checkbox"/> Japanese 日本語	<input type="checkbox"/> Hindi हिन्दी	<input type="checkbox"/> Khmer ខ្មែរ	<input type="checkbox"/> Thai ไทย

Did someone help you fill out or deliver this form? - ¿Alguien lo ayudó a llenar o a entregar este formulario?

If yes, the person who helped you must fill out and sign both parts of this green box. - Si "sí", la persona que lo ayudó debe llenar y firmar ambas partes de esta casilla verde.

Signature - Firma _____ Name, address and tel. - Nombre, dirección y número de teléfono _____

Month - Mes Day - Día Year - Año _____

Tear here and fold. Tape to seal. Do not staple.
Corte aquí y doble. Selle con cinta. No use engrapadora.
The bottom part is your receipt.

Keep it until you receive a Voter Notification Card in the mail.
La parte inferior es su recibo.

Guárdelo hasta que reciba una Tarjeta de Notificación de Votante por correo.

Important! To vote in the next election, you must mail or deliver this card at least 15 days before the next election. New voters who register by mail may have to show their ID at the polling place the first time they vote.
¡Importante! Para votar en la próxima elección, debe enviar por correo o entregar esta tarjeta al menos 15 días antes de la próxima elección. Los votantes nuevos que se inscriban por correo quizá tengan que presentar su tarjeta de identificación en la mesa electoral cuando votan por primera vez

As a registered voter, you may vote for any candidate for state or congressional office, regardless of the party preference or lack of party preference disclosed by you or the candidate.
Como votante inscrito, usted puede votar por cualquier candidato para cargos estatales o del congreso, sin importar la preferencia, o falta de, partido político que haya revelado usted o el candidato.

For Elections Information Contact:
Para obtener información sobre las elecciones, comuníquese con:

Michael Vu
Registrar of Voters
P.O. Box 85093
San Diego CA 92186-5093
(858) 565-5800

Questions, problems or to report fraud:
Contact the Secretary of State.
Call: (800) 345-VOTE (8683)
Email: elections@sos.ca.gov
Website: www.sos.ca.gov
Or contact your county elections office.

Org. name and tel. (if any) Nombre y número de teléfono de la organización (si corresponde)

(This part is the voter's receipt. Esta parte es el recibo del votante.)

Signature - Firma _____ / _____ / _____
Month _____ Day _____ Year _____ Año _____

Name, address and tel. - Nombre, dirección y número de teléfono: _____

Org. name and tel. (if any) Nombre y número de teléfono de la organización (si corresponde)

* If initialed, you will get your ballot by mail before each election. If you want to vote in person, you must turn in your ballot or vote a provisional ballot.
* Si pone sus iniciales, recibirá su boleta por correo antes de cada elección. Si quiere votar en persona, tiene que entregar su boleta o votar con una boleta provisional.

The law protects your voter registration information against commercial use. Report any problems to the Secretary of State's Voter Hotline: (800) 345-8683.

La ley protege su información de inscripción como votante del uso comercial. Informe cualquier problema a la línea directa para votantes de la Secretaría de Estado al: (800) 232-VOTA (8682).

Si tiene alguna pregunta, problema o desea informar fraude:

Comuníquese con la Secretaría de Estado.
Llame al: (800) 232-VOTA (8682)
Dirección de correo electrónico: elections@sos.ca.gov
Sitio web: www.sos.ca.gov
O comuníquese con la oficina electoral de su condado.

Would You Like to Register to Vote?

You may register to vote in California if:

1. You are a United States citizen.
2. You are a resident of California.
3. You are at least 18 years of age (or will be by the date of the next election).
4. You are not in prison or on parole for a felony conviction.
5. You have not been judged by a court to be mentally incompetent.

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.
3. If you decline to register to vote here today, that information is confidential and may not be used for any purpose other than voter registration. If you register to vote here today, the agency or office at which you are registering is confidential.
4. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.
5. If you move to a new address, or if you change your name or want to change your political party preference, you must fill out a new voter registration card.
6. We will retain this Voter Preference Form with this agency. If you choose to register today, we will send your completed voter registration card to the county elections office.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Check One)

- Already registered. I am registered to vote at my current residence address.
- Yes. I would like to register to vote. (Please fill out the attached voter registration card.)
- No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applicant Name _____

Date _____

¿Quiere inscribirse para votar?

Se puede inscribir para votar en California si:

1. Es ciudadano de los Estados Unidos.
2. Es residente de California.
3. Tiene por lo menos 18 años de edad (o los tendrá en la fecha de la elección).
4. No está en prisión o en libertad condicional debido a una condena por delito mayor.
5. Una corte no lo declaró mentalmente incompetente.

Avisos importantes

1. Si solicita su inscripción para votar, o decide no hacerlo, ello no afectará la cantidad de ayuda provista por esta agencia.
2. Si necesita ayuda para llenar el formulario de solicitud de inscripción para votar, lo ayudaremos a hacerlo. La decisión de solicitar o aceptar ayuda es sólo suya. Puede llenar el formulario de solicitud en privado.
3. Si decide no inscribirse para votar hoy, dicha información será confidencial y no se puede usar para ningún otro fin que para inscribirse para votar. Si se inscribe para votar hoy, la información sobre la agencia u oficina donde se inscribió permanecerá confidencial.
4. Si cree que alguien interfirió con su derecho a inscribirse para votar, o a no inscribirse, su derecho a privacidad para decidir si se inscribe o solicita inscribirse para votar, o su derecho a elegir el partido político u otra preferencia política, puede presentar una queja ante el Secretario de Estado llamando sin cargo al (800) 232-VOTA (8682), o escribiendo a: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. Para obtener más información sobre las elecciones y la votación, visite el sitio web del Secretario de Estado en www.sos.ca.gov.
5. Si se muda a una nueva dirección, o si cambia de nombre o quiere cambiar su preferencia de partido político, tendrá que llenar una nueva tarjeta de inscripción para votar.
6. Este Formulario de preferencia del votante quedará en esta agencia. Si decide inscribirse hoy, enviaremos su tarjeta de inscripción para votar completada a la oficina electoral del condado.

Si no está inscrito para votar donde vive ahora, ¿quiere solicitar su inscripción para votar hoy aquí?
(Marque uno)

- Ya estoy inscrito. Estoy inscrito para votar en mi dirección residencial actual.
- Sí. Me quiero inscribir para votar. (Llene la tarjeta adjunta de inscripción para votar.)
- No. No me quiero inscribir para votar.

NOTA: SI NO MARCA UNA CASILLA, SE CONSIDERARÁ QUE HA DECIDIDO NO INSCRIBIRSE PARA VOTAR EN ESTE MOMENTO.

Nombre del solicitante _____

Fecha _____

Gusto Mo Bang Magparehistro Upang Makaboto?

Maaari kang magparehistro upang makaboto sa California kung:

1. Ikaw ay isang mamamayan ng Estados Unidos.
2. Ikaw ay isang residente ng California.
3. Ikaw ay hindi kukulangin sa 18 taong gulang (o magiging ganito ang edad sa petsa ng susunod na halalan).
4. Ikaw ay wala sa bilanguan o hindi parolado para sa napatunayang felony.
5. Ikaw ay hindi pinagpasiyahan ng hukuman na walang kakayahan ang isipan.

Mahahalagang Paunawa

1. Ang pag-aaplay upang magparehistro o pagtanggap magparehistro upang makaboto ay **hindi** makakaapekto sa antas ng tulong na ipagkakaloob sa iyo ng ahensiyang ito.
2. Kung gusto mong tumulong sa pagkumpleto ng porma ng aplikasyon sa pagpaparehistro ng botante, tutulungan ka namin. Ang desisyon kung hihingi o tatanggap ng tulong ay nasa iyo. Maaari mong kumpletuhin ang porma ng aplikasyon nang pribado.
3. Kung tumanggi kang magparehistro upang makaboto rito ngayon, ang impormasyong iyon ay kompidensiyal at hindi maaaring gamitin para sa anumang layunin na iba sa pagpaparehistro ng botante. Kung magpaparehistro ka rito ngayon, ang ahensiya o opisina kung saan ka nagpaparehistro ay kompidensiyal.
4. Kung naniniwala ka na may humadlang sa iyong karapatan na magparehistro o upang tumangging magparehistro upang makaboto, ang iyong karapatan sa pagkapribado sa pagpapasiya kung magpaparehistro o sa pag-aaplay upang magparehistro upang makaboto, o sa iyong karapatang pumili ng iyong sariling kinakatigang partidong pampulitika o ibang kinakatigang pampulitika, maaari kang magsampa ng reklamo sa Kalihim ng Estado sa pamamagitan ng pagtawag nang walang-bayad sa (800) 339-2957 o maaari kang sumulat sa: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. Para sa karagdagang impormasyon tungkol sa mga halalan at pagboto, mangyaring bisitahin ang website ng Kalihim ng Estado sa www.sos.ca.gov.
5. Kung lumipat ka sa isang bagong tirahan, o kung pinalitan mo ang inyong pangalan o gustong baguhin ang iyong kinakatigang partidong pampulitika, dapat mong kumpletuhin ang isang bagong kard ng pagpaparehistro ng botante.
6. Pananatilihin namin itong Porma ng Kinakatigan ng Botante sa ahensiyang ito. Kung pinili mong magparehistro ngayon, padadalhan ka namin ka ng kinumpletong kard ng pagpaparehistro ng botante sa opisina sa mga halalan ng county.

Kung hindi ka nakarehistro upang makaboto kung saan ka naninirahan ngayon, gusto mo bang mag-aplay upang magparehistro upang makaboto rito ngayon?
(Lagyan ng Tsek ang Isa)

- Nakarehistro na. Ako ay nakarehistro upang makaboto sa aking kasalukuyang direksiyon ng tirahan.
- Oo. Gusto kong magparehistro upang makaboto. (Mangyaring kumpletuhin ang kalakip na kard ng pagpaparehistro ng botante.)
- Hindi. Hindi ko gustong magparehistro upang makaboto.

TALA: KUNG HINDI KA MAGLALAGAY NG TSEK SA ISANG KAHON, ITUTURING NA IKAW AY NAGPASIYANG HINDI MAGPAREHISTRO UPANG MAKABOTO SA PANAHONG ITO.

Pangalan ng Aplikante _____

Petsa _____

您希望進行選民登記嗎？

如果符合以下條件，您可以在加州登記投票：

1. 您是美國公民。
2. 您是加州居民。
3. 您至少18歲（或到下次選舉日年滿18歲）。
4. 您未因被判重罪正在監獄服刑或處於假釋期內。
5. 您未被法院判定因精神原因沒有行為能力。

重要通知

1. 申請進行選民登記或拒絕登記，不會影響本機構將向您提供的幫助多寡。
2. 如果您希望在填寫選民登記申請表時得到幫助，我們將會幫助您。由您決定是否尋求或接受幫助。您可以私下填寫申請表。
3. 如果您拒絕今天在此進行選民登記，此資訊屬於機密，不得用於選民登記以外的用途。如果您今天在此進行選民登記，您辦理登記的機構或辦公室屬於機密。
4. 如果您認為有人干預您進行選民登記或拒絕進行選民登記的權利，您決定是否登記或申請進行選民登記的私下權利，或是您選擇自己的政黨傾向或其他政治傾向的權利，您可以透過以下方式向州務卿提出投訴：撥打免費電話 (800) 339-2857或寫信寄至：Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814。欲獲取關於選舉和投票的更多資訊，請瀏覽州務卿網站www.sos.ca.gov。
5. 如果您搬到新地址，或是變更您的姓名或是希望變更您的政黨傾向，您必須填寫新的選民登記卡。
6. 我們將把本選民傾向表保存在本機構。如果您選擇今天登記，我們會將您填好的選民登記卡寄至縣選舉辦公室。

如果您沒有在現居住地進行選民登記，您是否希望今天在此申請選民登記？

(勾選一項)

- 已經登記。 我已在現住址進行選民登記。
- 是。 我希望進行選民登記。(請填寫所附的選民登記卡。)
- 否。 我不想進行選民登記。

注意： 如果您不在一個方格打勾，將會被視為您已決定不在此時進行選民登記。

申請人姓名 _____

日期 _____

Quý Vị Có Muốn Ghi Danh Bỏ Phiếu Hay Không?

Quý vị có thể ghi danh bỏ phiếu tại California nếu:

1. Quý vị là công dân Hoa Kỳ.
2. Quý vị là cư dân tại California.
3. Quý vị đã đủ ít nhất là 18 tuổi (hoặc sẽ đủ 18 tuổi vào ngày bầu cử kỳ tới).
4. Quý vị không ở tù hoặc được phóng thích có điều kiện sau khi bị kết tội đại hình.
5. Quý vị không bị tòa án nào phán quyết là tâm thần không minh mẫn.

Các Thông Báo Quan Trọng

1. Việc nộp đơn xin ghi danh hoặc từ chối ghi danh bỏ phiếu sẽ **không** ảnh hưởng đến mức trợ giúp mà quý vị sẽ được cơ quan này cung cấp.
2. Nếu quý vị muốn được giúp điền mẫu đơn ghi danh cử tri, chúng tôi sẽ giúp quý vị. Tùy quý vị quyết định có muốn nhờ giúp hay chấp nhận được giúp hay không. Quý vị có thể điền mẫu đơn trong chỗ riêng tư.
3. Nếu quý vị từ chối ghi danh bỏ phiếu ở đây ngày hôm nay, chi tiết đó được giữ kín và không được dùng cho bất cứ mục đích nào khác ngoài việc ghi danh cử tri. Nếu quý vị ghi danh bỏ phiếu ở đây ngày hôm nay, cơ quan này hoặc văn phòng nơi quý vị ghi danh sẽ được giữ kín.
4. Nếu quý vị tin rằng có người đã xâm phạm đến quyền ghi danh hoặc từ chối ghi danh bỏ phiếu, quyền riêng tư của quý vị để quyết định có ghi danh hoặc nộp đơn ghi danh bỏ phiếu hay không, hoặc quyền chọn chính đảng hoặc chọn lựa chính trị nào khác của mình, quý vị có thể nộp đơn khiếu nại với Tổng Thư Ký Tiểu Bang bằng cách gọi số miễn phí (800) 339-8163 hoặc quý vị có thể viết thư đến: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. Muốn biết thêm chi tiết về các cuộc bầu cử và bỏ phiếu, xin đến website của Tổng Thư Ký Tiểu Bang tại www.sos.ca.gov.
5. Nếu quý vị dọn đến một địa chỉ mới, hoặc nếu quý vị đổi tên hoặc muốn đổi chính đảng của mình, quý vị phải điền một thẻ ghi danh cử tri mới.
6. Chúng tôi sẽ giữ lại Mẫu Ý Muốn Ghi Danh Cử Tri ở cơ quan này. Nếu quý vị quyết định ghi danh ngày hôm nay, chúng tôi sẽ gửi thẻ ghi danh cử tri đã điền của quý vị cho văn phòng bầu cử quận.

Nếu quý vị chưa ghi danh bỏ phiếu tại nơi quý vị sinh sống hiện nay,
quý vị có muốn ghi danh bỏ phiếu ở đây hôm nay hay không?
(Đánh Dấu Vào Một Ô)

- Đã ghi danh. Tôi đã ghi danh bỏ phiếu tại địa chỉ cư ngụ hiện nay của tôi.
- Có. Tôi muốn ghi danh bỏ phiếu. (Xin điền thẻ ghi danh cử tri đính kèm.)
- Không. Tôi không muốn ghi danh bỏ phiếu.

GHI CHÚ: NẾU QUÝ VỊ KHÔNG ĐÁNH DẤU VÀO MỘT Ô, QUÝ VỊ SẼ ĐƯỢC XEM LÀ QUYẾT ĐỊNH KHÔNG GHI DANH BỎ PHIẾU VÀO LÚC NÀY.

Tên Đương Đơn _____

Ngày _____

投票登録をご希望ですか？

カリフォルニア州有権者になるための要件：

1. 米国民であること。
2. カリフォルニア州居住者であること。
3. 18歳以上であること(または次回の選挙までにこの年齢に達していること)。
4. 重罪犯罪による禁固刑受刑者または仮釈放者でないこと。
5. 精神的無能力者として裁判所によって判断された者でないこと。

重要な注意事項

1. 当局で提供する支援レベルが、投票登録申請の有無によって影響されることはありません。
2. 投票者登録申請用紙の記入時に支援を希望される方は、お手伝いいたします。支援要請または支援受け入れの決定はあなたに委ねられています。プライバシーのある場所で申請用紙を記入できます。
3. 今日ここで投票登録されない場合、その情報は機密扱いとされ、投票登録以外の目的には使用されません。今日ここで投票登録される場合、登録場所である当該機関または事務所は明かされません。
4. 投票登録権もしくは投票登録拒否権、投票登録もしくは投票登録申請の決定についてのプライバシー権、または所属政党選択権もしくはその他の政治的選択権を何者かに侵害された方は州務長官に苦情を申し立てることができ、フリーダイヤル(800) 339-2865 にお電話いただくか、Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814までお手紙をお寄せください。選挙および投票についての詳細は、www.sos.ca.govの州務長官ウェブサイトをご覧ください。
5. 新住所への引越し、氏名の変更、所属政党の変更を行った場合は、新たに投票者登録用紙を記入完了する必要があります。
6. この投票者選好用紙は当局で保管します。今日投票登録される場合、ご記入いただいた投票者登録用紙は郡選挙事務所に送付します。

現在お住まいの場所で投票登録されていない場合、今日ここで投票登録の申請をご希望ですか？
(チェックマークを1つ付けてください)

- 登録済みです。 現住所で投票登録済みです。
- はい。 投票登録を希望します。(添付されている投票者登録用紙を記入完了してください。)
- いいえ。 投票登録しません。

注記: チェックマークが付いていない場合、今回投票登録をしないものと見なされます。

申請者名 _____

日付 _____

유권자 등록을 원하십니까?

귀하가 다음에 해당되는 경우 캘리포니아 주에서 유권자 등록을 하실 수 있습니다.

1. 미국 시민권자
2. 캘리포니아 주민
3. 18세 이상 된 사람(또는 다음 선거일까지 18세가 되는 사람)
4. 중죄로 유죄 판결을 받아 복역 또는 가석방 중이 아닌 사람
5. 법원으로부터 정신적 무능력자라는 판결을 받지 않은 사람

중요 통지문

1. 유권자 등록을 신청 또는 거부하더라도 당 기관이 제공하는 지원의 수준에는 영향을 미치지 않습니다.
2. 유권자 등록 신청서 양식을 작성할 때 도움이 필요하시면 저희가 도와 드립니다. 도움을 요청하거나 받는 것에 대한 결정은 귀하에게 달려 있습니다. 신청서 양식은 비공개적으로 작성할 수도 있습니다.
3. 지금 이곳에서 유권자 등록을 거부하는 경우, 이와 관련된 정보는 비밀로 유지되고, 유권자 등록 이외에 어떤 목적으로도 사용되지 않습니다. 지금 이곳에서 유권자 등록을 하는 경우, 귀하가 등록을 하는 당 기관이나 사무소는 공개되지 않습니다.
4. 어떤 사람이 귀하가 유권자 등록을 하거나 등록을 거부할 권리, 유권자 등록 여부를 결정하거나 등록을 신청하는 것에 대한 프라이버시 권리, 또는 자신의 정당 선호 또는 다른 정치적 선호를 선택할 권리를 방해했다고 생각하는 경우에는 무료 전화번호 (866) 575-1558로 연락하거나 다음의 주소로 서신을 보내어 총무처장관에게 불만을 신청하실 수 있습니다: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. 선거와 투표에 대한 더 자세한 정보를 원하시면 총무처장관의 웹사이트 www.sos.ca.gov를 방문하십시오.
5. 새 주소지로 이사하거나, 이름을 변경하거나, 또는 정당 선호를 변경하기를 원하는 경우에는 유권자 등록 카드를 새로 작성하셔야 합니다.
6. 이 유권자 선호 양식은 당 기관이 보관합니다. 지금 유권자 등록을 하기로 결정하시는 경우, 저희는 귀하가 작성한 유권자 등록 카드를 카운티 선거관리 사무소로 보낼 것입니다.

귀하가 현재 거주지에서 유권자 등록을 하지 않은 경우, 지금 이곳에서 유권자 등록을 신청하시겠습니까?
(한 항목에만 표시)

- 이미 등록했음. 현재 거주하고 있는 주소지에서 이미 유권자 등록을 했습니다.
- 예. 유권자 등록을 하겠습니다. (첨부된 유권자 등록 카드를 작성해 주십시오.)
- 아니요. 유권자 등록을 하지 않겠습니다.

주: 위의 네모칸에 표시하지 않는 경우에는 지금 유권자 등록을 하지 않기로 결정한 것으로 간주됩니다.

신청자 이름 _____

날짜 _____

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES (IHSS)
SPECIAL NOTICE 15-04**

July 29, 2015

SUBJECT: Updates and Clarifications to IHSS Protective Supervision Regulations

EFFECTIVE DATE: Immediately

REFERENCE: All County Letter (ACL) 15-25 and 15-45

I. PURPOSE

The purpose of this Special Notice is to provide IHSS staff with clarifications and examples of how to apply updated regulations on Protective Supervision. The attached desk aids will highlight the changes and assist the Social Worker in evaluating the need for Protective Supervision using various examples. The HHSA 12-42A - Assessment Narrative Template has been updated to reflect the documentation requirements.

II. BACKGROUND

Effective January 1, 2015, the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) was updated to reflect changes to the Welfare and Institutions Code (WIC) §12300(b) governing IHSS. MPP §30-700 contains sections that are specifically applicable to the assessment and authorization of Protective Supervision.

III. POLICY

The need, or lack of need, for Protective Supervision must be evaluated and documented for all IHSS clients at initial application, and at each yearly reassessment. All Protective Supervision cases must be reviewed and approved by the IHSS Social Work Supervisor or lead worker assigned to review cases.

IV. ATTACHMENTS

Attachment A – Application of Protective Supervision Regulations
Attachment B – Questions and Answers on Changes to Protective Supervision Regulations
Attachment C – HHSA 12-43 Assessment Narrative Template

V. REVIEW STATEMENT

This Special Notice has not been reviewed by an Organizational Review Committee (ORC).

VI. FILING STATEMENT

IHSS Special Notices are archived at the following link:

<S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure - Automated\IHSS Special Notices>

And at

<http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AIHSS>

Program Support will not distribute hard copies of this Special Notice.



WILFRED QUINTONG
Deputy Director



MARK SELLERS
Deputy Director

Attachments
Contact: Mary Harrison
(858) 505-6952

Questions and Answers on Changes to Protective Supervision Regulations

Highlights of Changes

30-763.44

- Added reference to the parental duty under the Family Code to specify this regulation section is applicable only when the minor lives with the natural or adoptive parent(s).
- Amended to reflect that services must be provided during the parents' inability and unavailability.

30-763.444

- "Search for employment" was added as an additional reason to pay a provider, who is not the recipient's parent, for tasks that must be performed during the parental absence.
- Clarified that allowing a provider, who is not the recipient's parent, to be paid due to the unavailability of the parent(s), for the reasons outlined in this regulation section; and only for tasks that must be performed when the parent(s) is unavailable.

30-763.45

- Added reference to the parental duty under the Family Code to specify this regulation section is applicable only when the minor lives with his/her natural or adoptive parent(s).

30-763.451

- Revised to combine MPP Sections 30-763.451 (a) through (c) of the former regulations. This revision mirrors statutory language and permits a more consistent reading of this regulation.

30-763.451(a)

- Specified full-time parental employment for the purposes of IHSS as 40 hours a week, not including IHSS-funded care to his/her own child.

30-763.452

- A parent is only considered unavailable, if the unavailability occurs during a time when the recipient must receive a specific service, for the following reasons: employment, enrollment in an educational or vocational training, or employment searches.
- Defined both a suitable provider who does not have a legal duty pursuant to the Family Code and a suitable provider who does have a legal duty pursuant to the Family Code.

30-763.455

- Clarified that if a parent provider meets the requirements in MPP Section 30-763.451, that parent shall be paid for performing authorized services regardless of the presence of another parent in the home, including

Questions and Answers on Changes to Protective Supervision Regulations

non-work hours, weekends, and holidays.
30-76.457

- Added to clarify that a recipient's parent(s) are not eligible to be providers for the Personal Care Services Program (PCSP).

Questions and Answers

1. Q. If the non-provider parent in a two-parent household is not working, or going to school full-time, is the child still eligible for IHSS?

A. Yes, the child may be eligible for IHSS; however, the provider parent would not meet the qualifications to be a paid IHSS provider under MPP Section 30-763.451 because of the availability of the non-provider parent.
2. Q. When the parent(s) must be absent from the home to take the minor recipient's siblings to the doctor, how does a social worker assess and authorize IHSS hours (up to eight per week) allowed under MPP Section 30-763.444?

A. The IHSS time under MPP Section 30-763.444, is not authorized separately; it is already contained within the existing authorized hours based on the assessment. A provider, who is not the recipient's parent, shall only be paid for tasks that must be performed during the absence of the parent(s). No separate IHSS hour authorization is required. In a two-parent household, both parents must be absent to perform shopping and errands essential to the family in order for a provider, who is not the recipient's parent, to be paid in their absence under this regulation.

Also, during the initial assessment and reassessment process, the social worker should inform the recipient's parents of the provider enrollment process, so if needed, there is an enrolled provider available to perform the needed services during the parent's absence.

3. Q. Is a step-parent considered a parent for the purposes of MPP Sections 30-763.44 and 30.763.45?

A. No, a step-parent is not considered a parent for the purposes of MPP Sections 30-763.44 and 30.763.45, unless the step-parent has legally adopted the child. These regulation sections only apply to natural or adoptive parents. When a minor recipient is legally adopted by a step-parent, MPP Sections 30-763.44 and 30.763.45 would apply.
4. Q. A minor recipient is living in a household with his two full-time employed parents and three siblings, and a non-parent provider is currently hired to

Questions and Answers on Changes to Protective Supervision Regulations

provide IHSS tasks when the parents are unavailable because of employment (MPP Section 30-763.441). Can the recipient have eight additional hours for respite on the weekends as the mother says the father is no help with the children?

A. No. On weekends, the father refusing, or being unwilling to assist with his child, is not a reason for a non-parent provider to complete IHSS tasks for the child. The non-parent provider can only be paid for reasons specified in MPP Sections 30-763.44 through 30-763.444, and only for the tasks that must be completed during the periods of parental unavailability (ADL care, Protective Supervision; not daycare). For example, if the parents had weekend errands such as shopping with their other children, the non-parent provider could be paid under MPP Section 30-763.444. However, if one parent takes the other kids out for weekend errands and the other parent is home watching TV, cleaning, or is unwilling to assist the recipient child, the regulation requirements of MPP Section 30-763.444 are not met; therefore, a non-parent provider could not be paid.

5. Q. Can a social worker authorize IHSS hours on a case for a minor recipient when the only available parent cannot be a paid IHSS provider due to a Tier 1 crime conviction?

A. No, if the parent with a Tier 1 conviction is able and available to provide the needed care they must meet their obligation to provide care under the Family Code, even if they are not eligible to be paid as an IHSS provider. However, per MPP Sections 30-763.44 through 30-763.444, a non-parent provider may provide services only if the parent is unavailable because they are searching for employment or are enrolled in an educational or vocational training program; if the parent(s) is physically or mentally unable to provide the needed IHSS services; or if they are unavailable because of on-going medical, dental or other health-related treatment. Also, if the parent(s) must be unavailable to perform shopping and errands essential to the family, search for employment, or for essential purposes related to the care of the recipient's minor siblings, IHSS may be purchased from a provider other than the parent(s) for up to eight hours per week to perform IHSS tasks necessary during the unavailability of the parent(s).

6. Q. How does the social worker know if the parent is employed full-time?

A. During the assessment visit, the social worker should ask about the recipient's living arrangements and the parent(s) employment status and hours.

7. Q. Can a parent be employed full-time from home and be an IHSS provider to their child?

A. No, if a parent is working full-time (an average of 40 hours or more per

Questions and Answers on Changes to Protective Supervision Regulations

week), even if they work from home, that parent is not prevented from full-time employment (Please note, a parent providing IHSS funded care to his/her own child is not full-time). The location of the parent's workplace does not make a difference. Since this parent is not prevented from full-time employment, the parent cannot be the IHSS provider (MPP Section 30-763.451).

However, a provider who is not the recipient's parent can be paid to provide the needed IHSS services, but only during periods of parental work-related unavailability (MPP Section 30-763.441).

For example, both parents are employed full-time, one works from home and one works outside the home. In this situation, neither parent is eligible to be the paid IHSS provider. A provider, who is not the recipient's parent, may be paid to provide the IHSS services that must be provided during periods when both parents are unavailable due to employment.

8. Q. In a two-parent household, one parent states he/she is prevented from full-time employment, and the other parent is not willing to assist with any of the IHSS care for their child. Can the parent who states he/she is prevented from employment be the IHSS provider?

- A. No, pursuant to MPP Section 30-763.452, an individual who has a duty under the Family Code need only be able and available to provide the needed IHSS to be considered a suitable provider; they need not be willing. A parent being "unwilling" to provide assistance is not a valid reason to pay the other parent as an IHSS parent provider. Because the "unwilling" parent would still be a suitable provider, the other parent is not prevented from obtaining full-time employment because no other suitable provider is available.

However, if one of the parents is not mentally or physically "able" to perform the needed IHSS services, and the other parent is prevented from obtaining full-time employment because no other suitable provider is available, the parent who is prevented from obtaining full-time employment may be a paid provider.

9. Q. MPP Section 30-763.455 states "A parent provider.....shall be paid for performing authorized services regardless of the presence of the parent in the home, including non-work hours, weekends and holidays." In a two-parent home with one parent being the IHSS provider, is the other parent who is employed outside the home considered a suitable provider when they are available during non-work hours, weekends and holidays?

- A. No, a parent who is employed full-time is not considered a "suitable provider" if he/she is only available during non-work hours, weekends, and

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holidays. "IHSS may be purchased from a parent under the condition that the parent has left full-time employment or is prevented from full-time employment because no other provider is available..." (MPP Section 30-763.451). This section refers to the presence of the other parent/non-provider parent in the home and should not affect payment to the parent provider.

10. Q. In a single parent home, when the parent is employed full-time (40 or more hours a week), can that parent be paid to be an IHSS provider when they are not at work?

A. No, a single parent who is employed full-time does not meet the criteria to be the parent provider under MPP Section 30-763.451 because they have not left full-time employment and are not prevented from full-time employment because of the care needs of the child. In this situation, a non-parent provider can be paid, but only for periods of parental inability or unavailability as detailed in MPP Section 30-763.44-.444.

11. Q. Can two parents in the same household who are not employed other than by IHSS, and who are otherwise both able and available to provide the needed IHSS at all times, be enrolled as the IHSS care providers for their one minor IHSS recipient child?

A. No, because both parents would not meet the qualifications to be a paid IHSS provider under MPP 30-763.451. In this situation, while one parent is providing IHSS, the other parent is able and available to provide IHSS. Therefore, the parents would not both be prevented from full-time employment because the other able and available parent is considered a suitable provider.

12. In a two-parent household, one parent operates a construction business full-time from home; the other parent is licensed to run a small family home for medically needy and fragile children. In the home, there are four adopted children and two children who are living in the home because they are medically needy, fragile, and receive care under the license. During the assessment process, the county should gather information to determine who is providing care and any additional case circumstances.

Q. Is the parent, who runs the licensed small family home and stays home to provide care for all the children, eligible to be an IHSS parent-provider for the adopted children under MPP Section 30-763.45?

A. No, the parents of the adopted children have a responsibility to provide

Questions and Answers on Changes to Protective Supervision Regulations

care for their natural or adopted children under the Family Code. The parent who runs the licensed small family home is employed full-time to provide care to the medically needy and fragile children if he/she works an average of 40 or more hours per week. That parent is not prevented from full-time employment due to the care needs of their adopted children.

Q. Is this parent considered employed full-time because he/she runs a licensed small family home for medically needy and fragile children?

A. Yes, the parent who is licensed to run a licensed small family home, for medically needy children, is considered to be employed full-time if he/she works an average of 40 or more hours per week.

Q. Is the parent operating a construction business full-time, from their home, considered to be employed full-time?

A. Yes, the parent operating the construction business full-time, from home, is also considered to be employed full-time. Therefore, neither parent is eligible to be an IHSS parent-provider for their adopted children. In addition, the foster children are also ineligible for IHSS since they reside in a licensed facility.

13. Q. Does a notarized handwritten letter from a parent appointing a caregiver as a “guardian” for a child verify a Legal Guardianship of a child?

A. No, a Legal Guardianship is approved by a Superior Court Judge; therefore, a handwritten note, without supportive court documentation, does not meet the definition of “Legal Guardianship.”

14. Q. How do MPP Sections 30-763.44 and 30-763.45 apply when a minor recipient lives with both his/her grandparent, who is also his/her Legal Guardian, and his/her biological parent?

A. When a Legal Guardianship is in place, the appointed Guardian assumes the care, custody, and control of the minor. Per Family Code Section 7505(a), when a Legal Guardianship is in place, it ceases the “parental authority” (ceasing parental authority is not the same as termination of parental rights, as termination of parental rights is permanent such as adoption or emancipation). Because the Legal Guardian (the grandparent) assumes the duty to care for the minor, the parent is absolved of his/her duty to provide care for the child. Because the parent is temporarily relieved of the duty of care, MPP Sections 30-763.44 and 30-763.45 do not apply to the parent, nor do they apply to the grandparent because the grandparent is not an adoptive parent. Therefore, either the grandparent and/or the biological parent could be the child’s paid IHSS provider in this situation.

Questions and Answers on Changes to Protective Supervision Regulations

15. Q. If a minor does not live with his/her parent(s), would an informal caregiver be considered as a parent or non-parent for the purpose of IHSS?
- A. A caregiver is considered a non-parent. In this case, MPP Sections 30-763.44 through 30-763.457 do not apply since the minor recipient is not the caregiver's natural or adoptive child. WIC Section 12300(e) states in pertinent part: "...a person having a legal duty pursuant to the Family Code to provide for the care of *his or her* child..." (Emphasis added.) Thus, because the recipient is not the child of the guardian, WIC Section 12300(e) and the related regulations do not apply.

Application of New Protective Supervision Regulations

Protective Supervision Regulations

Protective Supervision regulations are based on Welfare and Institutions Code (WIC) §12300(b). The Manual of Policies and Procedures (MPP) § 30-700 contains the following sections that are specifically applicable to the assessment, and authorization of Protective Supervision:

- MPP §§ 30-757.17 through .172
 - .17 Protective Supervision consists of observing recipient behavior and intervening as appropriate in order to safeguard the recipient against injury, hazard, or accident.
 - .171 Protective Supervision is available for observing the behavior of nonself-directing, confused, mentally impaired, or mentally ill persons only.
 - (a) Protective Supervision may be provided through the following, or combination of the following arrangements.
 - (1) In-Home Supportive Services program;
 - (2) Alternative resources such as ¹adult or child day care centers, community resource centers, senior centers; respite centers;
 - (3) Voluntary resources;
 - (4) Repealed by Manual Letter No. SS-07-01

¹ Please note: Effective April 1, 2012, Adult Day Health Care (ADHC) is now referred to as Community-Based Adult Services (CBAS).

.172 Protective Supervision shall not be authorized:

- (a) For friendly visiting or other social activities;
 - (b) When the need is caused by a medical condition and the form of the supervision required is medical.
 - (c) In anticipation of a medical emergency;
 - (d) To prevent or control anti-social or aggressive recipient behavior.
 - (e) To guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intends to harm himself/herself.
- MPP §§ 30-757.173 and .174 pertain to the 24 hour-a-day need requirement and the Assessment of Need for Protective Supervision for In-Home Supportive Services Program, SOC 821, form.
 - MPP § 30-756.37 Mental functioning shall be evaluated as follows:
 - .371 The extent to which the recipient's cognitive and emotional impairment (if any) impacts his/her functioning in the 11 physical functions listed in Sections 30-756.2(a) through (k) is ranked in each of those functions.

Application of New Protective Supervision Regulations

The level and type of human intervention needed shall be reflected in the rank for each function.

.372 The recipient's mental function shall be evaluated on a three-point scale (Ranks 1, 2, and 5) in the functions of memory, orientation and judgment. This scale is used to determine the need for protective supervision.

- MPP § 30-763.33

.33 The need for protective supervision shall be assessed based on the recipient's individual need provided that:

.331 When two (or more) IHSS recipients are living together and both require protective supervision, the need shall be treated as a common need and prorated accordingly. In the event that proration results in one recipient's assessed need exceeding the payment and hourly maximums provided in Section 30-765, the apportionment of need shall be adjusted between the recipients so that all, or as much as possible of the total common need for protective supervision may be met within the payment and hourly maximums.

.332 For service authorization purposes, no need for protective supervision exists during periods when a provider is in the home to provide other services.

Specific Policies

To provide ongoing guidance, the following information sets forth specific existing Protective Supervision policies based on CDSS interpretations of regulations and relevant court cases:

Mentally Impaired/Mentally Ill and Nonself-Directing

In addition to all other relevant eligibility criteria, a person must be both mentally impaired or mentally ill *and* nonself-directing to be eligible for Protective Supervision. It is not sufficient for someone to just be mentally impaired/mentally ill, there must also be evidence that he/she is nonself-directing. This policy is based on the court rulings in the *Marshall v. McMahon*, (1993) 17 Cal. App. 4th 1841, and *Calderon v. Anderson*, (1996) 45 Cal. App. 4th 607, cases, and will also be reflected in forthcoming amendments to the Protective Supervision regulations found at MPP § 30-757.17.

For the purpose of Protective Supervision eligibility, nonself-direction is an inability, due to a mental impairment/mental illness, for individuals to assess danger and the risk of harm, and therefore, the individuals would most likely engage in potentially dangerous activities that may cause self-harm.

Physical Ability to Engage in Potentially Dangerous Activities

Protective Supervision recipients must be physically capable of harming themselves. In *Calderon v. Anderson* (1996), the court held that the plaintiff was not entitled to Protective Supervision under the IHSS Program because his physical condition made it

Application of New Protective Supervision Regulations

impossible for him to engage in any activities that would require observation or preventative intervention, and Protective Supervision was not available merely to provide constant oversight in anticipation of environmental or medical emergencies.

However, a mentally impaired or mentally ill individual who is bedridden, or in a wheelchair, is not necessarily incapable of engaging in activities that would require observation or preventative intervention under Protective Supervision. The specific factual circumstances of the individual must be considered when determining whether s/he has the physical ability to engage in potentially dangerous activities.

For example:

- A mentally impaired/mentally ill bedridden individual may still have the physical ability to pull at his or her G-tube that requires observation or intervention under Protective Supervision.

This risk of harm is different than the types of medical emergencies/medical conditions for which Protective Supervision is not available under MPP § 30-757.172, such as the potential to fall because the mentally impaired/mentally ill person experiences poor balance.

Excluded Needs and Behaviors under MPP § 30-757.172

The exclusions listed under MPP § 30-757.172 are applicable if a recipient is otherwise eligible for Protective Supervision in that s/he has the requisite mental impairment/mental illness, is nonself-directing, and would likely engage in potentially dangerous activities. MPP § 30-757.172 states Protective Supervision shall not be authorized:

- (a) For friendly visiting or other social activities;
- (b) When the need is caused by a medical condition and the form of the supervision required is medical;
- (c) In anticipation of a medical emergency;
- (d) To prevent or control anti-social or aggressive recipient behavior;
- (e) To guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intends to harm himself/herself.

An example of an excluded need/behavior for “(b) When the need is caused by a medical condition and the form of the supervision required is medical,” is:

- A recipient who has diabetes and the need for Protective Supervision is to help if/when the recipient has an episode of hypoglycemia.

Additionally, an example of an excluded need/behavior for “(c) In anticipation of a medical emergency” is:

- A recipient who has Congestive Heart Failure and the need for Protective Supervision is in anticipation of a heart attack.

Application of New Protective Supervision Regulations

If a recipient only displays needs or behaviors excluded under MPP § 30-757.172, they are not eligible for Protective Supervision. If a recipient displays self-injurious behavior that would qualify for Protective Supervision, but also displays excluded behavior(s) based on MPP § 30-757.172, they may still be eligible for Protective Supervision for the non-excluded behaviors.

For example:

- A recipient who displays multiple self-injurious behaviors such as attempting suicide and wandering would be eligible for Protective Supervision to intervene to prevent wandering, but not to prevent suicide attempts.

The IHSS program is not intended to prevent or control dangerous behaviors, and IHSS providers are not trained to intervene when recipients are displaying such behaviors.

The non-IHSS program remedy for suicide attempts and other dangerous behavior is still to call 911.

Additional Excluded Needs and Behaviors

The *Calderon v. Anderson* decision states that “protective supervision is not available merely to provide constant oversight in anticipation of environmental or medical emergency or exigent circumstances.”

For example:

- A mentally ill/mentally impaired recipient who would not know how to exit his/her home in the event of a fire is not eligible for Protective Supervision based on that behavior (or lack of appropriate response/behavior) alone.

Routine Child Care

Protective Supervision cannot be authorized for routine child care or supervision. This policy is based on the requirement that Protective Supervision must be related to the functional limitations of the child as set forth in WIC § 12300(e) (4). This policy is also supported by MPP § 30-763.456(d), and it is CDSS' interpretation that this criteria applies to all providers, not just parent providers.

Environmental Modifications/Safety-Proofing to Eliminate Need for Protective Supervision

Environmental modifications such as removing knobs from stove or adding safety latches can be used, and should be encouraged, to eliminate the need for Protective Supervision. If the modification eliminates the hazard, then there is no longer a need for Protective Supervision and Protective Supervision should not be authorized.

Fluctuating/Episodic Behavior

Per MPP § 30-757.173, “Protective Supervision is only available under the following conditions as determined by social service staff:

Application of New Protective Supervision Regulations

(a) At the time of the initial assessment or reassessment, a need exists for twenty four-hours-a-day of supervision in order for the recipient to remain at home safely.”

Protective Supervision requires a 24/7 need, so if the behavior in question is considered predictable, and the need for supervision is at certain times of the day, there is no Protective Supervision eligibility because there is not a 24 hour-a-day need.

Alternatively, unpredictable episodic behavior does meet the 24/7 requirement, as the need for supervision is constant. The unpredictable episodic behavior must be frequent and long enough that constant supervision is necessary.

It is CDSS' policy that leaving a recipient alone for some fixed short period of time, is not, by itself, a reason to deny Protective Supervision. Although this concept is derived from language from the *Garrett* court order, discussed below, it is CDSS' policy that this should apply to adults and minors alike; therefore, an adult or a child may be eligible for Protective Supervision in order to safeguard them from dangerous and fluctuating/episodic behavior, even if that behavior allows the person to be left alone for short periods of time.

Actual Injury vs. Propensity to Harm Self

It is CDSS' policy that a person does not have to suffer *actual* injury to be eligible for Protective Supervision but only have a history of a propensity for placing him/herself in danger.

For example:

- A person with a documented history of nonself-direction, who has a tendency to open the front door and start walking away, does not necessarily have to make it into the street in order for this to be considered potentially hazardous behavior.

Other evidence of a propensity for placing him/herself in danger may come from doctor evaluations, Individualized Education Plans (IEPs), etc.

When reassessing for Protective Supervision, changes in a recipient's physical mobility may impact their eligibility for Protective Supervision. Also, changes in a recipient's behavior or condition which indicates that s/he no longer has the same propensity to engage in potentially dangerous activities may impact their eligibility for Protective Supervision.

When the county discontinues Protective Supervision, it must establish the factual basis for the discontinuance.

Application of New Protective Supervision Regulations

Assessing Children for Protective Supervision

Based on the settlements of the *Garrett v. Anderson* and the *Lam v. Anderson* superior court cases, county social workers must always:

1. assess all IHSS eligible minors for a mental impairment/mental illness, and request the parent or guardian obtain available information and documentation about the existence of a minor's mental impairment/mental illness;
2. evaluate a mentally ill/mentally impaired minor in the functions of memory, orientation, and judgment, on an individualized basis;
3. evaluate a mentally ill/mentally impaired minor even if there are no previous injuries;
4. evaluate a mentally ill/mentally impaired minor regardless of age;
5. assess whether the minor needs more supervision because of his/her mental impairment than a minor of the same age without such an impairment;
6. evaluate a mentally ill/mentally impaired minor even if the minor can be left home alone for a fixed period of time;
7. review any relevant information provided by the parent;
8. advise parents or guardians of the availability of, and the conditions for receiving Protective Supervision; and
9. not presume that services, which are otherwise compensable, will be provided voluntarily by a parent or guardian or anyone else.

As stated above, the counties must assess all eligible minors, which include anyone up to the age of 18 years old, for a mental impairment/ mental illness. If the child is mentally impaired/mentally ill, the following provides a four-step process for counties to use when applying the terms of the *Garrett v. Anderson* stipulated judgment:

1. Is the minor nonself-directing due to the mental impairment/mental illness? If the answer is no, then the minor is not eligible for Protective Supervision pursuant to *Calderon v. Anderson* and *Marshal v. McMahan*, and Protective Supervision should not be granted. The county should document that because the child is self-directing, the minor does not meet the Garrett criteria of needing more supervision than another minor of the same age without a mental impairment/mental illness. Counties should also document the underlying facts which are basis for this determination. If the answer is yes, then move to question 2;
2. If the minor is mentally impaired/mentally ill and nonself-directing, is he/she likely to engage in potentially dangerous activities? Consider here whether the minor retains the physical ability to put him/herself at risk of harm. If the answer is no, then the minor is not eligible for Protective Supervision under the *Calderon v. Anderson* court decision, and Protective Supervision should not be granted. The county should document that because the child is not likely to engage in potentially dangerous activities, the minor does not meet the Garrett criteria of needing more supervision than another minor of the same age without a mental impairment/mental illness. If the answer is yes, then move to question 3;
3. Does he/she also need more supervision than a minor of comparable age that is

Application of New Protective Supervision Regulations

not mentally impaired/mentally ill pursuant to the *Garrett v. Anderson* court order? "More supervision" can be more time, more intensity, or both. The additional supervision required must be significantly more than routine child care, and not only be related to the functional limitations of the child, but also allow the child to remain safely in their own home with this assistance. If the answer is no, then the minor is not eligible for Protective Supervision under the *Garrett v. Anderson* court order, and Protective Supervision should not be granted. The county should document that because the child does not need more supervision than another child of the same age without a mental impairment/mental illness, the minor does not meet the *Garrett* criteria of needing 24 hours-a-day of supervision. If the answer is yes, then move to question 4;

4. When it is found that "more supervision" is needed, is 24 hour-a-day supervision needed in order for the minor to remain at home safely pursuant to MPP § 30-757.173? If the answer is no, then the minor is not eligible for Protective Supervision and it should not be granted. If the answer is yes, the minor qualifies for Protective Supervision, if otherwise eligible.

Remember that a 24-hour care plan is needed to enumerate how the recipient will be protectively supervised for any hours above those that are provided by IHSS or Alternative Resources.

It is recommended that counties document in the case involving a person up to the age of 18 years old that these *Garrett v. Anderson* requirements have been met in all appropriate cases. The above 4-step process can be used as a template in the case narrative.

Assessment Narrative Template

The assessment narrative template should be used to record information relating to an initial assessment, reassessment, ICT assessment or State Hearing assessment. A home visit assessment is required when using this narrative template.

- Using the guidelines in the right-hand column, complete the areas below in the left-hand column to document your home visit assessment.
- Copy the text from the left-hand column and paste into the Assessment Narrative in CMIPS II.
(**Note: tables; bold, italicized, and underlined text; indents; and check boxes do not convert into CMIPS II.**)

DATE:	Include: Date
ASSESSMENT TYPE:	Insert: Initial assessment, Reassessment, ICT or State Hearing
GENERAL INFORMATION:	Include: Assessment reason, length of HV, location, participants present
MEDICAL INFORMATION:	Include: Medical conditions, diagnoses, symptoms, and treatments. Also list names of medications and physician information (specialty, name, phone & fax numbers, and address).
MENTAL / PHYSICAL LIMITATIONS AND ABILITIES:	Include: Mental impairments, physical limitations, abilities (R.O.M., etc.), reported symptoms, durable medical equipment used (cane, walker, and wheelchair).
RECIPIENT INFORMATION:	Include: Age & gender of recipient; also specify if a minor child or A&A spouse situation, Power of Attorney, Conservator, Guardian, or authorized signer.
DOCUMENTATION:	<p>Include: Statement that ID & Social Security card (recipient & IP) were viewed; and that the forms below were reviewed and signed.</p> <ul style="list-style-type: none"> • SOC 295 - Application for Social Services • SOC 332 - Recipient Responsibilities • 12-37 HHSA - IHSS Medical Release-Client • SOC 827 - Emergency Back-up Plan • SOC 864 - IHSS Program Individualized Back-up Plan And Risk Assessment • 12-53A HHSA - Letter to Recipient - Provider Enrollment • SOC 426A - IHSS Program Recipient Designation of Provider • SOC 873 - IHSS Program Medical Certification • SOC 874 - IHSS Program Notice to Applicant of Medical Certification Requirement • SOC 875 - IHSS Program Notice to Recipient of Medical Certification Requirement • 20-46 HHSA - Language Needs Determination • 12-02 HHSA Voter Registration Interest/Declination

Assessment Narrative Template

<p>PROTECTIVE SUPERVISION ASSESSMENT FOR MINORS:</p>	<ul style="list-style-type: none"> • Voter's Registration Card <p>Include: Garrett v. Anderson Four-Step Process</p> <ol style="list-style-type: none"> 1. Is the minor non-self directing due to the mental impairment/mental illness? <ul style="list-style-type: none"> • No. Minor is not eligible to PS. Document assessment details. • Yes. Document assessment details. Go to question two. 2. If the minor is mentally impaired/mentally ill and non-self directing, is he/she likely to engage in potentially dangerous activities? <ul style="list-style-type: none"> • No. Minor is not eligible to PS. Document assessment details. • Yes. Document assessment details. Go to question three. 3. Does the minor need "more supervision" than a minor of comparable age who is not mentally impaired/mentally ill? <ul style="list-style-type: none"> • No. Minor is not eligible to PS. Document details. • Yes. Document assessment details. Go to question four. 4. When it is found that "more supervision" is needed, is 24 hour-a-day supervision needed in order for the minor to remain at home safely? <ul style="list-style-type: none"> • No. Minor is not eligible to PS. Document assessment details. • Yes. Minor qualifies for PS, if otherwise eligible. Document assessment details.
<p>ALTERNATIVE RESOURCES:</p>	<p>Include: Identify alternate resources (Regional Center, medical transport, schools, day programs, community programs, friends, and/or relatives) and how often services are provided. Determine & document if a Voluntary Services form (SOC 450) is required.</p>
<p>LANGUAGE / INTERPRETER:</p>	<p>Include: Recipient's primary language, name of the person who provided interpretation, and if a Civil Rights / Interpreter form (20-49 HHSA) was obtained (if necessary).</p>
<p>HOME VISIT ASSESSMENT:</p> <ul style="list-style-type: none"> • OBSERVATIONS: • DOMESTIC & RELATED SERVICES: • PERSONAL CARE SERVICES: • PROTECTIVE SUPERVISION: 	<p>Include: SW's observations of the recipient's home (walkthrough, number of rooms, condition of home, healthy & safety hazards); recipient's overall appearance; statement of need, justification of authorized service hours, services refused; state whether or not the recipient is at risk without IHSS.</p>
<p>CONCLUSION:</p>	<p>Include: Authorized hours, change in service hours (increase or decrease), no change in hours, or denial of services. Also include any pending forms or information that needs follow-up.</p>
<p>SOCIAL WORKER COMPLETING THE ASSESSMENT:</p>	<p>Include: First and last name, worker number</p>

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 15-03**

May 28, 2015

SUBJECT: Requests for Special (SPEC) Transaction Payments

EFFECTIVE DATE: Immediately

REFERENCE: All County Welfare Directors/Program Managers Letter dated 12/26/14

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff with instructions on how to request a Special Transaction (SPEC) payment. There is a County of San Diego business process and a State process to cover different scenarios that require a SPEC payment. Instructions for both processes are included in this Special Notice.

II. BACKGROUND

The “Writ of Mandamus Special Transaction” is a reimbursement mechanism available in the Case Management, Information, and Payrolling System (CMIPS) II used to correct legitimate pay deficiencies, or when ordered by a court or a State Hearing Decision to *pay a provider* who was never paid for services rendered to a recipient that is now deceased. These types of payments are processed by the California Department of Social Services (CDSS).

The business process used by San Diego allows for the reimbursement of an under-issuance for services when ordered by a State Hearing Decision or Out-of-Hearing Resolution (OHR) that can or must be *paid to the recipient*. SPEC payments approved through the County business process are issued by the IHSS Public Authority (PA).

III. POLICY

All SPEC transaction requests must contain the information noted in the Procedures section of this Special Notice, and must be reviewed by the designated IHSS Account Clerk and approved by the appropriate IHSS Program Manager before payment can be requested from CDSS or the PA.

IV. PROCEDURES

Special Transaction Requests to CDSS

The following are examples of conditions that will be reviewed and approved or denied by CDSS:

- Case Terminated or Denied in Legacy CMIPS
- Legacy CMIPS Overpayment Collection Issues
- Share-of-Cost recipient reimbursement when the Medi-Cal Federal Financial Participation (FFP) indicator flips to non-FFP (Residual payments only)

**IHSS SPECIAL NOTICE 15-03
Requests for Special Transaction (SPEC) Payments**

- **Backdated Eligibility Issues** – Request period is prior to the application date reflected in CMIPS II
- Payments related to deceased recipients or long term care (example: mid-month termination due to recipient death) or State Hearing awards where a deceased recipient did not receive the payment and the provider was never paid
- A case where “Reactivate” (now called “New Application”) was used instead of “Rescind”, and payment is being requested back to the original date of application

Note: *Rescind* function issues are usually related to a missing or incorrect Medi-Cal Eligibility segment. The *New Application* function is for new applications and should not be used in lieu of *Rescind*.

Before Submitting the Request to CDSS

All requests must be submitted to the CMIPS II Help Desk prior to taking an action on a case when it is apparent that there is an issue that cannot be rectified by the county. Note that CMIPS II information must **never** be altered in order to force payment to an individual. The Help Desk will provide a Service Request (SR) number, indicating that the request cannot be rectified by the Social Worker even with the assistance of the Help Desk.

Once the Help Desk staff has determined that a CDSS Special Transaction is required, a response will be sent with instructions for submitting a request to CDSS. The Help Desk determination does not mean that the request complies with IHSS policy and program rules and will be processed by CDSS, but rather that the case cannot be updated in CMIPS II by IHSS staff or the Help Desk.

The recipient and provider must have eligibility in any month; otherwise, *the CDSS Special Transaction Request cannot be processed*. The function of the SPEC process allows CDSS to overpay an authorized month by entering a dollar amount only (no hours). Since the SPEC Request does not allow CDSS to pay unauthorized months, the ‘Service Period From/To Date’ on the *View Special Transaction* screen in CMIPS II may not always match the pay periods on the SPEC Request.

Required Documentation

When submitting the Special Transaction Request to CDSS, the following documentation must be included or the request will not be processed:

- 1) The ‘Writ of Mandamus Request Form’ (Attachment A). This document must be completed by the Social Work Supervisor. He/she must provide a detailed justification of the circumstances warranting the SPEC Request. Requests without sufficient detail will be rejected.
- 2) If the Medi-Cal Eligibility screen in CMIPS II does not show MEDS eligibility for the month(s) on the payment request, proof of eligibility must be sent to CDSS through a secured email attachment.
- 3) The ‘CDSS SPEC Transaction Spreadsheet’ (Attachment B) which lists, by month:
 - The total number of authorized hours, post **any Legislative Mandated Adjustments (LMA)**.*

- The number of hours the provider has already been paid, if any, by any means (e.g. previous SPEC payment, timesheets, etc.).
- The number of hours to be paid.
- The amount to be paid in dollars based on the hourly wage rate.

The 12-09 HHS Special Payment Calculation Spreadsheet (Attachment C) is available as a tool in order to assist staff with the completion of the 'CDSS SPEC Transaction Spreadsheet'. Since the CDSS SPEC spreadsheet requires the entry of the **post-LMA monthly authorized hours, the 12-09 automatically deducts the appropriate LMA based on the payment period being requested when the user enters the total monthly authorized hours.*

- 4) An 'IHSS Special Transaction Timesheet' (Attachment D) for each pay period that is included in the SPEC Transaction Spreadsheet. The timesheet should be completed by the provider and signed by both the recipient and provider. The number of hours claimed on the timesheet must match all other documentation.

The 12-09B HHS SPEC Timesheet Cover Letter (Attachment E) must be sent to the recipient and/or provider, along with the 'IHSS Special Transaction Timesheet in order to avoid timesheets from being erroneously sent to the Timesheet Processing Facility. The cover letter should not be sent to CDSS along with the required documents listed above.

Submitting the Request to CDSS

The SPEC Request and supporting documents must be submitted to CDSS by email. The SR number and recipient name must be entered on the email subject line, as demonstrated in the example below. When submitting documents containing information about an IHSS provider or recipient that is considered confidential, the documents containing the sensitive information must be password protected, and the password allowing access to the documents must be sent in a secondary email. When more than one email is sent as part of a SPEC Request, all associated emails must contain the SR number in the subject line.

Email address: CMIPSII-Requests@dss.ca.gov
Email Subject Line: "SR XXXXX – Recipient Last Name, First Initial".
 Example: SR 12345 – Doe, J

Incomplete Submissions to CDSS

Requests submitted to CDSS without an associated SR will be rejected. Requests that are missing other relevant information will receive notification that the missing information must be submitted within 48 hours. If the information is not received within 48 hours, the request will be rejected and the SR will be closed.

CDSS Quality Assurance Review

Once the required documentation has been submitted to CDSS, the request will undergo the following review process:

- CDSS's Systems Unit will review the request and either process it or forward it to the Quality Assurance (QA) Bureau for a determination of validity based on IHSS program policies, rules, and regulations.

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- Upon review, the QA Bureau will recommend that the Systems unit either process or reject the request.

The county contact who initiated the SR will be notified via the CMIPS II Help Desk of the determination made by CDSS.

Special Transaction Requests to IHSS Public Authority

With the exception of the condition(s) indicated in the *Special Transaction Requests to CDSS* section, above, any payments resulting from the ruling of an Administrative Law Judge (ALJ) in a State Hearing or resulting from the County's Appeals unit decision should be processed through the PA and not sent to CDSS. This includes requests for cases where the applicant did not submit their Health Care Certification (HCC) to the county timely. If a case was denied for no Health Care Certification, then the applicant may request a State Hearing when they receive their Denial Notice-of-Action. If an ALJ finds in favor of the applicant, then the county should issue a State Hearing Payment Special Transaction for the period of award.

Required Documentation

When submitting a Special Transaction Request to the Public Authority, the following documentation must be included or the request will not be processed:

- 1) The 12-09 HHSA Special Payment Calculation Spreadsheet (Attachment C) which lists, by month:
 - The total number of authorized hours, **post any Legislative Mandated Adjustments (LMA)**. This spreadsheet automatically deducts the appropriate LMA based on the payment period being requested when the user enters the total monthly authorized hours.
 - The number of hours the provider has already been paid, if any, by any means (e.g. previous SPEC payment, timesheets, etc.).
 - The number of hours to be paid.
 - The amount to be paid in dollars based on the hourly wage rate.
- 2) A copy of the State Hearing Decision or OHR.
- 3) Any supporting documents, such as printouts from CMIPS II, that are relevant to the processing of the SPEC Request.

County Review of All SPEC Transaction Requests

All SPEC Transaction Requests must contain the information noted in the *Special Transaction Requests to CDSS*, *Special Transaction Requests to IHSS Public Authority*, and the *Social Work Supervisor Responsibilities* sections of this Special Notice, and must be reviewed by the designated IHSS Account Clerk and approved by the appropriate IHSS Program Manager before payment can be requested from CDSS or the PA.

Social Work Supervisor Responsibilities

The assigned Social Work Supervisor (SWS) must gather all necessary information and required documentation, as described in this Special Notice, prior to submitting a request for a SPEC payment.

The SWS is responsible for reviewing that the SPEC spreadsheet and all other necessary forms have been completed correctly, as well as that the appropriate information related to the SPEC Transaction Request has been entered as a *Case Note* in CMIPS II prior to submitting the request to the IHSS Account Clerk and Program Manager for approval.

Once the SWS has completed this review, he/she will send an email to the Account Clerk and Program Manager which includes the following information:

- All required electronic documents needed to process the SPEC Transaction Request
- A copy of the State Hearing Decision or OHR, if applicable
- A summary stating the reason(s) that a SPEC payment is being requested
- Case Number
- Recipient Name
- Provider Name
- Provider Number
- Number of hours, provider wage rate, and amount calculated - Example: 10.0 hours x \$9.50 hourly = \$95.00

The email will be sent to both account clerks (contact information below) to ensure a timely response to the request for review.

Despo.Stevens@sdcounty.ca.gov

Pedro.DeLaCruzRamos@sdcounty.ca.gov

Account Clerk Responsibilities

The assigned Account Clerk is responsible for the following:

- Logging all SPEC Requests on the 12-09A HHSA IHSS Special Transaction Request Log (Attachment F). The following information will be tracked on this log:
 - The Type of SPEC Request (CDSS or PA)
 - CMIPS II Case Number
 - Recipient Name
 - Provider Name
 - Date SPEC was requested
 - Date SPEC was approved
 - Any pertinent comments
- Reviewing the payment information provided on the Special Transaction spreadsheet(s). When there is a discrepancy or error in the calculations provided by the SWS, the Account Clerk will notify the SWS of the discrepancy via email, with a copy to the designated Program Manager and Senior Office Assistant.
- Notifying the Program Manager via email, with a copy to the Senior Office Assistant, when the review of the SPEC Request has been completed and it is ready to be forwarded to CDSS or the PA.

Once the Program Manager has been notified that the SPEC Request has been reviewed and is ready to be processed, he/she will forward the request via email to the Public Authority for County-processed Specs or will notify the SWS via email that he/she can proceed with submitting the request for CDSS-processed Specs.

- Maintaining electronic copies of the documents provided by the SWS for the SPEC Request, including a copy of the email from the Program Manager approving the SPEC Request.

V. REVIEW STATEMENT

This Special Notice has been reviewed by an Organizational Review Committee (ORC).

VI. FILING STATEMENT

IHSS Special Notices are archived at the following link:

<S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure - Automated\IHSS Special Notices>

Program Support will not distribute hard copies of this Special Notice.



WILFRED QUINTONG
Deputy Director



MARK SELLERS
Deputy Director

Attachments
Contact: Perla Delgado
(858) 495-5554

Writ of Mandamus Request Form

In order for CDSS to process your request this form needs to be completed by the County Supervisor and submitted to CDSS. The CMIPS II Help Desk will contact the County when request is complete.

Service Request Information (Please provide the request information below)

Service Request Date	
Service Request Number	
Service Request Category	

Justification Detail (Please provide the request detail in the space below)

Required Information
(Check all that apply)

Attachments:

Special Transaction Request Spreadsheet	<input type="checkbox"/>
Special Transaction Request Time Sheet	<input type="checkbox"/>
Special Transaction Request Detailed Information	<input type="checkbox"/>
Proof Of MEDS Eligibility for the requests period	<input type="checkbox"/>

Supervisor/Submitter Information

(All fields must be completed)

County/District Office	
Supervisor Name	
Supervisor Email	
Supervisor Phone	
Submitter Name	
Submitter Email	
Submitter Phone	

Note: Request will be rejected if there is a violation of the policy or missing information.

Supervisor Approval Date			
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Email or fax completed form and required documents to:

Attn: CDSS

Email: CMIPSII-Requests@DSS.ca.gov

Fax: (916) 651-5256

CASE NUMBER:
RECIPIENT NAME:
PROVIDER NAME:

**SPECIAL PAYMENT CALCULATION SPREADSHEET - 7% LMA
AMOUNTS SHOULD BE ENTERED IN HOURS AND MINUTES**

THIS COLOR INDICATES CELLS THAT CALCULATE AUTOMATICALLY AND ARE LOCKED										
Month/Year	Total Authorized Hours	7% Reduction	Total Hours Post-LMA	Hours Paid Previously	Hours to be paid on SPEC	Rate of Pay	Amount to be Paid on SPEC	Share-of-Cost	Payment Minus Share-of-Cost	Comments
Jul-14		0:00	0:00		0:00	\$ 9.85	\$0.00	\$ -	\$ -	
Aug-14		0:00	0:00		0:00	\$ 9.85	\$0.00	\$ -	\$ -	
Sep-14		0:00	0:00		0:00	\$ 9.85	\$0.00	\$ -	\$ -	
Oct-14		0:00	0:00		0:00	\$ 9.85	\$0.00	\$ -	\$ -	
Nov-14		0:00	0:00		0:00	\$ 9.85	\$0.00	\$ -	\$ -	
Dec-14		0:00	0:00		0:00	\$ 9.85	\$0.00	\$ -	\$ -	
Jan-15		0:00	0:00		0:00	\$ 9.85	\$0.00	\$ -	\$ -	
Feb-15		0:00	0:00		0:00	\$ 9.85	\$0.00	\$ -	\$ -	
Mar-15		0:00	0:00		0:00	\$ 9.85	\$0.00	\$ -	\$ -	
Apr-15		0:00	0:00		0:00	\$ 9.85	\$0.00	\$ -	\$ -	
May-15		0:00	0:00		0:00	\$ 9.85	\$0.00	\$ -	\$ -	
Jun-15		0:00	0:00		0:00	\$ 9.85	\$0.00	\$ -	\$ -	
TOTALS	0:00	0:00	0:00	0:00	0:00		\$0.00	\$ -	\$ -	

IHSS SPECIAL TRANSACTION TIME SHEET

RECIPIENT NUMBER:

PROVIDER NUMBER:

Last Name	First	MI	Last Name	First	MI
Address			Address		
City	State	Zip	City	State	Zip

You are authorized:

Hours for this SPEC transaction for the Month of:

DAY	1	2	3	4	5	6	7	8
HOURS/MINS								
DAY	9	10	11	12	13	14	15	
HOURS/MINS								

WE AFFIRM THAT THIS TIMESHEET IS A TRUE AND CORRECT STATEMENT OF TIME WORKED THE IHSS PROGRAM AND THE SHARE OF COST LIABILITY _____ FOR THE PERIOD HAS BEEN MET (SIGN ONLY AFTER WORK HAS BEEN COMPLETED).

AFIRMAMOS QUE ESTE 1-10RARJO ES CUENTA CORRECTA DE 1-10RAS TRABAJADAS BAJO EL PROGRAMA DE IHSS Y QUE LA PARTE DEL COSTO QUE PAGAMOS NOSOTROS POR ESTE PERIODO YA ESTA PAGADA (FIRME SOLAMENTE CUANDO EL TRABAJO ESTE COMPLETADO)

RECIPIENT SIGNATURE:

DATE:

PROVIDER SIGNATURE:

DATE:

X _____

X _____

IHSS SPECIAL TRANSACTION TIME SHEET

RECIPIENT NUMBER:

PROVIDER NUMBER:

Last Name	First	MI	Last Name	First	MI
Address			Address		
City	State	Zip	City	State	Zip

You are authorized:

Hours for this SPEC transaction for the Month of:

DAY	16	17	18	19	20	21	22	23
HOURS/MINS								
DAY	24	25	26	27	28	29	30	31
HOURS/MINS								

WE AFFIRM THAT THIS TIMESHEET IS A TRUE AND CORRECT STATEMENT OF TIME WORKED THE IHSS PROGRAM AND THE SHARE OF COST LIABILITY _____ FOR THE PERIOD HAS BEEN MET (SIGN ONLY AFTER WORK HAS BEEN COMPLETED).

AFIRMAMOS QUE ESTE 1-10RARJO ES CUENTA CORRECTA DE 1-10RAS TRABAJADAS BAJO EL PROGRAMA DE IHSS Y QUE LA PARTE DEL COSTO QUE PAGAMOS NOSOTROS POR ESTE PERIODO YA ESTA PAGADA (FIRME SOLAMENTE CUANDO EL TRABAJO ESTE COMPLETADO)

RECIPIENT SIGNATURE:

DATE:

PROVIDER SIGNATURE:

DATE:

X _____

X _____



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

AGING & INDEPENDENCE SERVICES

P.O. BOX 23217, SAN DIEGO, CALIFORNIA 92193-3217

May 14, 2015

Enter Provider's Name
Enter Address
Enter City, State and Zip Code

Case Number: **CMIPS Case Number**

Enclosed are timesheet(s) for the period of [Click here to enter a date](#) to [Click here to enter a date](#) for In-Home Supportive Services (IHSS) for [Enter Client's Name](#). The timesheet(s) must be completed correctly, signed, and dated by both you and the IHSS recipient. Payment cannot be issued until the completed timesheet(s) have been returned to the district office and worker listed below.

**DO NOT MAIL THE ENCLOSED TIMESHEETS
TO THE TIMESHEET PROCESSING FACILITY!**

Once the correctly completed timesheet(s) have been returned, payment can be issued by the State.

Enter SW Name Enter SW Number
Enter SW Telephone Number
Select District Office



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

AGING & INDEPENDENCE SERVICES

P.O. BOX 23217, SAN DIEGO, CALIFORNIA 92193-3217

14 de mayo de 2015

Enter Provider's Name

Enter Address

Enter City, State and Zip Code

Numero de Caso: **CMIPS Case Number**

Adjunto esta la tarjeta(s) de tiempo para el periodo de [Click here to enter a date](#) a [Click here to enter a date](#) para Servicios de Apoyo en el Hogar (IHSS, por sus siglas en inglés) de [Enter Client's Name](#). La tarjeta(s) debe ser llenada correctamente, firmada por usted y el beneficiario, y debe incluir la fecha. El pago no será emitido hasta que la tarjeta(s) de tiempo, completada correctamente, se entregue a la oficina y al trabajador social indicado debajo.

**NO ENVIE LA TARJETA(S) AL CENTRO DE PROCESAMIENTO
ESTATAL DE TARJETAS DE TIEMPO (TPF) EN CHICO, CA**

El pago será emitido por el estado una vez que la tarjeta(s) de tiempo, correctamente completada, haya sido devuelta.

Enter SW Name Enter SW Number

Enter SW Telephone Number

Select District Office

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 15-02**

April 10, 2015

SUBJECT: Appeals' Rushmore System

EFFECTIVE DATE: February 16, 2015

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff information about implementation and use of the Rushmore system to track requests and results for State Hearings (appeals).

II. BACKGROUND

The Rushmore system is an electronic database that consolidates information about appeals that have been filed for IHSS and other Health & Human Services Agency (HHSA) programs into one location. Effective March 3, 2014, HHSA's Appeals section implemented the use of the Rushmore system. All IHSS hearing requests are now entered and followed through to completion within the Rushmore system.

IHSS Social Work Supervisors (SWS) will utilize the Rushmore system to communicate information about all State Hearings between IHSS Social Workers (SW) and Appeals staff. Each of the five IHSS district offices will receive Appeals instructions by means of a "Message Center" in the Rushmore system. The following six messages apply to IHSS and will appear in the Message Center:

- Aid Paid Pending (APP) ordered – Please process and conduct Pre-Hearing Review
- Please Conduct Prehearing Review
- Conditional Withdraw – Please Take Required Actions
- Hearing Decision Received – Please Take Required Action
- Hearing Request Withdrawn – Terminate APP
- Non-Appearance – Terminate APP

While Out-of-Hearing Resolution (OHR) (for conditional withdrawals) and hearing decision instructions will now be made available only through Rushmore, the actual hearing decision is not available in Rushmore. Decisions will continue to be emailed to the assigned IHSS SW, with a copy to the IHSS SWS, by the assigned Appeals Program Specialist (PS). The State of California's DPA 27 – Report of County Compliance with State Hearing Decision, form used to document that the hearing decision instructions have been completed, will no longer be completed manually, as this information as well as the compliance information for OHRs will be entered directly into Rushmore by the IHSS SWS.

**IHSS SPECIAL NOTICE 15-02
APPEALS' RUSHMORE SYSTEM**

Email Notifications

Appeals staff will continue to provide the following information to the IHSS SW, via email, with a copy to the IHSS SWS:

- The date the State Hearing has been scheduled; this email will also notify the SW whether his/her presence is required at the hearing.
- When a hearing has been cancelled or postponed, if advance notice is available.
- A scanned copy of the State Hearing decision.

III. PROCEDURES

Rushmore is accessed at the following URL: <http://usplvucsd030/rushmore/appmain.asp>

IHSS Social Work Supervisor Responsibilities

The SWS will be responsible for checking the Rushmore system daily and forwarding the messages/instructions found in the Message Center to the corresponding SW in his/her unit via email. The case name and number must be included as the subject line of the email. Note: It is the SWSs responsibility to forward the Rushmore instructions to someone other than the currently assigned SW (and his/her Supervisor), if appropriate, for completion of the required actions. This may include, but is not limited to, the SW that initiated the appealed action or another SW who is performing a specialized function.

Once the SW has notified his/her Supervisor that the required actions have been completed, the SWS will enter the information into Rushmore based on the attached *Rushmore Desk Aid for IHSS*.

For additional information on the Rushmore system, see the Rushmore Training PowerPoint located in the SWS Forms folder at the following location:

S:\AIS\Operations\IHSS\Automated Forms\SWS Forms

IHSS Social Worker Responsibilities

The assigned SW will be responsible for:

- Thoroughly reviewing the case record when he/she becomes aware that a State Hearing has been requested. The SW must ensure that the appealed action is correct and can be upheld at the hearing.
- Sending the case file (if not already scanned into IHSS WebTop) to the Appeals section when the SWS notifies him/her that a request to conduct a pre-hearing review (with or without APP) has been received in Rushmore.
- If the case record has already been scanned into IHSS WebTop, the SW must confirm that all of the current information is on file. If the current assessment (with the appealed action, in particular) is not in IHSS WebTop, all current information must be imaged immediately or the physical file sent to the Appeals section.
- Promptly completing the actions required in order to comply with the instructions that have been forwarded by his/her Supervisor.
- Immediately notifying his/her Supervisor when the required actions have been completed so that the Supervisor can enter the information into Rushmore.

CMIPS II Documentation

Any time a case action is completed in the Case Management, Information, and Payrolling System (CMIPS) II as a result of a State Hearing decision, the actions must be documented in the “Assessment Narrative”. Any other appeals-related information must be documented in CMIPS II as a *Case Note*.

Compliances

Appeals staff will verify in CMIPS II that a compliance or an OHR has been completed correctly as indicated by the instructions provided through Rushmore. The Appeals PS will deselect the “FRC Liaison Signature” field if any required action is found to be incomplete, and the message will reappear in the Rushmore Message Center for additional action.

If CMIPS II does not allow or support the instructions in the hearing decision, the SW will contact his/her Supervisor for instructions. If additional clarification is required, the SWS will consult with the IHSS Program Support Manager. A service request (SR) may be required in order for the State to assist with completing the compliance. Incorrect provider or recipient information cannot be entered into CMIPS (even temporarily) to force compliance.

Note: Comments may be entered into Rushmore to document any information that is deemed necessary by the IHSS SW or SWS; however, doing so will not trigger any type of notification and does not replace verbal or written communication with Appeals staff.

Pending Hearing Decision

When the IHSS SW receives notification from the IHSS SWS that a hearing decision has been received, but does not receive a copy of the decision from the assigned Appeals PS within 48 hours, he/she will email the Appeals PS, with a copy to the IHSS SWS, to request the decision. If the decision has still not been received after 24 hours from the time that the IHSS SW initiated the request, the IHSS SWS will elevate the request for assistance, by email, to the IHSS Program Manager and the IHSS Operations Manager to obtain the required information.

IV. REVIEW STATEMENT

This Special Notice has been reviewed by an Organizational Review Committee (ORC).

V. FILING STATEMENT

IHSS Special Notices are archived at the following location:

<S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure - Automated\IHSS Special Notices>

Program Support will not distribute hard copies of this Special Notice.



WILFRED QUINTONG
Deputy Director

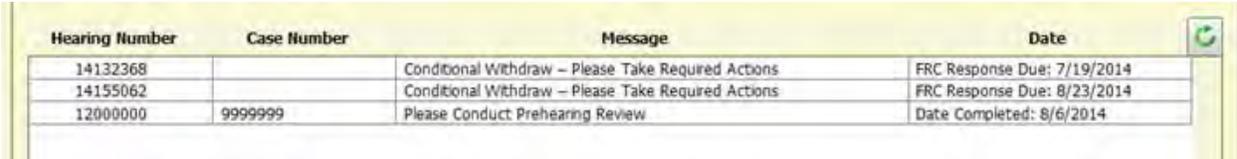


MARK SELLERS
Deputy Director

Attachments
Contact: Perla Delgado
(858) 495-5554

Rushmore Desk Aid for IHSS

Rushmore displays the Message Center upon login:



Hearing Number	Case Number	Message	Date
14132368		Conditional Withdraw – Please Take Required Actions	FRC Response Due: 7/19/2014
14155062		Conditional Withdraw – Please Take Required Actions	FRC Response Due: 8/23/2014
12000000	9999999	Please Conduct Prehearing Review	Date Completed: 8/6/2014

Open the hearing record by double-clicking the message. Take the appropriate action.

Note: Before making any changes, the user must enable editing of the record by clicking the

 button located on the bottom of the Rushmore screen.

APP ordered – please process and conduct Pre-Hearing Review

- Navigate to the APP Tab to review the Aid Paid Pending (APP) order.
 - The hours ordered for APP will appear in the Benefit field.
 - The effective date will appear in the Effective Month field.
 - This screen can be printed by clicking the Print button.
 - In CMIPS II, issue the APP with the effective date and hours indicated.
 - The appealed action is described on the APP Tab. Review the case to determine if the appealed action is correct and can be upheld at hearing.
 - Navigate to the FRC Prehearing Tab. Enter the results of the Pre-Hearing Review in the “Case Action Supported” and “Case Corrected” fields.
 - If “Case Action Supported” is Yes, the “Case Corrected” field is disabled.
 - Check the “IHSS/FC APP Issued” box to confirm issuance of APP.
 - Check the “Completed” box to indicate the review is complete.
 - Click “Save” to save the record and remove it from the Message Center.
-

Please Conduct Prehearing Review

- The appealed action is described on the APP Tab. Review the case to determine if the appealed action is correct and can be upheld at hearing.
- Navigate to the FRC Prehearing Tab. Enter the results of the Pre-Hearing Review in the “Case Action Supported” and “Case Corrected” fields.
 - If “Case Action Supported” is Yes, the “Case Corrected” field is disabled.
- Check the “Completed” box to indicate the review is complete.
- Click “Save” to save the record and remove it from the Message Center.

Conditional Withdraw – Please Take Required Actions

- Navigate to the OHR Tab. View the Out of Hearing (OHR) instructions by clicking the “OHR Letter” button.
- Complete the required actions.
- To request an extension on the OHR Due Date, check the “FRC Extension Request” box.
- Click “Save” to save the record.
- To mark the OHR complete, check the “FRC Liaison Signature” box.
- Click “Save” to save the record and remove it from the Message Center.
 - If prompted to terminate APP before marking the OHR complete, navigate to the APP Tab and check the “Terminated” box before saving the record.

Note: If the OHR is determined to be incomplete, the Appeals Program Specialist will uncheck the “FRC Liaison Signature” box. The case will again appear in the Message Center for the IHSS Liaison.

Hearing Decision Received – Please Take Required Action

- Navigate to the Decision Tab. View the Compliance instructions by clicking the “Compliance Instruction Letter” button.
- Complete the required actions.
- To mark the Compliance complete, check the “FRC Liaison Signature” box.
- Click “Save” to save the record and remove it from the Message Center.

Note: If the Compliance is determined to be incomplete, the Appeals Program Specialist will uncheck the “FRC Liaison Signature” box. The case will again appear in the Message Center for the IHSS Liaison.

Hearing Request Withdrawn – Terminate APP or Non-Appearance – Terminate APP

- Terminate the Aid Paid Pending (APP) in CMIPS II
- Navigate to the APP Tab. Check the “Terminated” box.
- Click “Save” to save the record and remove it from the Message Center.

Note: If a hearing request is withdrawn and no APP had been ordered, the message will disappear from the Message Center once the IHSS Liaison reviews the message and clicks on the green “Refresh” button on the upper right corner, above the list of messages.

Appeals Rushmore System



Presented by: Brian Briggs



What is the Appeals Rushmore System?



- Replaces the Case Tracking System (CTS) ACCESS database that did not collect corrective action data and had no external communication features
- Developed by the Rushmore Group, LLC which specializes in developing data collection and analytical systems for government agencies nationwide
- Effective March 3, 2014 all hearing requests are entered into the system

What are the benefits of this system?



- Improves communication between the Appeals Section and the IHSS Offices
- Allows supervisors to track cases within their unit that are involved in the appeals process
- Consolidates appeals information into one location
- The DPA-27 is no longer required as this information is already in the system
- OHR instructions are available in the system
- Customizable Reports

How does it work?



- Users see a Message Center upon logging into the system
- Appeals data is entered sequentially into the Rushmore system via a logical series of tabs
 - OA (Office Assistant)
 - APP (Aid Paid Pending)
 - FRC Prehearing
 - Case Review
 - OHR (Out of Hearing Resolution)
 - Decision

Message Center



TEST WTW-LIAISON (FRC Liaison) **Appeals** Wednesday, August 06, 2014

Component: Appeals

Appeals Menu:

[End Appeal](#) [View Reports](#)

Hearing Number	Case Number	Message	Date
14132368		Conditional Withdraw – Please Take Required Actions	FRC Response Due: 7/19/2014
14155062		Conditional Withdraw – Please Take Required Actions	FRC Response Due: 8/23/2014
12000000	9999999	Please Conduct Prehearing Review	Date Completed: 8/6/2014

[Log Off](#)

Message Center - Details



- **Notifies user of necessary actions for Appeals case**
 - Includes Pre-Hearing reviews, Out of Hearing resolutions, and Compliances
- **Users click on messages to open the case record**
- **Messages will disappear automatically once the appropriate update is made**
 - Pre-hearing review completed, OHR completed, etc.

OA Tab - Details



- **Contains demographic data for each hearing request**
 - May be different than CMIPS II data
- **All data entered by Appeals**
 - End users do not make entries on this screen

Aid Paid Pending (APP) Tab



Case Review Hearing - Windows Internet Explorer
 http://usplvucsd030/rushmore/APPCaseAddEdit.asp

Record ID: 24 Date Entered: 3/4/2014

Hearing Summary				Programs	
Hearing Number	14059027	PS APP Name		IHSS, APP = No	
Case Number	0076455	PS Name			
Mail Stop	IHSS El Cajon S-259	Case Name			
OA		File Date	2/25/2014	Cover Sheet	

OA	APP	FRC Prehearing	Case Review	OHR	Decision
Program: IHSS	APP: No	AP 18: []	OSU Action: []	HELP Desk Action: []	
Action: Grant AMT, SOC, IHSS Hours		Reason: Deprivation/Need/DED			
Comments: IHSS approved eff 05/08/2013. Hours same but AR requesting PS.					
Program: []	APP: []	AP 18: []	OSU Action: []	HELP Desk Action: []	
<input checked="" type="checkbox"/> PS APP Completed 3/14/2014		<input type="checkbox"/> OSU (1) Completed []		<input type="checkbox"/> HELP Desk Completed []	

Buttons: Guide, Find, Print, Audit, Add, Edit, Delete, Cancel, Save, Close

APP Tab - Details



- **Contains program information for each hearing request**
 - Identifies specific issues appealed by client
- **Used by Appeals to order Aid Paid Pending**
 - APP Orders for IHSS are sent to assigned IHSS Office
- **All data entered by Appeals**
 - End users do not make entries on this screen

APP Orders



- APP Orders are identified in the Message Center:

Recipient	Hearing Number	Case Number	Case Name	Message
IHSS El Cajon S-259	14255100	Number here	Name Here	APP ordered – please process and conduct Pre-Hearing Review

- Cases with APP ordered have different inbox message than cases without APP ordered
 - APP orders for IHSS are sent to assigned IHSS Office
- APP Details found on APP Tab:

The screenshot shows a software interface with three tabs: OA, APP, and FRC Prehearing. The APP tab is active. The interface includes the following fields and controls:

- Program:** A dropdown menu with "IHSS" selected.
- APP:** A dropdown menu with "Yes" selected.
- AP 18:** A dropdown menu.
- OSU Action:** A checkbox labeled "Processed" which is checked, and a date field showing "11/20/2014".
- Request Over:** A date field.
- APP Section:**
 - Benefit:** A text field with "283".
 - Effective Month:** A date field with "11/01/14".
 - Effectuated Persons:** A text field with "Tammy".
 - Issue Appealed:** A text field with "IHSS hours to remain at 283 pending hearing".

APP Orders Continued



- **APP Order can be printed for assignment/retention**
 - Print Button located at bottom of screen
- **IHSS Office confirms issuance of APP by checking “IHSS/FC: APP Issued” box at bottom of FRC Pre-Hearing tab**
 - Checkbox enabled only when APP ordered

FRC Prehearing Tab



OA	APP	FRC Prehearing	Case Review	OHR	Decision
IHSS					
Action	Reason	Case Action Supported	Case Corrected		
Grant or IHSS Reduction	Deprivation/Need/DED	<input type="text" value="v"/>	<input type="text" value="v"/>		
FRC Prehearing Comments					
		<input type="button" value="Add"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	
<div style="border: 1px solid black; height: 100px;"></div>					
<input type="checkbox"/> IHSS/FC: APP Issued		<input type="text"/>	<input type="checkbox"/> Completed		<input type="text"/>
<input type="button" value="Guide"/>	<input type="button" value="Find"/>	<input type="button" value="Print"/>	<input type="button" value="Audit"/>	<input type="button" value="Add"/>	<input type="button" value="Edit"/>
			<input type="button" value="Delete"/>	<input type="button" value="Cancel"/>	<input type="button" value="Save"/>
					<input type="button" value="Close"/>

FRC Pre-Hearing Tab - Details



- **IHSS users enter results of pre-hearing review**
 - Case Action can be supported in hearing – Yes or No
 - If no, was the case corrected – Yes or No
- **Entries made by non-Appeals users**
 - Minimal data entry required – 2 Yes/No questions
 - Comments can be added if necessary

Case Review Tab



Case Review Hearing - Windows Internet Explorer
http://usplvucsd030/rushmore/APPCaseAddEdit.asp

Record ID: 24 Date Entered: 3/4/2014

Hearing Summary		Programs	
Hearing Number	14059027	PS APP Name	IHSS, APP = No
Case Number	0076455	PS Name	
Mail Stop	IHSS El Cajon S-259	Case Name	
OA		File Date	2/25/2014

OA APP FRC Prehearing **Case Review** OHR Decision

Elements	Causal Factors	IHSS
Budget/Payment		N/R
Case Maintenance		N/R
IHSS Denial		Correct
IHSS Termination		N/R

 Completed 4/22/2014 4:57:19 PM

Case Review Tab - Details



- **Contains Appeals determination of correctness of appealed action**
 - Data used to identify error trends for corrective action
- **All data entered by Appeals**
 - End users do not make entries on this screen

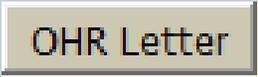
Out of Hearing Resolution (OHR) Tab



OA	APP	FRC Prehearing	Case Review	OHR	Decision
<p>PS Determination Verbal Conditional Withdraw</p> <p>Date Client Signed 7/24/2014</p> <p>FRC Response Due 8/23/2014</p> <p><input checked="" type="checkbox"/> PS Signature 7/25/2014 3:51:55 PM</p> <p><input type="checkbox"/> FRC Extension Request</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Extension Date</p> <p><input type="checkbox"/> FRC Liaison Signature</p> <p><input type="checkbox"/> Appeal Completed</p> <p>OHR Letter</p>		<p>Issues \$323.39 Stage 1 Child Care over payment for the months of 3/2014 and 4/2014 - NOA dated 5/29/14.</p> <p>Actions Required Rescind the action on notice of action dated 5/29/14. Cancel the \$323.39 Stage 1 overpayment for the months of 3/2014 and 4/2014. Issue a new notice of action to the claimant stating that the overpayment has been cancelled and the balance adjusted to zero. Document in CalWIN all actions taken in resolution of this OHR. Upon completion, check the "FRC Liaison Signature" box on the OHR tab in Rushmore</p> <p>Regulations / Policy References MPP 47-440.03 MPP 47-401 ACL 1-12-09: Authority of County Appeals Representatives to settle a case.</p> <p>Reason for Action The County of San Diego has determined that the action(s) taken cannot prevail in a state fair hearing. An adequate NOA regarding the Stage 1 Child Care overpayment was not issued. The claimant is Spanish speaking and the overpayment notice was issued in the English language. Per NOA dated 8/21/2013, Amed Astorga was approved \$409.26 monthly for child care payment for the period of 8/2013 - 8/7/2014. Per NOA dated 12/5/2014 Ela Zubiran was approved \$454.39 monthly for child</p> <p>Comments Add Edit Delete</p>			
Guide Find Print Audit		Add Edit Delete Cancel Save Close			

OHR Tab - Details



- **Identifies resolution of appeal outside of hearing**
 - Appearance modified by entries
- **Contains OHR information**
 - OHR letter viewable by clicking 
- **Minimal data entry required by end user**
 - Mark OHR complete by clicking FRC Liaison Signature
 - Request Extension by clicking FRC Extension Request
 - ✦ Appeals will approve or deny – end user notified automatically
 - Other information entered by Appeals

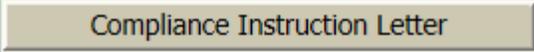
Decision Tab



OA	APP	FRC Prehearing	Case Review	OHR	Decision									
Hearing Disposition Held <input type="text"/>		IHSS												
<input checked="" type="checkbox"/> PS Signature <input type="text" value="9/18/2014 8:49:14 AM"/>		<table border="1"> <thead> <tr> <th>Action</th> <th>Reason</th> <th>Decision</th> </tr> </thead> <tbody> <tr> <td>Denial</td> <td>No Eligible</td> <td>Granted <input type="text"/></td> </tr> </tbody> </table>				Action	Reason	Decision	Denial	No Eligible	Granted <input type="text"/>			
Action	Reason	Decision												
Denial	No Eligible	Granted <input type="text"/>												
FRC Response Due <input type="text" value="10/9/2014"/>		Actions Required **Per the attached Hearing Decision the Administrative Law Judge (ALJ) determined that:												
<input type="checkbox"/> FRC Liaison Signature <input type="text"/>		<table border="1"> <thead> <tr> <th>Action</th> <th>NOA Date</th> <th>Effective Date</th> </tr> </thead> <tbody> <tr> <td>Action rescinded - benefits determined and issued as eligible. Final notification/NOA Issued.</td> <td>10/10/2014</td> <td>2/27/2014</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>				Action	NOA Date	Effective Date	Action rescinded - benefits determined and issued as eligible. Final notification/NOA Issued.	10/10/2014	2/27/2014	<input type="text"/>	<input type="text"/>	<input type="text"/>
Action	NOA Date	Effective Date												
Action rescinded - benefits determined and issued as eligible. Final notification/NOA Issued.	10/10/2014	2/27/2014												
<input type="text"/>	<input type="text"/>	<input type="text"/>												
FRC Assigned Worker Last Name <input type="text"/> First Name <input type="text"/>		Comments <input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>												
<input checked="" type="checkbox"/> Appeal Completed <input type="text" value="10/10/2014 8:00:45 AM"/>		NGUYEN, KIM-HOA 10/10/2014 8:00:45 AM Compliance received 10/9/2014. Codes: D1, NOA: 10/10/2014, Effective 2/27/2014.												
<input type="button" value="Compliance Instruction Letter"/>														

Decision Tab - Details



- **Identifies results of hearing**
 - Appearance modified by entries
- **Contains compliance information for Administrative Law Judge (ALJ) decisions**
 - Instructions viewable by clicking 
- **Minimal data entry required by end user**
 - Mark Compliance complete by clicking FRC Liaison Signature
 - Other information entered by Appeals

Find Appeal



Find Hearing Record For Edit

Record ID	<input type="text"/>	PS APP Name	<input type="text" value="<All>"/>	Hearing Date Start	<input type="text"/>	Programs Selected	
Case Number	<input type="text"/>	PS Name	<input type="text" value="<All>"/>	Hearing Date End	<input type="text"/>	<input checked="" type="checkbox"/> CalFresh	↑ ↓
Hearing Number	<input type="text"/>	Mail Stop	<input type="text" value="<All>"/>	Worker Number	<input type="text"/>	<input checked="" type="checkbox"/> CalWORKS	
Case Name	<input type="text" value="<All>"/>	AP18	<input type="text" value="<All>"/>	Appeal Completed	<input type="text" value="<All>"/>	<input checked="" type="checkbox"/> Medi-Cal	
Other Criteria	<input type="text"/>			Decision Granted	<input type="text" value="<All>"/>	<input checked="" type="checkbox"/> MAGI	
				APP	<input type="text" value="<All>"/>	<input checked="" type="checkbox"/> General Relief	
						<input checked="" type="checkbox"/> LIHP	
						<input checked="" type="checkbox"/> CMS	

Record ID	Case Number	Hearing Number	PS APP Name	PS Name	Worker ID	Hearing Date	Ma
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← →

Enter search criteria and click [Find].

Find Appeal - Details



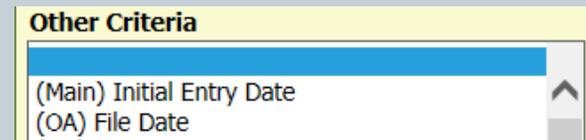
- Allows searching of Rushmore Appeals database
- Various criteria allow broad or detailed searches
- Results can be printed or copied into other programs
 - Such as Excel, Access, etc.
- End Users only see cases assigned to their office
- Records can be opened by clicking record or Edit button

Find Appeal Continued

- **Dynamic search fields and results**

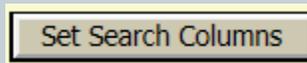


A screenshot of a yellow-bordered dropdown menu titled "Other Criteria". The menu is currently closed, showing a white input field with a small downward-pointing arrow on the right side.



A screenshot of a yellow-bordered dropdown menu titled "Other Criteria" with the menu open. The menu items are "(Main) Initial Entry Date" and "(OA) File Date". A blue highlight is visible at the top of the menu, and a small upward-pointing arrow is on the right side.

- Most common Search Criteria shown at top of screen
- More options under “Other Criteria” dropdown menu



A rectangular button with a yellow border and a light gray background, containing the text "Set Search Columns".



A screenshot of a search results table. The table has a yellow header row with a "Save Search Columns" button. Below the header, there are buttons for "Close" and "Clear All". The first row of the table has a column labeled "Record ID" and a checkbox that is checked.

- Edit Search Results by clicking “Set Search Columns” button
- Both dropdown menus organized by tab where data is found

View Reports



Available Reports Guide

Select a report:

- State Compliance List**
- FRC Response Due List
- FRC Prehearing Review List
- FRC Prehearing Completion Summary
- FRC Prehearing Action Results
- FRC Prehearing Accuracy Review Accuracy
- Element Overview
- Element Summary
- Causal Factor Summary
- Hearing Outcome
- OHR Issuance
- Compliance Issuance
- DPA 481 Compliance

Report Description

The report will display appeals that were held and if the appeal is pending or after the decision due date.

Clear View Report Close

State Compliance List

Mail Stop

PS Name Filter=All Dates

PS

Program

Correction

Number of days overdue

Due Dates Start End

View Reports - Details



- **Allows access to various reports**
 - Each report contains description of data returned
- **Reports contain customizable criteria**
- **Results can be printed or copied into other programs**
 - Such as Excel, Access, etc.
- **End Users only see cases assigned to their office**

Future Enhancements



- **Rushmore system is updated quarterly**
 - Based on end user feedback and suggestions
- **Two updates so far: August 2014 & November 2014**
- **Next update: February 2015**
 - View only security profile for IHSS & FRC users
 - Multiple office security profile (intended for IHSS management)
 - And more!

General Information



- **Rushmore system does not interface with any other systems**
 - Client info may differ from CMIPS II
- **Rushmore system consists of 3 components:**
 - ✦ Eligibility
 - ✦ ACCESS
 - ✦ Appeals
- **WTW & Child Care review components are in development by HHSA Eligibility Operations – will be separate from Appeals**
 - ✦ Will be accessed via dropdown menu on login screen

Questions?



If you have any questions please contact:

- Brian Briggs (619) 237-8502 (brian.briggs@sdcounty.ca.gov)
- Rushmore link: <http://usplvucsd030/rushmore/APPMain.asp>

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 15-01**

January 12, 2015

SUBJECT: In-Home Supportive Services Residual (IHSS-R) Cases

EFFECTIVE DATE: Immediately

EXPIRATION DATE: When incorporated into the IHSS Program Guide

I. PURPOSE

The purpose of this Special Notice is to provide IHSS Social Workers with new instructions for entering IHSS Share-of-Cost (SOC) information into the Case Management Information and Payrolling System (CMIPS) II.

II. BACKGROUND

The business process for the County of San Diego's IHSS program has been to enter the IHSS SOC information into CMIPS II for all Income Eligible (IE) cases.

III. POLICY

Effective immediately, IHSS staff will enter SOC information into CMIPS II only for cases that are IHSS-R cases.

IV. IHSS-R SOC PROCEDURES - CMIPS II

Residual IHSS (IHSS-R)

The IHSS-R program exists for all IHSS applicants/recipients who are not eligible for Federal Financial Participation (FFP) under Medi-Cal (example: non-citizens under the five year ban). Cases not eligible for FFP but still eligible to receive IHSS will be funded by the State and County, and will be operated under the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Division 30-700.

Social Worker Responsibilities

The IHSS Social Worker is responsible for requesting and updating IHSS SOC information in CMIPS II following standard procedures for recipients who are eligible to the IHSS-R program. CMIPS II will not allow SOC information to be entered for a case that is not an IHSS-R case.

Note: Cases that are in residual status as a result of the termination of the Medi-Cal case are not "true" IHSS-R cases and do not require that an IHSS SOC be entered into CMIPS II.

For all new IHSS applications, and at reassessment, the IHSS Social Worker will review the available information and determine if the IE applicant/recipient is funded through the IHSS-R program. Attachments A and B demonstrate how to determine IHSS-R for an IHSS Applicant and an IHSS recipient, respectively.

IHSS-R Applicants

1. Attachment A-1: Identify the aid code of the applicant through the INQM screen in the Medical Eligibility Data System (MEDS).
2. Attachment A-2: Review the description of the aid code on the Department of Health Care Services (DHCS) “Master Aid Code Chart” at <http://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>
3. Attachment A-3: The INQE screen in MEDS indicates the entry date of the IHSS applicant, and the alien eligibility and alien indicator codes.
4. Attachment A-4: Provides the definition of the alien eligibility and indicator codes.
5. Attachment A-5: The *View Medi-Cal Eligibility* screen in CMIPS II indicates Federal Financial Participation (FFP), yes or no, date of entry, and current alien status.

IHSS-R Recipients

1. Attachment B-1: The CMIPS II *Medi-Cal Eligibility, Medi-Cal Eligibility List* screen shows the current aid code and current status of FFP eligibility for ongoing recipients.
2. Attachment B-2: Review the description of the aid code on the Department of Health Care Services (DHCS) “Master Aid Code Chart” at <http://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>
3. Attachment B-3: The *View Medi-Cal Eligibility* screen in CMIPS II indicates FFP, yes or no, date of entry, and current alien status.
4. Attachment B-4: The *Authorization Summary* screen in CMIPS II indicates the IHSS funding source aid code:
 - a. 2K - CFCO
 - b. 2L - IPO
 - c. 2M - PCSP
 - d. 2N- IHSS-R

SOC Data Entry and Removal

For both IHSS applicants and recipients, review the IHSS SOC information in CMIPS II. If the IHSS individual has been identified as IHSS-R, enter the IHSS SOC information following standard procedures. If the individual has been identified as non-residual, do not enter IHSS SOC information into CMIPS II. Remove any previously entered information from the IHSS SOC fields.

V. REVIEW STATEMENT

Due to the informational nature of this Special Notice, it was not reviewed by an Organizational Review Committee (ORC).

VI. FILING STATEMENT

IHSS Special Notices are being archived at the following link:

<S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated>

And at the county intranet at:

<http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AIStHSS>

Hard copies of this Special Notice will not be automatically distributed by Program Support.



WILFRED QUINTONG
Assistant Deputy Director



MARK SELLERS
Assistant Deputy Director

For questions contact: Mary Harrison (858) 505-6952

Attachment

INQM

** PRIMARY MEDI-CAL/CMSP INFORMATION **

ASR - 02/19/14
15:15:56

CASE-NAME DISTRICT
 COUNTY-ID 37-34-0-01 EW-CODE SM03
 MEDS-ID 742-XX-XXXX SSN-VER A RV-COMP 03-2013
 BIRTHDATE 12-10-XXXX DOB-VER C SEX F GOV-RSP 1 SAN DIEGO CA 92114
 CHAINED-ID LAST-MC/CP-CHG 01-21-14 ADDRESS-FLAG W RES-COUNTY 37
 PRIOR-MEDS-ID LAST-OTH-CHG 01-08-14 APDP PICKLE RECOVERY
 WELFARE-PGM 001 DEATH-DT DEATH-CD TERM-DT TERM-REAS
 CIN 92XXXXX 6 HIC-NO BIC-ISSUE 05-01-12 PAPER-ISSUE
 PGM: M C H 1 2 3 FS CW

	02-14	PEND	2014	2013	=====											
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
COUNTY	37		37	37	37	37	37	37	37	37	37	37	37	37		
AID-CODE	34		34	34	34	34	34	34	34	34	34	34	34	34		
ELIG-STAT	301		301	301	301	301	301	301	301	301	301	301	301	301		
SOC-AMT																
CERT-DAY																
OHC	N		N	N	N	N	N	N	N	N	N	N	N	N		
RESTRICT																
MEDICARE	990		990	990	990	990	990	990	990	990	990	990	990	990		
HCP1-NUM	167		167	167	167	167	167	167	167	167	167	167	167	167		
HCP1-STAT	01		01	01	01	01	01	01	01	01	01	01	01	01		

OPTION <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN

Department of Health Care Services - Short Doyle Aid Code Master Chart for MHS and DMC

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
3W	Full	No	Temporary Assistance to needy Families (TANF) Timed-Out Mixed Case	Yes	Other	No			Yes
30	Full	No	CalWORKs – All Families	Yes	Other	Yes			Yes
32	Full	No	TANF Timed out.	Yes	Other	Yes			Yes
33	Full	No	CalWORKs – Zero Parent	Yes	Other	Yes			Yes
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	Yes	Other	Yes			Yes
35	Full	No	CalWORKs – Two Parent	Yes	Other	Yes			Yes
36	Full	No	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.	Yes	Disabled	Yes			Yes
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.	Yes	Other	Yes			Yes
38	Full	No	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate <i>Notice of Action</i> sent.	Yes	Other	Yes			Yes
39	Full	No	Initial Transitional Medi-Cal (TMC) (6 months). Provides six months of coverage for those discontinued from CalWORKs or the Section 1931(b) program due to increased earnings or increased hours of employment.	Yes	Other	Yes			Yes

INQE

** OTHER CLIENT ELIGIBILITY INFORMATION **

ASR - 02/19/14
14:41:21

MEDS-CUR-MMY 02-14
BIRTHDATE DOB-VER C

DEATH-DATE
SSI-LAST-RECEIVED
EXP-DEL-DATE

DEATH-CD
PICKLE-TICKLER
CMS-INDICATORS

DEATH-POSTED
LAST-PICKLE-CHG
ELIG-APPROVAL-DATE

SSN-VER-BIRTHDATE LANG: SPOKEN 5 WRITTEN 7 ETHNIC 7

CITIZENSHIP-DOC: TYPE	NUMBER	SOURCE	DATE
IDENTITY-DOC: TYPE	NUMBER	SOURCE	DATE
BIRTHPLACE	INS-ENTRY-DATE 03-2012	COUNTRY-OF-ORIGIN	
CITIZEN/ALIEN-IND K	ALIEN-ELIG 5	ALIEN-SPONSOR-STAT	ALIEN-NO
PGM: M C H 1	2	3	FS CW

2014 2013=====

02-14	PEND	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
-------	------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

ORIG-AID

NEG-ACTN

MULTI-SOC

RES-COUNTY 37	37	37	37	37	37	37	37	37	37	37	37	37	37
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HF-DAYS

ST/FED-IND

OPTION <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN

MEDS CITIZEN/ALIEN INDICATOR AND ALIEN ELIGIBILITY CODES

CITIZEN /ALIEN IND

A	Proven U.S. citizen
B	Alleged U.S. citizen
C	Conditional entrant admitted under INA section 203(a)(7)
D	Deportation withheld admitted under INA section 243(h) or 241(b)(3)
E	Amerasian refugee admitted under INA sec 207
F	Refugee admitted under INA sec 207 or 203(a)(7)
G	Parolee admitted under INA section 212(d)(5)
H	Silva vs. Levi alien
K	Lawful permanent resident (LPR)
L	Asylee admitted under INA section 208 but not Kurdish or Iraqi asylee
M	Residents of the Northern Mariana Islands
N	Identity and citizenship of the individual verified by the Numident interface (code was previously A or B)
O	Victim of Severe Forms of Trafficking who have been certified by ORR or who has been granted a T Visa
P	Pre-Jan 1, 1972 alien (presumed lawfully admitted for permanent residence)
Q	Alleged born in U.S., corroborated by a U.S. birthplace shown on online Numident
R	Other refugee admitted under INA section 207 but not Amerasian or Indochinese refugee
S	Other aliens (not a temporary visa holder)
T	Alleged PRUCOL
U	Undocumented alien
V	Visitor / Student / VISA and other aliens with temporary documentation
W	Parolee admitted under INA section 212(d)(5) with a period of parole over one year
X	Indochinese refugee admitted under INA sec 207
Y	Parolee admitted under INA section 212(d)(5) with a period of parole less than one year
Z	Kurdish or Iraqi asylee admitted under INA section 208
***	0 Other alien (not 1, 5, 7, 8, or 9)
***	1 Indochinese refugee admitted under INA sec 207
	5 Citizen child born to refugee parent(s)
***	7 Other refugee
	8 Cuban/Haitian entrant
***	9 Aged alien (Medicare ineligible alien and not 1, 7, or 8)
***	Values obsolete 12/98

ALIEN-ELIG

1	Refugee admitted under section 207 of the INA
2	Deportation withheld under section 243(h) or 241(b)(3) of the INA
3	Lawful Permanent Residence (LPR) with 40 work quarters
4	LPR Alien on active duty in the military or an honorable discharged veteran
5	LPR spouse or unremarried surviving spouse of active duty military/veteran
6	LPR dependent child of active duty military/veteran
8	Amerasian admitted to the U.S. as a Lawful Permanent Resident
9	Aliens who have been battered or subjected to extreme cruelty and meet the conditions necessary to be considered a Qualified Alien
W	Victim of human trafficking without a visa application – Non-Citizen Applicant for trafficking and Crime Victims Assistance Program who is taking steps to file for a T Visa or taking steps to become certified by ORR for federal benefits
X	Victim of domestic violence or other serious crimes who has filed a U Visa application – Non-Citizen Applicant for Trafficking and Crime Victims Assistance Program who has filed for a U Visa
Y	Victim of domestic violence or other serious crimes – U Visa has been granted

View Medi-Cal Eligibility:

[Share of Cost Details](#) [Close](#)

Medi-Cal Eligibility Information

Eligibility Month: 12/2012	Last Updated: 11/29/2012 21:10
Medi-Cal Eligibility Status: 301	Record Type: New IHSS/PCSP Eligibility Reported
Medi-Cal Aid Code: 34	FFP: Yes
Medi-Cal Share Of Cost: 0.00	BIC Issue Date: 5/1/2012
Medi-Cal County ID: San Diego	Medi-Cal County Serial: 1B4PXXX
County FBU: 0	County Person Number: 01
MEDS ID: 7XXXXXXXXXX	Medi-Cal Date of Birth: 12/10/XXXX
SSN Verification Code: SSN verified via SSA NUMIDENT data match - SSA birthdate exactly matches MEDS	Medi-Cal Denial Reason:
SSI Living Arrangement:	Medi-Cal Denial Date:
Optional Living Arrangement:	Refugee Alien Status: Lawful Permanent Resident (LPR)
Date of Death:	INS Date Of Entry: 03/2012
Death Source:	Identity Document Type:
CIN: 924013XXXX	Citizenship Document Type:
Disability Onset Date:	RV Due Month: 03
Application Date: 11/27/2012	Last RV Completed Date: 04/2012

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SAWS Eligibility Information

Medi-Cal Eligibility List									
<u>Action</u>	<u>Eligibility Month</u>	<u>MEDS ID</u>	<u>Medi-Cal SOC</u>	<u>Medi-Cal Case Number</u>	<u>FFP</u>	<u>Medi-Cal Eligibility Status</u>	<u>Aid Code</u>	<u>Last Updated Date</u>	<u>Type</u>
View	02/2014				No	301	14	1/28/2014 20:21	MEDS Monthly Renewal Eligibility Record
View	01/2014				No	331	14	1/9/2014 21:36	Medi-Cal Eligibility reported for existing IHSS/PCSP Eligible
View	12/2013				No	301	14	12/19/2013 19:30	Medi-Cal Eligibility reported for existing IHSS/PCSP Eligible
View	11/2013				No	301	14	10/29/2013 19:57	MEDS Monthly Renewal Eligibility Record
View	10/2013				No	301	14	9/26/2013 20:01	MEDS Monthly Renewal Eligibility Record
View	09/2013				No	301	14	9/1/2013 18:28	MEDS Monthly Renewal Eligibility Record
View	08/2013				No	301	14	7/26/2013 20:47	MEDS Monthly Renewal Eligibility Record
View	07/2013				No	301	14	6/27/2013 23:54	MEDS Monthly Renewal Eligibility Record
View	06/2013				No	301	14	5/29/2013 23:27	MEDS Monthly Renewal Eligibility Record
View	05/2013				No	301	14	4/26/2013 23:04	MEDS Monthly

Department of Health Care Services - Short Doyle Aid Code Master Chart for MHS and DMC

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	Yes	Other	Yes			No
16	Full	No	Aid to the Aged – Pickle Eligibles (FFP). Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the <u>Lynch v. Rank</u> lawsuit.	Yes	Other	Yes			No
17	Full	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required.	Yes	Other	Yes			No
18	Full	No	Aid to the Aged – IHSS (FFP). Covers aged IHSS cash recipients, 65 years of age or older, who are not eligible for SSI/SSP cash benefits.	No	Other	Yes		Phased out from 9/05 to 1/06	No
2A	Full	No	Abandoned baby program. Provides full scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act	Yes	Other	No			Yes
2E	Full	No	Continued eligibility for the Blind (FFP), Covers former SSI beneficiaries who are Blind (with exception of persons who are deceased or incarcerated in a correctional facility) until the county determines their eligibility.	Yes	Other	Yes			Yes
2H	Full	No	Blind – Federal Poverty Level – covers blind individuals in the FPL for the Blind Program.	Yes	Disabled	Yes			Yes

View Medi-Cal Eligibility:

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Medi-Cal Eligibility Information

Eligibility Month: 02/2014	Last Updated: 1/28/2014 20:21
Medi-Cal Eligibility Status: 301	Record Type: MEDS Monthly Renewal Eligibility Record
Medi-Cal Aid Code: 14	FFP: No
Medi-Cal Share Of Cost: 0.00	BIC Issue Date: 5/4/2010
Medi-Cal County ID: San Diego	Medi-Cal County Serial: 1BXXXD98
County FBU: 0	County Person Number: 02
MEDS ID: 62XXXXXX8	Medi-Cal Date of Birth: 3/14/XXXX
SSN Verification Code: SSN verified via SSA NUMIDENT data match - SSA birthdate exactly matches MEDS	Medi-Cal Denial Reason:
SSI Living Arrangement:	Medi-Cal Denial Date:
Optional Living Arrangement:	Refugee Alien Status: Lawful Permanent Resident (LPR)
Date of Death:	INS Date Of Entry: 04/2010
Death Source:	Identity Document Type:
CIN: 983XXXXXX	Citizenship Document Type:
Disability Onset Date:	RV Due Month:
Application Date: 1/20/2010	Last RV Completed Date:

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[Close](#)

[View Assessment Narrative](#) [Adjusted Hours](#) [Print SOC 293 Form](#)

Authorization Summary	
Authorization Segment Start Date: 11/1/2013	Application Date: 12/20/2010
Authorization Segment End Date: 2/28/2014	IHSS Determination Date: 10/20/2013
Total Auth to Purchase Before LMA (HH:MM): 120:12	Impairment Level: SI
Unmet Need Before LMA (HH:MM): 00:00	Functional Index Score: 2.959
LMA (HH:MM): -9:37	Restaurant Meals Allowance: No
Unmet Need After LMA (HH:MM): 00:00	Advance Pay: No
Total Auth to Purchase After LMA (HH:MM): 110:35	IHSS SOC: 0.00
Adjusted Hours (HH:MM): 00:00	SOC Compare Cost: 1,183.97
Unmet Need After Adjusted Hours (HH:MM): 00:00	Funding Source Aid Code: 2N - IHSS-R
Total Auth to Purchase After Adjusted Hours (HH:MM): 110:35	24 Hour Protective Supervision Care Plan Need (HH:MM): 00:00

Service Type Details									
<u>Service Type</u>	<u>W/M</u>	<u>HTG</u>	<u>Total Assessed Need</u>	<u>Adj</u>	<u>Ind Assessed Need</u>	<u>Alt+Ref+Vol</u>	<u>Net Adj Need</u>	<u>Unmet Need</u>	<u>Auth to Purchase</u>
Domestic Services	M		06:00	03:00	03:00	00:00	03:00	00:00	03:00
Preparation of Meals	W		07:00	00:00	07:00	00:00	07:00	00:00	07:00
Meal Clean-up	W	☐	02:20	01:10	01:10	00:00	01:10	00:00	01:10
Laundry	W		01:30	00:45	00:45	00:00	00:45	00:00	00:45
Shopping for Food	W		01:00	00:30	00:30	00:00	00:30	00:00	00:30
Other Shopping & Errands	W		00:30	00:15	00:15	00:00	00:15	00:00	00:15
Respiration	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Bowel & Bladder Care	W		02:31	00:00	02:31	00:00	02:31	00:00	02:31
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	☐	00:34	00:00	00:34	00:00	00:34	00:00	00:34
Menstrual Care	W		00:00	00:00	00:00	00:00	00:00	00:00	00:00
Ambulation	W	☐	00:31	00:00	00:31	00:00	00:31	00:00	00:31
Transfer	W		00:50	00:00	00:50	00:00	00:50	00:00	00:50
Bathing, Oral Hygiene, and Grooming	W		01:26	00:00	01:26	00:00	01:26	00:00	01:26
Rubbing Skin, Repositioning	W	☐	00:21	00:00	00:21	00:00	00:21	00:00	00:21
Care and	W	☐	02:27	00:00	02:27	00:00	02:27	00:00	02:27